

CLMC Bulletin 436 – 06.10.20

COVID-19: general practice during the second wave

Following the experience of the last six months, GPC have developed proposals outlining the urgent measures needed to ensure general practice is protected and supported, as we move into the second wave of the pandemic. Implementing these proposals will be critical in enabling general practice to respond to the needs of patients, not least whilst delivering the biggest flu programme ever and on top of previous and on-going workload and workforce pressures.

The GPC proposals are based on the government's 'protecting the NHS to save lives' campaign and learning the lessons from the first wave, as well as what has been learnt from colleagues elsewhere. The main concerns include the increase in patient demand and workload shift from elsewhere in the NHS where services remain limited, and the insufficient financial support from NHSE/I and government. These were issues that Richard Vautrey, GPC Chair, discussed directly with Sir Simon Stevens and Jo Churchill, the health minister with responsibility for primary care in England.

Read the GPC call for action to support general practice during the second wave of COVID-19 [here](#)

GMS contract amendments

NHSE/I has [written to practices](#) to outline amendments to the contract, as agreed in the last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic. The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to concerns and relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may, therefore, be covered by the previous arrangement of 1 per 3000 patients. We are aware that some practices do not see many of the slots available being booked into, so practices can reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1 October include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

TEWV Listening Service

TEWV have launched a Teesside listening service which may prove a useful resource for practices to direct patients (and/or staff) for support. The service is available to all who live in Teesside, irrespective of age, and provides emotional support for local people in mental distress. The service is a space for people to safely talk about whatever is troubling them. Calls can be made anonymously and are not time limited.

- TEWV webpage now live (<https://www.tewv.nhs.uk/services/listening-service-people-of-all-ages-teesside/>)
- To accompany the webpage staff will be doing an animation / interview to introduce the listening service and what it's about (end of October)
- There will shortly be a video for media purposes on the listening service and a professional video that is being finalised which will go, predominately, to GPs to let them know about the new crisis line which incorporates information on the listening service

Supporting effective collaboration between primary, secondary and community care in England

Prior to COVID-19 the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge uphill struggle to deal with the inevitable backlog of care that has developed since March. Tackling these challenges over the coming months will require effective collaboration between systems and clinicians across primary, secondary and community care. However, there are a number of barriers to making this happen, including high workload, the need to adapt physical spaces to prevent the spread of infection, lack of joined up IT, historic workforce shortages and a lack of consistent communication and trust between different parts of the health system.

Building on the work of the [BMA's Caring, Supportive, Collaborative project](#), GPC have published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. The key recommendations include:

- Bringing together local clinicians to establish a local approach for how to review and process the backlog of referrals which helps to achieve effective prioritisation
- CCGs should establish and increase the commissioning of locally based services for blood tests, ECG, spirometry, ultrasound or other diagnostic services in the community, and allow clinicians regardless of the care setting they work in to book these tests and monitor results
- Investment in IT systems, especially in secondary care, which respond to the need of clinicians, including information sharing and an ability to continue remote consultation.
- Developing locally agreed joint prescribing budgets and open access to EPS to secondary care clinicians to enable them to issue prescriptions more easily using community pharmacy and so reduce GPs workload

Read the report and full list of recommendations [here](#)

NHS Community Diagnostics Hubs

Professor Mike Richards has presented the recommendations from his report [Diagnostics: Recovery and Renewal](#). The report was commissioned as part of NHS Long Term Plan implementation. However in the context of the response to the COVID-19 pandemic and the re-start of NHS core services, the centrality of diagnostics to the NHS's ability to deliver patient care has come to the fore like never before. The report confirms that the last six months have underlined the need to change the structure of and increase diagnostics capacity. Professor Richards suggests improved clinical models – such as the separation of acute and elective diagnostics – which, along with additional investment, will enhance health outcomes for all patients.

