

**FEBRUARY
2021**

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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MAKING THE 'LEAST BAD' DECISIONS

Most of us work in medicine because we want to help people. Sometimes that intention collides with reality, and people may become ill, leave, or both. There have been signs that some tempers are starting to fray. Many GPs have received complaints from patients about cancellation of their second dose of covid vaccine, despite this being a central directive that was outside the control of general practice. Dr Helen Fidler wrote movingly of the dangers of moral injury in the covid pandemic. You can read her blog [here](#)

CONTRACT AGREEMENT FOR 2021/22 ENGLAND

GPC England supported the agreement secured with NHSE/I for minimal contract changes for 2021/22 whilst retaining the significant increases in funding already planned. Some of the previous agreements due to start in April will be delayed. This is to give practices support and stability through the continued pandemic and whilst practices are playing such a significant role in the COVID-19 vaccination programme. Some of these changes will be implemented throughout 2021/22 depending on the pandemic, and will be agreed later in the year. Practices will then be provided with adequate time to prepare.

The full details are available on the BMA [website](#), but in summary, from April:

- Funding increases previously agreed will be honoured
- Funding increase to global sum to allow a 2.1% uplift in pay
- QOF will be largely the same as for 2020/21 with some amendments to cancer and SMI domains to assist with the impact of the pandemic, and changes to vaccinations and immunisations as previously planned to continue with the move to an item of service payment arrangement for childhood vaccinations – these will see additional funding go into QOF

- QI modules from 20/21 to be repeated and slightly amended and the work already done will count towards this
- The core digital offer to patients has been defined, largely based on how practices are already operating due to the pandemic
- New ARRS roles will come on stream, with additional funding being made available to enable mental health practitioners to be part of the PCN workforce
- IIF 2020/12 indicators will remain unchanged. GPCE and NHSEI will have further discussion on other planned indicators for 2021/22, as the length and impact of the pandemic becomes clearer, utilising the additional investment to the IIF
- No new PCN service specifications from April (will be phased in later in the year with dates to be agreed depending on the pandemic), and current PCN services to receive minor amendments
- GPC England and NHSE/I will discuss the introduction (in-year) of a new enhanced service related to obesity and weight management

Full details are available on the [website](#) and further guidance will be provided in due course, but we hope that this will provide practices with some stability during this challenging time. Read the press statement [here](#)

PCN DES BALLOT

In November, the LMC England conference passed the following resolution: *Conference notes that the BMA GPC (GP committee) England has never secured a robust democratic mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021 / 2022.*

As a result, GPCE have completed a ballot, with the question based on the motion: *"Prior to any further negotiations, extension or changes for 2021/22, do you give GPC England a mandate for the PCN directed enhanced service?"*

The result of the ballot was:

Yes: 80% (3,619)
 No: 20% (915)
 Total number responding: 4,534

This outcome provides a clear mandate from the profession for the PCN DES, and GPC England will therefore continue to negotiate on this, seeking improvements and further developing it, as part of the whole GP contract, for the benefit of practices and our patients. Read more [here](#)

This was reported by [GPonline](#) and [Pulse](#), where Dr Richard Vautrey commented: "We are glad that the profession has spoken so clearly, giving GPC England a clear mandate for the PCN directed enhanced service and telling us that we should continue negotiating this important contract on behalf of grassroots GPs throughout the country."

GPC ENGLAND MEETING

GPC England met recently to discuss the 2021/22 contract agreement, the PCN DES ballot results, and the COVID vaccination programme.

Dr Rachel Ali gave her first regular update following her appointment as the Committee's first gender diversity champion. This was one of the key proposals of GPC's Gender Task and Finish Group. There were update reports from the sessional GPs committee, GP trainees committee and GPC policy leads. These focused on a number of recent developments including pay and contracts, premises, well-being, and education and training issues.

Other items on the agenda included an update on the planned BMA submission to the DDRB, and a discussion on the BMA response to the integrated care systems proposals being made by NHSE/I. The response highlighted the critical role of LMCs must play in representing all GPs in any new structures and the committee raised concerns about how they may be implemented.

COVID-19 VACCINATION PROGRAMME

From this week, people aged 70 and over and those clinically extremely vulnerable to COVID-19 can be invited to get their vaccinations as the [roll out of the vaccination for the next 2 priority groups begins](#). Vaccinating the first two groups (care home residents and staff, and those aged 80 and over and frontline health and care staff) will remain the priority, but vaccination sites which have enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts. The BMA has raised with NHSE/I our concerns about the way invitation letters are being sent to patients, and that these are not coordinated with local practice group sites, causing potential confusion for some patients and unnecessary travelling to more remote vaccination centres.

