

CLMC Bulletin 502 – 15/03/22

GP contract negotiations and future of general practice

As you will be aware, despite negotiations between GPC England and NHS England about amendments to the five year contract deal agreed in 2019, [NHS England](#) announced that the contract amendments will come into effect from 1 April, without an agreement or endorsement by the BMA.

GPC and CLMC are bitterly disappointed with these changes to the GP contract, which fail to help patients and support practices at this critical time.

The negotiations reached a stalemate in mid-February when it became clear that NHS England would not be offering an update that would impact meaningfully on patient care, nor provide the support desperately required for general practice as it faces unprecedented pressures and pandemic recovery, despite GPC England suggesting a number of solutions to address some of these pressures, enabling practices to support patients.

Read the full BMA statement [here](#), including their [response to misleading comments](#) about their involvement in the contract changes.

GP contract 22/23 – guidance for practices

Read the GPC [guidance about the contract changes](#) to support you in your decision making and next steps. CLMC is pulling information together, including some practical preparation work that practice can be undertaking around the contract changes, and we will circulate this next week.

Safe working in general practice

General practice is in crisis, with increasing patient need and demand, coupled with a shrinking and exhausted workforce, as well as a vast backlog of care following from the COVID-19 pandemic, exerting greater pressure on a system already at breaking point.

As a result of these challenges, GPCE has published a [safe working guide](#) to enable practices to prioritise safe patient care, within the present bounds of the GMS contract. Present resource in general practice is finite, though we must continue to deliver high quality, safe care to our patients. As a result of resource decisions by practices, it may be the case that some patients will regrettably wait longer to access GP care for their non-urgent problems, or are directed to another more appropriate provider.

Meeting with Secretary of State and NHS health care reforms

Dr Farah Jameel, GPC England Chair, attended a meeting with Sajid Javid MP, Secretary of State for Health and Social Care, alongside BMA Chair of Council, Dr Chaand Nagpaul. The meeting was an opportunity for the Secretary of State to outline the key themes from his '[Road to Recovery Speech](#)'. The BMA response to that speech can be [viewed here](#).

The meeting was also an opportunity for GPC to raise the case for general practice. In particular they outlined the continued and growing pressures facing the general practice workforce, and also reflected on the mood of the profession in response to the contract announcement from NHSE/I – outlining what [further measures](#) GPC have been calling for.

Policy Exchange report on the future of general practice

You may have seen the recent [Policy Exchange report of future of general practice](#), supported by the Secretary of State. We are sure we will be debating this at length in the future and the BMA will be providing a more detailed critique of this report in the coming weeks. Read the initial [BMA statement in response](#).

Tees Valley Primary Care Training Hub Newsletter

You can view the latest training hub newsletter [here](#)

Training post shortage - Offer of support to establish additional posts for GP Trainees in Primary care settings, Deadline 24 March

There has been a national increase in recruitment to GP Training Programmes and the numbers in the North East and North Cumbria have increased from an annual intake of 192 to 244. In addition, trainees are now expected to spend up to 2 years of their training in primary care settings. These are welcome developments but necessitate a large increase in the numbers of posts needed in primary care. We remain around 100 placements short of what we need.

Practices and Primary Care Networks are invited to establish new training posts (please note that due to the when the posts will need to be established from, these will need to sit in a current training practice). They can be any of the following types of post:

1. A new full-time or less than full time GP training post.
2. A new ITP (ITP = Integrated Training Post) split between a Practice and a secondary care speciality (the training programmes can help provide the speciality component of the post).
3. Establishment of a new GP/GP ITP post where the trainee works for part of the week in a non-training GP Practice within the same PCN. There would be a need for a Clinical Supervisor in the non-training Practice to do Level 1 training and the training environment would need to be approved.
4. GP/GP post that is split between 2 training practices in the same PCN. This may suit a situation where 2 training practices do not feel able to provide a whole post but could manage a split one with another training practice.
5. GP ITP post where the trainee spends the ITP portion of the post working for the PCN doing clinical and leadership activities or working in an urgent care centre.