The main recommendation of the report is the creation of *Community Diagnostics Hubs* which will both relieve the burden on primary care and acute hospital sites and provide patients with easier access to one stop diagnostic services. It will also lead to major efficiency gains in terms of procurement of diagnostic equipment, workforce and skills mix requirements, and savings for the NHS. This follows GPC lobbying on the need for increased commissioning of diagnostics capacity in the community, as highlighted in the paper [Supporting effective collaboration between primary, secondary and community care in England in the wake of Covid-19](#) and GPC will continue to engage with NHS Diagnostics Board to ensure appropriate capital and revenue funding is provided for these changes that the report suggests.

Influenza vaccination: Principles for collaboration

The RCGP and the Royal Pharmaceutical Society have published a joint statement on [Influenza vaccination: Principles for collaboration across Great Britain](#), setting out the need to ensure a high uptake of flu vaccination to keep people well and negate excessive pressures on NHS services. This is particularly important this winter, with COVID-19 still in circulation. The following principles have also been developed to ensure a high uptake of the flu vaccine:

1. General practice and community pharmacy should take a collaborative approach to delivering the flu vaccine programme;
2. The skills and experience of all eligible, trained and available healthcare professions should be utilised to ensure widespread take-up of the vaccine;
3. The safety of staff undertaking the administration of vaccinations is paramount

Read the statement [here](#)

JCVI advice on priority groups for COVID-19 vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has published [updated advice on the priority groups to receive COVID-19 vaccine](#). The committee has advised that vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The advice will continue to be updated as more information is available on vaccine effectiveness, safety and clinical characteristics.

£20k New to Partnership Incentive

We remind practices of the new to partnership incentive that was part of the 2020 contract deal. Please do ensure that you take up this opportunity when discussing new partnerships with GPs. It is important to bear in mind that this is ONLY for people who are new to partnership (from an NHSE perspective, as soon as a GP is entered onto the contract they become a partner) and MUST be first time equity share partners; this has caused an issue in some areas where a GP has been named as a partner for a period of mutual assessment only to become an equity shareholder once the mutual assessment period ends. Where this is the case the GP has already been a partner to the contract and would not be eligible for the £20k incentive. You may wish to consider the basis of employment/engagement when undertaking a period of mutual assessment if considering accessing this valuable funding.

PCC online training: Financial management considerations for GP partners Wednesday 28 October 2020 (10.00 - 12.00)

Potential/new partners may find this online training for interest; it, also, may well be of benefit/a good refresh for a number of existing partners! There is a charge (approx. £200 but could potentially utilise the new to partnership training support monies) attached to this training but it does cover useful information such as:

- Becoming a partner – what self-employment means for you
- Tax implications and how to manage your personal finances under a non-PAYE model
- Calculating drawings and dealing with bi-annual tax bills
- Understanding capital requirements for new partners and funding options
- Property – to own or not to own?
- Pension implications of becoming a GP partner
- General overview of partnership accounts and GMS/PMS funding streams
- How your practice interacts financially with its PCN
- Taking ownership of the practice as a business and the use of a specialist accountant.

All GP partners need to understand financial management and the implications of being a partner in a monetary sense. This training module aims to furnish all partners with the knowledge and acumen required to play an active part in the business side of their partnership. Further details are available [here](#)

CLMC is currently exploring the potential of 'membership' to [PCC](#) in order to support practices achieving discounts for training such as this. We are doing so thinking that uptake of such training may be increased now it is more accessible due to the move to online. It would be incredibly helpful to get a sense of interest in training via PCC online methods so we can assess if this will be value for money (we do not want to pay to secure the discount if it will not be used!). Please take a moment to look at the [type of training on offer](#) and drop a quick email to Jackie.jameson@nhs.net if you think you may take up some training in the next 12 months.

GP Fellowship Scheme Webinar, Wednesday 7th October 19.00 - 20.00

We are aware that some people are not fully aware of the GP Fellowship Scheme currently available. Please do take time to log in to this webinar which is open to all to learn a little more.

GP Fellowship Scheme – making primary care a great place to work.

The GP Fellowship Scheme is an important initiative that has recently been launched. The aim is to support newly qualified GPs and nurses working in general practice with an explicit focus working within and across PCNs. This is supporting GPs and nurses to take up substantive roles.

This was one of the recommendations of the [GP Partnership Review](#) and one of the commitments in the [NHS Long Term Plan](#).

