

Monday 5<sup>th</sup> October 2020

### **COVID-19:** general practice during the second wave

Following the experience of the last six months, BMA GPC 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 patients, whilst delivering the biggest flu programme ever and on top of previous and on-going workload and workforce pressures.

BMA GPC proposals are based on the government's 'protecting the NHS to save lives' campaign and learning the lessons from the first wave. The 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 Dr Richard Vautrey was able to discuss directly last week with Sir Simon Stevens and Jo Churchill, the health minister with responsibility for primary care.

Read the BMA GPC call for action to support general practice during the second wave of COVID-19 here.

### **GMS** contract amendments

NHSE/I has <u>written to practices</u> to outline amendments to the contract, as agreed in BMA GPC's 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 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. As most practices do not see many of the slots available being booked into, you can now reduce this and only make available what they believe is required. However, Practices should 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 have commenced 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.





## **Current picture of General Practice Survey**

We sent out a survey to address the undermining headlines and criticism of GPs painted by the media. We received 272 responses. The survey results have indicated that 97% of GPs are seeing patients face to face. The 3% that answered they were not seeing patients are assumed to be due to shielding reasons. Patient complaints have increased by 38%, with patients complaining informally or passive aggressively on the phone or through social media as their expectations of a 'normal service' are not being met. 41% of practices are currently understaffed due to staff self-isolating and waiting for tests to return. There are also recruitment issues and shortages of testing preventing staff returning to work earlier. 88% of Practices indicated they are seeing patients within 0-2 weeks, 10% between 2-4 weeks and 2% over 4 weeks. From the results, you can see the increasing impact and pressure the pandemic is putting on general practice.

Thank you to all those that completed the survey. Your feedback is valuable to us when reporting back to the local system. We have written a letter to MPs with our findings which will be sent this week. We will also send you a full report from the survey very soon.

### **Locum GP Availability Survey**

The ICS Primary Care Cell is interested in understanding the Locum GP workforce and their availability to support capacity through the winter pressures and the second wave of COVID-19.

If you are a Locum GP, and haven't already done so, we would appreciate if you could please complete the following <u>survey</u> (two questions) so that we can feed this back to the Primary Care Cell.

We will be feeding back results to the Primary Care Cell tomorrow.

Request for examples of data reporting requirements that are considered to be administratively burdensome for general practice – Survey

As part of the bureaucracy review of general practice NHSE/I are looking to assess and potentially rationalise information/data reporting requirements that are considered to be administratively burdensome. To help their key lines of enquiry on this we would appreciate if you could please complete the following <u>survey</u> which has 4 questions.

### **NHS Pension Schemes consultation**

The Government is holding a consultation about <u>Public Service Pension Schemes</u>: changes to the <u>transitional arrangements to the 2015 schemes</u>, 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 <u>template consultation tool</u>, which is editable so you can outline your own experiences, while also emphasising the key points which may affect the majority of members. Likewise, if you wish to share any feedback that you are submitting to the consultation with the LMC, please email <u>Ross</u> and we will share a collective view with the BMA. Read more in the message from Vish Sharma, Chair of the BMA's Pensions Committee.





### Supporting effective collaboration between primary, secondary and community care

Prior to COVID-19 the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge 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 <u>BMA's Caring, Supportive, Collaborative project</u>, BMA GPC have published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. Read the report and list of recommendations <u>here</u>.

### **NHS Community Diagnostics Hubs**

Last week, Professor Mike Richards presented the recommendations from his report <u>Diagnostics:</u> 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.

### Influenza vaccination: Principles for collaboration

The RCGP and the Royal Pharmaceutical Society have published a joint statement on <u>Influenza vaccination</u>: <u>Principles for collaboration across Great Britain</u>, 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.

Read the statement here

## JCVI advice on priority groups for COVID-19 vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has published <u>updated advice on the priority groups to receive COVID-19 vaccine</u>. 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.





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.

### **New COVID-19 Regulations**

Please see <u>attached</u> new COVID-19 regulations for self- isolation.

Mental Health Event - 15th October 2020, 1pm - 4pm via Microsoft Teams

This event focusses on signs of mental illness and how to effectively communicate with someone they are concerned about, and where to sign post them.

Please email Rebecca to book your place!

### **LMC** Website

Over the summer, we have been redeveloping our website to make it easier to navigate. We will be launching this soon! If you have any suggestions of things you would like on our new website please let Mariah know.

