

LMC Update Email
2 October 2020

Dear colleagues

GPC UK meeting

GPC UK met yesterday, 1 October, for its first meeting of the new session 2020/21. We had had to cancel our last meeting in March at the beginning of the pandemic and so this virtual meeting provided a good opportunity to reflect on the profound changes that have taken place over the last 6 months. Together with the other national GPC chairs we described the significant COVID related activity being undertaken in each part of the UK. We also received update reports from the sessional GPs committee, GP trainees committee and GPC policy leads. The BMA Treasurer, Trevor Pickersgill and the Deputy Chair of Council, David Wrigley also attended and provided an update on the GPDF/BMA Deed of Grant negotiations which have now concluded with a three year agreement.

COVID-19: general practice during the second wave

Following the experience of the last six months, we have developed proposals outlining the urgent measures needed to ensure general practice is protected and supported, as we move into the second wave of the pandemic. Implementing these proposals will be critical in enabling general practice to respond to the needs of our patients, not least whilst delivering the biggest flu programme ever and on top of previous and on-going workload and workforce pressures.

Our proposals are based on the government's 'protecting the NHS to save lives' campaign and learning the lessons from the first wave, as well as what we've learnt from colleagues elsewhere. Our main concerns include the increase in patient demand and workload shift from elsewhere in the NHS where services remain limited, and the insufficient financial support from NHSE/I and government. These were issues that I was able to discuss directly this week with Sir Simon Stevens and Jo Churchill, the health minister with responsibility for primary care in England.

Read our call for action to support general practice during the second wave of COVID-19 [here](#)

This was reported by the [BMJ](#), where I was quoted saying: "GPs, like all doctors, are extremely concerned that without decisive action now services will be overwhelmed if we see another spike in the coming weeks and months." It was also reported by [GPonline](#)

GMS contract amendments (England)

NHSE/I has [written to practices](#) to outline amendments to the contract, as agreed in our last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic. The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to our concerns and relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may therefore be covered by the previous arrangement of 1 per 3000 patients. We are aware that most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.



Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1 October include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

Supporting effective collaboration between primary, secondary and community care in England

As we know prior to COVID-19 the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge uphill struggle to deal with the inevitable backlog of care that has developed since March. Tackling these challenges over the coming months will require effective collaboration between systems and clinicians across primary, secondary and community care. However, there are a number of barriers to making this happen, including high workload, the need to adapt physical spaces to prevent the spread of infection, lack of joined up IT, historic workforce shortages and a lack of consistent communication and trust between different parts of the health system.

Building on the work of the [BMA's Caring, Supportive, Collaborative project](#), we have published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. The key recommendations include:

- Bringing together local clinicians to establish a local approach for how to review and process the backlog of referrals which helps to achieve effective prioritisation
- CCGs should establish and increase the commissioning of locally based services for blood tests, ECG, spirometry, ultrasound or other diagnostic services in the community, and allow clinicians regardless of the care setting they work in to book these tests and monitor results
- Investment in IT systems, especially in secondary care, which respond to the need of clinicians, including information sharing and an ability to continue remote consultation.
- Developing locally agreed joint prescribing budgets and open access to EPS to secondary care clinicians to enable them to issue prescriptions more easily using community pharmacy and so reduce GPs workload

Read the report and full list of recommendations [here](#)

NHS Community Diagnostics Hubs (England)

Yesterday, Professor Mike Richards presented the recommendations from his report [Diagnostics: Recovery and Renewal](#). The report was commissioned as part of NHS Long Term Plan implementation. However in the context of the response to the COVID-19 pandemic and the re-start of NHS core services, the centrality of diagnostics to the NHS's ability to deliver patient care has come to the fore like never before. The report confirms that the last six months have underlined the need to change the structure of and increase diagnostics capacity. Professor Richards suggests improved clinical models – such as the separation of acute and elective diagnostics – which, along with additional investment, will enhance health outcomes for all patients.

The main recommendation of the report is the creation of *Community Diagnostics Hubs* which will both relieve the burden on primary care and acute hospital sites and provide patients with easier access to one stop diagnostic services. It will also lead to major efficiency gains in terms of

procurement of diagnostic equipment, workforce and skills mix requirements, and savings for the NHS. This follows lobbying we have been doing on the need for increased commissioning of diagnostics capacity in the community, as highlighted in our paper [Supporting effective collaboration between primary, secondary and community care in England in the wake of Covid-19](#) and we will continue to engage with NHS Diagnostics Board to ensure appropriate capital and revenue funding is provided for these changes that the report suggests.

NHS Pension Schemes consultation (UK)

The Government is holding a consultation about [Public Service Pension Schemes: changes to the transitional arrangements to the 2015 schemes](#), with a deadline of 11 October. The BMA will be responding to the consultation, but is also urging doctors to make their own submission to the consultation. To help do this, the BMA has created a [template consultation tool](#), which is editable so you can outline your own experiences, while also emphasising the key points which we will believe will affect the majority of our members. Read more in the [message from Vish Sharma, Chair of the BMA's Pensions Committee](#)

Practice rental payments

As we reported last week, the issue of some tenants of GP practices either decreasing, or threatening to decrease their rents, was recently raised with GPC. Tenants cannot unilaterally change the existing arrangements without due process and discussions, and to do so is not acceptable. The legal principle is that subject to the lease arrangements that are in place, no one party can unilaterally change the terms of the agreement and adjust the rent without agreement and without being transparent. Both parties must work together and the entire process must centre around collaboration, with both parties acting reasonably and responsibly in reaching any agreement. We have now written the attached letter to Chief Executive of Well Pharmacy, one of the larger tenants, to further highlight our concerns.

