

CLMC Bulletin 431 – 25.08.20

Infection prevention and control guidance

Public Health England have now published [Guidance for the remobilisation of services within health and care settings](#) which sets out infection prevention and control recommendations. It re-emphasises that where possible services should continue to utilise virtual consultations and classifies general practice physical consultations as medium risk. PPE should, therefore, continue to be worn for all face-to-face contacts.

The guidance advises that for vaccination clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter is not necessary and staff administering vaccinations must apply hand hygiene between patients and wear a sessional facemask. More guidance relating specifically to the flu campaign will be issued shortly.

In response to the publication of the guidance Richard Vautrey, GPC Chair, said: “At the beginning of the Covid crisis, many practices were forced to buy their own PPE or rely on donations from local schools and businesses, such was the woeful system of accessing supplies. We absolutely cannot afford a repeat of this as we seek to see more patients face-to-face, and especially as we deliver the biggest flu vaccination programme in recent history. GPs and their teams are resourceful, but this should not be relied upon as an excuse for not providing practices with the equipment they need to protect staff, and at a time when their priority, as always, should be on providing care for their patients.”

The BMA has now updated its [guidance on PPE for doctors](#).

BMA analysis of NHS England - phase three of the response to COVID-19

Following [NHS England's letter announcing the start of Phase Three of its response to COVID-19](#), the BMA has produced an analysis, which can be read [here](#), outlining what this means for doctors and for the health service.

In their recent [Trust GPs to Lead](#) report, GPC set out a range of principles and solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19. Elements of the phase three announcement reflect this and show the successful lobbying carried out by GPC England, such as the requirement for CCGs to increase the range of services available for self-referral in order to free up clinical time, and the recognition of the importance of in-person appointments within general practice, alongside the use of remote consultations. GPC have also secured significant reform to annual appraisals that should benefit all GPs. However, it is important that NHS England acknowledges the ongoing pressure on primary care services and that the need to deliver services in as safe an environment as possible.

GMC fees and maternity leave

The aim of the GMC's [income discount scheme](#) is to assist doctors whose overall financial circumstances makes it more difficult for them to afford the full annual fee. However, some doctors may miss out on the discount if their period of maternity spans two registration years, with the result that their income does not fall below the threshold in either year. GPC challenged the GMC about this and following this intervention the GMC will be undertaking a review of their discount scheme, as it recognises the need to allow all women on maternity leave (irrespective of the time of year their baby is born) to access a discount if their income falls below the threshold while they are on maternity leave.

In the meantime, the GMC will offer doctors a discount if they expect their income to be below the £32,000 threshold during a 12-month period that overlaps with their period of maternity leave. This discount is available for one registration year, so doctors will need to indicate on the [income discount application form](#) which year they would like the discount to be applied to.

The GMC will be updating its information to reflect this interim change – for further information please contact the GMC directly (contact details are on the [income discount application form](#)).

Mask exemption letters for air travel

We are aware of some airlines that are still asking for letters from GPs for mask exemption. To restate previous guidance, this is not required as per the [government advice on exemption cards](#), which states: “Those who have an age, health or disability reason for not wearing a face covering should not be routinely asked to give any written evidence of this, this includes exemption cards. No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering. Some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign. This is a personal choice and is not necessary in law.”

Tracker survey shows doctors have little confidence that wider NHS services can manage demand

Whilst practices are reporting that workload levels have returned to previous levels, if not greater, the latest [COVID-19 BMA tracker survey](#) has shown that the majority of doctors in primary and secondary care have little to no confidence the wider health service will be in a position to resume a normal level of service before the end of this year, which reflects on the enormity of the backlog of care following the first peak of COVID-19. The survey also found that:

- 60% of all doctors and 73% of GPs said they were not confident in their local health economy managing demand as normal NHS services resume
- Half of all doctors and 63% of GPs responding said they were not confident in being able to manage a second wave of COVID-19

After years of underfunding and understaffing, and in the midst of a once-in-a-century public health crisis, it is clear that the Government and NHS England need to step up and deliver a strategy for how these services can be brought back online and up to speed. This needs the NHS to be properly funded to give it the capacity required to meet the needs of patients in the immediate and long term.

Read more about the survey and outcomes [here](#)

New National Institute for Health Protection

The Government has announced the [creation of a new National Institute for Health Protection \(NIHP\)](#) with immediate effect, whose primary focus is public health protection and infectious disease capability, and with a single command structure to advance the response to the COVID-19 pandemic. It will bring together Public Health England and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre under a single leadership team.

In response to this, Chaand Nagpaul, BMA Chair of Council, said: “We already have public health expertise in this country which is of the highest quality but despite the hard work of our colleagues in the last six months, substantial budget cuts and fragmentation of these services over years have hampered the response to the Covid-19 pandemic. We must absolutely not allow PHE and its staff to shoulder the blame for wider failings and Government decisions.” Read the full BMA statement [here](#)

Impact on practices of the government lifting the cap on medical school places

The government confirmed it would be lifting the cap on the number of places to study medicine, in light of the issues around A-level grading, after the BMA called for universities to honour all earlier offers. The BMA had urged medical schools to review the applications of those who were earlier denied places due to the unfair grading process.

Due to the shortage of doctors in primary care, it is essential that an increase in intake to medical school is followed up with support and funding both for medical schools and GP practices, particularly to provide greater opportunities for practice-based training for medical students, which then often leads to more students choosing general practice as a career. While the BMA is pleased that the undergraduate tariff has recently been increased for placements in general practice, we know more can be done to distribute this funding and offer support for GP practices to enhance the undergraduate general practice experience for medical students. Read the BMA’s response to earlier reports on lifting the cap [here](#).

Registering patients prior to their release from secure residential estate

Practices have a contractual obligation as set out in the [NHS England Standard General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to support with registering patients prior to their release from the secure residential estate. GP practices are asked to ensure that processes are in place to support this, with information on how to do this [here](#). Plans are also progressing to enable patients to register with a GP in their place of detention in the same way as they register with a community GP. This change will enable a patient's general practice record to transfer to their place of detention, allowing clinicians working in these settings full access to the individual's medical record and history. This will be rolled out next year in a phased approach across England.

New restrictions on stimulant laxatives to counter risks from overuse

The [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#) will be adding extra label warnings to new packs of stimulant laxatives to reduce abuse and overuse, and to make it clear that they do not help with weight loss and can lead to damage to the digestive system. Instead, patients should be encouraged to use alternatives, such as diet and lifestyle changes, or potentially switch to other products such as bulk laxatives.

NHS Property Service legal action

The BMA is supporting five GP practices who have started court proceedings against NHS Property Services (NHSPS) to clarify the basis on which NHSPS calculates service charges. Since 2016, many practices have received increasingly costly service charge demands from NHSPS. In defence of these expensive non-reimbursable charges, NHSPS had argued that it was moving to a "full cost" approach to the recovery of charges via a "consolidated charging policy". The BMA position was – and continues to be – that the consolidated charging policy cannot be unilaterally incorporated into the terms of individual practices' tenancy agreements.

NHSPS has filed Defences and Counterclaims in each of those claims. Within the five Defences, NHSPS has finally conceded that the consolidated charging policy has not varied the existing leases and that the service charges are not due pursuant to the policy.

Supported by the BMA, the test claimants are now applying to the High Court to ask that it upholds their claims against NHSPS and issues declaration that the 'consolidated charging policy' does not form part of their tenancy.

Although such judgments would not automatically bind any GP practices beyond the five test claimants, they will be highly persuasive evidence that other GP practices in similar circumstances can rely upon when facing disputed demands from their landlord.

You can read more about the case and the BMA's position in [this letter to practices](#).

Briefing on the 'McCloud' public consultation on the NHS Pension Scheme

The Government Actuary's Department and the NHS Pension Scheme (Scotland) Scheme Advisory Board have published the attached briefing which is a helpful summary on the progress of the 'McCloud' Public Consultation on the NHS Pension Scheme in Scotland, which closes on 11 October 2020. The aim of the consultation is to seek feedback on UK government's proposals for removing the discrimination identified in the 2015 reforms, and covers all public service pension schemes in the UK, with the exception of schemes covered by Northern Ireland Executive and judicial and local government pension schemes, which will have separate consultations.

GPC GP Bulletin

See this week's GP bulletin [here](#).

Mental health and wellbeing – looking after your practice team

The BMA published a [report](#) which warns of a mental health crisis as we emerge from the COVID-19 pandemic and outlines key recommendations for the Government to take, including the recruitment of more mental health staff.

CLMC continue to [offer wellbeing services via Validium](#) for ALL working in general practice within Tees (including locums). We understand that a number of staff have accessed this confidential service and it has been well received. It will remain in place until at least 1 April 2021.

Read the BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of NHSE provided [support available](#) to you and your team including a wellbeing support helpline, a 24/7 text alternative, [peer to peer, team and personal resilience support](#), free mindfulness apps and the [#LookingAfterYouToo coaching offer](#).

BMA COVID-19 guidance

The BMA continue to regularly update their [toolkit for GPs and practices](#), which should help to answer many of the questions we have been getting on a large range of topics relating to COVID-19. Last week they added a section on [high-risk patients and shielding arrangements](#). There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#)..

Other COVID 19 resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)