

LMC Update Email

10 July 2020

Dear colleagues

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. We 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. We are working on how that will be calculated. We would encourage practices 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
- 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 (England)

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. Read more about the case for decisive action to protect lives as lockdown is eased in the [Focus blog](#) by the BMA Chair of Council, Chaand Nagpaul. This was reported by [Pulse](#)

Easing lockdown (Devolved Nations)

The Scottish government has announced that the two-metre social distancing rule will be kept and wearing face masks will become mandatory in shops in Scotland from 10 July. This is in line with the [BMA's position](#) that face masks must be worn in any space where social distancing is not possible.

This followed a recommendation made by the Welsh Government that three-layer face coverings should be worn in all areas where social distancing isn't possible, which was welcomed by [BMA Cymru Wales](#).

BMA Northern Ireland had previously responded to the [Northern Ireland Executive's](#) decision to reduce their social distancing requirement to one metre by stating that this change could only be acceptable if people are recommended to wear appropriate face coverings in all indoor spaces outside of their own homes and in all public places where they might come into contact with others at less than two meters' distance. The BMA Northern Ireland team followed this up with [a statement](#) last urging people to use common sense as pubs re-opened.

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. Access a summary of the results [here](#). This was reported by [GPonline](#)

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, I 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”. Read more on the [NALW website](#). This was reported by [GPonline](#).

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 our recent report [Trust GPs to lead: learning from the response to COVID-19 within general practice in England](#), and supports our 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 our 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.

This was reported by the [Times](#)

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.

The NHSE/I team leading this work also plan to also engage with LMCs to seek their expertise and will be liaising with us to make contact with individual LMC representatives on GPC England's LMC reference group.

NHS Health Check: Restart Preparation (England)

Public Health England has published a document [about restarting NHS Health Checks](#), which advises that the previous advice by NHSE/I to stop NHS health Checks during the pandemic, expires on 31 July 2020. The decision on when to restart NHS Health Checks is one for local authorities to take and we would encourage LMCs to discuss this with them. This is not something that GPC England was consulted on, and we have raised our concerns directly with Public Health England.

Faulty PPE

As we reported last week, a product recall notice has been sent to practices and care homes with safety warnings, notices for destruction and distribution stoppages for Cardinal Surgical masks. Read the full BMA statement [here](#)

Practices are reminded that they can obtain PPE supplies via their supplier of the original stock or the Local Resilience Forum (LRF). Practices can also place register and orders via the [Portal](#), which can be delivered within 48 hours.

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.

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 we support, 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.

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

Patients being redirected to NHS111

There have been reports that some patients with COVID-19 symptoms are being redirected to NHS 111 by their GP practice when calling for advice in hours. Practices are reminded that this is not appropriate and if a patient who calls/attends the practice is symptomatic they should be assessed rather than redirected to NHS111. This is to prevent unwell patients deteriorating due to delays in accessing medical help.

If a patient needs an antigen test, they can be directed to the dedicated number of 119. More information about coronavirus testing is available [here](#).

The [latest version of the SOP](#) includes a flowchart on the interface between NHS111, CCAS and GPs.

Judicial Review against the Northamptonshire safeguarding partners

The BMA recently applied for Judicial Review against the Northamptonshire safeguarding partners (Northamptonshire County Council, the Chief Constable of Northamptonshire, Nene and Corby CCGs). We argued that the safeguarding partners had failed to discharge various statutory obligations in publishing their Local Safeguarding Arrangements Plan. The Plan was deficient because it did not specify what sum the Defendants had budgeted to meet the cost of GPs' work on safeguarding cases, including the production of safeguarding reports and attendance at safeguarding conferences.

Unfortunately, the Judge found against the BMA and dismissed the application. However, he did make a number of very helpful comments which clarify GPs' rights in this area and the BMA will continue to demand appropriate arrangements at the national level to ensure safeguarding partners around the country comply with NHS England's requirements for GPs to be paid for their safeguarding work. The BMA will be appealing to the Court of Appeal. This was reported by the [BMJ](#)

GP mobilisation priorities in Scotland

Scottish GPC and the Royal College of GPs (Scotland) have jointly published the attached document on GP mobilisation priorities in Scotland, which outlines the priorities for general practice and wider primary care following the COVID-19 pandemic.

GP appointment data (England)

The [GP appointment data](#) published last week, showed a large increase in remote consultations during lockdown - 48% of GP appointments in May were carried out over the telephone, compared with 14% in February. In response to this I said: "There has been a massive change from the vast majority of consultations in general practice taking place face to face, to now the vast majority taking place by telephone or increasingly by video consultation". This was reported by the [Guardian](#)

NICE indicators consultation

The National Institute for Health and Care Excellence has published a [consultation on proposed new QOF indicators](#), on vaccinations and immunisations, obesity and cancer, which we will be submitting a response to (deadline is 15 July). This was reported by [Pulse](#), [Pulse](#) and [the Mirror](#)

COVID-19 care home support service (England)

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 \(DES\)](#). We 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. David Wrigley, BMA deputy chair of council and former member of GPC, spoke to [BBC Radio Lancashire](#) (about 7.10am)

Read the BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

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

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:

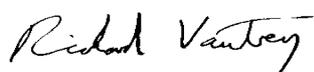
- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Guidance on risk assessments](#) which includes specific information for practices.

For further information, see the BMA's **COVID-19 Webpage** with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#).

See this week's GP bulletin [here](#).

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee