

24th July 2020

DDRB Report (England)

The Government in England has announced that they have agreed with the [DDRB's recommendation](#) 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 in England.

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 our 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 therefore that the government failed to fund the gap to support GP contractors in funding the increases for staff and salaried GPs.

Richard Vautrey has met with the Health Minister, Jo Churchill, and made it 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. GP practices and their dedicated staff have spent the last few months working incredibly hard in completely overhauling services to guarantee that patients can continue receiving the care they need from their local surgery safely during the pandemic, and for this not to be recognised by the Government will be felt as a serious blow. The applause of politicians for hardworking doctors now

rings hollow. The BMA is therefore pushing for this to be addressed and will be raising this directly with the Secretary of State for Health and Social Care.

Applying the uplift

While GPC and LMCs 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.

The Salaried GP model contract states '*annual increments on [incremental date] each year and in accordance with the Government's decision on the pay of general practitioners following the recommendation of the Doctors' and Dentists' Review Body*'. Therefore, if this wording is included in the employment contract, the full 2.8% uplift must be provided. The model contract however may be amended by agreement, so it will depend on the individual agreement between the practice and the Salaried GP. If it includes the clause above then the 2.8% must be provided. If a different annual increment/calculation is included in the contract, or if the contract is silent on this point, then the practice is still encouraged to pass on the full 2.8%. We must not let this pay award be a source of division between GP contractors and salaried GPs but respect one another as professional colleagues.

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.

Face Coverings in General Practice

Following the Government's announcement [that face coverings will be mandatory for people visiting shops in England as from today, 24 July](#), GPC have been [calling for the policy to be extended](#) for all places where social distancing cannot be maintained, including GP practices.

Public Health England has now published [New recommendations for infection control in primary and community health care providers](#), 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 [IPC guidance](#), which advises on appropriate PPE usage in patient facing clinical settings and other measures to reduce transmission risk.

Letter for Exemptions

The BMA guidance on [Reducing COVID-19 transmission and PPE](#) now includes updated advice on face coverings, which confirms that *practices do not have to provide letters of support for those who fall under the list of exemptions*, or to those who do not. Individuals should self-declare if they believe they should be exempt from wearing a face covering. They should not be directed to their GP to ask for evidence to support this.

Flu Programme Announcement

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), 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.

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 next week.

Action to Improve Vaccine Coverage Rates Across the UK

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.

RCGP Guidance on Delivering Mass Vaccinations

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](#).

GP Trainee Recruitment

Health Education England has [released figures which show that GP trainee numbers in England have 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.

It's good to see that more and more young doctors are being attracted to a rewarding and varied career in general practice. There remains an urgent need, however, to capitalise on the rising number of GP trainees by fully supporting and retaining our existing qualified GP workforce so that they do not burn out. [According to the latest statistics](#), there are 1418 fewer full time equivalent qualified GPs now than there were in late 2015. This means the NHS is still losing more qualified GP hours than it is gaining even with the increase in doctors entering GP training each year.

Mentor Support

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

Mental Health and Wellbeing

The BMA continue 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.

LMC Website

The following guidance has been added to the LMC website www.worcsimc.co.uk this week:

[LMC Transfer of Work Statement July 2020](#)

Other COVID 19 Resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

**Registered office: St Stephens Surgery, Adelaide Street, Redditch, Worcs B97 4AL
Tel. 01527 65082**

All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

CHAIRMAN: Dr Shaun Pike
Elgar House Surgery, Church Road, Redditch, Worcs. B97 4AB
Tel: 01527 69261 Email: spike@worcslmc.co.uk

VICE-CHAIRMAN: Dr David Herold
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP
Tel: 01386 444400 Email: d.herold@nhs.net

SECRETARY: Dr Gillian Farmer
St Stephens Surgery, (address and contact details as above)
Email: gfarmer@worcslmc.co.uk

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

BROMSGROVE: Dr D Pryke
Dr K Hollier

REDDITCH: Dr I Haines
Dr S Pike

WYRE FOREST: Dr M Davis
Dr S Morton
Dr J Rayner

WYCHAVON: Dr D Herold
Dr J Rankin
Dr R Kinsman

MALVERN: Dr P Bunyan
Dr B Fisher

WORCESTER: Dr F Martin
Dr C Whyte
Dr R Benney

Co-opted Representatives:

Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Vacant (North)
Vacant (South)
First5 Rep: Dr M Venables

Practice Manager Representatives:

Helen Garfield, Representative WF PM
Lisa Luke, Representative R&B PM
Meryl Foster, Representative SW PM

IT Rep: Dr R Williams
Non Principals: Dr W Safdar
Clinical Directors: Dr K Ward

MEMBERS OF THE HEREFORDSHIRE COMMITTEE

CHAIRMAN: Dr Nigel Fraser
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB
Tel: (01432) 272285 Email: nigel.fraser@nhs.net

SECRETARY: Dr Richard Dales
Mortimer Medical Practice, Croase Orchard Surgery,
Kingsland, Leominster HR6 9QL
Tel. 01568 708214 Email: herefordlmc@btinternet.com

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

All 20 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 10th September 2020
Herefordshire – 9th September 2020