

27<sup>th</sup> July 2021

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## **DDRB PAY UPLIFT**

The BMA and LMCs are hugely disappointed by the [Government's announced 3% pay uplift for doctors](#). As we have come to expect from this Government, this announcement is not all that it seems. For salaried GPs, a 3% uplift is more than the 1% the Government recommended at the beginning of the year and is the highest uplift they have received in many years. However, 3% does not compensate for the years of pay erosion experienced by all doctors. Moreover, the government has said that practices in England will not be given additional funding on top of the 2.1% for staff already allocated for this year which means GP partners could be faced with deciding between service cuts or being able to pay the full amount to salaried GPs. It is therefore not acceptable and disingenuous to speak of an uplift while refusing to provide the

necessary funding. We have made our grave concerns known directly to the Secretary of State for Health and Social Care.

In their evidence DHSC highlighted the 'vital role' that general practice had played in the pandemic response and the DDRB underlined the critical importance of general practice and primary care more generally. In acknowledging the contribution of all doctors in the pandemic response, the DDRB also urged ministers to consider additional recognition for groups outside of their remit for this year, including GP contractors. Salaried GPs were roundly praised for their work throughout the pandemic and their adaptation to ensure the continued success in their role, including the utilisation of technology. It is worth also noting the announcement that GP trainer grants will increase from £8,584 to £8,842 and GP appraiser fees will increase from £543 to £559. These will be backdated to 1 April 2021.

What's clear is the government in England have completely and shamefully ignored the incredible response made by GP partners and their teams during the pandemic, suggesting that this year's pay award was to recognise the role played by other NHS workers. This will further damage GP morale. The Government chose to ignore the DDRB's clear statement that pay awards needed to be appropriately funded in order to avoid 'a negative impact on service provision'.

Read the BMA statement [here](#).

### **EASING OF COVID RESTRICTIONS AND INFECTION CONTROL**

From 19 July, the [COVID-19 restrictions in England have been eased](#) in line with the government's roadmap.

Following this announcement, NHSE/I has published a [letter](#) that confirms that the existing COVID-19 [Infection Protection and Control guidance](#) continues to apply in healthcare settings, and that contractors will continue to have NHSE/I's support in enforcing the IPC guidance.

The following provisions will continue under the [Pandemic Regulations](#) until 30 September 2021:

- A suspension of the requirement for practices to report about the Friends and Family Tests.
- A temporary suspension of the requirement for individual patient consent in certain circumstances, to encourage increased use of electronic repeat dispensing (eRD).

- A continuation of the temporary increase in the number of appointment slots that practices make available for direct booking by 111, up to one slot per 500 patients per day, although we believe that for most practices 1 per 3000 in line with the core contract should be sufficient.

Importantly, and something GPC England had been calling for, including in their letter to the Secretary of State for Health and Social Care, NHSE/I also confirm that the [Standard Operating Procedure for general practice](#) that has been in place since March 2020, will be withdrawn from 19 July 2021. It is for practices to determine how they manage their working arrangements, access and consultation delivery and each practice will know what works best for them.

Practices can download this [poster](#) to display about the continued use of face coverings for healthcare settings. See more information and guidance on PPE for practices in our [COVID-19 GP toolkit](#).

The BMA is supporting NHS Confederation's new campaign [#NotTooMuchToMask](#), encouraging people to continue to consider both their own and the safety of others as the restrictions lift by continuing to take sensible precautionary measures.

## **RELEASING NHS STAFF FROM ISOLATION TO WORK**

The [Government has announced](#) that double vaccinated frontline NHS and social care staff who have been told to self-isolate will now be permitted to return to work ahead of the self-isolation period - if there is a risk that staff absence would lead to potential patient harm, and following the completion of a local risk assessment and a number of safeguards are implemented.

It is regrettable that, through Government decision-making, inconsistent and confusing public messaging and policy, we are in the position we are now in, with soaring case numbers and hugely increased pressures on the healthcare system. Government's approach to loosening restrictions means many healthcare staff are now having to isolate at a time when pressure on the service is increasing, and practices are finding it incredibly difficult to deliver a service with very limited staffing.

Discussions are underway locally to determine how this can be safely and appropriately implemented. Practices are reminded that this is voluntary and should only be used in exceptional circumstances. Any staff who decline to

return should not be adversely impacted financially and there should also be a focus on better provision of remote working alternatives wherever possible.

Maintaining staffing levels when many have to self-isolate is having a big impact on some practices so there does need to be some sensible local flexibility in the way this is applied across an area, and practices need quick answers when seeking to apply it.

Read the [NHSE/I guidance for allowing essential frontline staff to return to work](#).

### **GDPR DELAY – JOINT STATEMENT AND LETTER TO GPs**

The Parliamentary Under Secretary of State for Health, Jo Churchill, has [written](#) to all GPs in England, setting out plans for the next steps for the [GDPR](#) (GP Data for Planning and Research) programme and extending the timeframe indefinitely beyond 1st September.

The BMA and RCGP have been closely involved in discussions over the steps that are necessary before any data collection can commence under GDPR, and welcome the commitments made in these latest plans.

We have always recognised the crucial role that GP data has to play in research and planning which can improve public health but have made it clear that it is important for patients and the public that this data is only made available for appropriate purposes, and in a secure and trusted manner and with minimal administrative burden on the profession.

Read the full joint statement [here](#).

### **COVID-19 VACCINATION PROGRAMME**

#### **Vaccinating children**

The [Joint Committee on Vaccination and Immunisation](#) (JCVI) has advised that children at increased risk of serious COVID-19 are to be offered the Pfizer-BioNTech vaccine, including children aged 12 to 15 with severe neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities.

The JCVI also recommends that children and young people aged 12 to 17 who live with an immunosuppressed person should be offered the vaccine, to protect those at higher risk of serious disease from COVID-19, and who may not generate a full immune response to vaccination.

The [BMA welcomed this new guidance](#) and have encouraged NHSE/I to be clear that people should not contact their GP for information practices do not have. Read the [BMA statement](#).

NHSE/I has now published a [letter](#) advising that children and young people (aged 12-17) with underlying health conditions, or who are household contacts of persons (adults or children) who are immunosuppressed, should be offered COVID-19 vaccination, following the JCVI statement earlier this week. The letter advises that children are offered a first dose vaccination before returning to school in September, and it is therefore expected that first dose vaccinations for eligible children aged 12-15 to be operational from w/c 23 August at the latest with invitations issued in advance.

The letter also advises that, '18 years' in the existing national protocol and PGD can be interpreted as including 17 year olds within 3 months of their 18th birthday, where this is necessary to support high vaccine uptake. Children aged 12-15 in the groups specified by JCVI can only be vaccinated using a PSD until the documents are updated.

### **ANNUAL FLU VACCINATION LETTER**

The [annual national flu immunisation programme 2021 to 2022 letter](#) has now been published. This year, the eligible cohort from the start of the programme includes those aged 50 and over and the letter states that, as trials are still ongoing to ascertain whether co-administration of COVID-19 and influenza vaccines will be permissible, practices should continue planning for influenza vaccination as usual, with further advice to be issued should co-administration with COVID-19 vaccination be recommended.

As we [pointed out](#) previously following the publication of the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme, community delivery of both COVID-19 and flu vaccinations is essential to the success of the programme and it is vital that local systems support practices to do this where the nature of the COVID vaccination used allows.

### **GP PAYMENTS AND PENSIONS SYSTEM PROVIDED BY PCSE**

We, along with the Institute of General Practice Management, wrote to NHS England last month to raise our concerns about the new system and demand urgent action to ensure that GPs and practices are able to use the system as intended. We have now received the attached [response](#) which maintains the line that the issues we raised are merely expected 'teething problems'. PCSE are gradually putting 'fixes' in place for many of these issues, most of which

we would consider to be solutions to problems that would not have arisen if user testing had been more thorough.

GPC continue to engage with PCSE in pursuit of solutions to outstanding issues as well as relevant data to allow us to measure performance. They will continue to do so for as long as is necessary. In addition to the survey for GPs currently running (see below) the BMA are looking to survey practices in England in early September to capture their experiences of using the system in August, the third month of its use. Both surveys will be invaluable in helping us to hold PCSE to account.

### Tell us your views on the new PCSE pensions portal

If you are a GP working primarily in England, please [fill out our survey](#) on the new system so that we have further evidence of the full extent of the issues and can hold PCSE to account. Note that this survey is not a forum for individual issues – please [raise these with PCSE directly](#).

## **DELEGATION OF NHS ENGLAND COMMISSIONING FUNCTIONS TO INTEGRATED CARE SYSTEMS FROM APRIL 2022**

NHSE/I has [written](#) to ICS (integrated care system) leads and CCGs to outline their plans to delegate some of NHSE/I's direct commissioning functions to integrated care boards within each ICS as soon as operationally feasible from April 2022. The letter outlines that subject to the will of Parliament relating to the Health and Care Bill, NHSE/I's expectation is that from April 2022 ICBs will assume delegated responsibility for primary medical services currently delegated to all CCGs (and continuing to exclude Section 7A Public Health functions).

## **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 SUPPORT**

### **Wellbeing**

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

There is help and assistance available within the Herefordshire and Worcestershire Healthy Minds service. They are able to provide bespoke

talking therapies for all colleagues irrespective of your role in your organisations to assist with anxiety, low mood, stress and other common mental health problems. Referral is easy and can be completed via visiting <https://www.healthyminds.whct.nhs.uk/>. This is a NHS service and as such is free at the point of contact and confidential.

The Service Manager, Phill Morgan Henshaw is happy to answer any questions regarding referral and treatment and can be contacted on 01432 842200 or via [phill.morganhenshaw@nhs.net](mailto:phill.morganhenshaw@nhs.net).

### **BMA Mental Health and Wellbeing**

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. Access the [BMA's COVID-19 wellbeing pages here](#).

The BMA has welcomed the NHSE/I [announcement](#) of further funding for the expanded and rapid access provision of mental health services for NHS staff in England over the winter. This is urgently required and something the BMA has been calling for to support the major challenges NHS staff are facing. At the ARM, a motion was passed expressing concern at the potential long-term impact of the pandemic and called for resources to support the profession. As we head into a second wave of the virus it is vital that staff are protected. [Find out more here](#).

### **LMC WEBSITE**

The following guidance has been added to the LMC website [www.worcslmc.co.uk](http://www.worcslmc.co.uk) this week:

No New Items

### **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 David Herold  
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## **Representatives:**

**BROMSGROVE:** Dr D Pryke  
Dr K Hollier

**REDDITCH:** Dr I Haines  
Dr M Shah

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

**WYCHAVON:** Dr D Herold  
Dr J Rankin  
Dr K Gines

**MALVERN:** Dr P Bunyan  
Dr R Khehar

**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:** Dr J Chun (North)  
Dr L Jones (South)

## **Practice Manager Representatives:**

Helen Garfield, Representative WF PM  
Michelle Hallahan, Representative R&B PM  
Meryl Foster, Representative SW PM



**First5 Rep:** Dr M Venables  
**IT Rep:** Dr R Williams  
**Non Principals:** Dr W Safdar  
**Clinical Directors:** Dr R Williams  
**EDI:** Dr R Benney

## **MEMBERS OF THE HEREFORDSHIRE COMMITTEE**

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### **Representatives:**

All 20 practices are represented at Committee Meetings

**Worcestershire and Herefordshire GPC Representative:** Dr S Parkinson

### **The next LMC meetings will be:**

Worcestershire – 8<sup>th</sup> September 2021  
Herefordshire – 9<sup>th</sup> September 2021