

## CLMC Bulletin 434 – 22.09.20

### Face-to-face appointments

The whole profession was appalled by the [NHSE/I](#) media briefing suggesting that practices were not offering face-to-face appointments to patients, implying that they are not available for the patients that need them.

As we all know, the reality is that GPs and their teams have been working incredibly hard to keep their services as accessible as possible during the COVID-19 pandemic, with most offering telephone and digital triage as the first point of contact in order to help keep their workforce and communities safe. This is exactly what the Government has been encouraging practices to do.

Throughout the pandemic practices have continued to enable face-to-face appointments when it was clinically necessary. Any inference that in-person consultations were not provided when needed is an affront to the thousands of committed GPs who have continued to deliver the best possible care to their patients, despite the many challenges they have faced. This is also an insult to the memory of the GPs who tragically died from COVID-19 which they contracted during face-to-face consultations.

Whilst we look forward to the time when it's possible for more face to face consultations to take place without the need for PPE, thanks to the dedication of practice teams across the country and the use of new arrangements, patients' concerns can now often be dealt with more efficiently, including redirecting patients to the appropriate professional service, such as to digital physiotherapy consultations, social prescribers or pharmacy. Surgeries should be commended, not criticised, for adapting so quickly and seamlessly to what is a massive shift in their usual working pattern and the Government needs to do much more to recognise and support practices doing this.

GPC and LMCs have raised their concerns with NHSE/I and with the Department of Health and Social Care about this unacceptable situation and highlighted how damaging to morale this has been for GPs and their staff. Richard Vautrey, GPC Chair, sent this [letter](#) to Simon Stevens calling for an apology and action to address concerns with this letter.

Read the full statement [here](#)

CLMC contacted the CCG very quickly on the back of the NHSE media to seek support for our Tees practices who have been working very hard and most definitely remained open to patients, dealing with their needs in the most appropriate and safe way to ensure that all could access the care they needed. The CCG have been very supportive of practices with the messages they have sent throughout the various phases of the pandemic and continue to be so, acting very swiftly in getting messages to all local media to mitigate the misconceptions caused by NHSE national coverage. The NECs communication team worked very hard with eth CCG and gained coverage in all local newspapers to make it clear that Tees practices continued, as they always have, to provide the most appropriate care for patients; be it telephone, online or face to face, all are considered on a need and safe care basis. The CCG also took the opportunity to remind patients of the need to wear a face covering when attending practices as we/they are aware this is still a problem with some practices facing resistance.

### Flu Vaccination

Further to our email to practice managers on 16 September (including details for CQC, extended hours etc) and the CLMC 14 September bulletin, the recent CCG flu bulletin (circulated 18 September) included details around flu vaccine sharing. Please take time to read this and consider the permissions the CCG has shared. We have not yet received this as an official document to the CLMC office and do not know the source of the information in the CCG bulletin (the consultation ended on 18 September) but as soon as we receive the official letter around vaccine sharing as a national statement we will share this.

### **Workforce data collection reminder, deadline 30 September**

Understanding the current workforce is essential for planning and will support the future development of primary care. It is also a requirement as part of the GP Contract and Network DES that practices and PCNs submit regular workforce information.

The next reporting deadline is 30 September 2020; you will need to check that you have updated your records on [National Workforce Reporting System \(NWRS\)](#). For practices, this should include any locums or subcontracted capacity. For PCNs, this should include all staff funded through the Additional Roles Reimbursement Scheme (ARRS), whether employed by the PCN or by another body (e.g. social prescribing link workers are often employed in the voluntary sector).

From October 2020, the practice reporting requirement will be changing from quarterly to monthly with the next extraction on 31 October. It would be beneficial for practices to update workforce information as changes occur, to keep the records up to date. More information on how to register and use the NWRS is [here](#).

### **Pharmacy changes to reduce GP workload**

A number of organisations, including the BMA, sent a [joint letter to the Secretary of State for Health and Social Care](#), Matt Hancock, calling for Government to amend medicines legislation to allow pharmacists to make changes to prescriptions and provide a different quantity, strength, formulation or generic version of the same medicine, if it is in short supply.

At a time of significant increase to GP workload and the problems with supply of medications, allowing pharmacists to make these changes so that patients can obtain their medicines in a timely manner would be helpful for both doctors and patients. GPC are working to try to reduce the bureaucracy that contributes to GP workload pressures and changes like this will go some way in addressing that, especially as we head into winter and at a time when we are seeing the number of patients with COVID-19 increase again. Read more [here](#)

### **Revised Network Contract DES guidance**

NHSE/I has now published the [revised Network Contract DES materials](#) (shared by the CCG in the PrimaryCare1 Bulletin 171 on 18 Sept), which include:

- [A cover note](#)
- [Amended 2020/21 Network Contract DES Specification](#)
- [Amended 2020/21 Network Contract DES Guidance](#)
- [IIF Guidance](#)
- [SMR Guidance](#)

GPC will produce a brief summary in the next few days to outline the key areas.

### **Template letter to private providers about screening**

GPC have co-badged a [template letter](#) with the Royal College of GPs, which practices can use to write to private providers offering non-approved screening tests. Numerous private companies are offering screening that is not recommended by the UK National Screening Committee (UKNSC), and there is a lack of evidence of how results of private screenings are presented in NHS services and is of benefit to patients, which is a cause of serious concern. This follows the joint [Position Statement on Screening](#) by organisations which have not been approved by the UKNSC, which was published last year. You can also access the letter [here](#)

### **NHS Test and Trace App**

The new NHS Test and Trace App will launch on 24 September. The QR codes are not intended for healthcare settings but for business and other public buildings that will be mandated to keep a record of those entering. If practices want to apply for and display a QR code they can do so voluntarily but there is no expectation or contractual requirement to do so.

### **CQRS update**

These [documents](#) from CQRS contain a reminder of the payment declaration and details around the signing onto CQRS from the 23<sup>rd</sup> September.

### **South Primary Care Training Hub (your training hub for the whole of Tees Valley)**

The Training hub has been undertaking a lot of work on your behalf and has developed a number of initiatives and information that you may find useful when considering workforce, training, recruitment and retention at both practice and PCN level. Please take a moment to view this [information](#) to benefit from/engage with the hub to maximise opportunities including important CPPE funding and training webinars.

### **Annual Representatives Meeting 2020**

You can watch Richard Vautre's presentation to the BMA's ARM [here](#) and read more about the debate and what happened [here](#)

The meeting held a commemoration followed by a minute's silence to pay 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. Read more and watch the video [here](#)

### **NHS Clinical Entrepreneur Programme**

Applications for the NHS Clinical Entrepreneur Programme opened on 15 September 2020. This is an educational workforce development programme designed for healthcare professionals who want to develop and scale their most innovative ideas for patient benefit.

The programme was launched in 2016 and has already recruited over 500 individuals including doctors, dentists, pharmacists and nurses from a range of diverse backgrounds. Places on this programme will be offered through a competitive process, to applicants who have developed clinical innovations to improve patient care and support service redesign through commercial and non-commercial enterprises. You can find more about this programme, and the application portal, [here](#)

### **RCGP Practice and PCN support and development**

The RCGP has a dedicated Primary Care Development Team to help GP practices and PCNs navigate through this time of immense challenge and change. They provide tailored support to practices and PCNs seeking to improve and develop their services and workforce. Services include support for practices with adverse CQC ratings, CQC Inspection preparation, strengthening leadership, enhancing practice communication, PCN support, workforce analysis and embedding new roles. Further details [here](#)

### **GPC GP Bulletin**

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

### **Infection prevention and Control Bulletin**

[The latest bulletin](#) from the Community Infection Prevention and Control Team focuses on 'Are you prepared for the coming winter season?'

### **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](#)