

3rd August 2020

NHS England/Improvement:

“Third Phase of NHS Response to COVID-19”

NHSE/I have released their [Third phase of NHS response to COVID-19](#) letter today. It highlights the priorities for the NHS as a whole, including accelerating the return of non-Covid services, in particular cancer services, and Trusts are asked that they should ensure, working with GP practices, that every patient whose planned care has been disrupted by Covid receives clear communication about how they will be looked after, and who to contact in the event that their clinical circumstances change. A modified national contract will be in place giving access to most independent hospital capacity until March 2021.

The restoration of primary and community services is also seen as a priority and they state that “we recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible”. They encourage a focus on childhood and flu immunisations, cervical screening, building on the enhanced support practices are providing to care homes and reaching out to clinically vulnerable patients and those whose care may have been delayed.

CCGs are told to work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices are now expected to offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

The letter restates the commitment to increase the GP workforce by 6,000 and the extended primary care workforce by 26,000.

Transfer of Work

We are conscious that with new ways of working and increasing demand and limitations on all organisations as we enter the restoration phase of the

pandemic, practices are reporting increasing levels of workload transfer. We have made our views clear on this in our previous Statement on [Transfer of Work](#). In order to determine the extent of the problem locally we would be grateful if you could complete this [survey](#) for your practice in order to reflect your experience over the last three months by the end of August.

Practices are reminded that our LMC/CCG/Acute Trust joint letter regarding the responsibilities by primary and secondary care clinicians for the safe transfer of information about diagnostic results and tests still stands and has been recently circulated again to secondary care colleagues at the Acute Trust. The document can be accessed [here](#). Should you be experiencing inappropriate transfer of work we would advise that you use the [template letter](#) to highlight this to other providers.

Health and Care Workers to Self-Isolate on Return to UK From High-Risk Countries

The Department of Health and Social Care has [announced](#) that registered health and care professionals travelling to the UK from high-risk countries will be required to self-isolate for 14 days. The BMA have published [guidance and advice](#) for doctors planning to travel to or from countries that are considered a COVID-19 risk.

The current [list of countries](#) exempt from self-isolation measures is available on [GOV.UK](#). The data for all countries and territories is kept under constant review, and the exemptions list is updated with any changes on a regular basis as and when required to reflect the shifting international health picture. Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return.

Joint Statement on Performance Management Processes

A joint statement has been published on performance management processes which sets out a range of NHSEI commitments secured through discussions with GPC England. NHSEI have agreed to implement improvements to the performance management process for NHS GPs and support fair decision making among everyone involved in the handling of performance concerns.

The commitments include further work to increase early resolution and consistency of approach, improved performance management data capture and analysis, and a commitment to ensuring equal treatment of GPs with protected characteristics. [Read the full statement.](#)

Flu Programme

The Department of Health and Social Care has [announced their plans for this year's flu programme](#), which has been expanded to potentially include a new cohort of people aged 50 to 64, who will be eligible for free vaccination. The programme will also include households of those on the shielded patient list and for the school programme to be expanded to the first year of secondary schools.

GPC have been in discussions with NHSE/I about the delivery of the programme, including the operational issues, implications for PPE, vaccine provision and for additional funding to support the programme. Any decision on the delivery of the vaccination to 50- to 64-year-olds will be made later in the year and will depend on vaccine availability following the initial focus on those most at risk. The CMO's next flu letter outlining more details of the programme will be issued next week.

PPE Portal

Practices are reminded that you can register and place orders for PPE via the [PPE portal](#), which can be delivered within 48 hours, to ensure regular free supplies of PPE in advance of the winter and flu campaign. More information is available on the [DHSC PPE portal guidance page](#) and the portal customer service team can be reached on 0800 876 6802 for enquiries or registration support.

Shielding Guidance for Staff on Returning to Work

Shielding has now come to an end in England and those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' Read the BMA guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#), which sets out recommendations on ensuring staff can safely return to work.

Dispensing Services Quality Scheme

NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020; dispensing practices wishing to participate in the Scheme this year will need to inform their commissioner. Following further discussions with GPC England, NHSE/I plan to revise the scheme's requirement in relation to patient medication reviews this year.

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. Practices will also be able to undertake these reviews

remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

June Appointments in General Practice Statistics Published

Last week's [NHS Digital statistics](#) show that the number of appointments delivered by practices are continuing to rise, reaching the numbers we saw before the pandemic reached the UK. Practices are therefore working incredibly hard not only to deal with the continued impact of COVID-19, but also to provide other routine services as well as they are able to. This means continued use of triage arrangements to keep both patients and staff as safe as possible and using remote consultations where appropriate – both of which have been instrumental in general practice's response to the pandemic.

