

CLMC Bulletin 424 – 30.06.20

Trust GPs to lead: learning from the response to COVID-19 within general practice in England

The results of the fifth and [sixth BMA tracker survey](#) highlighted the scale of extra work being taken on by GPs during the pandemic, something that is continuing to increase. The new BMA report, [Trust GPs to lead: learning from the response to COVID-19 within general practice in England](#) explores how these demands can be managed both in the short and long term.

It sets out five principles that must be addressed as part of learning the lessons of COVID-19 as follows:

- We must capitalise on the greater autonomy provided to general practice during the pandemic and incorporate the positive learning into new ways of working.
- There must be a significant reduction in the level of regulation within the system. The burden of regulation has previously fallen on all practices rather than focusing on appropriate support for the very small number of practices when this is required.
- There must be a significant reduction in the level of bureaucracy and duplication caused by information requests from Government departments, national regulators, commissioners, local providers of health services and many other organisations.
- It is essential to increase the level of digital and technological support for practices including a rapid rollout of appropriate, safe, reliable, robust and secure digital technology and consultation software (including video where appropriate) for practices to use.
- GPs should be empowered as clinical leaders in their communities, strengthening and resourcing the development of primary care networks and giving them the necessary flexibility to use available resources, workforce and partnerships within their area.

The report also sets out a range of solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19, and looks at GPs being supported to continue delivering innovative patient-focused local services for both the short and long term.

Read the full BMA statement about the survey and the *Trust GPs to lead* report [here](#)

Launch of the 'New to Partnership Payment Scheme'

The 'New to Partnership Scheme' will formally launch 1st of July, and will apply to all new clinical partners from 1st of April 2020. We have received many requests for information about this scheme so we hope this [early sight link to documentation](#) will provide helpful.

NHSEI are accepting applications from 1 July, and an operational version which can be submitted as an application will be placed on the site on this date.

One of the tricky aspects of the scheme is about structuring the payment correctly. For this reason, at present, this applies to registered clinicians only. Work is being undertaken nationally to explore how practice managers can be included into the scheme.

Mental health and wellbeing – looking after your practice team

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.

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

The BMA continue 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 their Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

BAME doctors not being given access to COVID-19 risk assessments

The BMA's [sixth tracker survey](#) also showed that more than a third of BAME doctors in the UK are still not being given access to potentially life-saving COVID-19 risk assessments. The survey also revealed that BAME doctors are still less likely to feel fully protected from coronavirus compared to their white colleagues (29% compared to 46%), and far more likely to often feel pressured into treating patients without the proper protective equipment⁴ (7% compared to 2.5%). Read the BMA statement [here](#).

The updated BMA [guidance on risk assessments](#) includes two new sections for GP practices looking at the implications of risk assessments for practices and the risk assessment tools that are available to practices to use.

As Dr Farah Jameel, GPC England Executive Team member, has [stated](#): "This week, many doctors, including myself, were rightly disturbed by the results of the latest BMA survey. It found that more than a third of BAME doctors in the UK are still not being given access to potentially life-saving Covid-19 risk assessments – nearly two months after [NHS England issued recommendations that risk assessments](#) should be carried out for all staff as a precautionary measure. For white doctors, 42% said they haven't had risk assessments yet. Every other healthcare worker in community and hospital trusts have access to an occupational health service that provides expert help, advice and support, but this most fundamental of services to support the workforce is something that has been denied to those working in general practice for decades. This pandemic has exposed how short-sighted this lack of provision is, and if the Westminster Government is going to learn anything from the last few months, then it must take swift steps to address this."

In response to the BMA letter to Simon Stevens earlier this month and lobbying on these issues, NHSEI have issued a [letter](#) which sets out that CCGs should commission an occupational health service to support practices with this risk assessment process. This should be made freely available to practices as soon as possible through local OH capacity, or by commissioning more to complement existing OH services via this [Dynamic Purchasing Solution](#), if additional capacity or access outside normal working hours is needed. CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Please also take a moment to look at the [blog](#) by Nikki Kanani and Prerana Issar, Chief People Officer, written to touch on recent events and share what they are doing to address particular issues faced by BAME members of staff. We encourage all BAME primary care colleagues to complete the [survey](#) as will inform /shape the agenda.

Indemnity arrangements for NHS Primary Care staff undertaking COVID-19 antibody tests

NHSE/I has now confirmed that where primary care staff undertaking COVID-19 antibody tests are not covered for this activity under their existing indemnity/insurance arrangements, they will be indemnified under the [Clinical Negligence Scheme for Coronavirus \(CNSC\)](#) which was established in accordance with new powers from the Coronavirus Act 2020. NHS Resolution has added an [FAQ](#) which states:

Where you are appropriately trained and competent to undertake this activity, and you are not covered for this activity under your existing indemnity/insurance arrangements, you will be indemnified under the Clinical Negligence Scheme for Coronavirus (CNSC). The CNSC has been established by NHS Resolution to meet liabilities arising from the special healthcare arrangements being put in place in response to the coronavirus outbreak.