NHS England has made it clear that vaccines should not be wasted, and sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste. We have also added a section on vaccine supply to the [BMA's advice webpage on healthcare worker vaccination](#) and are encouraging members to anonymously report any concerns about this via the [feedback portal](#).

Following last week's announcement about [additional funding to support the rapid delivery of vaccinations to care home staff and residents](#), NHSE/I has now published [Process for the payment of Item of Service fees and Care Home Supplement payments to PCN groupings](#) (log in required, so document is also attached). We have raised concerns about the complexity of this process but PCNs bringing in additional workforce between now and the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle will be eligible to claim up to £950 per week (a maximum of £2500 per PCN grouping) of funding support.

There have been some concerns about the availability of the COVID vaccine for private patients. The easiest way for private patients to access the vaccination programme is to temporarily register with an NHS practice involved in the vaccination programme. If they have not got an NHS number, they will be provided with one as part of the registration process. We would encourage practices to do this for private patients and for local vaccination sites to make the bookings. However, if a patient does not want to do this if they have ever had any contact with an NHS service, they should still receive a vaccination letter via the national database.

Read the BMA [guidance on the COVID-19 vaccination programme](#) which includes information about the added funding to support rapid care home vaccination, and other recent information about how to administer the vaccine, and further support to enable practices to prioritise vaccine delivery.

NHSE/I's guidance for primary care about the COVID-19 vaccination programme is available [here](#)

The latest [data report of the number of COVID-19 vaccinations](#) provided by the NHS in England, show that as of 20 January, a total of 4,419,704 have received an NHS vaccination since 7 December when vaccinations began.

The BMA is tracking the rollout of both first and second dose vaccination against COVID-19, as we campaign for rapid vaccine distribution to doctors. Thank you to all who have participated so far – we found that while most UK doctors have now received a vaccination, there is variation by country and grade, and one in 10 are yet to receive a first dose. [See the results here](#)

PM PRAISES GPs

We were pleased to hear the Prime Minister and Chief Medical Officer praising GPs and their teams in the [COVID-19 press conference](#) last week. The Prime Minister said, "A massive thank you...they've now stood up the vaccination on top of everything else...we should all be enormously grateful for what they have done." Read more on the [BMA's GP twitter account](#)

SECURING SUITABLE PPE

In light of the continued spread of the new more transmissible variant of COVID-19, as well as growing evidence of aerosol transmission of the virus in non-AGP settings, the BMA is determined to ensure that every doctor is properly protected with adequate and suitable PPE. That's why the [BMA has written to Public Health England](#) asking for an urgent review of their PPE guidance.

The Government has extended the provision of [free COVID-19 PPE for all health, social care and public sector workers](#), until at least the end of June. Read the BMA's updated [PPE guidance](#) and the [guidance for practices on reducing COVID-19 transmission and PPE](#).

BMA JOINS CALLS FOR EMERGENCY LEGISLATION TO PROTECT DOCTORS FROM 'UNLAWFUL KILLING' CASES

The BMA has co-signed a letter calling for emergency legislation to protect healthcare workers from 'inappropriate' legal action over Covid-19 treatment decisions. The story was covered by [Sky News](#) and [BBC News](#). The letter, organised by the [MPS](#) and signed by other health organisations and addressed to Matt Hancock, reads: "With the chief medical officers now determining that there is a material risk of the NHS being overwhelmed within weeks, our members are worried that not only do they face being put in this position but also that they could subsequently be vulnerable to a criminal investigation by the police."

JUDICIAL REVIEW AGAINST NORTHAMPTONSHIRE SAFEGUARDING PARTNERS (SAFEGUARDING FEES)

The BMA made an application for Judicial Review against the Northamptonshire safeguarding partners, which was heard in May 2020. We argued that they had failed to discharge various statutory obligations in publishing their *Local Safeguarding Arrangements Plan 2019-2021*, because it did not specify what sum the Defendants had budgeted to meet the cost of GPs work on safeguarding cases, including the production of safeguarding reports and attendance at safeguarding conferences.

Judgement in the Judicial Review brought by the BMA was handed down in July 2020. Unfortunately, the Judge found against and dismissed the application for Judicial review. The Judge reached a different conclusion about the correct interpretation of the Children Act 2004 and in particular, sections 16E and 16F. He interpreted those sections narrowly, as

only requiring safeguarding partners to 'make arrangements to enable themselves, when they exercise their individual safeguarding functions, to work together'. He held therefore, that they did not have a bearing on how safeguarding partners discharge related safeguarding obligations arising under different legal provisions.

We were advised that there were sufficient, if limited grounds for appeal and an application was made. We have now heard that we were unfortunately unsuccessful in the appeal. The judicial review cannot now be taken any further.

However, in reaching his original decision, the judge said that safeguarding partners can reasonably be expected to agree suitable arrangements to pay GPs, and if they don't, GPs may well take legal action to force them to. Although this is much the same position we were in before we started the JR, it helps us that it is confirmed in a High Court judgment which at the same time dismisses the main legal arguments that local authorities would rely on to say GPs have to provide the work for free.

LMCs are therefore asked to consider the possibility of finding some suitable test cases to challenge non-payment for these services. Please contact Greg Lewis, Senior Policy Advisor, on glewis@bma.org.uk

PAYMENTS DURING SUSPENSION

GPC is aware of a case where a GP has been asked to refund to the NHS a significant sum of money, that had allegedly been wrongly paid during a period of suspension. The payment was made under the [Secretary of State's Determination: Payments to Medical Practitioners suspended from the Performers List](#) and there is nothing to suggest the interpretation of the Determination by NHSE/I was anything other than correct. However, the original payment was mistakenly made on the GP's profits and not their drawings. The Determination sets out that entitlement is based on an individual's normal monthly payments where they practise as an individual and in the case of partnerships, 90% of the normal monthly drawings from the partnership account. NHSE/I was correct in the re-interpretation of the Determination, payment is based on drawings not profit, often a much lower sum, but not the one on which tax is payable.

It has been suggested this amounts to discrimination against contractors when compared to other GPs and hospital doctors. The purpose of this update is to ensure members are aware of the consequences of this interpretation and the impact it might have on them if they receive payments when suspended.

LMC UK CONFERENCE 2021

This year's annual LMC UK Conference will be held on virtually on 12 and 13 May. LMCs have been sent an email with information on how to [submit motions](#) (deadline for submitting motions is midday *Friday 19 February 2021*) and how to [register](#) (applications must be submitted by Friday 26 March 2021). More information will be provided nearer the time on how to access the virtual conference, and will be added to the [LMC page](#) on the BMA website. For further information please email info.lmconference@bma.org.uk

LMC ENGLAND CONFERENCE RESOLUTIONS

The virtual England LMC Conference took place on 27 November 2020. [This document](#) which details the conference resolutions, election results and motions lost, has now been updated to include the voting statistics for each motion. All of the votes were quorate.

VACANCY FOR LMC REPRESENTATIVE, FOREST OF DEAN (SOUTH)

Dr Roz Bounds will retire at the end of March 2021 after long and honourable service as a GP Principal and LMC Rep for the Forest. If you are a Forest GP with an interest in medical politics, supporting the best interests of your colleagues, and would like to consider this vacancy, please contact penelopewest@gloslmc.com for information.

ZERO TOLERANCE OF ABUSIVE BEHAVIOUR TO STAFF IN PRIMARY CARE

As the pandemic wears on, and people become exhausted, anxious and angry, there is a growing iceberg of mental health issues-both existing, recurrent, and new. We were sad to hear that a GP was recently assaulted by a patient. You may find this [zero tolerance](#) guidance document helpful. It is shared with kind permission of Wessex LMC.

E-CONSULT

Our friends in a neighbouring county tell us that capability exists to turn off the e-consult platform on week day evenings. If you wish to do this, please ask the CCG about it. You may wish to have the option, rather than the assumption that you are happy to provide a 24/7 e consult facility via your website.

BABY CHECKS

A CCG bulletin of 05/01/2021 suggested that GPs may wish to weigh babies and measure head circumference at the 6–8-week baby check as health visitors may not have done it. This depends, of course, on whether you have the time and resources. Not all surgeries have baby scales.

INAPPROPRIATE WORKLOAD

Covid has changed how everyone works, with primary care and secondary care doing more virtual work. Whilst we sympathise with the pressures of our colleagues in secondary care, it is not possible or appropriate simply to transfer administrative tasks to GPs. General practice is working at 150% capacity compared to last year. It may help practices to know that the BMA has produced a pack of template letters to use when you wish to push back on inappropriate workload. You do not have to be a BMA member to access the resource, and can find it [here](#)

PENSIONS NEWSLETTER

The BMA's pension committee has been at the forefront of fighting to maximise your pension benefits. Please see the first quarterly newsletter [here](#). The newsletter provides an update you on what actions the committee is taking on a range of issues, and also provides access to educational resources, blogs and information on how to access BMA support regarding your pension.

SESSIONAL GP ISSUES

NHS mail for sessional GPs has been rolled out, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#).

