



25th August 2020

Dear Colleague

Please see below for your information our latest updates during the Covid-19 pandemic:

Cervical Screening Administration Service - Need to know briefing update, 10 August 2020

Following the successful Phase 1 transfer of the Cervical Screening Administration Service (CSAS) back to the NHS in August 2019, Phase 2 involves the allocation of a new telephone number, the staff relocation to NHS run buildings, and the move to working on NHS systems. From 19 August 2020, the **new telephone number for CSAS** will be **0300 124 0248**; the **postal address** will remain as PO Box 572, Darlington DL1 9AG.

As part of this second phase, CSAS will also be deleting all old email addresses on 31 August 2020 which link to Capita / PCSE. Final reminders to all stakeholders will be issued, reiterating that these mailboxes will no longer exist, and we would seek your support in ensuring the following correct email addresses* are used:

- CSAS.Enquiries-Leeds@nhs.net
- CSAS.Labs@nhs.net
- CSAS.Enquiries-Preston@nhs.net
- CSAS.Labs-Preston@nhs.net

The quickest and most efficient way of contacting CSAS is by completing an online form at <https://www.csas.nhs.uk/contact-us/> which helps the service get the information to the most appropriate person / team quicker than email and allows the prioritisation of more urgent work.

CSAS is now managed by NHS North of England Commissioning Support Unit (NECS) on behalf of NHS England and NHS Improvement. The service produces and sends out nine million invitation, reminder and result letters each year. They are sent to women who are:

- invited for their first cervical screening
- already in the programme and are recalled every three or five year, depending on their age, or,
- recalled more frequently, according to national protocols if previous tests have been abnormal or inconclusive.
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We thank you for your continued support as we complete phase 2 of the transfer of the service back into the NHS and look forward to continuing to work with you to deliver the national cervical screening programme.

* Lab email addresses – These are used by the laboratory when contacting the service about processing queries, amendments to results and general updates.
Enquiries email addresses – These are used by clinicians to notify CSAS of amendments that are required to an individual's screening record.

NHS Property Service legal action

As many of you will know, 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 the attached letter to practices.

Infection prevention and control guidance (UK)

Public Health England and the equivalent organisations in the devolved nations have now published [Guidance for the remobilisation of services within health and care settings](#) which sets out infection prevention and control recommendations. It re-emphasises that where possible services should continue to utilise virtual consultations and classifies general practice physical consultations as medium risk. PPE should therefore continue to be worn for all face-to-face contacts.

The guidance advises that for vaccination clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter is not necessary and staff administering vaccinations must apply hand hygiene between patients and wear a sessional facemask. More guidance relating specifically to the flu campaign will be issued shortly. In response to the publication of the guidance Dr Richard Vautrey of the BMA said: “At the beginning of the Covid crisis, many practices were forced to buy their own PPE or rely on donations from local schools and businesses, such was the woeful system of accessing supplies. We absolutely cannot afford a repeat of this as we seek to see more patients face-to-face, and especially as we deliver the biggest flu vaccination programme in recent history. GPs and their teams are resourceful, but this should not be relied upon as an excuse for not providing practices with the equipment they need to protect staff, and at a time when their priority, as always, should be on providing care for their patients.”

The BMA has now updated its [guidance on PPE for doctors](#).

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 for them 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 BMA challenged the GMC about this and following their intervention the GMC will be undertaking a review of the 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](#)).

BMA analysis of NHS England - phase three of the response to COVID-19

Following [NHS England's letter announcing the start of Phase Three of its response to COVID-19](#), the BMA has produced an analysis, which can be read [here](#), outlining what this means for doctors and for the health service.

The recent BMA [Trust GPs to Lead](#) report, sets out a range of principles and solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19. Elements of the phase three announcement reflect this and show the successful lobbying carried out by GPC England, such as the requirement for CCGs to increase the range of services available for self-referral in order to free up clinical time, and the recognition of the importance of in-person appointments within general practice, alongside the use of remote consultations. The BMA have also secured significant reform to annual appraisals that should benefit all GPs. However, it is important that NHS England acknowledges the ongoing pressure on primary care services and that the need to deliver services in as safe an environment as possible.

Mask exemption letters for air travel

The BMA are aware of some airlines that are still asking for letters from GPs for mask exemption. To restate the BMA's previous guidance, this is not required as per the [government advice on exemption cards](#), which states: "Those who have an age, health or disability reason for not wearing a face covering should not be routinely asked to give any written evidence of this, this includes exemption cards. No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering. Some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign. This is a personal choice and is not necessary in law."

New National Institute for Health Protection (England)

The Government has announced the [creation of a new National Institute for Health Protection \(NIHP\)](#) with immediate effect, whose primary focus is public health protection and infectious disease capability, and with a single command structure to advance the response to the

COVID-19 pandemic. It will bring together Public Health England and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre under a single leadership team.

In response to this, Chaand Nagpaul, BMA Chair of Council, said: "We already have public health expertise in this country which is of the highest quality but despite the hard work of our colleagues in the last six months, substantial budget cuts and fragmentation of these services over years have hampered the response to the Covid-19 pandemic. We must absolutely not allow PHE and its staff to shoulder the blame for wider failings and Government decisions." Read the full BMA statement [here](#)

Registering patients prior to their release from secure residential estate (England)

Practices have a contractual obligation as set out in the [NHS England Standard General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to support with registering patients prior to their release from the secure residential estate. GP practices are asked to ensure that processes are in place to support this, with information on how to do this [here](#). Plans are also progressing to enable patients to register with a GP in their place of detention in the same way as they register with a community GP. This change will enable a patient's general practice record to transfer to their place of detention, allowing clinicians working in these settings full access to the individual's medical record and history. This will be rolled out next year in a phased approach across England. BMA guidance will be updated to reflect this clarification and will be circulated as soon as possible to LMCs.

Mental health and wellbeing

The BMA continues 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. For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

Access the [BMA's COVID-19 wellbeing pages here](#)

BMA Covid-19 Guidance

We continue to regularly update our [toolkit for GPs and practices](#), which includes a large range of topics relating to COVID-19. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Guidance on risk assessments](#) which includes specific information for practices.

Read the BMJ article about the *Management of post-acute covid-19 in primary care* [here](#)
See this week's GP bulletin [here](#).

Kind regards
The Kent Local Medical Committee