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Items marked * in orange on the content list are highlighted either because of their importance or because they contain information you may not have seen elsewhere.

CORONAVIRUS

COVID-19 Antibody Test Results Flowing to GP Records

From 10 September, when a person undertakes an antibody test that is taken through the public antibody portal (an ELISA test), the result will be loaded directly into their patient records. This will be in addition to flowing of test results for pillar 2 viral testing and will follow the same process, according to each practice's IT system provider.

Results will be presented on patients' records as 'positive', 'negative' or 'unknown'. As for viral testing, there will be no action required from the GP practice on receipt of the test results. Bulk upload of test results into GP records will take place without any manual patient by patient process. Practices will receive further guidance by their own system supplier about how this will work.

Revised Guidance on Infection Prevention and Control

Last month saw the publication of this updated guidance [COVID-19: Guidance for the remobilisation of services within health and care settings - Infection prevention and control recommendations](#) from Public Health England and NHS England.

The main changes to the guidance are:

1. Local and national prevalence and incidence data will be used to guide returning services as advised by Country specific/public health organisations.
2. Patients/individuals to be managed in 3 COVID-19 pathways, high, medium and low risk.
3. Sessional use of single use PPE items has been minimised and only applies to

extended use of facemasks for healthcare workers.

4. The use of facemasks (for staff) and face coverings (if tolerated by the individual) is recommended in England and Scotland, in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce transmission risk.

5. Physical distancing of 2 metres is considered standard practice in all health and care settings.

6. Patients/individuals on a low risk pathway require Standard Infection Prevention & Control Precautions for surgery or procedures.

Regarding the use of PPE, the document includes this paragraph on page 14:

“In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.”


Read the guidance [here](#).

COVID-19: General Practice during the Second Wave

The BMA have published [COVID-19: General practice during a second wave](#). This outlines what is needed for general practice in England to manage during a second wave of the pandemic, learning the lessons from the first wave and building on the many suggestions, queries and issues highlighted by GPs, practices and LMCs.

As we move into the second wave, the BMA are calling on NHSEI and government to set in place measures to support practices to be able to continue to deliver care to patients and protect the workforce during the second wave, at the same time as undertaking a massive flu programme and during the height of winter pressures.

The measures cover:

- support for general practice workforce
 - resources to support practices
 - augmented services to support patients and practices
 - minimising the impact from elsewhere.
- 

INSPECTION

CQC Mythbusters

The CQC has supplied a list of their mythbusters which have been updated in 2020. They use these documents to clear up common myths about inspections of GP and out-of-hours services and share agreed guidance.

This list is ordered by the date updated (most recent at the top). At the bottom of each mythbuster it has a date when they were updated.

[Nigel's surgery 95: Non-medical prescribing](#)

[Nigel's surgery 81: Pharmacy professionals in general practice](#)

[Nigel's surgery 61: Patient registration](#)

[Nigel's surgery 9: Emergency medicines for GP practices](#)

[Nigel's surgery 13: Verification and certification of death](#)

[Nigel's surgery 1: Resuscitation in GP surgeries](#)

[Nigel's surgery 72: Sexual and reproductive healthcare](#)

[Nigel's surgery 19: Patient Group Directions \(PGDs\)/Patient Specific Directions \(PSDs\)](#)

[Nigel's surgery 53: Care of people with a learning disability in GP practices](#)

[Nigel's surgery 87: Speaking up and listening well](#)

[Nigel's surgery 29: Looking after homeless patients in General Practice](#)

[Nigel's surgery 49: Consent for minor surgery in GP surgeries](#)

[Nigel's surgery 83: Spirometry in general practice](#)

[Nigel's surgery 86: Storing liquid nitrogen](#)

[Nigel's surgery 70: Mandatory training considerations in general practice](#)

[Nigel's surgery 97: Responding to coronavirus \(COVID-19\)](#)

[Nigel's surgery 21: Statutory notifications to CQC](#)

TRAINING, EVENTS & OPPORTUNITIES

Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual [Social Prescribing Link Worker Day Conference](#) on 9 October 2020, with the theme of 'The Social Innovators Powering up wellbeing'. This event is open to GPs, social prescribing link workers, community health and social care industry leaders, Primary Care Networks and clinical directors across the UK. It will provide updates and examples of local arrangements benefitting practices and patients through social prescribing – find out more [here](#).


Motivational Interviewing for General Practice Nurses

This opportunity has been funded by NHS England and involves an interactive, light-hearted online, live study day. Registered delegates will receive their personal set of CRAFT cards, which are used during and then following the event. Delegates will interact, participate and influence the content of the day which will use bespoke situations to demonstrate motivational interviewing skills.

Various dates have been published by Et al Training. At the time of writing the first two dates are sold out but later dates are still available. Full details including booking information can be found [here](#).

Lighten the Load

We recently held another of our very popular Lighten the Load sessions online. The event is designed to equip primary care leaders in achieving this step-change in how services are being delivered, which requires different ways of working and even greater resilience, whilst providing opportunities for personal, business and wider leadership



development.

The session once again had excellent feedback:

- “Everyone contributed well and were very supportive.”
- “The group felt very comfortable and breakout groups worked well.”
- “Non-judgemental supportive environment. Felt ‘safe’ to have a go at a skill that is new.”

We are in the process of commissioning further sessions and we will publicise dates and booking information as soon as these are confirmed.

PRACTICE MANAGEMENT

Automation of PCN Payments

From 1 September, payments for PCN (Primary Care Network) core payments, CD (Clinical Director) payments, Extended Hours Access, and Network Participation Payments, became automated (previously manually processed by CCGs). As part of this change, each practice is now required to verify the Network Participation Payment in CQRS before it is released.

QOF at a Glance

NHS England have now published revised QOF guidance which details the requirements for 2020/21. This guidance is effective immediately and the Statement of Financial Entitlement will be amended shortly to reflect this.

The BMA have produced [a QOF at a glance document](#), which summarises the changes for QOF for the remainder of 2021/22. In light of COVID-19, QOF has been refocussed to:

- support practices to reprioritise aspects of care not related to COVID-19
 - serve those patients most in need of long-term condition management support
 - guarantee significant income protection and the relaxing of some requirements for practices.
-

Electronic Repeat Dispensing Update

NHSE/I have supplied a short update on electronic Repeat Dispensing (eRD):

- the main benefits of increasing eRD: increases time and capacity by reducing administration workload significantly and reducing frequency of authorisation of prescriptions. Keeps your team and patients safer by reducing unnecessary patient contacts. Please note that benefits only start to become noticeable once a practice is beyond 15-20% of their items via eRD.
- eRD can be deployed safely yet rapidly. One practice in Darlington went from just under 2% to over 40% within 5 months.
- eRD improves quality and safety by ensuring you get up to date with monitoring, bloods and med reviews.
- The regional programme is supported by a variety of stakeholders, e.g. NHSE, BSA, AHSN.

Colleagues can contact the NHSE/I team directly to set up an initial conversation. They can then support by providing information, contacts and by buddying up practices to help them avoid some of the pitfalls as they drive forwards.

Contact details for the NHSE/I team:

Andre Yeung - andre.yeung@nhs.net


Mike Maguire - mike.maguire2@nhs.net

Flu Vaccination – Additional Funding for Achievement

NHSE/I have confirmed that, to highlight the renewed focus upon flu vaccination services as part of national recovery plans, PCNs will receive additional funding for achievement at a network level between 70% and 77% for flu vaccinations provided to patients aged 65 and over. Points allocated to flu vaccination and also to cervical screening are doubled in 2020/21.

Flu Vaccination DES Specification

The Influenza and Pneumococcal Immunisation Directed Enhanced Service specification has been [amended and republished](#) to provide for additional new cohorts of patients to be vaccinated in general practice.



The new cohorts include household contacts of those on the NHS Shielded Patient List or of immunocompromised individuals, and health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users. It also covers a potential cohort of 50-64 year olds later in the flu season, depending on vaccine availability.

In addition, the specification requires that practices must include within at least one written communication to eligible patients offering vaccination, a request that the patient advises the practice of their ethnicity status if they have not previously provided this information to the practice and requires the practice to record this in the patient record.


We are collating links and resources for this year's flu programme on our website's guidance pages at www.humbersidelmc.org.uk/fluprogramme202021.

Update on NHS Property Services Legal Action

The BMA is supporting five GP practices who have started court proceedings against NHS Property Services (NHSPS) to clarify the basis on which NHSPS calculates service charges. Since 2016, many practices have received increasingly costly service charge demands from NHSPS. In defence of these expensive non-reimbursable charges, NHSPS had argued that it was moving to a "full cost" approach to the recovery of charges via a "consolidated charging policy". The BMA position was - and continues to be - that the consolidated charging policy cannot be unilaterally incorporated into the terms of individual practices' tenancy agreements.

NHSPS has filed Defences and Counterclaims in each of those claims. Within the five Defences, NHSPS has finally conceded that the consolidated charging policy has not varied the existing leases and that the service charges are not due pursuant to the policy. Supported by the BMA, the test claimants are now applying to the High Court to ask that it upholds their claims against NHSPS and issues declaration that the 'consolidated charging policy' does not form part of their tenancy.

Although such judgments would not automatically bind any GP practices beyond the five test claimants, they will be highly persuasive evidence that other GP practices in similar circumstances can rely upon when facing disputed demands from their landlord. You can read more about the case and the BMA's position in their [letter to practices](#).



GMS and PMS Regulations Changes from October 2020

The amendments to GMS and PMS regulations in England to commence from October have now been laid before Parliament and [published](#). These mainly bring into force elements of the GP contract agreement from earlier this year. The amendments include:

- Requirement for monthly data submissions to the NHS Digital Workforce Collection
- Requirement to participate in the existing GP appointments data collection
- Requirement for practices to ensure patient registration data is regularly updated
- Removal of patients who move outside of the practice catchment area: the practice is responsible for the patient's care for up to 30 days (unless and until the patient registers at another practice) but is not responsible for home visits or out of hours services during that period.
- A modification to make sure that patients who have previously been removed from a practice list and been put onto a violent patient scheme cannot be permanently refused readmission to a practice list if they have been correctly discharged from that scheme.
- Patient assignment to any practice within the patient's local CCG, rather than within the practice area.
- Patient assignment as part of a list dispersal
- An exemption to the ban on subcontracting a subcontract in order to allow PCNs greater flexibility to deliver the DES
- Final cancellation of CQC registration is a ground for termination of a GMS contract
- Other minor amendments to wording without significant change to the meaning

Extension of Fluoxetine Serious Shortage Protocols

DHSC has advised that the Serious Shortage Protocol for fluoxetine 10mg tablets is being varied to extend the end date, which was previously 11 September 2020. The end date for this SSP is now Wednesday 31 March 2021. Read more on the [NHSBSA SSP webpage](#).

Revised Network Contract DES Published

NHSE/I has now published the revised Network Contract DES materials on their website. This includes a [cover note](#), [amended 2020/21 Network Contract DES Specification](#) and [guidance](#). The BMA have summarised the changes [here](#).

GUIDANCE & RESOURCES

Remote Fit Notes

DWP has asked that GPs be reminded that as per previously agreed guidance they will accept fit notes that are printed, signed, scanned and e-mailed to patients. This advice has also been given to employers, who should also be accepting signed, scanned and emailed fit notes.

However, DWP is receiving a significant number of unsigned fit notes which they cannot accept and this results in inconvenience for both patients and GPs. Please remember that fit notes must be signed. Read more about remote fit notes in the BMA's [COVID-19 toolkit for practices](#).


Registering Patients Prior to Release from the Secure Residential Estate

GP practices have a contractual obligation to support patients prior to their release from the secure residential estate, as set out in the [NHS England Standard General Medical Services \(GMS\) Contract 2017/18](#). Practices are therefore asked to ensure that processes are in place to support this and information on how to do this [here](#).

The BMA's [guidance page on patient registration](#) has now been updated to reflect this clarification.

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 guidance sets out which pension tier to use, submitting the right forms, annualisation, the total rewards statement (TRS), the upcoming the upcoming PCSE portal and how to escalate complaints to PCSE. The webpage is [here](#).

Humber Phase 3 Plan

The final iteration of the Phase 3 plan for the Humber region, covering the period August 2020 – March 2021, has been published and a [PowerPoint guide](#) can now be downloaded. This plan has been developed over time with all partners. As part of this development, the Humber Partnership Board and the Humber Clinical and Professional Leaders Group have reviewed, confirmed and challenged all aspects of the plan. These comments have been incorporated into this final version.

GENERAL NEWS

Sending of Death Registration Documents

We have had a request from the Registration and Coroners Support Service for Hull to remind practices of the importance of timely submission of Medical Certificates of Death.

Whilst appreciating that everyone is having to work differently, the Registrar's office report that there have been a number of occasions where there have been delays in the Medical Certificate of Death being scanned through to their office.

The Coronavirus legislation provided for the use of scanned MCCD's; however it did not remove any of the primary legislation that Registrars work to. There is still a legal requirement for a death to be registered within 5 days of the date of death. This 5 day counting period is monitored by both local and the General Register Office. Any delay to registration can cause a consequential delay to funeral plans which in turn can cause avoidable stress and upset to bereaved families.

Registrars issue disposal paperwork to the funeral director at the time of registration and arrangements for a funeral should not be confirmed until the funeral director has received this paperwork; therefore a delay in registering means that this necessary paperwork is also delayed. Practices are therefore reminded of the importance of the sending documents promptly.

Practices are also asked to remember that the original MCCD still needs to be sent by post even after scanning.

Sessional GPs' Pay Scales and Parental Leave Survey

The BMA's Sessional Committee are conducting a [survey](#) to hear from salaried GPs in England, about their terms and conditions under the BMA's salaried GP model contract.

In this survey they are particularly focusing on pay and the provision of parental leave rights under the model contract. Your answers will inform work on reviewing salaried GPs' remuneration package and analysis may be used in negotiating discussions with NHS England. [Take the survey before it closes on 12 October.](#)

If you have any questions about the survey, please email info.pcs@bma.org.uk.

Social Prescribing Research Survey

A research project examining the role of social prescribing during the COVID-19 pandemic is appealing for GPs, link workers and other individuals associated with social prescribing to take part in a survey anonymously.

The study aims to understand the role of social prescribing during the pandemic and understand its effects on the resources available to the public. General practitioners, link workers and others involved in social prescribing are asked to detail their experiences and elaborate on the effects of the pandemic on their roles.

The survey is under the supervision of the University of Dundee and is estimated to take 10-15 minutes to complete. It consists of questions about your professional role and the changes in practice observed due to COVID-19.

An information sheet about the research can be downloaded [here](#) and the survey can be completed at <https://dundee.onlinesurveys.ac.uk/social-prescribing-during-covid-19-pandemic>.



GMC Fees and Maternity Leave

The aim of the GMC's [income discount scheme](#) is to assist doctors whose overall financial circumstances makes it more difficult to afford the full annual fee. However some doctors may miss out on the discount if their period of maternity spans two registration years, with the result that their income does not fall below the threshold in either year. The GMC will be undertaking a review of their discount scheme, as it recognises the need to allow all women on maternity leave (irrespective of the time of year their baby is born) to access a discount if their income falls below the threshold while they are on maternity leave.

In the meantime, the GMC will offer doctors a discount if they expect their income to be below the £32,000 threshold during a 12-month period that overlaps with their period of maternity leave. This discount is available for one registration year, so doctors will need to indicate on the [income discount application form](#) which year they would like the discount to be applied to. The GMC will be updating its information to reflect this interim change – for further information please contact the GMC directly (contact details are on the income discount application form).

Appraisal 2020


Following the suspension of appraisals at the end of March due to the COVID-19 pandemic, NHSE/I has together with the Academy of Medical Royal Colleges, GMC and BMA, agreed to a rebalanced approach that focuses on the doctor's professional development and wellbeing, and simplifies expectations around supporting information and pre-appraisal paperwork.

The appraisal will be simplified as far as possible, and [NHSE/I has written to responsible officers](#) asking them to take a flexible approach, aiming to begin reinstating appraisals by 1 October, with a view to resuming normal levels of activity by 1 April 2021.

Read more about 'Appraisal 2020' on the [Academy of Medical Royal Colleges website](#) and the BMA's full statement [here](#).

Cameron Fund Report

The Cameron Fund, the charity which supports GPs, has published a short report on the effect of COVID-19 on general practice. The fund has recorded an increase in new



applications in the first six months of 2020 of 47%. Read the report [here](#) and find out more about the work of the fund at <https://www.cameronfund.org.uk/>.

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.

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