Matt Hancock, secretary of state for health and social care, talked about the use of remote triage in his [speech](#) last week about the future of general practice. GPC and LMCs feel that his suggestion that all appointments going forward will be remote by default must be approached with caution. Physical appointments will always be a vital part of general practice, and they continue to be necessary for many patients and the management of specific conditions. While GPs will always embrace new ways of working, being able to see patients face-to-face will remain a key aspect of primary care.

Extension of Self-Isolation Period to 10 Days

The Department of Health and Social Care has announced that the self-isolation period has been extended to 10 days for those in the community who have COVID-19 symptoms or a positive test result, stating that: 'In symptomatic people COVID-19 is most infectious just before, and for the first few days after symptoms begin. It is very important people with symptoms self-isolate and get a test, which will allow contact tracing. Evidence, although still limited, has strengthened and shows that people with COVID-19 who are mildly ill and are recovering have a low but real possibility of infectiousness between 7 and 9 days after illness onset. Read the full announcement [here](#).

Government Obesity Strategy

This week the Government published its [strategy](#) to tackle obesity.

The main policies outlined in the strategy include:

- A 9pm watershed on HFSS (food high in fat, sugar or salt) adverts on TV and online (with a short consultation on a total ban online) – to be brought in by end of 2022. Ahead of this, the Government will also hold a new short

consultation on whether the ban on online adverts for HFSS, should apply at all times of day.

- Restrictions on multi-buy and location promotions of HFSS in retailers and online. There will also be a ban on these items being placed in prominent locations in stores, such as at checkouts and entrances, and online. In the UK we spend more buying food products on promotion than any other European country.

- Calorie labelling in large out-of-home outlets. New laws will require large restaurants, cafes and takeaways with more than 250 employees to add calorie labels to the food they sell.

- Consultation on front of pack food labelling and calorie labelling of alcohol. The government will launch a consultation to gather views and evidence on the current 'traffic light' labelling system to learn more about how this is being used by consumers and industry, compared to international examples.

- Expansion of weight management services. Weight management services will be expanded so more people get the support they need to lose weight. This will include more self-care apps and online tools for people with obesity-related conditions and accelerating the NHS Diabetes Prevention Programme.

GPC will be discussing with NHSE/I the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. Primary care network staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. Separately, GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but the details on this are not yet clear.

Alongside the obesity strategy, DHSC launched a '[Better Health](#)' campaign, which announced prescriptions for cycling. We understand this initiative will commence in 2021/22 as limited pilots in a small number of areas with further information to be provided soon.

NHS People Plan Published

The [NHS People Plan](#) was published on Friday. The People Plan highlights several areas for improvement – a focus on wellbeing, research and education, equality and diversity and flexible working – and this is encouraging to see. Initiatives such as the appointment of wellbeing guardians, boosting the mental health workforce, tackling violence against staff, and improving occupational health standards will make an important difference to the lives of staff and the development of a more open and inclusive culture.

It is crucial that the plan factors in the wider demand now being placed on the NHS, and therefore the workforce, with a growing backlog of millions of non-

COVID patients who have not received care during the pandemic. Delivering this will require new resources; it is vital that the Government matches these ambitions with a transparent long-term costed funding plan that delivers these long-overdue changes.'

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

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.

LMC Website

The following guidance has been added to the LMC website www.worcslmc.co.uk this week:

[LMC Transfer of Work Statement July 2020](#)

[Secondary Care Workload Template](#)

[GP Charter v2.0](#)

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
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 Shaun Pike
Elgar House Surgery, Church Road, Redditch, Worcs. B97 4AB
Tel: 01527 69261 Email: spike@worcslmc.co.uk

VICE-CHAIRMAN: Dr David Herold
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP
Tel: 01386 444400 Email: d.herold@nhs.net

SECRETARY: Dr Gillian Farmer
St Stephens Surgery, (address and contact details as above)
Email: gfarmer@worcslmc.co.uk

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

BROMSGROVE: Dr D Pryke
Dr K Hollier

REDDITCH: Dr I Haines
Dr S Pike

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

WYCHAVON: Dr D Herold
Dr J Rankin
Dr R Kinsman

MALVERN: Dr P Bunyan
Dr B Fisher

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: Vacant (North)
Vacant (South)
First5 Rep: Dr M Venables

Practice Manager Representatives:

Helen Garfield, Representative WF PM
Lisa Luke, Representative R&B PM
Meryl Foster, Representative SW PM

IT Rep: Dr R Williams
Non Principals: Dr W Safdar
Clinical Directors: Dr K Ward

MEMBERS OF THE HEREFORDSHIRE COMMITTEE

CHAIRMAN: Dr Nigel Fraser
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB
Tel: (01432) 272285 Email: nigel.fraser@nhs.net

SECRETARY: Dr Richard Dales
Mortimer Medical Practice, Croase Orchard Surgery,
Kingsland, Leominster HR6 9QL
Tel. 01568 708214 Email: herefordlmc@btinternet.com

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

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 – 10th September 2020
Herefordshire – 9th September 2020