

## **CLMC Bulletin 428 – 04.08.20**

### **Flu programme**

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to potentially include a new cohort of people aged 50 to 64, who will be eligible for free vaccination. 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.

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. Any decision on the delivery of the vaccination to 50- to 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. The CMO's next flu letter outlining more details of the programme will be issued this week.

### **PPE portal**

Practices are reminded that you can register and place orders for PPE via the [PPE portal](#), which can be delivered within 48 hours, to ensure regular free supplies of PPE in advance of the winter and flu campaign. More information is available on the [DHSC PPE portal guidance page](#) and the portal customer service team can be reached on 0800 876 6802 for enquiries or registration support.

### **NHS England/Improvement “Third phase of NHS response to COVID-19”**

NHSE/I have released their [Third phase of NHS response to COVID-19](#) letter. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

The restoration of primary and community services is also seen as a priority and they state that “we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible”. They encourage a focus on childhood and flu immunisations, cervical screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed.

CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

### **Health and care workers to self-isolate on return to UK from high-risk countries**

The Department of Health and Social Care has [announced](#) that registered health and care professionals travelling to the UK from high-risk countries will be required to self-isolate for 14 days. GPC have published [guidance and advice](#) for doctors planning to travel to or from countries that are considered a COVID-19 risk.

The current [list of countries](#) exempt from self-isolation measures is available on GOV.UK. The data for all countries and territories is kept under constant review, and the exemptions list is updated with any changes on a regular basis as and when required to reflect the shifting international health picture. Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return.

### **Shielding guidance for staff on returning to work**

Shielding came to an end on 31 July meaning those who have been shielding are now able to return to work provided their place of work is 'COVID-19 safe.' Read the BMA guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#), which sets out recommendations on ensuring staff can safely return to work.

### **Extension of self-isolation period to 10 days**

The Department of Health and Social Care has announced that the self-isolation period has been extended to 10 days for those in the community who have COVID-19 symptoms or a positive test result, stating that: 'In symptomatic people COVID-19 is most infectious just before, and for the first few days after symptoms begin. It is very important people with symptoms self-isolate and get a test, which will allow contact tracing. Evidence, although still limited, has strengthened and shows that people with COVID-19 who are mildly ill and are recovering have a low but real possibility of infectiousness between 7 and 9 days after illness onset. We have considered how best to target interventions to reduce risk to the general population and consider that at this point in the epidemic, with widespread and rapid testing available and considering the relaxation of other measures, it is now the correct balance of risk to extend the self-isolation period from 7 to 10 days for those in the community who have symptoms or a positive test result. This will help provide additional protection to others in the community. This is particularly important to protect those who have been shielding and in advance of the autumn and winter when we may see increased community transmission.'

Read the full announcement [here](#).

### **DDRB pay award**

It has been made clear to the Government that it is unacceptable the 2.8% pay uplift award for senior hospital doctors, has not been applied to GP partners or junior doctors who have long term pay deals in place which were agreed before anyone could have predicted the impact of the COVID-19 pandemic, nor the financial pressure it would put practices under, and this must be rectified.

It's unacceptable, therefore, that the Government continues to fail to fund the gap to support practices in funding the increases for staff and salaried GPs. GPs and their dedicated staff have spent the last few months working incredibly hard in overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely. For this not to be recognised by the Government is a real blow to morale.

Dr Richard Vautrey, GPC Chair, and Dr Sarah Hallett, chair of the BMA junior doctors committee, have [written a letter](#) to Matt Hancock on this important issue, expressing the hurt and disappointment which GP partners and junior doctors are feeling when they have contributed so much to the nation's health and wellbeing during this time of national crisis. BMA council chair, Chaand Nagpaul, is meeting shortly with health secretary Matt Hancock to also strongly make that case and to firmly outline the reality of the significant and vital contribution of GP partners and junior doctors during the COVID crisis. Read the BMA's full response to the DDRB report [here](#).

GPC have updated [their salaried GP pay ranges webpages](#) following the DDRB uplift announcement, along with guidance on how practices should apply that uplift.

### **Support for doctors affected by discriminatory pension scheme changes**

The Government has opened a consultation on changes to the transitional arrangements to the 2015 schemes after conceding that the protection offered to older members resulted in unlawful age discrimination. Following legal cases brought against the Government, they have conceded that the protection offered to older members when introducing new public sector pension schemes resulted in unlawful age discrimination.

The BMA brought legal cases on behalf of its members which are currently on hold. However, similar protection to older members was offered when the NHS 2015 career average revalued earnings scheme was introduced and as such this is also likely to amount to unlawful age discrimination. It is important to note however that it was the offering of protection to older members rather than the introduction of the new scheme that is unlawful.

To remedy this age discrimination, the Government has released a consultation proposing two options for the period in which the discrimination occurred (1 April 2015 to 31 March 2022). The consultation outlines that the likely solution to rectify this discrimination is to offer affected members the choice of whether they are transitioned to the 2015 scheme or remain in their legacy scheme (1995/2008) for the remedy period. After the remedy period, all scheme members are likely to move to the 2015 scheme, probably in April 2022.

The BMA will be making a considered response to the consultation in due course. The deadline for the consultation is 11 October 2020. In addition, the BMA will continue with its own legal case to ensure members are fully supported. Read the BMA [statement](#) and the [consultation](#) document.

### **June appointments in general practice statistics published**

[NHS Digital statistics](#) show that the number of appointments delivered by practices are continuing to rise, reaching the numbers we saw before the pandemic reached the UK. Practices are therefore working incredibly hard not only to deal with the continued impact of COVID-19, but also to provide other routine services as well as they are able to. This means continued use of triage arrangements to keep both patients and staff as safe as possible and using remote consultations where appropriate – both of which have been instrumental in general practice's response to the pandemic.

Matt Hancock, secretary of state for health and social care, talked about the use of remote triage in his [speech](#) about the future of healthcare, and as GPC have long said, if doctors are given access to the right technology, they will embrace it. However, his suggestion that all appointments going forward will be remote by default must be approached with caution. GPC have been clear in the media that physical appointments will always be a vital part of general practice, and they continue to be necessary for many patients and the management of specific conditions, and we must not lose sight of that. While GPs will always embrace new ways of working, being able to see patients face-to-face will remain a key aspect of primary care.

The BMA's response to Matt Hancock's speech can be found [here](#).

### **Joint statement on performance management processes**

GPC have published a joint statement on performance management processes which sets out a range of NHSEI commitments secured through discussions with GPC England. NHSEI have agreed to implement improvements to the performance management process for NHS GPs and support fair decision making among everyone involved in the handling of performance concerns.

The commitments include further work to increase early resolution and consistency of approach, improved performance management data capture and analysis, and a commitment to ensuring equal treatment of GPs with protected characteristics. [Read the full statement >](#)

### **Dispensing Services Quality Scheme**

NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020; dispensing practices wishing to participate in the Scheme this year will need to inform their commissioner. Following further discussions with GPC England, NHSE/I plan to revise the scheme's requirement in relation to patient medication reviews this year.

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

### **Government obesity strategy**

The Government has published its [strategy](#) to tackle obesity. The BMA has long campaigned for government to hold industry to account as its main policy on obesity, rather than asking the public to shoulder the bulk of the responsibility. They've done this both as an individual organisation, and as part of the Obesity Health Alliance.

The main policies outlined in the strategy include:

- A 9pm watershed on HFSS (food high in fat, sugar or salt) adverts on TV and online (with a short consultation on a total ban online) – to be brought in by end of 2022. Ahead of this, the Government will also hold a new short consultation on whether the ban on online adverts for HFSS, should apply at all times of day.
- Restrictions on multi-buy and location promotions of HFSS in retailers and online. There will also be a ban on these items being placed in prominent locations in stores, such as at checkouts and entrances, and online. In the UK we spend more buying food products on promotion than any other European country and a survey from 2018 shows that around 43% of all food and drink products located in prominent areas were for sugary foods and drinks, compared to just 1% for healthy items.
- Calorie labelling in large out-of-home outlets. New laws will require large restaurants, cafes and takeaways with more than 250 employees to add calorie labels to the food they sell.
- Consultation on front of pack food labelling and calorie labelling of alcohol. The government will launch a consultation to gather views and evidence on our current 'traffic light' labelling system to learn more about how this is being used by consumers and industry, compared to international examples.
- Expansion of weight management services. Weight management services will be expanded so more people get the support they need to lose weight. This will include more self-care apps and online tools for people with obesity-related conditions and accelerating the NHS Diabetes Prevention Programme.

GPC will be discussing with NHSE/I the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. Primary care network staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but the details on this are not yet clear.

In their submission to that consultation, GPC emphasised that the indicators would need to accurately reflect the role of GPs in the wider healthcare ecosystem when it comes to obesity, and that weight management services must be significantly ramped up to ensure accessibility. These will form part of negotiations later in the year.

Alongside the obesity strategy, DHSC launched a '[Better Health](#)' campaign, which announced prescriptions for cycling. We understand this initiative will commence in 2021/22 as limited pilots in a small number of areas with further information to be provided soon. We will continue to keep you updated.

### **NHS People Plan published**

In response to the [NHS People Plan](#), BMA council chair Chand Nagpaul said: 'The NHS People Plan comes at a time when the NHS is possibly in the most precarious state it has ever been - in the midst of a pandemic - which has served as a stark reminder of just how much we depend on the workforce for our NHS to survive and succeed. The People Plan highlights several areas for improvement that the BMA has been calling for – a focus on wellbeing, research and education, equality and diversity and flexible working – and this is encouraging to see. Initiatives such as the appointment of wellbeing guardians, boosting the mental health workforce, tackling violence against staff, and improving occupational health standards will make an important difference to the lives of staff and the development of a more open and inclusive culture. What is important now is delivering these plans in a timely manner so that these long-overdue aspirations become a reality. The BMA will continue to work with Government to bring about real change for the better in these areas.'

We are significantly short of doctors [compared with our EU neighbours](#), and also without equivalent levels of hospital beds and community facilities. This has resulted in doctors being exhausted and pressured to work in an environment lacking adequate infrastructure with almost a third of doctors telling us they are experiencing emotional distress or mental health issues that have become worse during the pandemic. We, therefore, need greater clarity on the scale of plans to expand the workforce to ensure that this goes far enough to address the historic levels of understaffing in the health service. We also need to see more detail on how the Government intends to retain staff.

It is also crucial that the plan factors in the wider demand now being placed on the NHS, and therefore the workforce, with a growing backlog of millions of non-COVID patients who have not received care during the pandemic. Delivering this will require new resources; it is vital that the Government matches these ambitions with a transparent long-term costed funding plan that delivers these long-overdue changes.'

GPC are concerned that the rhetoric in the NHS Peoples Plan does not match the reality of recent experience for GPs, with respect to the DDRB award, lack of access to occupational health services to support risk assessments and significant delays in releasing the Covid-fund to help practices in their pandemic response. The Government and NHSE/I must do much more to demonstrate their support for the general practice workforce.

### **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](mailto: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](#)