

WELCOME TO OUR AUGUST NEWSLETTER

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a. WELCOME

Welcome to our latest newsletter.

It is clear that General Practice continues to be resilient and has adapted admirably through these challenging and forever changing times. Whilst General Practice tries to slowly return to a new normal, this newsletter is a snapshot of some of the areas that the LMC continues to pursue on behalf of our members.

b. CREM4 FORM ON PRISM

Further to our communication regarding 'Practical guide to completion of Medical Certificates of Cause of Death and Form Cremation 4'. We are pleased to confirm that LMC Board member, Dr Grant Ingrams has worked with HIS and the Crem4 form is now available on Prism.

To access the Crem4 form, click on 'Cremation 4 Medical Certificate'.

SystemOne Practices will have access via a standard Prism Pathway, and EMIS practices will have access to the LMC advice with a link to a PDF version of Form Crem4.

c. NHS HEALTH CHECKS

The LMC remains to be considerably disappointed by the decision of our local Public Health department to only fund on activity for NHS Health Checks. This is not in line with what is happening around the Country, and this has been evidenced to our PH colleagues.

The LLR CCGs remain supportive. We are now in conversations with the MP for Bosworth, Dr Luke Evans to try and get a more positive outcome for General Practices in LLR.

[Recent letter from MP from Bosworth, Dr Luke Evans relating to concerns raised by Dr Chotai, LMC Chair.](#)

d. APPOINTMENT OF ELR CCG CHAIR

The LMC would like to congratulate Dr Vivek Varakantam on his appointment as the new ELR CCG Chair.

However, the LMC wishes to make our position clear in that the LMC lobbied to have an appointment for no longer than six months before going out to election. We regret that the CCG disregarded this and have decided to make the appointment for 20 months (August 2020 – March 2021).

The LMC generally feels that positions which would normally be filled by member elections, should only be appointed to for as short periods as possible in extraordinary circumstances.

We would like to thank Dr Montgomery for her work as ELR CCG Chair and wish her well as she shortly moves on to pastures new.

e. INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE TO PRIMARY CARE

The LMC is very much aware of the uncoordinated transfer of work from Secondary Care to Primary Care and the negative impact it is having on GP services. The LMC is lobbying hard both to the CCG and UHL to

control this transfer and where it cannot be stopped to resource it appropriately.

The LMC is aware that the use of the Transferring Care Safely scheme has dropped over the last few months but would very much encourage all LLR practices to use the TCS service via PRISM to feedback system issues within UHL that have an impact on primary care, as that is evidence that can be used to support the LMCs lobbying.

In June, there were three practices that stood out in making a significant number of TCS submissions. However, many practices made no, one or at most two submissions.

f. EXEMPTION REQUESTS FROM PATIENTS ON FACE COVERINGS

We have received several requests relating to exemption letters on face coverings.

The Government guidance suggests **there is no requirement** for evidence for exemption, therefore practices do not have to provide letters of support for those who fall under the list of exemptions, or to those who do not. In summary, it is a self-declaration and it is up to the patient if they choose to provide a letter.

Please find the BMA updated guidance [here](#).

The GPC has issued the following press statement on the matter:

"Government guidance suggests that there is no requirement for evidence for medical exemption from wearing face coverings and that it is sufficient for a person to self-declare they are eligible for exemption in incidences where a face covering is required.

"Taking this into consideration, there is no need for anyone to ask their GP practice to provide letters of support for those who fall under the list of exemptions, or indeed do not. GPs are currently seeing a rapid increase in workload as they deal with the on-going impact of the coronavirus pandemic and therefore the Government must do more to communicate this guidance more effectively to avoid people unnecessarily seeking exemption notes from their GP."

The LMC has [updated](#) our previous communication which was provided to practices.

g. COVID19 RESTORATION & RECOVERY IN GENERAL PRACTICE

Further to the [letter](#) from NHSE/I on 9th July, the LMC continues to work with the CCGs, GMAST, GPC, Public Health on the restoration & recovery phase.

We can provide assurance that we have been liaising with above parties to ensure that General Practice income is protected, as we move into the next phase safely and appropriately.

h. DDRB

Further to the recent announcement on DDRB that was announced last week, the GPC have provided the following update.

The GP contract agreement provides practices with funding for a 1.8% pay uplift for all staff. The government has announced (based on DDRB recommendation) an uplift of 2.8% for Salaried GPs.

GPC England position on the pay uplift

We do not believe that the 2.8% is enough and the BMA is pushing for this to be increased.

In addition, we do not believe it is fair that Contractor GPs have not been included in this reward for the efforts during the COVID period (as government has badged the uplift this year). Junior Doctors are in a similar position and the BMA Council Chair will be meeting with the Secretary of State for Health to raise these concerns. Similarly, the GPC executive are continuing to liaise with DHSC and NHSEI to push for this COVID-reward to be extended to all GPs and we are exploring flexibilities elsewhere which might allow practices to realise this, irrespective of the government decision.

Applying the uplift

The main question we are getting is about how to apply the uplift as it currently stands, while we continue to put pressure on DHSC and NHSEI.

How any pay uplift is actually provided to salaried GPs, as with all practice staff, will be determined by the terms of their employment contract. However, practices are encouraged to provide the full 2.8% uplift for all Salaried GPs.

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*. So 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%.

Other practice staff

The government announcement does not cover other practice staff; however, we know that practices often wait for this announcement before arranging the uplifts for all of their staff. As stated previously the contract agreement provides funding for a 1.8% pay uplift for all staff. As with salaried GPs, the reality will be based on what it states in the contract of employment, but practices are encouraged to provide at least the full 1.8% uplift (or more if the terms of the employment contract dictate so).

i. NEW TO PARTNERSHIP SCHEME

NHSE have now resumed the New Partnership Payment Scheme which had been delayed due to COVID. Please see below information and guidance on the application process which will be managed by NHSE.

Please see information below and follow this link for the application process:

<https://www.england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/>

For any New to Partnership Payment Scheme queries please review the [FAQs](#) or contact the team: england.newtopartnershipenquiries@nhs.net.

j. INVOICING FOR SAFEGUARDING REPORTS

In our last newsletter, we encouraged practices to invoice the CCG for completed safeguarding reports,

and that the LMC would support practices in ensuring payment is received.

We have been informed that to date, no safeguarding report invoices have been sent to:

Primarycare@Leicestercityccg.nhs.uk

The LMC is unable to stipulate what GPs should charge as it will depend on the time taken to complete the report. Please let the LMC office know when an invoice has been submitted to the CCG.

k. PRESENTATION AND QUESTIONS FROM CQC ESF WEBINAR

Thank you to everyone that attended our webinar with the CQC on their Emergency Support Framework, we hope you found the session useful.

We have included a link to a copy of the presentation and ESF questions.

<https://www.lrlmc.co.uk/cqcemergencysupportframework>

The LMC continues to have bi-monthly meetings with the CQC inspectors, so if you have any questions you would like us to raise, please email the LMC office.

l. RECRUITMENT

If you are advertising a position within your practice, we would be happy to include it on our 'jobs' section of our website.

This a free service, practices just need to send the job advert and job description to enquiries@lrlmc.co.uk

Telephone: 0116 2962950

Email: enquiries@lrlmc.co.uk