Antibody testing undertaken in NHS trusts will be covered under the Clinical Negligence Scheme for Trusts. Further information on the rollout of the antibody testing programme is set out in NHSE/I letter on 25 May 2020.

Read all the FAQs on the Clinical Negligence Scheme for Coronavirus [here](#)

Temporary resident registration for antibody testing

GPC continues to be clear that it is wholly inappropriate to use the temporary residents mechanism to offer antibody testing for staff and that to do this may be in breach of the GMS regulations. NHSE/I agree that this is outwith the regulations and not practical for practices or their staff. Antibody testing for those working in general practice is not mandatory. If those working in general practice wish to have an antibody test, GPC believe the results should, as is happening in some areas of the country, be provided directly to the individual having the test and should not require the involvement of the employer.

Need for robust digital systems and sustainable plans to manage GP workload

The latest [tracker survey](#) has shown a lack of robust IT systems and digital solutions to help secondary care colleagues complete necessary tasks, leading to work being transferred to general practice without sustainable services in place. At the same time, practices are still facing intense resource shortages, with 80% of GPs surveyed saying they need an increased supply of face masks for staff.

Half of those responding to the survey said that they are having to provide care that would normally be delivered by secondary care colleagues and 81% said they have been asked to carry out new investigations and manage ongoing care, which would also usually be done in hospitals, further adding to GPs' growing workload.

Due to reduced numbers of patients attending hospital, practices are being expected to perform blood tests for hospital outpatients, prescribe medication that would normally be given in secondary care, and at times complete tests before making a possible cancer referral, which could lead to delays in treatment. This needs rapid action to deliver long-term solutions to improve the interface between secondary and primary care, and make sure we have the digital infrastructure in place to stop unnecessary prescribing, duplication of workload and extending patient pathways. The NHS must be properly joined up and resourced at all times – not only in preparation for something as serious as COVID-19, but also for when the crisis has subsided

The importance of this was illustrated by a misjudged question at the final No 10 daily press briefing earlier this week. It is clear that clinicians in general practice, hospital and other services have all been under immense pressure throughout the last few months as we all played our part in responding to the COVID-19 pandemic and it's now vital that we work together to develop improved care pathways that are sustainable and do not place unrealistic expectations on anyone. We will be working with our secondary care colleagues in the BMA on this and have also raised these issues with government ministers and NHS England and Improvement.

The extra work and lack of support, on top of the challenge of the pandemic, is also likely to explain why 31% of doctors surveyed feel as though they are currently suffering from a form of depression, anxiety, stress, burnout, emotional distress, or other mental health condition, and that it's been worse while working during COVID-19. Read the full BMA statement about the survey and the Trust GPs to lead report [here](#).

Shielding update

The [Government has announced](#) that from Monday 6 July, the advisory guidance for clinically extremely vulnerable people who are currently shielding from coronavirus, will be eased, and that they will be able to gather in groups of up to 6 people outdoors and form a 'support bubble' with another household. The guidance will be relaxed further in August, should the reduction in viral prevalence continue. In relation to this the Government in England has informed practices that it will [write](#) to those on the shielded list to make them aware of the updated guidance. Read the [Government's guidance on shielding](#) for patients.

The NHS will continue to maintain the Shielded Patient List in order to enable targeted advice and support to those who are most vulnerable should that be required in the future. Practices should, therefore, continue to add or remove patients from this list as is clinically appropriate. In addition, GPC are talking to NHSEI about research being done that could refine the identification of those who are most at risk and would benefit from shielding should that necessary.

GP Standard Operating Procedure updated

NHSE/I have added two new sections to the [GP Standard Operating Procedure](#) and updated it with some additional information and links for ease of access. The updated sections are on:

1. Outbreak management in the context of COVID-19 – with a recommendation to review business continuity plans.
2. Suspected or diagnosed cancers, including ongoing cancer treatment – information on referral into secondary care.

BMA issues holiday guidance ahead of domestic tourism return

Following the [guidance](#) issued by GPC about the support practices can continue to offer their patients when travelling on holiday this year in order to support colleagues in tourist areas, the BMA has issued further advice and public health information for the public. This comes just days after pictures of a crowded Bournemouth beach raised concerns over social distancing.

As lockdown eases and tourism begins to reopen around the UK, many patients will be wondering what they need to do to stay safe. The BMA have produced a [simple guidance poster](#) to help patients mitigate risks and stay safe on their holiday. We have also produced a [summary about the specific challenges of tourism in the UK](#), which outlines basic principles for a responsible 'new normal' for the tourist industry.

The BMA's public messaging campaign urges people to:

- Don't travel if you're ill, or have any symptoms of COVID-19 (e.g. cough, high temperature, loss of smell or taste)
- Have a plan for self-isolation if you, or anybody in your 'bubble', develops symptoms or are told to do so by the official NHS Test and Trace service. You will likely be required to self-isolate for 14 days.
- If you take medicines prescribed by your doctor, make sure you have enough with you to last for your time away
- Practise good social distancing and hand washing while you are away from home
- Wear a face covering whenever you are mixing with others outside your 'bubble' and cannot social distance, particularly when you are indoors.

