

## CLMC Bulletin 433 – 14.09.20

### **Flu specifications 2020/21**

NHSE/I published the updated [flu specification for 2020/21](#) and the updated [DES directions](#). Practices will need to respond to commissioners' invitation to participate in the 2020/21 Flu DES by no later than *14 September*. Additional BMA guidance and NHS England FAQs will be published shortly.

The updated specification makes a number of changes to the previously published version, expanding the eligible groups, with potential further expansion later in the year. In addition when offering vaccination to eligible patients practices are encouraged to request that the patient advises the practice of their ethnicity status if they have not previously provided this information to the practice. Where provided by the patient or their carer, the practice must record the ethnicity information in the patient record. This is in order to improve data recording to support our response to the COVID-19 pandemic and any potential immunisation programme.

Practices, working in their PCNs where appropriate, are encouraged to work together with pharmacies to support a successful 2020/21 flu campaign. This is even more important in light of COVID-19, and the challenges that we face in delivering this year's flu programme. As in previous years, this is a national service with both practices and community pharmacies providing NHS flu vaccinations, and we all have a role to play in identifying and engaging patients and vaccinating to protect as many as possible at a very vulnerable time.

Practices and pharmacies should talk to each other about the vaccination service they are planning to offer to understand each other's plans. Where possible discussions should include how to reduce health inequalities and how to target harder to reach or under vaccinated populations which can help achieve an effective campaign.

This year the new Investment and Impact Fund includes a shared goal across the PCN to provide immunisations to patients 65 years and over and this includes those given both by practices and pharmacies in the area. Read more in the [GP contract agreement document](#)

The CCG have shared a raft of offers from various providers (Trusts, community services and federations) in order to assist practices in planning, delivering and maximising the success of the flu campaign this year as we know it will be challenging managing demand with social distancing measures. CLMC are more than happy to discuss and advise on delivery methods with practices, PCNs or wider groups to ensure that contractual requirements are met and options are fully considered. There are 3 main principles which practices must take into account/action when considering the options:

- 1) If someone is delivering the flu vaccination to your patients on your behalf (or you are vaccinating on behalf of others) you must ensure that you have appropriate subcontracting/staff sharing, data sharing and cold chain/vaccine supply in place (vaccine you provide must be utilised to vaccinate your patients only). This is where someone is delivering for you utilising your vaccine and you are claiming
- 2) If someone is delivering the flu vaccine to your patients as part of a specification for which they will be funded (and utilising their own vaccine); you cannot claim but the vaccinated numbers should be recorded and will count in your figures towards targets set against vaccinated population. Cold chain/supply is for their consideration as they are not taking vaccine from your practices and will be claiming themselves but do ensure timely flow of information is in place to avoid calling patients who have been vaccinated already
- 3) If someone is vaccinating your patients in your behalf but utilising their own vaccine this becomes slightly more complex from a claiming perspective and will require further documentation but sub-contracting of clinical care permission remains necessary. If you are subcontracting you need to ensure that cold chain etc is being followed, even though you will not have direct responsibility, as the overall responsibility for safe care falls to you as a principle contractor so any agreements must cover this.

There are other considerations such as indemnity etc but as there are so many options it is more appropriate for practices to contact CLMC for details rather than trying to cover every scenario in this bulletin.

## **QOF**

NHS England have now published [revised QOF guidance](#) which details the requirements for 2020/21. This guidance is effective immediately and the Statement of Financial Entitlement will be amended shortly to reflect this. This includes detail of the following:

- The points and payment changes for the four flu vaccination and two cervical screening indicators;
- The indicators which will continue to be paid on a conditional basis;
- The refocused requirements for the Quality Improvement domain support the restoration of key services to people with a learning disability and early cancer diagnosis;
- The indicators which will be subject to income protection arrangements and the conditions upon this income protection.

GPC have drafted a QOF at a glance [document](#), which summarises the changes for QOF for the remainder of 2021/22. In light of COVID-19, QOF has been refocused to:

- support practices to reprioritise aspects of care not related to COVID-19
- serve those patients most in need of long-term condition management support
- guarantee significant income protection and the relaxing of some requirements for practices.

