

# AUGUST 2020 NEWSLETTER

LOCAL MEDICAL COMMITTEE

LMC  
GLOUCESTERSHIRE

10, Westgate House, Westgate Business Park, The island, Westgate Street,  
Gloucester GL1 2RU

Tel: 01452 310706 Fax: 01452 386503

Our website: <http://www.gloslmc.com>

Twitter: @Glos LMC

Dr Tom Yerburgh – LMC Chairman  
[tom.yerburgh1@nhs.net](mailto:tom.yerburgh1@nhs.net)

Dr Penelope West – Medical Secretary  
[penelopewest@gloslmc.com](mailto:penelopewest@gloslmc.com)

Mrs Elizabeth Barstow- Office  
Administrator

[Elizabeth@gloslmc.com](mailto:Elizabeth@gloslmc.com)

Mrs Lesley Mansfield-Office  
Administrator

[Lesley@gloslmc.com](mailto:Lesley@gloslmc.com)

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## **ARRIVALS AND DEPARTURES**

August is always an interesting time in medicine, as people rotate through hospital jobs, or start, or finish, vocational training in general practice, perhaps managing a holiday in the midst of the chaos of life events. We have you in mind this month.

## **VACANCIES ON THE LMC**

There is a vacancy on the LMC for a representative in Cheltenham. The LMC is the only statutory body to negotiate for all practices on contracts but has a wider range of responsibilities from representing individual practices in dispute to pastoral care. The LMC is active in promoting recruitment to GP in Gloucestershire. It represents all GPs whether partners, salaried, sessional or working for a Trust or OOH and also GPs in training. There is also a vacancy for an existing representative to serve on the LMC Executive. Enquires to [penelopewest@gloslmc.com](mailto:penelopewest@gloslmc.com) or [tom.yerburgh1@nhs.net](mailto:tom.yerburgh1@nhs.net) or phone one of us to chat.

## **NEW TO PARTNERSHIP SCHEME**

Please find attached a link for the documentation for the scheme. The scheme formally launched 1st of July, and will apply to all new clinical partners from 1st of April 2020. <https://www.england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/>. One of the tricky aspects of the scheme is about structuring the payment correctly. This was the reason why we could not include practice managers owing to potential penalties under final pay controls to the practice. The payment is now structured so that is not superannuable and that way we circumvent the issue with FPC. This will

mean that we can now (and we plan to) explore how we include PMs to the scheme. At present, it applies to registered clinicians only.

## **GLOUCESTERSHIRE GP SPARK PROGRAMME**

The Gloucestershire Primary Care Training Hub is excited to announce the launch of the Gloucestershire GP Spark Programme. It's designed for GPs in their first 2 years post CCT, and GPs up to 5 years post CCT can apply depending on capacity.

- Part of the NHSE New to Practice Programme with a series of evening events starting in September 2020
- Local and national speakers & small group discussions
- Complemented with offer of mentoring, coaching & peer support
- The programme aims to provide a supportive transition into primary care, explore opportunities for portfolio working, and enhance wider skills learning.
- It has been devised to aid personal development, provide self- reflection tools and to inspire and empower you in taking the next steps in your career.
- Funded CPD time for activities (for those who have obtained CCT since Nov 2018). To express an interest please e-mail; [glccg.sparkgp@nhs.net](mailto:glccg.sparkgp@nhs.net) and include your name, e-mail address and GP Practice. If you have any questions please contact Mark Thompson (PCTH Development Support Manager, [mark.thompson7@nhs.net](mailto:mark.thompson7@nhs.net)) or Laura Halden (Spark GP lead, [laurahalden@nhs.net](mailto:laurahalden@nhs.net)).

## **GP RECRUITMENT**

As part of the '[Choose GP' campaign](#), on the GP National Recruitment office website and on [Facebook](#), Health Education England receives a lot of enquiries from doctors who are keen to be put in touch with a GP or trainee either in the area they live or with similar interests. The chance to have direct peer to peer conversations is invaluable to them. The service has been running for the last 4 years and has been proven to make all the difference between someone applying or not. HEE keeps a list of volunteers who are happy to be contacted occasionally and willing to share experience and expertise – always with prior permission. If you are willing and able to do this contact [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk) with details including your name and contact details, practice name and which part of the country, how long you've been a GP or trainee, any special interests/expertise or opportunities you're pursuing or would like to as a GP (clinical and non-clinical) and the different settings you work in as well as practice and indicate whether you joined GP training from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

## **PAY AWARD**

The Government has agreed with the [DDRB](#) a 2.8% uplift to the pay of Salaried GPs (plus trainers' grants and appraisers' fees) to be backdated to April. The 2019/20 GP contract

provided a five-year deal for general practice, which probably led to an above inflation rise last year with indemnity, but also included funding to allow for a 1.8% rise for all GPs and practice staff this year and an uplift for practice expenses. The DDRB was therefore not asked to recommend a rise for Contractor GPs.