This webinar will be of interest to GPs in training, newly qualified GPs, GP practices, PCNs and those who are responsible for delivering the scheme.

This Webinar is free and available to all and not just those working in Wessex. You will need to register for the event but this is a quick and easy process.

To register for the event follow this link: <https://www.wessexlmcs.com/events/11284>

Chair - Dr Nigel Watson Chief Executive Wessex LMCs and Independent Chair of the GP Partnership Review

- **Introduction** – Dr Nigel Watson
- **Overview of GP Fellowship**
Faye Sims Head of Primary Care Workforce, Primary Care and System Transformation, NHS England & NHS Improvement
- **How will this benefit newly qualified GPs, Practices, PCNs and potentially the local healthcare system?**
Dr Nikki Kanani – Medical Director Primary Care NHS England& NHS Improvement
Dr Samira Anane, GP Manchester and GPC Education and Workforce Lead
- **Panel Discussion**
Faye Sims, Dr Nikki Kanani and Dr Samira Anane

One career endless opportunities #Choose GP

Applications for Round 1 of 2021 GP specialty training will be open from 2 November to 1 December 2020. Please 'like' and follow the #Choose GP [Facebook page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options.

The [GP National Recruitment Office](#) (GPNRO) website is the place to go for more information or there are a number of GPs and trainees who are able to help with local or general enquiries. Email Daryl at gprecruitment@hee.nhs.uk to be put in touch.

NHS Pension Schemes consultation

The Government is holding a consultation about [Public Service Pension Schemes: changes to the transitional arrangements to the 2015 schemes](#), with a deadline of 11 October. The BMA will be responding to the consultation, but is also urging doctors to make their own submission to the consultation. To help do this, the BMA has created a [template consultation tool](#), which is editable so you can outline your own experiences, while also emphasising the key points which we will believe will affect the majority of our members. Read more in the [message from Vish Sharma, Chair of the BMA's Pensions Committee](#)

Survey of Salaried GPs

GPC are conducting a [survey](#) of Salaried GPs in England about the terms and conditions under the BMA's salaried GP model contract, which focuses on pay and the provision of parental leave rights under the model contract and your answers will inform work on reviewing salaried GPs remuneration package and may be used in negotiating discussions. It should only take 5 minutes, and your responses will be anonymous. The survey closes on 12 October. If you have any questions about the survey, please email info.pcs@bma.org.uk

Responding to the death by suicide of a colleague in primary care: a postvention framework

The Louise Tebboth Foundation and the Society of Occupational Medicine have launched [a report which provides a framework to support primary care organisations](#) following the death by suicide of a colleague. The report draws on interviews with people working in practices who have personal experiences of a death by suicide within their team, and includes useful practical advice suicide postvention guidelines proposals to put appropriate support in place to help people and organisations recover.

Practice rental payments

The issue of some tenants of GP practices either decreasing, or threatening to decrease their rents, was recently raised with GPC. Tenants cannot unilaterally change the existing arrangements without due process and discussions, and to do so is not acceptable. The legal principle is that subject to the lease arrangements that are in place, no one party can unilaterally change the terms of the agreement and adjust the rent without agreement and without being transparent. Both parties must work together and the entire process must centre around collaboration, with both parties acting reasonably and responsibly in reaching any agreement. GPC have now written this [letter](#) to Chief Executive of Well Pharmacy, one of the larger tenants, to further highlight concerns.

Impact of austerity on general practice

GPC England executive team member Krishna Kasaraneni appeared on [BBC Radio 4's "The Austerity Audit"](#) programme this morning, to discuss the impact of Government spending policy on the NHS and general practice, and what the future holds. Krishna's interview begins at around 6min50.

GP appointment data

Apologies, the link to the GP appointment data for August included last week was incorrect – it should be [this](#). The data showed that the number of appointments delivered by practices that month remained relatively stable, with the percentage of appointments delivered face to face having risen compared to previous months.

GPC GP Bulletin

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

Mental health and wellbeing – looking after your practice team

Over the last few months GP appraisal leads and GP tutors have been offering telephone support conversations to any GP struggling with any professional or personal issues related to the Covid pandemic. The offer telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

In addition, 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](#)