

LMC Update Email
7 August 2020

Dear colleagues

The national flu immunisation programme 2020 to 2021: update

Details of the 2020-21 flu immunisation programme were announced this week 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, we 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.

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 us 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.

We 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

Practices should now:

- review additional costs already incurred and submit claims to the commissioner
- discuss with commissioners any anticipated further costs that might require approval
- keep records and evidence of additional costs

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

In response to this I 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." The story was covered by [Pulse](#) and [Management in Practice](#).

Face coverings

Following the Government's announcement [that face coverings will be mandatory for people visiting shops in England from 24 July](#), we reiterate our 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. I was interviewed about this on LBC on Wednesday. Read more [here](#)

I was interviewed on [BBC Radio Leeds](#) (from around 1hr11) last Saturday about the introduction of local lockdown measures in the region.

GP appraisal restart (England)

We 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, we have been encouraged by the positive approach to a redesigned appraisal process focussing on a formative doctor-centred approach. We 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 our re-professionalisation agenda set out in our 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 we will issue updates as these become available. Mark Sanford-Wood, GPC England executive team member, was quoted on this in [Pulse](#).

2020/21 Healthcare Education & Training Tariff Guidance for England

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 % of doctors as affecting their ability to work – with 38 % 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 (England)

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](#)

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

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 I 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.”

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.

ARM Elections

Elections for a number of BMA committees, including GPC UK, are open for nominations, until **Tuesday 15 September at 10am**. The full list of committees and more information are available [here](#), and to submit a nomination please click [here](#). More information, including instructions on how to nominate yourself, is available [here](#). If you have any queries regarding the election process, please contact elections@bma.org.uk

Mental health and wellbeing

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

The recent BMA report [The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem](#), warns of a mental health crisis as we emerge from the COVID-19 pandemic and outlines key recommendations for the Government to take. Access the [BMA's mental wellbeing pages here](#)

BMA COVID-19 guidance

We continue to regularly update our [toolkit for GPs and practices](#), which includes 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](#)
- [Guidance on risk assessments](#) which includes specific information for practices.

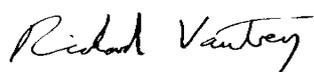
For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#).

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

Read the latest Sessional GPs newsletter [here](#)

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee