

CLMC Bulletin 429 – 11.08.20

The national flu immunisation programme 2020 to 2021 update

As shared in our email of 5 August, details of the 2020-21 flu immunisation programme were announced in a [joint letter from the CMO for England](#), the Public Health England Medical Director and Director for Public Health, and the NHSE/I medical director. The letter outlines that this year as part of the wider planning for winter, and subject to contractual negotiations, flu vaccination will be additionally offered to:

- household contacts of those on the Shielded Patient List - specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.

It is intended to further extend the vaccine programme in November and December to include the 50 to 64-year-old age group but this will be subject to vaccine supply and notification about this is likely in September. It is planned that this extension is phased to practices to prioritise those in at risk groups first.

While we welcome that the detail has finally been made available to those delivering the programme and now allows practices to do some further detailed planning, GPC are urgently seeking confirmation that all PPE will be provided for practices, guidance on delivery models (although this will be up to individual practices (working with their localities) to decide), and we acknowledge that this is going to be the most challenging flu programme there needs to be support, resources and leniency so that practices can prioritise the flu programme over this uncertain period. Practices should be signed up to the [PPE portal](#), which can be delivered within 48 hours, to ensure regular 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.

It is clear that delivering this challenging programme at this time will require a monumental effort from general practice at a time when workload is already increasing. The government has an obligation to facilitate this by supporting general practice with the additional resources required, along with a clearly and easily understood patient facing public health campaign.

CLMC and Tees Valley CCG issued joint comms in the Primarycare1 bulletin of 6 August (attached to the email upon circulating the bulletin) to try support practices and provide an update on work that is being undertaken locally. There is a lot of work being undertaken with many local organisations to look at how practice can be supported in delivering the flu campaign but we also included some simple steps that practices need to take now in order to prepare; not least looking at the number of patients that will be eligible for vaccination and their order of prioritisation and how this compares to previous year's numbers and the number of vaccines ordered. We fully understand that there is a lot of logistical and business planning involved for practices prior to any vaccination campaign being undertaken and CLMC can provide (attached to the email upon circulating the bulletin) a flu calculator that has been developed by colleagues elsewhere in the country that may be helpful.

Please do contact CLMC and other colleagues for any support, concerns, issues and good practice/ideas you may have for the 20/21 campaign and we will do our utmost to assist.

COVID funding guidance for general practice published

After months of significant pressure and lobbying of both government and NHSE/I by the BMA, it is good to see that the long delayed [COVID fund](#) has finally been released. This long overdue funding was and is needed to support practices that have been going above and beyond to continue caring for their patients in the face of the pandemic.

Hundreds of practices recently told GPC they were still waiting for reimbursement for additional expenses incurred during the COVID response for things like taking on additional staff, including those needed to cover absences of team members who were shielding or self-isolating. So, these details around this financial support is welcome and commissioners now need to act swiftly to provide practices with this funding.

However, this package only covers until the end of July, and as we all know, the fight against COVID-19 is far from over. It does however set an important precedent. Both commissioners and NHSEI must guarantee that practices will continue to get all of the support and resources they need as we move into the latest phase of the pandemic. Furthermore, DHSC must urgently give practices more details on how they will be reimbursed for extra PPE they have had to acquire when national supplies fell far short of what was needed.

GPC are now urging those CCGs that have not already done so to act swiftly and provide practices with the funding for all the additional costs they've incurred. Funding will be provided to cover additional costs of:

- bank holiday opening (for Easter and May 8) including staff and non-staff costs
- services to care home residents (from 1 May to 30 September)
- additional capacity (from 23 March to 31 July) where supported by the Commissioner
- additional consumable expenses (including PPE)
- absence cover from day 1 (from 23 March to 31 July): practices which have provided full pay for employees who were unable to work will be able to claim the costs of cover

Locally, Tees Valley CCG is currently working on templates to enable practices to submit their claims to the fund. CLMC is aware of the practice concerns around a number of costs they have incurred that are not covered under the Covid funding. We have raised these nationally and will continue to do so going forward as these costs are likely to escalate in a second wave rather than disappear!

Practices should now:

- review additional costs already incurred (dust off those expense logs CLMC advised keeping!) and submit claims to the CCG utilising the template (to be provided by the CCG ASAP but in sufficient time to hit the claim deadline)
- discuss with commissioners any anticipated further costs that might require approval
- keep records and evidence of additional costs (once again, keep a log of all expenses as CLMC previously advised for the first wave!)

Read more about COVID funding in the GPC [toolkit for GPs and practices](#)

In response to this Richard Vautrey, GPC Chair, said: "This package only covers until the end of July, and as we all know, the fight against Covid-19 is far from over. Both commissioners and NHS England must guarantee that practices will continue to get all of the support and resources they need as we move into the latest phase of the pandemic. Furthermore, DHSC must urgently give practices more details on how they will be reimbursed for extra PPE they have had to acquire when national supplies fell far short of what was needed."

Face coverings

Following the Government's announcement [that face coverings will be mandatory for people visiting shops in England from 24 July](#), GPC reiterate their longstanding position that people using any healthcare facilities, including GP surgeries, should be wearing face coverings and that now that the government have finally issued guidance on this we need them to do more to support practices in getting across the message to all patients that they should wear a face covering to protect others, including practice staff, who are there to care for them.

Practices should, as always, use their clinical judgement when dealing with patients or carers who have difficulties with face covering.

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](#)

The most recent [tracker survey](#) also 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.

The BMA believes that the government must do more to protect healthcare workers in community settings, including GP surgeries, and require those entering a healthcare facility to wear a face covering, as is the case for shops and other indoor settings.

It is for practices to decide how to deliver services to their patients. It is also a practice's responsibility for them to protect their staff and patients, many of whom may be vulnerable to the most severe effects of Covid-19, from unnecessary risk. Therefore, if a patient refuses to wear a face covering inside a practice, without good reason, the practice can choose to provide services to that patient by means other than face-to-face consultation within the practice.

Practices should inform patients, in advance of their attendance, that a face covering will be required to protect other patients, clinicians and other staff who they will inevitably come into proximity with inside the building. If a patient has a legitimate reason for not wearing a face covering the practice will need to consider this on an individual basis. Read more [here](#)

Report on how COVID might affect the number of GPs available to see patients

The Health Foundation has published [analysis looking at how COVID risk might affect the number of GPs available to consult face-to-face in England](#). The report shows that one in three GPs who singlehandedly manage a GP practice are at 'high risk' of death or serious illness from COVID-19, and estimates that this could potentially leave over 700,000 without face-to-face appointments with their GPs if those at high risk take the difficult decision to limit direct patient contact. In response to this Richard Vautrey, GPC Chair, said: "As this data shows, some GPs working alone are at a higher risk of becoming ill from Covid-19 and therefore, potentially not able to see patients face-to-face. If needed, locum GPs can be recruited to help these practices, but surgeries need financial support to do so, as well as adequate space in their practices to accommodate another practitioner. This research therefore not only highlights the need for more GPs in the system, especially in deprived areas, as well as the continued provision of effective PPE, but also free access to comprehensive occupational health services to support clinicians with risk assessments."

Tees Valley Training Hub

Tees Valley training Hub is a partnership between all 3 Federations within Tees valley, Tees Valley CCG and CLMC. Funded through HEE, the training hub is in place to support practices and primary care as a whole with their workforce and training requirements to help ensure that we have a primary care workforce that is fit for purpose now and in the future. The aim is to put primary care on the front foot in terms of workforce skillset and capacity; ensuring both practice needs and regional/national strategy/plans are fulfilled by ensuring that primary care is a dynamic and attractive career choice. The hub supports both clinical and non-clinical development.

Further information relating to the hub is, and will continue to be, circulated by the federations via their usual bulletins/email mailing lists. Please do look out for and engage with these as the whole aim is to support you with your training and workforce needs. H&SH is the base for the hub and the training hub manager, Sam Cave, is based within H&SH so if you do see any information/email come from Sam please do take a look as it is highly likely it has arrived to you on behalf of the training hub!

GP appraisal restart

GPC have been in discussions with NHSE/I in recent weeks regarding a planned restart of appraisals in general practice. While full details are yet to be officially published, GPC have been encouraged by the positive approach to a redesigned appraisal process focussing on a formative doctor-centred approach. GPC welcome the significant simplification of appraisal requirements and the reduction in the volume of evidence and paperwork expected. This will be a step forward in empowering doctors to use their appraisal to reflect on their professional development and is part of the wider BMA strategy of bureaucracy reduction and the re-professionalisation agenda set out in their policy document '[Trust GPs to Lead](#)'. Full details of the new system and its requirements will be released officially by NHSE/I in the very near future, and GPC will issue updates as these become available.

2020/21 Healthcare Education & Training Tariff Guidance

The DHSC has [published](#) their healthcare education and training tariff guidance and prices for the 2020-21 financial year. The guidance confirms the introduction of a minimum tariff for UG medical placements in general practice of £28,000 per FTE "from the point at which placement activity resumes". It also provides confirmation of the tariff payments for the 2020-21 financial year, and includes:

- An overview of the introduction of the tariff payment mechanism for secondary care placements.
- Powers and requirements with regards to the application of the secondary care placement tariffs.
- Confirmation of the changes to the secondary care placement tariffs from 1 April 2020
- Further information relating to the scope of the secondary care placement tariffs.
- An explanation of the calculations underpinning the secondary care placement tariffs.
- Health Education England's position on tariffs for primary care medical undergraduate placements and response to Covid-19 impact on education and training activities
- Further information on the local implementation of the secondary care placement tariffs, including where to direct any queries.
- Early planning for 2021-22.

Menopause report

The BMA has published a report on [Challenging the culture on menopause for working doctors](#), following a survey of our members to understand specific challenges they face.

The survey showed the physical and mental impact that women doctors experience during the menopause, and that for some it has meant a change to their working lives. The report also highlights a lack of support for many and a reluctance to discuss the problem with managers and colleagues. Symptoms such as insomnia, fatigue, loss of confidence and debilitating hot flushes were cited by 90 per cent of doctors as affecting their ability to work – with 38 per cent saying the impact was 'significant'. Read more in the [message from Helena McKeown](#), GP and Chair of the BMA's Representative Body.

Locum GP webinar 13 August

The BMA's Sessional GPs committee will be hosting [Locum GPs and COVID-19 webinar](#) on 13 August, 6.30–7.30pm. The impact of the pandemic on locum GPs has been unique: while other doctors have been called to take on longer hours, you may have seen your sessions cancelled.

The sessional GPs committee understands the problems locums are facing, and the need for guidance in these uncertain times. This webinar will offer advice to secure your income and future-proof your career. It will:

- explore how you can broaden your portfolio
- explain the terms and conditions you need in your locum contract
- look at sources of financial support
- describe how the BMA can help you.

The webinar is free and open for all England-based locum GPs – sign up [here](#)

RPS calls for pharmacists to be able to alter prescriptions

The Royal Pharmaceutical Society is calling for all community pharmacists to be allowed to make changes to prescriptions that would reduce unnecessary delays in providing medicines to patients in the event of a supply shortage. The proposals would also allow pharmacists to dispense another generic version of a medicine on prescription without having to contact the prescriber every time. Read more [here](#)

GPC GP Bulletin

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

GPC Sessional GP Bulletin

Read the latest Sessional GPs newsletter [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](#)