

10<sup>th</sup> July 2020

## **Update on GP Services for 2020/21 (England)**

NHSE/I has released its next [letter regarding arrangements for practices for the rest of 2020/21](#). In summary the letter outlines:

- Continued suspension of appraisal and revalidation. GPC are working with NHSEI and others on a much more proportionate and supportive appraisal process and will provide details about this shortly
- QOF will recommence from 1 July (focussing on flu, prescribing, screening and maintaining registers, as well as modified QI indicators to focus on returning services to patients with cancer or learning disabilities) with income protection for those indicators that have not been prioritised for return, and an expectation that practices will discuss their approach to prioritising clinical care with the CCG. QOF guidance to support this approach will be produced very soon but in summary the points relating to influenza and cervical smear targets will be doubled to 58, the points for quality improvement (74), prescribing indicators (44) and disease registers (81) will remain the same and the other indicators (310) will have income protection. Income related to this element of QOF will be paid based on historic achievement. GPC are NHSE/I are working on how that will be calculated. Practices are encouraged to use their professional judgement in their management of patients with long term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements
- Practices should return to providing new patient reviews, routine medication reviews, over-75 health checks, clinical reviews of frailty, shingles vaccinations, and PPG arrangements
- The worklist process from CCAS will be maintained at 1 per 500 in order to ensure any local outbreaks and any second wave might be managed

without requiring further changes but as we know our local arrangements differ

- Friends and Family tests, and the requirement for consent for ERD remain suspended
- The Investment and Impact Fund will begin in October, but details of exactly what is to be delivered are still being discussed.
- DSQS will return from August for dispensing practices
- Encouragement for PCNs to continue with their recruitment (and provides further assurances around liabilities)
- Commissioners are encouraged to reinstate LES/LIS in an appropriate and controlled way
- Arrangements for local outbreaks should they occur
- Income protection and further funding implications are outlined, although further discussion on funding is ongoing

Further guidance will be provided in the coming weeks, specifically regarding appraisal, QOF and funding arrangements, following further discussions with NHSE/I.

### **Easing Lockdown Measures and the Need for Local Infection Data**

After Leicester became the first place in England to be placed in local lockdown due to a surge in infections, the BMA has issued a [statement](#) calling on the government to share timely, comprehensive and reliable information on local infection rates, confirmed cases and known instances of contact to all those involved with local government officials and public health leaders. Although weekly rates of infections per 100,000 people are published by Public Health England, this is not very easy for the public to find or interpret.

The BMA has urged Ministers to set clearly defined metrics of “trigger points” around infection rates so that a consistent, clear and objective approach to introducing local lockdowns can be applied and preventing a second spike.

### **GP Patient Survey Results**

The latest [GP patients survey results](#) have now been published by [Ipsos MORI](#). The report shows that the public continue to have a positive view of general practice, with the majority (82%) of patients reporting that they had a good overall experience of general practice, and 95% have confidence and trust in the healthcare professional they saw. It is worth noting that the survey was undertaken in January to March this year, and although it relates to the experience of patients prior to the current pandemic, GPs and practice teams have been working harder than ever to provide services to patients in one of

the most challenging times the NHS has ever seen in its history, and we should celebrate their remarkable achievements.

It is only with an increase in investment in general practice, including expanding the workforce, that GPs will be empowered to continue to develop and deliver innovative patient-focus services for both the short and long-term future of the health service.

A summary of the results is available in this [infographic](#).

### **Social Prescribing Link Worker Report**

The National Association of Link Workers has published a [report on Social Prescribing Link Workers](#), which raises issues about quality, safety and sustainability. In response to this, Richard Vautrey has said: "It's disheartening to hear that 29% of social prescribing link workers plan to leave in the next year due to a lack of clinical supervision and support, especially when we know how many patients and practices are already benefiting from their work. Social prescribing is a key and growing part of primary care though, which is why it's vital that they are provided with the training and support they need, but also that PCNs and practices are provided with the resources needed to provide appropriate clinical supervision".

### **RCGP Report - General Practice in a Post-COVID World**

The Royal College of GPs has published their report [General Practice in a Post-COVID World](#), which outlines how GPs will be on the frontline of dealing with the physical and psychological health consequences of the COVID-19 pandemic, and the need for urgent government planning and funding to prepare general practice services for facilitating the recovery of local communities.

It echoes GPC's recent report [Trust GPs to lead: learning from the response to COVID-19 within general practice in England](#), and supports GPC and LMCs call for a reduction in bureaucracy and regulation, and an increase in investment for digital technology to support the new ways of working and by doing so both improve access and work towards a greener way of delivering general practice.

Both GPC England and the RCGP are using their reports and the evidence of the experience of recent months in submissions to the Ministerial Working Group established as part of our 20/21 contract agreement to reduce the bureaucratic burden on general practice.

### **NHSE/I Bureaucracy Review**

NHS England and NHS Improvement and the government are reviewing how to reduce bureaucracy to free up frontline NHS staff and to improve your experience at work. They would like to hear directly from practice staff and managers specifically to better understand the things you spend time on which could be streamlined or removed, allowing you to spend more time with patients.

They are looking for expressions of interest to participate in a series of virtual focus groups in weeks commencing 20th and 27th July 2020.

If you would like to participate and find out more about the discussion topics, please contact the review team directly by noon Monday 13 July at: [england.gpbureaucracyreview@nhs.net](mailto:england.gpbureaucracyreview@nhs.net).

### **Clinical Guidance on Maintaining Immunisation Programmes During COVID-19**

Public Health England has published [Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19](#).

The advice for general practices, which is supported by GPC is that the routine immunisation programme should be maintained. This is in order to protect the individual patient, as well as to avoid outbreaks of vaccine-preventable diseases that could further increase the numbers of patients requiring health services. Non-scheduled vaccinations should still be given, e.g. for control of outbreak of vaccine preventable conditions as well as opportunistically, e.g. missing doses of MMR.

Discussions are ongoing with NHSEI about the forthcoming influenza immunisation campaign, including the significant logistical and PPE requirements that will need to be considered.

### **COVID-19 Care Home Support Service**

NHSE/I have published a [transition note](#) clarifying that under the COVID-19 care home support service training will be provided for personalised care staff.

### **Transition Between COVID-19 Care Home Support and the Care Homes Service in the PCN DES**

From 31 July 2020, the interim COVID-19 care home service will transition into the Enhanced Health in Care Homes service as described in the [Network Contract Directed Enhanced Service \(DES\)](#). GPC have agreed with NHSEI that to provide some continuity and stability the Network Contract DES will be amended so that when appropriate the clinical lead role for the service may, as now, be held by a clinician, other than a GP, with appropriate experience of

working with care homes provided this is agreed by the practices in the primary care network, the CCG and the relevant community provider.

### **Mental Health and Wellbeing**

The BMA has published a [new report](#) which warns of a mental health crisis as we emerge from the COVID-19 pandemic and outlines key recommendations for the Government to take, including the recruitment of more mental health staff. This follows the latest [tracker survey](#) which revealed high levels of exhaustion and stress amongst doctors.

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.

### **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.

Have a lovely weekend!

### **LMC Website**

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

[NHSE Performers List advice Note](#)

### **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  
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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**

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Lisa Luke, Representative R&B PM  
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### **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 – 10<sup>th</sup> September 2020  
Herefordshire – 22<sup>nd</sup> July 2020