

CLMC Bulletin 427 – 28.07.20

DDRB report

The Government in England has announced that they have agreed with the [DDRB's recommendation](#) of a 2.8% pay uplift. This applies to salaried GPs, GP trainers and GP appraisers, with payments to be backdated to April 2020, but does not include junior doctors or GP contractors in England.

The long-term pay deals for both GPs and junior doctors were agreed before anyone could have predicted the serious impact COVID-19 would have on the NHS, nor the financial pressure it would put practices under, and this must be rectified.

This is the second year of the 5 year contract agreement, which not only provides 100% funding for a large workforce expansion to help manage practice workload pressures but also provided for the removal of the significant cost of indemnity last year. For 2020/21, it secures additional funding to cover annual pay increases of 1.8%. This is at a time when RPI is currently at 1.1% and CPI at 0.8%. However this is far from a normal situation and the government made clear in their announcement that this higher pay award was "in recognition for doctors efforts on the frontline during the battle against COVID-19".

It's unacceptable therefore that the government failed to fund the gap to support GP contractors in funding the increases for staff and salaried GPs. GPC have raised this in an urgent meeting with the Health Minister, Jo Churchill, and made clear that this comes at a time when practices are also feeling the impact of not being reimbursed for additional costs to manage the COVID-19 pandemic. GP practices and their dedicated staff have spent the last few months working incredibly hard in completely overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely during the pandemic, and for this not to be recognised by the Government will be felt as a serious blow. The applause of politicians for hardworking doctors now rings hollow. The BMA is, therefore, pushing for this to be addressed and they will be raising this directly with the Secretary of State for Health and Social Care.

Applying the uplift

While GPC continue to put pressure on DHSC and NHSE/I for more funding, practices are encouraged to provide the full 2.8% uplift for all Salaried GPs, although how any pay uplift is provided to Salaried GPs, as with all practice staff, will be determined by the terms of their employment contract.

The GMS contract regulations, and standard PMS agreement (since 2015), state that practices must employ Salaried GPs *on terms no less favourable than the model contract*. Therefore, all GMS practices, and those PMS practices that have agreed to that wording, must employ Salaried GPs on terms no less favourable than the Salaried GP model contract.

The Salaried GP model contract states '*annual increments on [incremental date] each year and in accordance with the Government's decision on the pay of general practitioners following the recommendation of the Doctors' and Dentists' Review Body*'. Therefore, if this wording is included in the employment contract, the full 2.8% uplift must be provided. The model contract, however, may be amended by agreement, so it will depend on the individual agreement between the practice and the Salaried GP. If it includes the clause above then the 2.8% must be provided. If a different annual increment/calculation is included in the contract, or if the contract is silent on this point, then the practice is still encouraged to pass on the full 2.8%. We must not let this pay award be a source of division between GP contractors and salaried GPs but respect one another as professional colleagues.

GPs and their teams have played a vital and essential role on the pandemic frontline and it's, therefore, disingenuous in the extreme for the government not to provide the necessary funding to recognise this. GPC will do all they can to address this unacceptable situation.

You can read the GPC response to the announcement in [Pulse](#) and [GP Online](#) including the impact this will have for general practice and the [BMA's response](#) more broadly.

Face coverings in general practice

Following the Government's announcement [that face coverings will be mandatory for people visiting shops in England as from 24 July](#), we have been [calling for the policy to be extended](#) for all places where social distancing cannot be maintained, including GP practices.

CLMC has received many calls on this issue as we have patients within the area that refuse to wear a face covering in practice or attend an appointment without a face covering and ask for the practice to provide this. We recommend that practices revisit all telephone, text and appointment messages and make it very clear that patients must bring and wear a face covering to their appointment and that the practice does not have a supply of face coverings if a patient 'forgets' to bring theirs. You may wish to add that if a patient does arrive to their appointment without a face covering then an additional risk assessment will need to take place to ensure that care can be delivered safely to protect practice staff and other patients. It is also recommended to advise that a face covering includes any scarf, strip of fabric etc that the patient may have at home and they do not need to specifically purchase a mask if they are not in a position to do so. CLMC has called on the CCG, LAs and others to look at media to stress the importance of bringing and wearing face masks when attending appointments in practices along with other myth busting such as certification for travel and exemption letters from GPs. Please see the covering email to this week's bulletin for further information on face coverings.

Public Health England has now published [New recommendations for infection control in primary and community health care providers](#), which states that:

- Practices should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate
- where a setting cannot be delivered as COVID-19 secure, a local assessment may conclude that primary care staff, when not otherwise required to use personal protective equipment, *should wear a face mask*, to prevent the spread of infection from the wearer
- where a COVID-19 secure environment cannot be maintained, patients and members of the public entering primary care premises should be advised to use face coverings in line with [government advice](#)

This guidance is in addition to existing national COVID-19 [IPC guidance](#), which advises on appropriate PPE usage in patient facing clinical settings and other measures to reduce transmission risk.

The most recent [tracker survey](#) showed that 86% of doctors said it should be mandatory to wear face masks in settings where the public either cannot or will not social distance. This issue was also highlighted in the article [The scramble for facemasks](#), in the BMA's [The Doctor](#) magazine. In response to this Richard Vautrey, GPC Chair, said: "The BMA is clear that face coverings should be mandatory in all situations where physical distancing of more than 2 metres is not possible. It makes no sense that the government has introduced one measure for shops and public transport, while other indoor spaces, including GP practices, are exempt. This virus is just as infectious in a practice as it is in a shop or on a bus".

Letter for exemptions

The GPC guidance on [Reducing COVID-19 transmission and PPE](#) now includes updated advice on face coverings, which confirms that practices do not have to provide letters of support for those who fall under the list of exemptions, or to those who do not. Individuals should self-declare if they believe they should be exempt from wearing a face covering. They should not be directed to their GP to ask for evidence to support this. CLMC has provided a template letter to support practices with patient requests but we ask that you do not direct patients to us as we are no more able to provide the letters than practices!

Shielding guidance for staff on returning to work

Shielding will be coming to an end in England on 31 July, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' The BMA has published guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#) setting out recommendations for safe return of staff. Read also the [BMA guidance on Risk assessments](#). The [latest tracker survey](#) also showed that most GPs who are currently shielding do not feel safe returning to work.

Covid certification for travel

Practices are receiving a number of requests from patients with regard to certification for travel (be it to state they are covid free or require some form of exemption/safe to travel (or not) certificate. Practices are not required to provide any certification for travel purposes and would be correct to decline these requests. As with any 'safe to travel' letter, this can only be correct at the time it is written and you can only state facts as per the record and patient presentation/information. For this reason they are worthless.

Additionally, practices have been receiving requests for patients to have a covid test for travel purposes. Again, this is not a GMS/NHS service but is a private service. The [National Travel advice website](#) has now been updated to remove reference to GPs in relation to testing for travel purposes.

Flu programme announcement

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to include a new cohort of people aged 50 to 64, who will be eligible for free vaccinations. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

Locally, CLMC has been working with the CCG, LAs, and LPC around planning and possibilities for delivery against the current challenging backdrop. A flu planning group is also meeting on a regional (ICS) level. Nationally, GPC have been in discussions with NHSE/I about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme. A final decision on when it will be possible to deliver the vaccination to 50-64 year olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. We expect further guidance by the CMO to be published next week.

Action to improve vaccine coverage rates across the UK

The BMA has published a report on what [actions need to be taken to improve vaccine coverage rates across the UK](#). The report says that many immunisation programmes have been disrupted because of the pandemic as the NHS focused on responding to immediate health concerns and that it is now imperative that they are re-started and that people are encouraged to be immunised. It also notes that childhood vaccination in particular has plummeted during this time – dropping by around a fifth in total – despite advice that childhood immunisation should continue during COVID-19. Read the BMA press release [here](#).

RCGP guidance on delivering mass vaccinations

The Royal College of GPs has published [guidance on delivering mass vaccinations during COVID-19](#), including guidance on using non-traditional vaccination settings. The guidance is written with the understanding that a number of mass vaccination programmes may need to be delivered during mid-2020 to 2021, while COVID-19 continues to be in general circulation, and addresses approaches to delivering large-scale vaccination programmes in this context. Read more on the RCGP COVID-19 Guidance [page](#)

IGPR scheme to be paused and reviewed

It has been confirmed that NHS England have terminated all contracts with the [International GP Recruitment Scheme](#) recruitment companies as of 30 November 2020. This means that the programme will be paused ahead of a full review next year. Health Education England will retain funding to see any doctors through the scheme who are already in the system, while the Induction & Refresher scheme will continue to take international doctors on an individual basis.

Given the current challenges presented by COVID-19 and Britain's future relationship with the EU, it is a difficult period for international recruitment and it is logical that the scheme should be paused. While the scheme supported some GPs from abroad to work in the NHS, it is now clear that it will fall far short of meeting both its initial target of recruiting 500 GPs and the vastly increased number of 2,000 set more recently. It is now important that we evaluate how much value it delivered for the investment made.

GP trainee recruitment

Health Education England has [released figures which show that GP trainee numbers in England have risen for the third year in a row](#), with recruitment up by 15% compared to the same time last year.

3,441 doctors have so far been accepted to GP specialty training in 2020, with one more recruitment round to go, HEE is hoping to reach its overall target for recruiting 3,500 doctors in training to general practice this year.

It's good to see that more and more young doctors are being attracted to a rewarding and varied career in general practice. There remains an urgent need, however, to capitalise on the rising number of GP trainees by fully supporting and retaining our existing qualified GP workforce so that they do not burn out. [According to the latest statistics](#), there are 1418 fewer full time equivalent qualified GPs now than there were in late 2015, the year GPC embarked on our collaborative approach with HEE, RCGP and NHSE/I. This means the NHS is still losing more qualified GP hours than it is gaining even with the increase in doctors entering GP training each year.

It is also vitally important that we increase the support for the GPs that will be supervising and training these new GP trainees, and those that come in the future. GPC will continue its tireless lobbying to improve resourcing and conditions for GP trainees.

In response to this, Krishna Kasaraneni, GPC England executive team member said: "Increases to the numbers of those in GP specialty training clearly shows how important general practice is to the NHS, and how stimulating a career it can be. Whilst this is encouraging, it is vitally important that we increase the support for the GPs that will be supervising and training these future GPs, and those that come in the future."

GPC GP Bulletin

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

Mental health support in practices

The King's Fund and Centre for Mental Health have published a [report on Mental health and Primary Care Networks](#), which suggests that more and better mental health support is needed in GP surgeries following the pandemic. The report found that current provision of mental health support in general practice is variable and often inadequate, and calls for PCNs to seize the opportunity to strengthen mental health provision in primary care, to help to fill the gap at a time of increased need for mental health care in the aftermath of the pandemic. This is an important issue and GPC are in discussion with NHSE/I about the potential to include mental health workers within the scope of the PCN workforce.

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](#) published last week.

Other COVID 19 resources

[BMJ – news and resources](#)
[RCGP COVID-19 information](#)
[NHSE/I primary care bulletins](#)
[NICE resources](#)