GP specialty training - round 2 applications update

The world has certainly changed as we head towards the final 2020 GP training application round! HEE continued with plans and created new content to promote One Career Endless Opportunities #Choose GP (please 'like' and follow the #Choose GP [Facebook page](#) to keep up to date with news and views). Round 2 activity has begun which is the final round for 2020 training applications opening **28 July – 13 August** for a February 2021 start.

This campaign round is aimed at anyone wanting to switch from other specialty training programmes and trust grade doctors and consultants wanting to retrain as a GP. HEE received feedback requesting more information to be shared and have provided the following resources.

- two playlists on Youtube, [one with video's](#) and the [new animated FAQs](#) to help prompt
- relevant information on the [GPNRO website](#) where they have a [Choose GP section](#)

Please 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 HEE have a number of GPs and trainees who are able to help with local or general enquiries. Email Daryl gprecruitment@hee.nhs.uk to be put in touch.

HEENE GP Post-CCT Fellowship Scheme - invitation for bids for funding to support GP Post CCT Fellowships

DEADLINE: Midnight on Friday 17/07/2020

PLEASE DISTRIBUTE TO THE RELEVANT STAFF MEMBER AND/OR TEAM

Healthcare provider organisations across North East and Cumbria are invited to submit bids for funding via [online application form](#).

The investment in primary care set out in the GP Forward View includes funding for 250 post-CCT Fellowships. These are innovative posts available for GPs in their first 5 years after qualification. In 2020/21, Health Education England will fund 19 fellowships across North East and Cumbria. CCGs, Trusts, Federations and GP Practices can apply for funding for GP roles that come under one of five broad categories of fellowship:

- *System leadership* – Supporting emerging GP leaders within the local healthcare system
- *Health equity* – Using the fellowship programme to reduce health inequalities
- *Clinical* – Helping GPs to develop a clinical special interest e.g. dermatology, frailty, palliative care
- *Academic* – Supporting early academic careers
- *Educational* – Stimulating early career GP educators through involvement with undergraduate or postgraduate education

The funding is available to help meet the costs of two sessions per week of protected study / professional development time (£18,964) and the cost of additional training or qualifications (up to £5000) for a maximum of 12 months.

In South Tees, Hartlepool and Stockton, Darlington and DDES CCG regions, practices whose populations experience high levels of socioeconomic deprivation can apply for the innovative and exciting Trailblazer scheme, with a fantastic programme of education and support.

The organisation hosting the fellowship will be expected to advertise the posts, appoint to the posts and meet the cost of employing the trainee for the remaining sessions. Posts are expected to commence before the 31 December 2020, and at the latest by 31 March 2021, as the funding cannot be extended further.

To apply please complete the online application form and return it by midnight on Friday 17/07/2020 to Sharron Lee: sharron.lee@hee.nhs.uk

If you require any more information or support in making your application please contact Dr Rob Carter: rob.carter@hee.nhs.uk

MHRA Drug Safety update

The June 2020 issue of Drug Safety Update is now available [here](#).

The Healer in times of COVID: supporting each other through adversity

The BMA and NHS Practitioner Health are holding a [virtual conference](#) on Thursday 23 July 2020, 12.30 - 3.30pm to address the health and wellbeing of the health care workforce in the context of COVID-19. Chaired by leading experts, the conference will explore the impact of pandemics on the mental health and wellbeing of health care staff. By discussing the global impacts of the pandemic, and bringing together a vibrant community of professionals, they will share lessons learned and collaborate to build a vision moving forward post-COVID-19.

Join expert speakers and panellists including Professor Neil Greenberg, Dr Michael Myers and Anna Soubry. Register your place at this free event [here](#).

The Cameron Fund, The GPs' own charity

The Cameron Fund are trying to increase their outreach to GPs to make sure those that really need it are aware of the service provided.

The Cameron Fund is the only medical charity which solely supports NHS General Practitioners. This includes GP Trainees, working GPs, retired GPs, as well as dependants of GPs.

The Fund helps GPs and their families who are suffering financial hardship, whether through physical or mental ill-health, disability, bereavement or loss of employment.

Financial help is tailored to best support an individual's return to work. As well as grants and loans, the Fund can help with money advice assessments and career coaching for those who may no longer be able to continue to work as a GP.

info@cameronfund.org.uk

020 7388 0796

www.cameronfund.org.uk

In addition, they have created a poster (bottom of this email) showing the five medical charities which can help doctors. They are encouraging people to display this information in their workplace to raise awareness.

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](#) published last week.

Other COVID 19 resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

GPC GP Bulletin

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

ARE YOU A DOCTOR SEEKING FINANCIAL HELP?

If you are experiencing financial hardship there are five charities which may be able to help you - whether you are a trainee, of working age, or retired.

Each fund has its own eligibility criteria and all offer varied types of financial assistance.



The Society for the Assistance of Medical Families



The Cameron Fund



BMA Charities



The Royal Medical Benevolent Fund



The Royal Medical Foundation



@Help_Doctors



@FinancialHelpForDoctors

More info? Check doctorshelp.org.uk