

### Update from the Consortium of

### Lancashire & Cumbria LMCs

Monday 27<sup>th</sup> July 2020

### Coronavirus (COVID-19) update

### **DDRB report**

The Government has announced that they have agreed with the <u>DDRB's recommendation</u> of a 2.8% pay uplift. This applies to salaried GPs, GP trainers and GP appraisers, with payments to be backdated to April 2020, but does not include junior doctors or GP contractors.

The long-term pay deals for both GPs and junior doctors were agreed before anyone could have predicted the serious impact COVID-19 would have on the NHS, nor the financial pressure it would put practices under, and this must be rectified.

This is the second year of the 5-year contract agreement, which not only provides 100% funding for a large workforce expansion to help manage practice workload pressures but also provided for the removal of the significant cost of indemnity last year. For 2020/21, it secures additional funding to cover annual pay increases of 1.8%. This is at a time when RPI is currently at 1.1% and CPI at 0.8%. However, this is far from a normal situation and the government made clear in their announcement that this higher pay award was "in recognition for doctors efforts on the frontline during the battle against COVID-19".

It's unacceptable that the government failed to fund the gap to support GP contractors in funding the increases for staff and salaried GPs. Dr Richard Vautrey has raised this in an urgent meeting with the Health Minister, Jo Churchill, and made clear that this comes at a time when practices are also feeling the impact of not being reimbursed for additional costs to manage the COVID-19 pandemic. The BMA is therefore pushing for this to be addressed and they will be raising this directly with the Secretary of State for Health and Social Care.

### Applying the uplift

While GPC continue to put pressure on DHSC and NHSE/I for more funding, practices are encouraged to provide the full 2.8% uplift for all Salaried GPs, although how any pay uplift is provided to Salaried GPs, as with all practice staff, will be determined by the terms of their employment contract.

The GMS contract regulations, and standard PMS agreement (since 2015), state that practices must employ Salaried GPs *on terms no less favourable than the model contract*. Therefore, all GMS practices, and those PMS practices that have agreed to that wording, must employ Salaried GPs on terms no less favourable than the Salaried GP model contract.

GPs and their teams have played a vital and essential role on the pandemic frontline and its, therefore, disingenuous in the extreme for the government not to provide the necessary funding to recognise this. GPC will do all they can to address this unacceptable situation.

You can read Dr Richard Vautrey's response to the announcement in <u>Pulse</u> and <u>GP Online</u> including the impact this will have for general practice, and the <u>BMA's response</u> more broadly.





## Update from the Consortium of Lancashire & Cumbria LMCs

### **Quarantine exemptions**

Following the announcement on Sunday that those returning from Spain will need to self- isolate for 14 days, we can confirm that registered health or care professionals are exempt from having to quarantine to provide essential healthcare. Please note that family members/ those in the same household will need to quarantine. For more information please see the <u>Gov website</u>.

We are currently checking advice from our employment law solicitors regarding practice staff returning from countries not on the travel corridor exemption list. We will update practices accordingly as soon as possible.

Please note it is not a GPs responsibility to issue Fit Notes or letters for patients presenting claims to sick pay.

### Face coverings in general practice

Public Health England has now published <u>New recommendations for infection control in primary and</u> <u>community health care providers</u>, 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

This guidance is in addition to existing national COVID-19 <u>IPC guidance</u>, which advises on appropriate PPE usage in patient facing clinical settings and other measures to reduce transmission risk.

The most recent <u>tracker survey</u> 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. This issue was also highlighted in the article <u>The scramble for facemasks</u>, in the BMA's <u>The Doctor</u> magazine.

### IGPR scheme to be paused and reviewed

It has been confirmed that NHSE have terminated all contracts with the <u>International GP Recruitment</u> <u>Scheme</u> recruitment companies as of 30 November 2020. This means that the programme will be paused ahead of a full review next year. HEE will retain funding to see any doctors through the scheme who are already in the system, while the Induction & Refresher scheme will continue to take international doctors on an individual basis.



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### Public service pension schemes

You may be aware that a consultation is currently underway in relation to changes to the transitional arrangement to the 2015 pension schemes. We know that the consultation proposals affect members of a public service pension scheme on 1 April 2015 who joined on or before 31 March 2012, including members who are currently active, deferred or retired.

We are liaising with BMA nationally on this issue and will provide an update from them in due course. 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 make sure that this is shared with the BMA.

### Flu programme announcement

The Department of Health and Social Care has <u>announced their plans for this year's flu programme</u>, which has been expanded to include a new cohort of people aged 50 to 64, who will be eligible for free vaccinations. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

The BMA GPC have been in discussions with NHSE/I about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme. A final decision on when it will be possible to deliver the vaccination to 50-64 year olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. We expect further guidance by the CMO to be published this week.

### Action to improve vaccine coverage rates across the UK

The BMA has published a report on what <u>actions need to be taken to improve vaccine coverage rates</u> <u>across the UK</u>. The report says that many immunisation programmes have been disrupted because of the pandemic as the NHS focused on responding to immediate health concerns and that it is now imperative that they are re-started, and that people are encouraged to be immunised. It also notes that childhood vaccination in particular has plummeted during this time – dropping by around a fifth in total – despite advice that childhood immunisation should continue during COVID-19. Read the BMA press release <u>here</u>.

#### **RCGP** guidance on delivering mass vaccinations

The Royal College of GPs has published <u>guidance on delivering mass vaccinations during COVID-19</u>, including guidance on using non-traditional vaccination settings. The guidance is written with the understanding that a number of mass vaccination programmes may need to be delivered during mid-2020 to 2021, while COVID-19 continues to be in general circulation, and addresses approaches to delivering large-scale vaccination programmes in this context. Read more on the RCGP COVID-19 Guidance page.



### Update from the Consortium of Lancashire & Cumbria LMCs

### **GP trainee recruitment**

Health Education England has <u>released figures which show that GP trainee numbers in England have</u> risen for the third year in a row, with recruitment up by 15% compared to the same time last year.

3,441 doctors have so far been accepted to GP specialty training in 2020, with one more recruitment round to go, HEE is hoping to reach its overall target for recruiting 3,500 doctors in training to general practice this year.

In response to this, Krishna Kasaraneni, GPC England executive team member said: "Increases to the numbers of those in GP specialty training clearly shows how important general practice is to the NHS, and how stimulating a career it can be. Whilst this is encouraging, it is vitally important that we increase the support for the GPs that will be supervising and training these future GPs, and those that come in the future." This was reported by <u>GP online</u>, <u>Pulse</u>, <u>Management in Practice</u>

### Mental health support in practices

The King's Fund and Centre for Mental Health have published a <u>report on Mental health and Primary</u> <u>Care Networks</u>, which suggests that more and better mental health support is needed in GP surgeries following the pandemic. The report found that current provision of mental health support in general practice is variable and often inadequate, and calls for PCNs to seize the opportunity to strengthen mental health provision in primary care, to help to fill the gap at a time of increased need for mental health care in the aftermath of the pandemic. This is an important issue and GPC are in discussion with NHSE/I about the potential to include mental health workers within the scope of the PCN workforce.

### Mental health and wellbeing

The recent BMA report <u>The impact of COVID-19 on mental health in England; Supporting services to</u> <u>go beyond parity of esteem</u>, 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

The LMC continue to offer the <u>GP Support Scheme</u> which is a confidential pastoral support service for all GPs in Lancashire and Cumbria. You can also visit our <u>website for health and wellbeing videos</u> and supporting documents and guides to accompany the videos.