Influenza vaccination: Principles for collaboration

The RCGP and the Royal Pharmaceutical Society have published a joint statement on [Influenza vaccination: Principles for collaboration across Great Britain](#), setting out the need to ensure a high uptake of flu vaccination to keep people well and negate excessive pressures on NHS services. This is particularly important this winter, with COVID-19 still in circulation. The following principles have also been developed to ensure a high uptake of the flu vaccine:

1. General practice and community pharmacy should take a collaborative approach to delivering the flu vaccine programme;
2. The skills and experience of all eligible, trained and available healthcare professions should be utilised to ensure widespread take-up of the vaccine;
3. The safety of staff undertaking the administration of vaccinations is paramount

Read the statement [here](#)

JCVI advice on priority groups for COVID-19 vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has published [updated advice on the priority groups to receive COVID-19 vaccine](#). The committee has advised that vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The advice will continue to be updated as more information is available on vaccine effectiveness, safety and clinical characteristics.

GP appointment data

The link to the GP appointment data for August that we included last week was incorrect – it should

be [this](#). The data showed that the number of appointments delivered by practices that month remained relatively stable, with the percentage of appointments delivered face to face having risen compared to previous months.

One career endless opportunities #Choose GP

Applications for Round 1 of 2021 GP specialty training will be open from **2 November to 1 December 2020**. Please 'like' and follow the **#Choose GP** [Facebook page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options.

The [GP National Recruitment Office](#) (GPNRO) website is the place to go for more information or there are a number of GPs and trainees who are able to help with local or general enquiries. Email Daryl at gprecruitment@hee.nhs.uk to be put in touch.

Survey of Salaried GPs (England)

We are conducting a [survey](#) of Salaried GPs in England about the terms and conditions under the BMA's salaried GP model contract, which focuses on pay and the provision of parental leave rights under the model contract and your answers will inform our work on reviewing salaried GPs remuneration package and may be used in negotiating discussions. It should only take 5 minutes, and your responses will be anonymous. The survey closes on 12 October. If you have any questions about the survey, please email us at info.pcs@bma.org.uk

Responding to the death by suicide of a colleague in primary care: a postvention framework

The Louise Tebboth Foundation and the Society of Occupational Medicine have launched [a report which provides a framework to support primary care organisations](#) following the death by suicide of a colleague. The report draws on interviews with people working in practices who have personal experiences of a death by suicide within their team, and includes useful practical advice suicide postvention guidelines proposals to put appropriate support in place to help people and organisations recover.

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. Access the [BMA's COVID-19 wellbeing pages here](#). For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

BMA COVID-19 guidance

Read our **COVID-19 toolkit for GPs and practices**, to help answer questions 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 Webpage** with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#)

COVID-19 media

[The Daily Telegraph](#) published an article today 'People need their GP', which implies that GPs are letting patients down by relying excessively on telephone or online consultations. We have sent a robust letter in response to challenge this opinion. Doctors and their teams have worked tirelessly to

serve their communities throughout the pandemic, often at personal cost, and practices have remained open for their patients throughout this crisis. During August alone practices provided over ten million face-to-face consultations to patients, with more than half of all appointments taking place in person. People should be reassured, not intimidated, by the use of PPE, screens and social distancing leading to quieter and safer waiting rooms.

I answered listeners questions for an hour on [BBC Radio Leeds](#) (from 3-4 hours), and did interviews on [BBC Look North](#) (from 1min20) and [BBC Radio York](#) (at 5.15pm) to discuss regional increases in COVID-19 and local shutdowns in Yorkshire. These also provided further opportunities to be clear that practices have been open throughout the pandemic and continue to be so.

[Pulse](#) reported that, in 25 regions of England, CCGs on average reimbursed GPs £1.69 per patient for additional COVID-19 costs in the first four months of the pandemic. In response to this I said: “The significant initial delay in funding to help practices manage the demands placed upon them by the pandemic has already placed many practices under financial strain. The BMA has also heard reports that some CCGs are not approving claims for some legitimate additional costs. This is not acceptable, especially if this funding is simply sitting in CCG baselines instead.”

Chair of GPC Wales, Phil White, spoke on [BBC Radio Wales](#) (from 7m30s) drivetime show on Monday about the new local restrictions across Wales. He said: “I think the population density of Wales could be leading to the local lockdowns, as in the North of England... The original lockdown did substantially reduce the instance of Covid-19 and hopefully the local lockdowns will have the same effect in these specific targeted areas of Wales.”

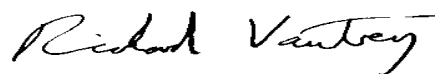
Impact of austerity on general practice

GPC England executive team member Krishna Kasaraneni appeared on [BBC Radio 4's "The Austerity Audit"](#) programme this morning, to discuss the impact of Government spending policy on the NHS and general practice, and what the future holds. Krishna's interview begins at around 6min50.

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

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee