

5th October 2020

COVID-19: General Practice during the Second Wave

Following the experience of the last six months, GPC have developed proposals outlining the urgent measures needed to ensure general practice is protected and supported, as we move into the second wave of the pandemic. Implementing these proposals will be critical in enabling general practice to respond to the needs of our patients, not least whilst delivering the biggest flu programme ever and on top of previous and on-going workload and workforce pressures.

The proposals are based on the government's 'protecting the NHS to save lives' campaign and learning the lessons from the first wave, as well as what has been learnt from colleagues elsewhere. The main concerns include the increase in patient demand and workload shift from elsewhere in the NHS where services remain limited, and the insufficient financial support from NHSE/I and government.

Read the call for action to support general practice during the second wave of COVID-19 [here](#).

GMS Contract Amendments

NHSE/I has [written to practices](#) to outline amendments to the contract, as agreed in the last round of negotiations in February this year, as well as extending/amending some of the amendments that have been made in order to assist with managing the pandemic. The Friends & Family Test remains suspended, as does the requirement for individual patient consent for electronic repeat dispensing.

NHSE/I has listened to concerns raised and has relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. We

are aware that most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.

Some of the contractual agreements made earlier this year for 2020/21 implementation have been delayed due to the pandemic, but the ones that commence from 1st October include a contractual requirement for practices to participate in the Appointments in General Practice data collection, participating in the NHS Digital Workforce Collection, new measures around list cleansing and patient removal and assignment, as well as a relaxation of subcontracting arrangements for the PCN DES.

Supporting Effective Collaboration between Primary, Secondary and Community Care in England

As we know prior to COVID-19 the NHS was already struggling to cope with increased activity, capacity constraints and financial pressures. It now faces a huge uphill struggle to deal with the inevitable backlog of care that has developed since March. Tackling these challenges over the coming months will require effective collaboration between systems and clinicians across primary, secondary and community care. However, there are a number of barriers to making this happen, including high workload, the need to adapt physical spaces to prevent the spread of infection, lack of joined up IT, historic workforce shortages and a lack of consistent communication and trust between different parts of the health system.

Building on the work of the [BMA's Caring, Supportive, Collaborative project](#), GPC have published a paper which sets out what needs to happen to empower doctors to work together to tackle the backlog. The key recommendations include:

- Bringing together local clinicians to establish a local approach for how to review and process the backlog of referrals which helps to achieve effective prioritisation.
- CCGs should establish and increase the commissioning of locally based services for blood tests, ECG, spirometry, ultrasound or other diagnostic services in the community, and allow clinicians regardless of the care setting they work in to book these tests and monitor results.
- Investment in IT systems, especially in secondary care, which respond to the need of clinicians, including information sharing and an ability to continue remote consultation.

- Developing locally agreed joint prescribing budgets and open access to EPS to secondary care clinicians to enable them to issue prescriptions more easily using community pharmacy and so reduce GPs workload.

Read the report and full list of recommendations [here](#).

NHS Community Diagnostics Hubs

On Thursday, Professor Mike Richards presented the recommendations from his report [Diagnostics: Recovery and Renewal](#). The report was commissioned as part of NHS Long Term Plan implementation. However, in the context of the response to the COVID-19 pandemic and the re-start of NHS core services, the centrality of diagnostics to the NHS's ability to deliver patient care has come to the fore like never before. The report confirms that the last six months have underlined the need to change the structure of and increase diagnostics capacity. Professor Richards suggests improved clinical models – such as the separation of acute and elective diagnostics – which, along with additional investment, will enhance health outcomes for all patients.

The main recommendation of the report is the creation of *Community Diagnostics Hubs* which will both relieve the burden on primary care and acute hospital sites and provide patients with easier access to one stop diagnostic services. It will also lead to major efficiency gains in terms of procurement of diagnostic equipment, workforce and skills mix requirements, and savings for the NHS. GPC will continue to engage with NHS Diagnostics Board to ensure appropriate capital and revenue funding is provided for these changes that the report suggests.

In Worcestershire we were pleased to see the commitment made by our Acute Trust evidenced in the MPU in recent weeks. We hope that the Transfer of work survey has highlighted to the Trust the extend of this issue for practices:

NHS Pension Schemes Consultation

The Government is holding a consultation about [Public Service Pension Schemes: changes to the transitional arrangements to the 2015 schemes](#), with a deadline of 11 October. The BMA will be responding to the consultation, but is also urging doctors to make their own submission to the consultation. To help do this, the BMA has created a [template consultation tool](#), which is editable so you can outline your own experiences, while also emphasising the key points which we will believe will affect the majority of GPs.