## **Automation of PCN payments**

From 1 September, payments for PCN (Primary Care Network) core payments, CD (Clinical Director) payments, Extended Hours Access, and Network Participation Payments, became automated (previously manually processed by CCGs). As part of this change, each practice is now required to verify the Network Participation Payment in CQRS before it is released.

## **COVID-19 antibody test results flowing to GP records**

From 10 September, when a person undertakes an antibody test that is taken through the public antibody portal (an ELISA test), the result will be loaded directly into their patient records. This will be in addition to flowing of test results for pillar 2 viral testing and will follow the same process, according to each practice's IT system provider.

Results will be presented on patients' records as 'positive', 'negative' or 'unknown'. As for viral testing, there will be no action required from the GP practice on receipt of the test results. Bulk upload of test results into GP records will take place without any manual patient by patient process. Practices will receive further guidance by their own system supplier about how this will work.

## **Remote fit notes - please remember to sign them**

DWP has asked us to remind GPs that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and e-mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. We would therefore remind GPs that fit notes must be signed. Read more about remote fit notes in the BMA [COVID-19 toolkit for practices](#)

## **Extension of two fluoxetine Serious Shortage Protocols**

DHSC has advised that because of ongoing supply issues, the Serious Shortage Protocol for fluoxetine 40mg capsules is being varied to extend the end date, which was previously 04 September 2020. The end date for this SSP is now Friday 25 September 2020.

In addition, the Serious Shortage Protocol for fluoxetine 10mg tablets is also being varied to extend the end date, which was previously 11 September 2020. The end date for this SSP is now Wednesday 31 March 2021. Read more on the [NHSBSA SSP webpage](#).

## **Appraisal 2020**

Following the suspension of appraisals at the end of March due to the COVID-19 pandemic, NHSE/I has together with the Academy of Medical Royal Colleges, GMC and BMA, agreed to a rebalanced approach that focuses on the doctor's professional development and wellbeing, and simplifies expectations around supporting information and pre-appraisal paperwork.

The appraisal will be simplified as far as possible, and [NHSE/I has written to responsible officers](#) asking them to take a flexible approach, aiming to begin reinstating appraisals by 1 October, with a view to resuming normal levels of activity by 1 April 2021.

GPC have been in discussion with NHSE/I to ensure the planned restart is not overly disruptive for practices while allowing public confidence to be maintained and are encouraged by the significant simplification of the requirements and the reduction in paperwork, which allows both appraisers and appraisees to focus on treating patients rather than bureaucracy. This slimmed down system is a step forward in empowering doctors to use their appraisal to reflect on their professional development, and forms part of a wider drive by the BMA to reduce bureaucracy.

Read more about 'Appraisal 2020' on the [Academy of Medical Royal Colleges website](#) and the full GPC statement [here](#)

## **The NHS pension scheme as a sessional GP**

Dr Krishan Aggarwal, a GPC England and Sessional GPs Committee member, and deputy chair of the BMA Pensions Committee, has written a webpage for sessional and locum GPs on the NHS pension scheme, which replaces his previous blogs on this issue.

The webpage is going to be a live document and if there is anything you would like to be covered please email us at [Sessionalgps.gpc@bma.org.uk](mailto:Sessionalgps.gpc@bma.org.uk) .

The guidance sets out which pension tier to use, submitting the right forms, annualisation, the total rewards statement (TRS), the upcoming the upcoming PCSE portal and how to escalate complaints to PCSE. The webpage is [here](#)

## **RCA and Less Than Full Time (LTFT) trainees**

The BMA GP trainees committee (GPT) have heard concerns from Less Than Full Time (LTFT) doctors about their ability to prepare for the RCA (the temporary replacement for the CSA exam). As trainees are provided with a set number of weeks to collect evidence for their assessment, those on LTFT schedules feel at a disadvantage to their full-time colleagues.

The committee continues to work with the RCGP about this issue, and raise these concerns. GPT notes that the college will soon evaluate the first sittings of the RCA exam, and this will provide them with scope to ensure the assessment is fair to all trainees.

## **GP earnings and expenses 2018/19**

NHS Digital has published the [GP earnings and expenses for 2018/19](#), which show an average increase in income before tax of 3.4% for GP contractors and 3.8% for salaried GPs in England. For non-dispensing GP contractors in England the increase was 4.1%. Increases were higher in Scotland, in part related to the introduction of new contract arrangements, and in Wales, but lower in Northern Ireland. After many years of sustained real-terms pay cuts for GPs, these figures show that this trend is slowly beginning to be reversed, although not yet for GPs in Northern Ireland. This is despite in 2018 the Government in England yet again failing to recognise the huge contribution of family doctors by going against its own pay review body and imposing an award that was half of what was recommended, which would have left GPs with another sub-inflation pay uplift.

That practices were able to offer uplifts to both employed doctors and partners shows how much they value their highly-skilled staff, which is vital to both recruitment and retention – and ultimately guaranteeing high quality patient care.

Pressures in general practice still remain as demand rises amid large workforce shortages - before we consider the huge challenges over the last few months - which practices were quick to meet with both innovation and compassion. The pandemic has shone a light on the huge contribution GPs make to the NHS, and it is crucial that doctors are rewarded appropriately for their hard work and dedication.

### **Annual Representative Meeting 2020**

The BMA's [Annual Representatives Meeting](#) will be held virtually on Tuesday 15 September. Debates will focus on some of the key issues currently impacting the profession but the meeting will also provide an opportunity to pay our respects to the at least 34 doctors and many other colleagues, many of whom came from overseas to work in the NHS, who have died from COVID-19. Royal colleges and other organisations are urging their members to join the BMA in a minute's silence and commemoration. The ceremony will begin at 10.45am with the minute silence observed at 11.00am. The memorial will be broadcast online and details will be circulated in the coming days so that people not attending ARM can join in this important act. We hope you and your colleagues will join us.

The presentation on behalf of GPC to the ARM highlights that this has been a year like no other. GPs, practices, PCNs, out-of-hours providers, LMCs and GPC have been tested as never before and despite the many challenges all have responded and delivered. Working together, at national and local level, GPC and LMCs, have advocated and lobbied on behalf of the profession, and helped and supported GPs and their teams to rapidly respond to the many changes and challenges they've faced and as a result they have not let their patients down. We are proud of what GPs and those working with them in general practice have done this year and this is an opportunity to thank them once again. You can watch the GPC presentation to the ARM [here](#)

Read more about how to follow the debate on the day and how to download the ARM app [here](#)

### **Evidence Based Interventions programme - post engagement event**

The Academy of Medical Royal Colleges (AoMRC) and NHSE/I launched an engagement exercise on proposals for wave two of their [Evidence Based Interventions programme](#), which seeks to limit the use of certain treatments and tests. The BMA submitted this [response](#) to this exercise, using the feedback and thoughts of a range of committee members.

Following the deadline for written submissions, the Academy has now announced that a post-engagement review event will be held on 22 September, 9:00 to 12:00pm, which all BMA members are invited to attend. This event is intended to allow attendees to raise any additional thoughts or concerns they may have regarding the proposals – [available here](#) – and to hear more about the next steps for the programme. If you would like to attend, details on how to register can be found [here](#).

### **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. So far they have responded to more than 30 requests. Recurrent themes have emerged including dealing with the shift to a different way of working with patients [remote consulting], escalating demand, partnership issues and equity of workload and some personal issues including family stress, carer concerns, personal loss from Covid and mental health symptoms.

With appraisal restarting in October 2020, discussing these and other similar topics, it is hoped, will be a core focus of the refocused 2020 appraisal process. However, as there are many GPs whose appraisal will not take place until well into 2021, the offer telephone support conversations remains for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. Sometimes it is enough just to share thoughts and concerns with someone

'neutral'- there are also various support services that are available yesterday to which GPs can be signposted.

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](mailto: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](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](#).

### **Other COVID 19 resources**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)