

## **CLMC Bulletin 437 – 13.10.20**

### **Accessing additional flu vaccine supplies**

**Please view the CCG flu bulletin of 9/10/20 (send via Primary care1 email, bulletin number 189) for specific actions required of practices to better understand practice needs.**

The Department of Health and Social Care have outlined how practices will be able to access additional supplies of influenza vaccinations. It has secured an additional supply of influenza vaccines, which arrive later in the season to top up local supplies once they run low. Expected first delivery dates are included within this [letter](#).

Practices will be provided the DHSC vaccines free of charge but will only be able to claim an Item of service fee for each DHSC supplied vaccine that is administered. The majority of the additional DHSC stock will arrive from November onwards, and GP practices will be able to access this only once their own local stocks are depleted. The MHRA has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations and we would encourage you to work with the CCG and the regional NHSEI Public Health Commissioning team to understand what stock is available locally before accessing the national DHSC supply. The DHSC supply should only be used when there are no other alternative options to accessing more vaccines locally.

DHSC stock is available for GP practices to order from 4 different suppliers, across different products. This ensures that there are sufficient vaccine supplies to cover the extension to the flu programme and mitigate the risks to overall supply if there are serious problems with the delivery or manufacture of one of the products. Practices should follow JCVI guidance and use the recommended vaccines for each cohort as set out in the Second Annual Flu Letter.

### **NHSPS charging for COVID-19 related requests**

In a [communication](#), NHS Property Services (NHSPS) announced its intention to increase service charges and facilities service charges for practices across England to meet costs associated with COVID-19. This is a deeply disappointing decision made unilaterally by NHSPS, and will be extremely unwelcome news to NHSPS practices.

GPC premises policy lead Dr Gaurav Gupta wrote to acting Chief Executive of NHSPS Mark Steele NHS PS seeking an immediate reversal of this increase to charges. In his letter, he set out the extraordinary challenges facing General Practice and the severely misjudged nature and timing of this decision taken to increase financial pressure on an already beleaguered profession as it prepares for a second wave of the pandemic.

Practices have received increasingly unreasonable and inflated service charge demands from NHSPS for several years. These demands are often made without reference to contractual arrangements (or lack thereof), and practices are rarely even given an itemised list of charges.

We continue to advise that practices should only make payments if they agree with the legal basis on which they are due and practices should continue to pay at the last agreed level (with a small % increase if you consider appropriate) whilst any disputes/justification/ evidence of increases are being considered. You can find more guidance on this issue [here](#).

### **Roche supply issues impact lab tests**

[Reports](#) of supply chain problems at the diagnostics company Roche, the major provider of swabs and reagents to the Lighthouse labs, has led to serious concerns for further delays in the processing of COVID-19 tests and to patient care, as capacity to complete lab analysis of blood samples and storage capacity will be impacted.

Practices in parts of the country already affected will not have timely access to vital tests, and GPC have asked NHS England for details about how widespread the issue is and what clinicians should be telling their patients.

The need during the pandemic to maintain the COVID testing system to identify new cases is understandable; however, there are still many patients who will need tests for a range of conditions that could be equally as life-threatening if delayed or not done. GPC have, therefore, called for assurances that patient care will be prioritised over COVID antibody tests, which are of limited immediate clinical value.

GPs and all doctors will need urgent support from NHS England in managing these delays and ensuring those who need urgent testing, regardless of condition, can access it before their health worsens considerably. This will also have a major impact on the ability of many hospital labs to process blood tests and on waiting times for urgent and cancer referrals, with concerns for patient care and safety.

### **Clinical validation of surgical waiting lists framework and supporting tools**

NHSE/I has published the [clinical validation of surgical waiting lists framework and supporting tools](#), designed to support systems to clinically validate their waiting lists and establish patient's wishes regarding treatment. This project is centred around making the best mutually agreed decisions with patients regarding their treatment and is not an exercise to reduce numbers on waiting lists.

The hospital will contact all patients on an admitted pathway by 23 October 2020 to establish their wishes about their preferred next steps. The patient's GP practice will then be notified of the outcomes of discussions regarding their procedure.

### **New to Partnership scheme**

Practices are now making applications so that their new partners can benefit from the new to partnership payment and we encourage all practices with partners who have joined the practice since 1 April to do so. However, as highlighted last week, there is a potential issue with the ['New to Partnership Payment Scheme'](#) which apply to new clinical partners from 1 April 2020, causing a 'catch 22' situation.

