

LMC Update Email  
9 October 2020

Dear colleagues

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

The Department of Health and Social Care have today 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 the attached 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 your regional NHSE/I 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 (England)**

In a [communication](#) this week, 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.

Yesterday, 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. You can find more guidance on this issue [here](#).

### **GPC Executive and policy leads update**

The GPC England Executive and GPC UK policy leads update is attached along with an update on CQC inspections and appraisals.



**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 we have asked NHS England for details about how widespread the issue is and what clinicians should be telling their patients.

While we understand the need during the pandemic to maintain the COVID testing system to identify new cases, 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. We 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.

**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.

Dr Douglas A Moederle-Lumb, Chair, GPDF  
Dr David Wrigley, deputy chair, BMA Council  
Dr Trevor Pickersgill, BMA Treasurer

**New to Partnership scheme**

We are pleased that practices are now making applications so that their new partners can benefit from the new to partnership payment. We would encourage all practices with partners who have joined the practice since 1 April to do so. However, we recently became aware of 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.

We know that new partners often commence with fixed share ‘probationary’ period, before moving to a full equity share. We have discussed this issue with NHSE/I and we 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 (England)**

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 of 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. We have raised this with NHS Digital who informed us that 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.

**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.

**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 of Salaried GPs (England)**

A reminder about our [survey](#) of Salaried GPs in England, about the terms and conditions under the BMA's salaried GP model contract, which closes on 12 October. If you have any questions about the survey, please email us at [info.pcs@bma.org.uk](mailto:info.pcs@bma.org.uk)

**Survey to assess the impact of COVID-19 on child protection conferences (England & Wales)**

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](#)

**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](#).

**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 Webpages](#)

**COVID-19 Media**

I wrote [a letter](#) in response to an editorial in The Telegraph - *People need their GPs* which was published on Monday. I challenged the view that implied that General practitioners are letting patients down by relying excessively on telephone or online consultations. I wrote that "Doctors have worked tirelessly to serve their communities throughout the pandemic, often at personal cost, and would challenge this in the strongest possible terms. Practices have remained open for their patients throughout this crisis, but to protect both patients and our workforce, and following government guidance, we have used telephone and video consultations to reduce the need to attend the surgery. We understand and share the frustrations that many people feel about the constraints

imposed by this pandemic. The BMA has received numerous reports of GPs and nurses being forced to work from home due to the lack of availability of Covid-19 tests for themselves or their families. Resolving this should be of the highest priority for the Government and NHS leadership."

Katie Bramall-Stainer, deputy chair of UK Conference of LMCs, also had a [letter](#) published in The Telegraph on the same issue, stating that "Many lives have been lost, directly and indirectly, due to Covid and that general practice was following the standard operating protocol enforced by NHS England, of a total triage system" and that practices needed to protect their staff.

I appeared on Radio 4's consumer programme [You and Yours](#), responding to callers who were concerned about access to face-to-face appointments. I stressed that GPs were struggling to cope with unprecedented workload, the need to protect both patients and the workforce and dealing with substantial backlogs for treatment caused by the pandemic - but were working tirelessly to serve their communities safely and comprehensively. I was supported by GPs who also rang in to point out that they were open for business, seeing many extra patients after surgeries and doing home visits. I highlighted that more support from Government will be essential to enable GPs to cope with the expected additional demands that winter would bring.

I have also been interviewed on BBC Look North about the use of the NHS Covid App and BBC Radio Humberside about the potential for more stringent local restrictions due to rising rates of covid-19.

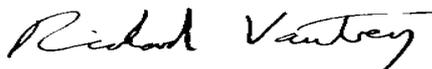
In articles by the Shields Gazette and Derbyshire Times (both print only) about the slow increase in the number of face-to-face appointments being offered by GPs, BMA council chair Chaand Nagpaul also defended the profession's record in serving patients: "GPs, like hospital doctors, have worked flat out providing millions of appointments, including face-to-face, throughout the pandemic."

The Daily Mirror, [Daily Mail](#), [The National](#) and Telegraph reported on the BMA's response to the findings of a Freedom of Information request, carried out by [Pulse](#), showing that 99 GP surgeries closed in the UK last year. In response to this I said: "England lost almost 1,000 full-time GP partners between 2018 and 2019, so whilst worrying, it's sadly not surprising that practices closed or merged over the same period. We have a workforce crisis, making an impact long before the pandemic; unsustainable workload, mounting bureaucracy and historical under-resourcing are behind these changes and the impact of these pressures on patients is grave."

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

Have a good weekend

Richard



**Richard Vautrey**  
Chair, BMA GPs committee