Doctors who move from partnership/salaried roles to locum sometimes have difficulty transferring their NHS e mail address to locum status. If you are stuck with this, contact helpdesk@nhs.net and locumadmin@nhs.net who will help you sort it out.

The NHS pension scheme as a sessional GP Dr Krishan Aggarwal, a GPC England and Sessional GPs Committee member, and deputy chair of the BMA Pensions Committee, has written a webpage for sessional and locum GPs on the NHS pension scheme, which replaces his previous blogs on this issue. The webpage is going to be a live document and if there is anything you would like to be covered please email the BMA at Sessionalgps.gpc@bma.org.uk The guidance sets out which pension tier to use, submitting the right forms, annualisation, the total rewards statement (TRS), the upcoming PCSE portal and how to escalate complaints to PCSE. The webpage is [here](#)

INSTITUTE OF GENERAL PRACTICE MANAGEMENT

There is an organisation that is up and coming called the Institute of General Practice Management. It has been borne out of Practice Managers lack of recognition as a Profession. It is not a militant organisation but one that is setting out to support PMs and recognise the work that they do. They are also being supported by First Practice Index Here are some links that give a little more information.

<https://practiceindex.co.uk/gp/blog/a-force-to-be-reckoned-with-by-nicola-davies/>

<https://www.wspma.co.uk/institute-general-practice-management>

<https://m.facebook.com/TheIGPM/>

Our LMC PM Rep is Mark Thatcher at Overton Park surgery.

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.

If any GP would like LMC support, but would prefer to ask someone other than their area Rep, please 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](#).

NOTES FROM THE PAG

When a complaint about a GP is made to NHS England, a referral is automatically triggered to the Performance Advisory Group (PAG.) We sometimes glean learning points to share.

1. If you are referred to the PAG, they should also send an LMC letter offering our support. Should you receive a PAG referral without an offer of support, please tell us. Please ask for our help if you feel we can be of service to you.

2. If you cannot respond fully in a timely way (due perhaps to illness or IT outage) it is better to respond quickly, explaining the reason, with a full response pending. This will avoid anyone drawing the conclusion that there is something wrong with the surgery's in-house administrative procedures.
3. All have difficult patients, and part of the behaviour may involve vexatious complaints. If you have an individual that worries you, it is worth considering a [behaviour agreement](#) documented in the notes. This specimen LMC contract is shared with kind permission of Wessex LMC.
4. Beware warring parents/patients or others who ask for a 'letter for the court' about a child or situation. If a solicitor writes to you, consider your response very carefully, and remember it is not GMS work. Consider discussing it with an experienced colleague. You may be summoned to court to justify your letters contents.

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

If Dr Present were to meet Dr Past, I wonder what they'd make of each other? In the late eighteenth century, the 'Fleece Medical Society' had five members, all local country doctors. They met monthly in the pub (The Fleece at Rodborough). Lunch was followed by a paper from one of the members, then discussion and dinner. Name their ringleader, and proudly claim your place in Gloucestershire's vaccination history.

Send the name of the physician to penelopewest@gloslmc.com by 20th January 2021 to be entered into the draw. The prize will be a £10 donation to a charity chosen by the winner, who will retain the bragging rights.

Congratulations to Dr Alistair Smith winner of the January competition. The answer was 'Candide' by Voltaire. There were 6 correct entries. A donation was made to Stroud food bank. What a cultured lot you are, and thank you for reading.

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. Dr Penelope West's mobile number is 07415290140 if that is useful.

JOB OPPORTUNITIES

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

GLOUCESTERSHIRE			Date posted	Closing Date
Partners in Health	Gloucester	Salaried GP Partner with view to extend	30 Sept 20	Open
Acorn Practice	Durlsey	GP Partner	11 Dec 20	Open

Phoenix Health Group	Tetbury	Salaried GP	16 Dec 20	Open
Cleevelands Medical Centre	Cheltenham	Salaried GP (with a view to Partnership)	16 Dec 20	Open
Drybrook Surgery	Forest of Dean	Salaried GP	08 Jan 21	Open
West Cheltenham Medical	Cheltenham	Salaried GP	08 Jan 21	31 Jan 21
Severbank Surgery	Forest of Dean	Salaried GP	08 Jan 21	05 Feb 21
Portland Practice	Cheltenham	Salaried GP or Partner	13 Jan 21	Open
Hadwen Health	Gloucester	Partner/Salaried GP	13 Jan 21	7 Feb 21
Beeches Green Surgery	Gloucester	GP Partner	22 Jan 21	21 Feb 21
ELSEWHERE				
Newbury Street Practice	Wantage	Salaried GP	27 Jan 21	08 Mar 21