Practice Rental Payments

There have been issues raised with GPC of some tenants of GP practices either decreasing, or threatening to decrease their rents. Tenants cannot unilaterally change the existing arrangements without due process and discussions, and to do so is not acceptable. The legal principle is that subject to the lease arrangements that are in place, no one party can unilaterally change the terms of the agreement and adjust the rent without agreement and without being transparent. Both parties must work together and the entire process must centre around collaboration, with both parties acting reasonably and responsibly in reaching any agreement.

Information for Patients regarding Flu Vaccine Supply

In response to requests from practices we have provided a guidance note for patients in order to explain why practices do not have enough flu vaccine at the current time. We think it is important to make it clear that this is not the fault of practices. Please feel free to use this as you wish. Please see the letter [here](#).

JCVI Advice on Priority Groups for COVID-19 Vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) has published [updated advice on the priority groups to receive COVID-19 vaccine](#). The committee has advised that vaccine should first be given to care home residents and staff, followed by people over 80 and health and social workers, then to the rest of the population in order of age and risk. The advice will continue to be updated as more information is available on vaccine effectiveness, safety and clinical characteristics.

GP Appointment Data

The link to the GP appointment data for August that we included last week was incorrect – it should be [this](#). The data showed that the number of appointments delivered by practices that month remained relatively stable, with the percentage of appointments delivered face to face having risen compared to previous months.

Notification of Suspected Covid or Positive Cases

As [COVID-19 remains on the list of notifiable diseases](#), practices are reminded that all registered medical practitioners, including GPs, have a statutory duty to notify any clinically **suspected** cases of COVID-19. They should not wait for laboratory confirmation to notify the cases.

The national testing system however will automatically notify PHE of a positive Covid-19 result and this should be confirmed by a message reading "PHE

informed. No notifiable disease notification needed". **Practices are not required to do anything further in these cases.**

If you have referred patients to the local CMS service in Worcestershire, they have agreed to notify PHE of these cases directly on your behalf.

Responding to the Death by Suicide of a Colleague in Primary Care: A Postvention Framework

The Louise Tebboth Foundation and the Society of Occupational Medicine have launched [a report which provides a framework to support primary care organisations](#) following the death by suicide of a colleague. The report draws on interviews with people working in practices who have personal experiences of a death by suicide within their team, and includes useful practical advice suicide postvention guidelines proposals to put appropriate support in place to help people and organisations recover.

Worcestershire Issues

Local Enhanced Service Claims for Q2 - Worcestershire

Many practices have expressed alarm regarding the CCG's recent request for local enhanced service claims based on actual activity from 1st July. We have raised these concerns on your behalf and have received confirmation from the CCG that when LES claims are received for Q2 the CCG will review the details of those and if any practices can demonstrate that they have been financially disadvantaged they will review the claim to ensure income is maintained up to 30th September.

Whilst we fully appreciate the need to provide a full range of services for patients over time as part of the restoration process, we did not feel that it had been communicated adequately to practices that payments based on actual activity would be the expectation for this quarter and it was not the LMC understanding of how payments would be made. We are grateful to the CCG for their continued support for practices which goes above and beyond what many other areas have offered primary care.

Patient Blood Requests

For GPs in the Worcestershire area, we are aware that GP practices are continuing to receive patient blood requests from Worcestershire Acute Hospital NHS Trust, in an effort to keep patients away from hospital in response to Covid-19. Worcestershire Acute Hospital NHS Trust has confirmed that they will complete the blood tests.

This means that all blood test requests need to be ordered in the consultant's name on ICE and performed in the hospital phlebotomy department, rather than asking GP colleagues to perform these tests.

Wellbeing

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

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.

BMA 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:

[Amendments to the GMS/PMS Contract](#)

[GPC Letter to Seb Hobbs re Pharmacy](#)

[LMC Letter to Patients re Flu Vaccines](#)

Other COVID 19 Resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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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.

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All 20 practices are represented at Committee Meetings

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**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 8th October 2020
Herefordshire – 28th October 2020