New partners often commence with fixed share 'probationary' period, before moving to a full equity share. GPC have discussed this issue with NHSE/I and have agreed that in these situations, an individual will be accepted on to the scheme once they become a shareholding partner on an equity basis, as long as the probationary period commenced after 1 April 2020.

NHSE/I has also considered the barriers to individuals obtaining the evidence required to support their application to the [New to partnership Payment Scheme](#), and have identified alternative evidence that can be submitted:

- Where a Partnership Agreement is not available, a headed letter from the practice to confirm details will be accepted.
- To evidence the practice contract type NHSE/I will now check the CQC website to obtain this information for GMS and PMS contracts. They will still require a copy of any APMS contracts.

These changes are effective immediately and the [guidance documents](#) have been updated. Those who have already applied to the scheme will be contacted by NHSE/I and do not need to reapply.

### **Changes to the Supporting Mentors Scheme**

NHSE/I has amended its guidance in relation to the recognised accredited mentorship qualification that mentors should receive via the [supporting mentors scheme](#). In the original national guidance, the ILM Level 5 in Coaching and Mentoring was cited as a benchmark example, however it is now recognised that there are a number of other mentorship qualifications that are equally high quality and will equip mentors with the right mentoring skills and knowledge. The [guidance](#) has therefore been updated so that systems have the flexibility to deliver other appropriate mentorship qualifications that are equivalent to ILM Level 5, with the agreement of NHSE/I regions.

### **GP Fellowship scheme podcast**

[The GP Fellowship Scheme](#) was launched recently to address the recruitment and retention challenges in general practice. The scheme incentivises newly qualified GPs to become a salaried GP or Partner, and include support for the individual and provide additional experience of different practices, the ability to develop a portfolio career with the opportunity to develop clinical expertise and providing protective time for personal development and a [GP Mentor](#).

This [podcast](#) produced by Wessex LMC explains how the scheme will benefit newly qualified GPs and general practice more widely, and will be of interest to GPs in training, practices who are looking to recruit salaried GPs or Partners and those responsible for delivering the scheme locally. The panel included: Nigel Watson, GP and Chief Executive of Wessex LMCs and Independent Chair of the GP Partnership Review, Nikki Kanani, GP and Primary Care Medical Director, NHS England, Samira Anane, GP in Manchester and Education & Workforce Lead, GPC and Faye Sims, Head of Primary Care Workforce NHS England and Lead for GP Fellowships.

### **NHS.net email address**

There is currently a process of upgrading the Outlook system for NHS.net users. Some of you might have noticed that for [nhs.net](#) emails, the icon with your initials now appear back to front. GPC have raised this with NHS Digital who informed this is due to the email naming convention on NHSmail, the initials in O365 are driven by the users email display name.

Due to the scale of the service they have had to implement a standard naming convention for all users, and to aid searching the directory the discussion was taken several years ago to have this formatted as SURNAME, First Name (Organisation). NHSDs own legacy O365 environment uses the hscic.gov.uk directory which only has ~4000 entries, so was able to use First name, Surname. However, with over 2 million entries in the new directory, NHSD is not able to change this at source, but are investigating whether there is a way of making a change in O365 to reverse the order.

### **BMA survey on physician-assisted dying - results**

The BMA has published the [results of a survey into BMA members' views on physician-assisted dying](#). Nearly 29,000 members responded, making it one of the largest surveys of medical opinion carried out on this issue. [Read an update from medical ethics committee chair John Chisholm](#)

### **Survey to assess the impact of COVID-19 on child protection conferences**

The Nuffield Family Justice Observatory is launching a [new research project](#) with Kings College London to examine how practice around child protection conferences throughout England and Wales has been affected by COVID-19. The research team is calling for parents and professionals with experience of child protection conferences during the pandemic to take part. To take part in the survey [visit the Nuffield FJO website](#)

### **BMA and GPDF confirm agreement on GPC grant arrangements for three years**

The BMA and GP Defence Fund (GPDF) have agreed a new long-term deal that will provide additional funding for GPC UK for a further three years up to June 2023. The agreed deal will provide support on top of BMA funding for the work of GPC and the negotiating teams in England, Scotland and Wales, as well as enabling the ongoing support provided to LMCs in the form of guidance and advice by the BMA.

The work of GPC is essential to ensuring that national negotiated terms and conditions are protected, and that GPs are represented at the highest levels amongst governments and policy makers. Both the BMA and GPDF are pleased that a long-term funding settlement has been agreed and look forward to working together in the coming years.

### **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. The offer telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. 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. 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](#)
- [Risk assessments](#)

For further information, see the BMA's [COVID-19 Webpages](#)

### **Other COVID 19 resources**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)