NHSEI has confirmed it will not give further money to make up the extra 0.8% for Salaried GPs nor to support ANY increase for GP contractor partners or practice staff. Practices will therefore need to use existing income for this year to fund the pay rises reducing partner profits. GPC Chair Richard Vautrey met Health Minister Jo Churchill MP to raise concerns that a 2.8% uplift is not enough with practices of paying anything above 1.8% while also seeing cost pressures due to the pandemic. Nor is it fair that GP partners are not included in the award which has been labelled a "CV19 reward" by HMG.

## **FLU PROGRAMME ANNOUNCEMENT**

The Department of Health and Social Care has [announced their plans for this year's flu programme](#). The BMA has published a report on what [actions need to be taken to improve vaccine coverage rates across the UK](#). 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 [here](#). The Royal College of GPs has published [guidance on delivering mass vaccinations during COVID-19](#), 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](#). If you propose to do a clinic outside the practice you WILL be indemnified under the CNSGP as NHS work is covered irrespective of where it is done. **Flu Calculator:** Wessex LMC have developed a [flu calculator](#) to help their practices plan for the upcoming flu season and they have very kindly shared this with us for our practices to use.

## **SHIELDING GUIDANCE FOR STAFF RETURNING TO WORK**

Shielding will be coming to an end in England, Northern Ireland and Scotland on 31 July, and 16 August in Wales, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' The BMA published guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#) last week, setting out recommendations for safe return of staff. Read also the [BMA guidance on Risk assessments](#). The [latest tracker survey](#) also showed that most GPs who are currently shielding do not feel safe returning to work.

## **TOURISM IN THE TIME OF COVID**

As lockdown lifts across the region, the BMA has two clear areas of concern:

1. The challenges of tourism facing the region
2. A need for robust, locally based test trace isolate processes.

We remain concerned over many of the practicalities of tourism in the South West. This includes anyone developing covid-19 symptoms whilst on holiday; it is absolutely imperative that people are able to report symptoms and have easy access to testing whilst they are on holiday without suffering detriment if they need to self-isolate.

There is still a clear need for robust, locally based test, trace, isolate processes which can protect our population. We have seen that local health protection teams are much more effective in tracing contacts than centralised teams or call centres [3]. **Robust, locally based, test, trace, isolate must be prioritised by government at all levels to protect our population.** We know that the NHS teams have had to step up and take on a huge amount of work in the past months. It is absolutely imperative that we do everything we can to protect our population and reduce the spread of covid-19. Please see the following resources.

[http://web2.bma.org.uk/ias.nsf/all/SGOS-BR3GKN/\\$File/Tourism+Summary+and+Principles-2.pdf?OpenElement](http://web2.bma.org.uk/ias.nsf/all/SGOS-BR3GKN/$File/Tourism+Summary+and+Principles-2.pdf?OpenElement)

1. <https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-guidance-for-patients-taking-a-holiday>
2. Covid-19: Local health teams trace eight times more contacts than national service. BMJ 2020;369:m2486  
[https://www.bmj.com/content/369/bmj.m2486?ijkey=e2c9615c9fa9f249b3608d2715509c7308b368c3&keytype=tf\\_ipsecsha](https://www.bmj.com/content/369/bmj.m2486?ijkey=e2c9615c9fa9f249b3608d2715509c7308b368c3&keytype=tf_ipsecsha)

## **LETTERS REQUESTING EXEMPTION FROM WEARING A FACE MASK-YOU DON'T HAVE TO PROVIDE ONE**

After the government finally decided to make wearing a face covering in a shop compulsory from 25th July it did not take long for a practice to get a request for a letter of exemption. The LMC consulted the GPC and received the following reply. "We specifically raised this with NHSE and there is full agreement that GPs should not be approached to write these. We would encourage practices to decline... It is actually rather difficult to envisage any circumstance in which the wearing of a face mask would be genuinely medically contra-indicated."

## **UPDATE ON GP SERVICES FOR 2020/21**

NHSE/I has released its next [letter regarding arrangements for practices for the rest of 2020/21](#). In summary the letter outlines:

- Revalidation is suspended, though we heard on 27 July that NHSE is working towards resuming appraisals in the autumn-probably as a streamlined and virtual process.
- QOF recommenced from 1 July (focussing on flu, prescribing, screening and maintaining registers, as well as modified QI indicators to focus on returning services to patients with cancer or learning disabilities) with income protection for those indicators that have not been prioritised for return, and an expectation that practices

will discuss their approach to prioritising clinical care with the CCG. QOF guidance to support this approach will be produced very soon but in summary the points relating to influenza and cervical smear targets will be doubled to 58, the points for quality improvement (74), prescribing indicators (44) and disease registers (81) will remain the same and the other indicators (310) will have income protection. Income related to this element of QOF will be paid based on historic achievement. GPC is working on how that will be calculated. We would encourage practices to use their professional judgement in their management of patients with long term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements.

- Practices should return to providing new patient reviews, routine medication reviews, over-75 health checks, clinical reviews of frailty, shingles vaccinations, and PPG arrangements
- The worklist process from CCAS will be maintained at 1 per 500 in order to ensure any local outbreaks and any second wave might be managed without requiring further changes
- Friends and Family tests, and the requirement for consent for ERD remain suspended
- The Investment and Impact Fund will begin in October, but details of exactly what is to be delivered are still being discussed
- DSQS will return from August for dispensing practices
- Encouragement for PCNs to continue with their recruitment (and provides further assurances around liabilities)
- Commissioners are encouraged to reinstate LES/LIS in an appropriate and controlled way
- Arrangements for local outbreaks should they occur
- Income protection and further funding implications are outlined, although further discussion on funding is ongoing. Further guidance will be provided in the coming weeks, specifically regarding appraisal, QOF and funding arrangements, following further discussions with NHSE/I.

### **UPDATE FROM GHC**

Several of you have asked about resumption of services provided by Gloucestershire Health and Care. They run 91 different services, of which 40 are now fully functional again, though may not look quite as before. They are working hard on a recovery plan. You can read an update [here](#).

### **SCHOOL RETURN IN SEPTEMBER**

Gloucestershire Government and Public Health have kindly confirmed that children kept home on the basis of public health advice will NOT need a GP letter. Further guidance is [here](#).

## **SAFE HOUSE**

GP Safe House (GPSH) is a virtual safe house providing a refuge and support for practitioners experiencing professional challenges. It guarantees anonymity, security and confidentiality and understands that these are essential. GPSH has five virtual rooms which offer support, information and resources. Each room corresponds to a different potential problem area. It has recently received a makeover/update from Somerset LMC who devised it.

Services available are:

**Consulting Room** - Personal Health Information for the Gloucestershire Area

**Burnout Recovery Suite** - Burnout and Stress

**Professional Relationships Bureau** - Working Relationship Problems

**Library of Solutions** - Non-clinical Aspects of Patient Care

**Career Development Office** - Professional Development

**Contacts for Support and Advice** - This is a link to the Gloucestershire LMC Advocate Area which offers the possibility of a personal, completely anonymous, one-to-one, online consultation with a professional advisor as well as more everyday modes of communication! If you have misplaced or never received a password and would like one, please contact the office. The LMC pastoral care support continues. An advocate can be chosen via the Safe House or contact the office.

Also, please find below a link to the 'Supporting GPs Mental Health and Well-Being' page on the Training Hub Primary Care Workforce Centre website which has been set up to provide GPs with information and links to the resources currently available to provide support. Read it [here](#). Dr Ansell Consultant Psychiatrist recommends the [covid resilience hub](#).

## **THE ROYAL MEDICAL BENEVOLENT FUND**

RMBF is a charity which the LMC supports. It has produced the 'Vital signs in Primary Care' for doctors seeking help. You can read it [here](#).

## **MENTAL HEALTH SUPPORT IN PRACTICES**

The King's Fund and Centre for Mental Health have published a [report on Mental health and Primary Care Networks](#), 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 we are in discussion with NHSE/I about the potential to include mental health workers within the scope of the PCN workforce. 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. For hard copies of the Wellbeing [poster](#), please email [wellbeingsupport@bma.org.uk](mailto:wellbeingsupport@bma.org.uk). The recent BMA report [The impact of COVID-19 on mental health in England; Supporting services to go beyond parity of esteem](#), 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](#)

## **IGPR SCHEME TO BE PAUSED AND REVIEWED**

It has been confirmed that NHS England have terminated all contracts with the **International GP Recruitment Scheme** recruitment companies as of 30 November 2020. This means that the programme will be paused ahead of a full review next year. Health Education England 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. Given the current challenges presented by COVID-19 and Britain's future relationship with the EU, it is a difficult period for international recruitment and it is logical that the scheme should be paused. While the scheme supported some GPs from abroad to work in the NHS, it is now clear that it will fall far short of meeting both its initial target of recruiting 500 GPs and the vastly increased number of 2,000 set more recently. It is now important that we evaluate how much value it delivered for the investment made.

## **SESSIONAL GP ISSUES**

NHS mail has been rolled out for all sessional GPs, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#). Sessional GPs are represented on the LMC by Dr Jethro Hubbard, who can be contacted at [jethro.hubbard@nhs.net](mailto:jethro.hubbard@nhs.net). GPCE is working hard to try and get assurance from NHSE regarding pension provision and death in service benefits for locums at this difficult time.

## **OTHER COVID 19 RESOURCES**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I daily primary care bulletins on COVID-19](#)

[COVID-19 Google Drive resource](#)

[NICE resources on COVID-19](#)

## **A PENNY FOR YOUR THOUGHTS**

Dr Horace Snow settled into his socially distanced seat on the Boeing that was taking him away from all that. Over the tannoy, came an announcement requesting a doctor to present themselves to a member of the cabin crew. He squirmed uncomfortably, hoping an enthusiastic newly qualified houseman would volunteer. He pondered the methods of dealing with death at thirty thousand feet. No passenger ever passed away in mid-air, whatever his appearance to the contrary; planes were sensitive areas and no place to die. A dead man looked much like one who was dead drunk. A steward had once been cautioned for taping a glass of scotch to a deceased hand, a subterfuge referred to in the report as scotch-taping. The non-recognition of death whilst airborne was acknowledged throughout all airlines, occasioned by the massive legal complications arising from it happening in foreign airspace, over frontiers, above oceans, between tray meals.

*Which 1992 novel, by whom, is set in the frenzied no man's land of Heathrow Airport?*

Answers by 20/08/20, to [penelopewest@gloslmc.com](mailto:penelopewest@gloslmc.com)

Congratulations to Dr Phil Fielding winner of the July competition. The answer was 'The Hound of the Baskervilles', by Sir Arthur Conan Doyle. There were 3 correct entries. A donation was made to the Royal British Legion. Our fun competition will continue. The prize will be a £10 donation to a charity chosen by the winner, who will retain the bragging rights.

**The LMC will continue to run with a mixture of office and home working. Some of our meetings will be by skype, Zoom or telephone. My mobile number is 07415290140 if that is useful.**

*This newsletter was prepared by Dr Penelope West and colleagues, at the LMC Office.*

*Acknowledgements to resources kindly shared by GPC, and partner LMCs, especially Wessex, Somerset, Cambridgeshire and BBO. When in doubt, seek legal or financial advice as necessary.*

### **JOB OPPORTUNITIES**

A full list of current job adverts is at <http://www.gloslmc.com/blog-job-vacancies.asp> and available below.

<b>GLOUCESTERSHIRE</b>			<b>Date posted</b>	<b>Closing Date</b>
<a href="#">The Lydney Practice</a>	Lydney	Partnership	28 Nov 19	Open
<a href="#">Royal Crescent Surgery</a>	Cheltenham	Salaried GP	4 Dec 19	Open
<a href="#">Brunston and Lydbrook Practice</a>	Coleford	Salaried or Partner GP	13 Dec 19	Open
<a href="#">Stroud Valley Family Practice</a>	Stroud	Retainer or Salaried GP	24 Jan 20	Open
<a href="#">Yorkleigh Surgery</a>	Cheltenham	GP Opportunities	05 Feb 20	Open
<a href="#">Yorkleigh Surgery</a>	Cheltenham	Long Term Locum GP	28 Feb 20	Open
<a href="#">Crescent Bakery Surgery</a>	Cheltenham	Salaried GP	28 May 20	Open
<a href="#">The Lydney Practice</a>	Forest of Dean	Salaried GP	03 June 20	Open
<a href="#">Drybrook Surgery</a>	Forest of Dean	Salaried GP	10 June 20	Open
<a href="#">Forest Health Care</a>	Gloucestershire	GP Partner	26 June 20	Open
<a href="#">Aspen Medical Practice</a>	Gloucestershire	Salaried Doctor/GP Partner	29 June 20	Open
<a href="#">Gloucester City</a>	Gloucestershire	Salaried GP	21 July 20	Open
<a href="#">Mythe Medical Practice</a>	Gloucestershire	Maternity Locum	29 July 20	Open
<b>ELSEWHERE</b>				
<a href="#">Bampton Medical Practice</a>	West Oxfordshire	GP Partner	17 June 20	Open

***REMINDER:*** *If you are advertising with us and fill the vacancy please let us know so we can take the advert down.*