All posts that are allocated to receive a monthly trainer grant of £736.83 regardless of the trainee's whole time equivalent. They will ideally start in August 2022; February 2023 is an option.

Practices are offered £10,000 to support the development of a new post. If the post is developed by the PCN then there should be discussion within the PCN to decide where the money is directed.

This is a one-off payment and the Practice(s)/PCN is expected to sign a memorandum of understanding to indicate this post is an additional training post and that there is a commitment to maintaining it for the next 3 years. The funding must be dispersed before the end of March 2022 so time is very short.

The Deanery have funding to support the establishment of 68 new posts across our NENC area. They need to distribute the posts evenly so will accept 1 application from each PCN area. If they receive more than 1 application from Practices in the same PCN they will have a waiting list. If there are no applications from some PCN areas that funding will be used to fund posts on the waiting list.

Message from the Deanery:

I fully understand that offering support for educational infrastructure to establish new training posts is not something we normally do. I also understand that Practices who have recently established posts may feel aggrieved. It has been a difficult process to obtain this significant investment in training. I can only offer what I can obtain. Strategically this is a vital investment for us to meet and maintain our GP recruitment targets and I hope you will take this offer in the manner it is intended - to support you and our trainees to promote the North East and North Cumbria as the best place to Practice.

We also have a need to appoint more new trainers; we remind you that the Intending Trainer Course remains free to attend.

To discuss this offer further please contact your lead Training Programme Director:
Natalie Hawkrigg for North Cumbria Training Programme. Natalie.Hawkrigg@hee.nhs.uk
Rubi Vijayakumar for Durham Tees Valley Training Programme. Rubi.Vijayakumar@hee.nhs.uk
Steve Proctor for Northumbria GP Training Programme. Stephen.Proctor@hee.nhs.uk

Alternatively contact Hazel Ellis, Senior Business Manager or Justin Burdon, Primary Care Dean

Should you be able to establish a post, and wish to access the funding, please complete your details [here](#) before midnight on Thursday 24th March 2022.

GPCE executive team changes

On the 28th February, Dr Dean Eggitt announced his resignation from the GPC England executive team, leaving the role on 12 April. The following is an extract of his resignation letter, that Dean wanted to share with the profession.

"It is with great regret that I submit my resignation as a GPC England executive officer.

I applied for this post with the aim of working on the refresh and reset that Dr Farah Jameel set out on her appointment as Chair, and I was excited to witness the historic democratic election of the first female Chair of GPCE.

I was honoured to have been given the once-in-a-lifetime opportunity to represent our nation as a part of her team.

Sadly, the role is not compatible with my desire to have a normal family life. So, I must resign.

I thank you all for your support. I wish you all good health and happiness."

In response to the announcement, Dr Farah Jameel, Chair of GPC England, said:

"Dr Eggitt has been a dedicated and enthusiastic member of the Executive and I thank him for his commitment and the ideas he has brought during his tenure. I am sorry to see him go and wish him well for the future. We will, in due course, be setting out the process the BMA will follow to appoint his successor."

Data on the pressures facing general practice

Pressures on general practice such as workforce shortages are still as severe as ever, and is evident in the latest data from [NHS Digital for the GP workforce](#) in January which shows that there is now the equivalent of 1,608 fewer fully qualified full time GPs than in 2015. This is in addition to the average number of patients each GP is responsible for having increased by around 300 since 2015.

The Institute for Government has produced a [performance tracker for general practice](#) for 2021, which draws together data from various sources on the state of general practice and the challenges facing it in the context of the pandemic. It also addresses some of the challenges to recovery and provides estimates for projected demand, concluding that the largest concern for general practice is the need to increase staff numbers.

The Health Foundation's webpage on [understanding activity in general practice](#) has more up to date figures and in particular provides detailed explanations of the scope, quality and detail of GP appointments data, to show what appointment data can or can't tell us.

The BMA's own webpage on [pressures in general practice data analysis](#) includes key figures on workforce and appointments that are updated each month, alongside what the BMA has been calling for, for general practice.

BMA successfully challenges threatening letters from solicitors

A number of solicitors have been threatening doctors with legal action if the doctor does not provide COVID-19 exemption for the solicitor's clients. The BMA's Medico Legal Committee (MLC) has written to the Solicitor's Regulation Authority (SRA) and has been assured that solicitors should not be "writing in offensive, threatening or intimidating ways. And we also do not expect solicitors to pursue matters which they know have no legal merit."

If doctors receive intimidating letters, please advise your Medical Defence Organisation (MDO) and share a copy with the BMA at info.gpc@bma.org.uk so that the MLC may pursue further via the SRA.

Furthermore, the GPC and the MLC have met with the COVID-19 Exemptions Team at the Department of Health and Social Care (DHSC). We understand that further guidance on COVID-19 exemptions will be published and this will clarify the role of doctors in providing exemption certificates, make it clear what conditions do and do not warrant an exemption, and reiterate that there is no appeal. GPC have asked for departmental support that any legal action is against the policy, and thus the DHSC, and not the GP/surgery. Both committees hope to see a swift and satisfactory conclusion to this matter.

NHSPS service charges dispute update - trial dates

The BMA is supporting five test claimant GP practices who have received demands from NHS Property Services (NHSPS) to pay inflated service charges based on its “full cost recovery” approach, outlined in NHSPS’ Consolidated Charging Policy (‘the Policy’). These court proceedings were brought against NHSPS for a declaration that the Policy does not form part of their tenancy and therefore NHSPS cannot base their charges on it.

The trial will begin on 17 March 2022 and will be concluded no later than 5 April 2022.

The [Lawyer magazine](#) has selected the case as one of the top 20 cases to watch in 2022. The case was pursued because of its national significance and has required a huge amount of time and effort from everyone involved, and it is good to see this being recognised. This is a good example of a grassroots issue that is being supported by the BMA at considerable risk and costs. Irrespective of the final outcome this case shows that the BMA is prepared to support doctors in difficult circumstances. Read the [statement from the BMA legal team](#) at Capital Law.

Kings Fund report on Additional Roles Reimbursement Scheme (ARRS)

The King’s Fund has published a major [report on the ARRS](#), which focuses on four roles — social prescribing link workers; first contact physiotherapists; paramedics and pharmacists — to examine the issues related to the implementation of these roles, looking at the experiences of working in these roles and of the people managing them.

The report found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. It also found that successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

Guidance for 2022/23 seasonal flu vaccination programme

NHS England has published [guidance on the recommended vaccines and eligible cohorts for the 2022/23 seasonal flu vaccination programme](#).

The guidance highlights that in 2022/23, the NHS flu vaccination programme will only be offered to patient groups eligible in line with pre-pandemic recommendations. This means that 50-64 year olds, and frontline health and social care workers will not be included in the national programme for the coming year. Practices will therefore need to revert to their previous occupational health arrangements for the vaccination of practice staff.

The CCG circulated some information on this last week but we encourage practices to look at their order figures in relation to their cohorts and if you need further support please contact Jackie.jameson@nhs.net

Mandatory vaccinations for healthcare staff to be revoked

The proposed requirement of [mandatory vaccinations](#) for health and social care staff, which was supposed to come into force in England on 1 April, was be [revoked on 15 March 2022](#).

If you have been affected by this issue, please contact the BMA’s [employment advisers](#).

Pneumococcal vaccine claims

As practices may be aware, from April 2022 it will no longer be possible to submit claims to the NHS BSA for reimbursement of locally procured PPV23 vaccines administered, and practices should only be using centrally procured PPV23 vaccine for immunising their eligible population.

From 1 April 2022, the pneumococcal vaccines (both the PPV23 and Pneumococcal polysaccharide conjugated vaccine) will be removed from the bulk vaccine list, for which claims are made via the FP34PD/D appendix form, and practices will need to submit pneumococcal vaccine reimbursement claims via a prescription form (FP10) for each administration instead.

Smoking Cessation service

From 10 March 2022, an NHS [Smoking Cessation Service \(SCS\)](#) will start to be commissioned from community pharmacies as an Advanced service within the Community Pharmacy Contractual Framework. The service allows NHS trusts to refer patients to a community pharmacy of their choice to continue smoking cessation treatment which was initiated during an inpatient stay in hospital (the Ottawa Model for Smoking Cessation).

While this is not a service that general practices can refer into, a requirement of the service is to notify a patient's GP of the outcome of the service provision. Therefore, as the service gradually rolls out over the next two years (with both NHS trusts and pharmacies opting in to provision of the service), practices may receive these notifications as and when their patients are discharged from the service.

Further information on the SCS can be found at <http://www.psn.org.uk/scs>.

Sessional GPs committee regional elections

The [Sessional GPs committee](#) is currently seeking regional representatives to join its committee, which has 16 elected members. Election counting rules will be applied to ensure that a candidate will be elected from each of the thirteen regions, and that there are at least two salaried GPs and two freelance/locum GPs on the committee.

If elected, candidates will take up their seats on the committee in July 2022 and will serve for three BMA sessions, from 2022-2025. You must be a BMA member to nominate in this election.

To submit your nomination please visit <https://elections.bma.org.uk>
The deadline is noon Tuesday 29 March 2022.

If you have any questions about the elections please email elections@bma.org.uk

GPC GP Bulletin & Informal Messaging

Read the latest GP bulletin (England) [here](#)

Read GPC Chair twitter page: [Dr Farah Jameel \(@DrFJameel\) / Twitter](#)

Read BMA twitter page: [General Practice \(@BMA_GP\) / Twitter](#)

Read more about the work of the [GPC England](#)

Read practical guidance for [GP practices](#)

BMA COVID-19 guidance

Read the BMA [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#). 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](#)

Mental health and wellbeing – looking after you and your practice team

Primary care coaching - communications toolkit

In these pressured times it is absolutely critical you look after yourself and your teams. NHSE/I have launched their new communications toolkit, supporting promotion of the NHS England and NHS Improvement Looking After You national coaching service: <https://drive.google.com/drive/folders/1aS8-sTH1W9qv49d9Tq3hhwg9jJZZ5MFs>

Within the toolkit you will find social media images, banners, bulletin copy, website copy and quotes from those who have used the free services. There has been some excellent feedback from those who have accessed coaching, but we are aware there are still many colleagues who are not aware of this available support. It remains a difficult time for the workforce, so we would appreciate any help you are able to give to share these offers.

A member of their team would also be happy to come to meetings or events within regions and systems to talk about the offers: england.lookingafteryou@nhs.net

A coaching landing page hosts all three offers: www.england.nhs.uk/lookingafteryou . Recognising that frontline primary care colleagues involved in the delivery of primary care services, both clinical and non-clinical, continue to face many challenges, NHSE have developed three coaching offers for the workforce:

- 1) Looking After You Too – coaching about you and your wellbeing
- 2) Looking After Your Team – coaching about you and your team
- 3) Looking After Your Career - coaching about you and your career

The coaches are highly skilled and experienced, and all coaching is free and confidential. The sessions are delivered virtually, preferably via a video platform, but telephone appointments are also available. Thousands of people have booked sessions and given positive feedback on their experience.

GP appraisal leads and GP tutors offer of 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

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

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.

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 is here for you and offers supportive [wellbeing services](#) which include face-to-face counselling. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call 0330 123 1245 today or [visit the website](#) for more information.

For all other support, speak to a BMA adviser on [0300 123 1233](tel:03001231233) or email support@bma.org.uk

[Read more about doctors' wellbeing during the pandemic](#) and on Twitter [@TheBMA](#)

There is also a wealth of [ICS provided support through their North East Support Hub](#) Telephone: 0191 223 2030 or Email: Hubstheword@cntw.nhs.uk or via online form on the website

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters.