



Update from the Consortium of Lancashire & Cumbria LMCs

Monday 28th September 2020

Re-election of Dr Richard Vautrey as Chair of GPC UK and GPC England

Last week it was announced that Dr Richard Vautrey has been elected unopposed as chair of GPC UK and GPC England for a second three-year term starting immediately. Lancashire and Cumbria LMCs have congratulated Dr Vautrey on his re-election and look forward to continuing to work closely with him and the GPC Executive team. Dr Vautrey stated the following:

'I am deeply honoured by the trust shown in me by the BMA's GP committee, and humbled by the privilege and responsibility of leading our great profession, particularly during this time of national health crisis. Thank you for all the messages of best wishes that I have received. GPC, in partnership with LMCs, will continue to fight hard to resolve the workload and workforce crisis which threatens to undermine our profession, and the health service which it is the bedrock of. We will work hard, and I will do all I can, to secure a future for our profession that ensures that generations of future doctors will continue to look upon general practice as providing the most rewarding of medical career.'

New rules for controlling the spread of COVID-19

You will have seen the announcement from the Prime Minister last Tuesday regarding the latest measures which are being introduced to help combat a second peak of COVID-19 infections. You will have also seen that the UK's coronavirus alert level has been upgraded from 3 to 4, meaning transmission is "high or rising exponentially". Those on the front line of general practice know they never stopped working or seeing patients during the height of the COVID-19 crisis despite reports to the contrary in the press. The reality is that general practice is now experiencing significant workload demand and that this is rising rapidly.

As we move toward a second peak of the COVID-19 pandemic, whilst delivering the biggest flu programme ever and on top of the usual winter pressures, GPC is calling on NHSE/I and the Government to ensure general practice is properly protected and supported. We will continue to lobby for this locally on your behalf.

Regarding the new restrictions for controlling the spread of COVID-19 the BMA have said that further action is needed. BMA Council Chair Dr Chaand Nagpaul said that it is encouraging that the Government has, at last, recognised the need for more stringent measures to control the virus's spread, but there are a number of further actions which the Government could take to prevent a second peak. The BMA has consistently argued that it was illogical for staff not to be required to wear facemasks in shops, pubs and restaurants as customers are, so they are pleased to see this belatedly coming into force. However, given that the infection is equally likely to spread in all indoor settings, these rules should also apply to offices and other workplaces. You can read the [full BMA press response here](#).

GPC executive team member Dr Krishna Kasaraneni appeared on [BBC Politics North](#) on Sunday morning to condemn the recent letter from NHSEI warning GPs that they must provide face-to-face appointments. He stressed that GPs have been working tirelessly throughout the pandemic to provide face-to-face appointments whenever there is a clinical need for this, and that suggestions to the contrary are damaging and unwarranted.





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Current Picture in General Practice

Last Monday we sent out a survey to address the undermining headlines and criticism of GPs painted by the media. We received 239 responses in 5 days. Thank you to all those that completed the survey. Your feedback is valuable to us when reporting back to the local system. We will be writing to MPs and the media with our findings and will include a full report on the current picture of General Practice on our next Brieflet.

NHS contact tracing app

The NHS COVID-19 app was launched last week in England and Wales. In the BMA GPC response it was highlighted that tracing and isolating people who have been in contact with infected individuals is important in helping prevent spread of the virus. The more people who download the app, the more people who may have COVID-19 but otherwise wouldn't be traced should be identified and instructed to self-isolate. They said that the use of the app does not diminish the pressing need to have sufficient testing capacity, and must complement a properly functioning national test and trace system which can also quickly identify local outbreaks. Please see the [full BMA press release here](#).

The app has a feature that allows any premises to generate and print a QR code to allow visitors to 'check-in' by scanning it. The QR code functionality is intended to consolidate all existing digital check-in services that have largely been in use in pubs and restaurants. Although all commercial premises are still obliged to offer a paper check in service, if they offer a QR one then it must be via the app. While GP surgeries are not obliged to offer either (appointment IT systems keep an accurate log of visitors) as part of wider efforts to encourage the public to download the app, practices may generate and display QR codes generated through the app on the understanding that these are not mandatory and patients are not obliged to scan them in order to attend. QR codes can be generated [here](#).

The app features the ability to turn contact tracing on and off – this feature was built in for users working in high-risk environments but with adequate PPE to ensure that they do not receive notifications to isolate where it is not necessary.

GP appointment data

The [GP appointment data for August](#) was released last week, which show that the number of appointments delivered by practices remained relatively stable, with the percentage of appointments delivered face to face having risen compared to previous months. However [new weekly appointment figures](#) have also been published, showing a jump in appointment figures in early September, with concerns related to COVID-19 adding to the expected rise in activity as we move into autumn and with schools returning. Read Dr Richard Vautrey's response [here](#).





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Delivering the flu vaccination programme

We are well into the biggest influenza immunisation campaign that many will have engaged in, with large numbers of patients now having received their flu jab. As mentioned previously, practices working in their PCNs where appropriate are encouraged to work together with pharmacies to support a successful 2020/21 flu campaign. We have heard reports of some practices concerned that they have or will run out of vaccine and ensured these have been escalated urgently through local NHSE/I leads for national attention. BMA GPC are also taking this up nationally with NHSE/I and DHSC as a matter of urgency following our escalation and similar reports across the country

Locum doctors and flu vaccine

It has come to our attention that locum GPs are finding it difficult to secure flu vaccinations from their registered practice. Locum GPs are fully entitled to receive the flu vaccination from their registered GP, and practices are contractually responsible for providing the flu vaccination to locum GPs who are their registered patients. It is vital that we work together during this unprecedented winter season to protect the already over stretched workforce.

Survey of Salaried GPs

BMA GPC are conducting a [survey](#) to hear from salaried GPs, about their terms and conditions under the BMA's salaried GP model contract. In this survey BMA GPC are particularly focusing on pay and provision of parental leave rights under the model contract. Your answers will inform the work on reviewing salaried GPs remuneration package and analysis may be used in negotiating discussions with NHSE. The survey should only take 5 minutes and responses will be anonymous. The survey will close on 12 October. If you have any questions about the survey, please email info.pcs@bma.org.uk.

Revised Network Contract DES material published

NHSE/I has now published the revised Network Contract DES materials on their website. This includes a cover note, amended 2020/21 Network Contract DES Specification and guidance, IIF guidance and SMR guidance. BMA GPC have summarised the changes [here](#).

Caring for transgender people

The BMA has been mentioned in the media after the Government announced that transgender people cannot legally change their gender without a medical diagnosis. Speaking in the Times, Dr Helena McKeown, chair of the representative body and diversity lead, said: "This is a missed opportunity for the Government to publicly commit to caring for and valuing trans people by ensuring the way by which they legally declare their gender is free from stress and stigma, and removes bureaucratic and financial obstacles. The BMA supports transgender people's rights to live their lives with dignity." The story was also covered by [Sky News](#).





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GP Pay and Pensions system

The new GP pay and pensions system was planned to launch imminently. However, following final performance testing the launch has now been postponed. GPs and practices should continue to use Open Exeter until notified otherwise. PCSE are communicating to all practices and LMCs to confirm this. As a key stakeholder, GPCE has been central to testing and questioning the new system and, while they are disappointed by the delay, they are glad that a system which is not 100% ready for use is being held back until such a time as it is.

NHSE/I wrote to practices ([attached](#)) setting out the reasons for introducing the new system. The letter also explained that an end goal is to ensure that no practice should have their payments negatively affected by the system switch. Testing has shown that this is largely the case but that around 200 practices might experience that affect without further reconciliation work. PCSE have contacted those practices to offer patient list reconciliation exercises to correct these anomalies and the majority have responded. Practices that have not responded should do so at the earliest opportunity as undertaking this work will result in practices receiving the correct payment.

Practice rental payments

The issue of some tenants of 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.

BMA GPC have met with the legal team of Well Pharmacy, one of the larger tenants, and discussed their advice to their members. While the impact the pandemic has had on their businesses is understood, BMA GPC made clear it was not helpful for them to issue letters to their landlords advising they will be paying only 75% of the usual rent for the foreseeable future citing the current situation and a subsequent reduction in footfall. The code of practice published by the government in June has been cited by some tenants, but the fact is that it remains voluntary and does not give pharmacies the authority to adjust their rent unilaterally, without agreement and without being transparent. Both parties must work together for the benefit of aiding swifter economic recovery, and the entire process must centre around that collaboration with both parties acting reasonably and responsibly in reaching any agreement. If practices need legal support to pursue this, they are encouraged to contact BMA Law or other legal firms with expertise in this area.

Answering the call – taking on 111 work as a sessional GP

Paula Wright, a member of the GP sessional committee, has written an article on how the COVID-19 pandemic has seen a shift of sessional GP work opportunities from practices to providers of 111 advice. Please see the article [here](#).

