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CORONAVIRUS

Updates and Guidance

We're continuing to update our guidance page www.humbersidelmc.org.uk/coronavirus, including our FAQs which answer some of the questions we have been asked by practices. Look out for our weekly coronavirus update, issued on a Friday.

We are working hard to prioritise and respond to your calls and queries as quickly as possible with the resources we have available. Some responses to queries will be provided in our FAQs whilst others might take a little longer or unfortunately have to take a lower priority at this time. Please do keep in contact with us and let us know when you need help.

Your Wellbeing

Please take time to consider your own wellbeing and that of other staff in the practice. There's a wide range of services and resources listed on our resilience page at <https://www.humbersidelmc.org.uk/resiliencegpsandpracticemanagers>.

In this month's newsletter you will find details of opportunities which we're able to make available virtually in the current restrictions: [Resilience for Practice Managers Webinar Workshop Series](#); and [GP-S Mentoring and Support for GPs](#). Full details below.

Elsewhere in this newsletter there is news on [services for general practice staff recently launched by NHSEI](#) including coaching, a helpline and webinars.

TRAINING, EVENTS & OPPORTUNITIES

Resilience for Practice Managers - Webinar Workshop Series

Working with Beyond Coaching, we are offering FREE virtual workshop type sessions to Practice Managers. These will use effective coach-approach tools to help increase resilience, reduce stress and anxiety and help to improve thinking. Two further workshops are on Thursday, 7th May and Thursday, 14th May. For further information and to book, please follow the link <https://www.humbersidelmc.org.uk/lmceventstraining>

GP-S Mentoring and Support for GPs

Our mentor offer of up to four, free of charge, two hour sessions, for GPs is now being delivered virtually. Further information is available on our website at

<https://www.humbersidelmc.org.uk/freementoringforgps>

In addition, a Rapid Access Support service will launch on May 1st 2020. The scheme will provide the opportunity for GPs to offload and share their emotions in confidence with a peer who can signpost them to available resources. Each GP will have access to shorter, flexible 30 minute sessions totalling a maximum of up to 4 hours of support.

Both schemes are accessed by contacting GP-S directly by visiting www.gp-s.org and completing the online contact form, by emailing contact@gp-s.org or by telephoning 0115 979 6917.

Request for GPs to Support NHS111 CCAS

NHSEI have developed a national COVID-19 Clinical Assessment Service (CCAS) and are asking for GPs to help with it. The service has been set up to manage patients who need to speak to a doctor after contacting NHS111 and support patients to care for themselves at home, as a result helping to relieve the growing pressure on practices.

This is an important service that will help support practices particularly as case numbers increase in the coming weeks. They are seeking GPs who are on the Performers List and currently work as salaried or as a GP partner and who can offer to work remotely with shifts available 24/7. Find out more in the [NHSEI Primary Care bulletin \(3 April\)](#) and sign up [here](#).

GMC Temporary Registration Expanded

[The GMC has now granted temporary registration](#) to additional doctors under its emergency powers so that they are able to help with the coronavirus pandemic. An additional 18,800 UK-based doctors will be given temporary registration or have their licenses returned and will be able to work if they choose to. These include a further 12,000 doctors with a UK address who are GMC registered, but who do not currently hold a licence to practise, and nearly 6,800 doctors with a UK address who gave up their registration between three and six years ago (2014–17). This follows the earlier registration of around 15,500 doctors who had given up their registration or licence to practise within the last three years.

The BMA advise that due to the overwhelming number who have applied to get involved, there have been delays to returners being added to the system after relicensing and they are working with NHSE/I and government to encourage them to speed this process up as much as possible.



More information from the GMC is available [here](#). The BMA has produced guidance for retired doctors returning to work, available [here](#).

Individual Coaching Support for Primary Care Staff

NHSEI and RCGP have developed individual coaching support service for clinical and non-clinical primary care staff which is available by video link or telephone with highly trained, experienced coaches. The aim is that this will provide staff with opportunities to process experiences, develop coping skills, deal with difficult conversations and develop strategies for self-management in difficult circumstances. Primary care staff can register and book individual coaching [here](#). This service complements the wider range of health and wellbeing resources launched at www.people.nhs.uk.

NHSEI Health and Wellbeing Offer for NHS Staff

NHSEI have launched a package of support for NHS staff which includes:

- A [suite of free guides and apps](#) offering support via guided meditation, tools to reduce anxiety and help with sleep problems.
- A [wellbeing support helpline](#) (including coaching, bereavement care, mental health and financial help) on 0300 131 7000, or alternatively, you can text FRONTLINE to 85258 for support 24/7.
- [Wellbeing webinars](#), including further details on the national NHSE/I offer. The sessions will be held every Wednesday between 4pm and 5pm. Previous sessions are recorded.

CLINICAL ISSUES

Joint Statement on Advance Care Planning

A [joint statement has been issued by the BMA, RCGP, CQC and the CPA](#), about the importance of continuing with advance care planning during the COVID-19 emergency. For those patients who are at greater risk of developing severe illness from coronavirus, discussions about their wishes and preferences with regard to future care and treatment has taken on increased importance.

When developing advanced care plans with patients, practices should adhere to some key principles:

- Careful consideration needs to be given to which patients may specifically benefit from
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having these discussions at this time, based on relevant clinical factors.

- All discussions must be tailored to the individual circumstances of the patient.
- It is unacceptable for blanket decisions about advance care plans, and decisions about do not attempt cardiopulmonary resuscitation (DNACPR), to be applied to particular groups of people.
- Care needs to be taken when considering how patients are first contacted with a view to initiating these discussions.
- Discussions need to be managed sensitively and compassionately, ensuring that patients understand why they have been contacted and what they are being invited to do.
- When discussing the possible treatment options in the event of them becoming ill with COVID- 19, it is important that patients are not given the impression that decisions about access to intensive treatment will be made on the basis of their age or disability. It should be made clear that every patient will be considered individually based on clinically relevant factors, such as their physical ability to benefit from the complex and demanding treatment provided in intensive care.
- Whilst patients should be encouraged to think about their wishes for future care and treatment, they must not be put under pressure to do so, or to reach a particular decision.

JCVI Statement on Immunisation Prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) has published a statement on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease during the COVID-19 outbreak. This will provide important protection to children and other vulnerable groups and will also avoid increasing further the numbers of patients requiring health services because of vaccine-preventable diseases. Read the full statement [here](#).

PRACTICE MANAGEMENT

Contract Changes

Annual contract changes were made on 1 April. Whilst most of the requirements have been suspended, funding guarantees have been provided. Global sum will increase to £93.46, and the new value of a QOF point will be £194.83. Other measures will also come in, but practices will rightly be focussing on COVID-19 issues rather than contractual requirements.

The BMA have guidance on their website [Covid-19: your terms and conditions](#).

PCN DES Guidance

The [revised PCN DES](#) commenced on 1 April 2020. Given that the climate and the pressures have changed significantly since the original specifications were agreed, the focus of the PCN DES is now to mainly support practices to increase their workforce and deal with COVID-19 and many elements of the DES have been suspended. GPC England has produced [this guidance](#) to support practices to work together locally by navigating the DES in a straight forward way.

N3i Information Governance and Data Protection Officer (DPO) Service

Information is available on new services offered to practices by N3i. Download the following briefings for details:

[Information Governance service](#)

[Data Protection Officer service](#)

Contact the N3i service desk to discuss these services on telephone 0300 002 0001 or email N3i.support@nhs.net

Subject Access Requests and Covid-19

N3i have issued brief guidance on this issue which summarises the ICO's approach during the pandemic and offers advice to practices on dealing with SARs at this time.

[Download the guidance.](#)

DHSC Notification to Organisations to Share Information

The Secretary of State has issued four notices under the Health Service Control of Patient Information Regulations 2002 (COPI) requiring organisations including GP Practices to process information. These COPI notices require that data is shared for purposes of coronavirus, and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus.

Further information can be found in this [N3I notification](#).

Practice Expenses for Bank Holidays

The BMA, working with the Association of Independent Specialist and Medical Accountants



(AISMA), have produced a template that practices in England can use to claim for the expense of opening as normal on Bank Holidays. This includes staff expenses, salaried GPs, locum (up to maximum rate), partners, and an amount to cover daily non-staff expenses. Access the template [here](#). CCGs have also issued similar templates and advice on reclaiming costs for additional work to review patient records for a shielded patient categorisation as required by NHSE.

This [list of Covid-19-related expenses](#) has been developed by the LMC as a guide for practices that we consider appropriate to seek reimbursement for from CCGs.

NHS111 CCAS Appointments Update

The NHSEI preparedness letter of 14 April 2020 highlighted that all practices in England must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service. This replaces the previous requirement to make 1 in 3000 appointments available for NHS111. CCAS has been established to help reduce the pressure on practices by providing direct support for patients with suspected COVID-19. Patients directly booked by NHS 111 will not be given a specific appointment time but added to a practice list as these are not 'traditional' appointments. Practices should then deal with these patients based on their priority and need.

GUIDANCE & RESOURCES

Covid-19 and Safeguarding

RCGP have issued new guidance including practical tips on safeguarding children, families, and vulnerable adults during the pandemic.

The guidance can be found on the [RCGP resource hub](#).

Medicine Supply Issues Update March & April 2020

This report has been produced by the Department of Health and Social Care (DHSC) Medicine Supply Team. This information is confidential to the NHS; please do not upload to websites in the public domain. Please do share with relevant colleagues and networks.

[Download the March and April 2020 update.](#)



GENERAL NEWS

GP Trainees on Tier 2 Visas

The Government has announced that [Doctors, nurses and paramedics with visas due to expire before 1 October 2020 will have them automatically extended for one year](#). This is particularly relevant for GP trainees with on tier 2 visas which will expire at the end of their training (August 2020 for most).

GP Induction and Refresher Scheme and International GP Recruitment Scheme

New regulations have been published which enable medical practitioners who are not on the performers list to provide GP services during the pandemic. Those on the GP Induction and Refresher (I&R) or International GP Recruitment (IGPR) schemes, can also use the Fast Track COVID-19 application process to seek approval to be added to the Performers List for the duration of the COVID-19 crisis.

Some doctors who had been pursuing the I&R and IGPR routes into general practice had been left unable to work due to the cancellation of the MCQ and Simulated Surgery Assessments.

The online application form can be accessed [here](#) while questions about the application process should be directed to the NHS England national team using england.ftc19@nhs.net. NHS England will be contacting all scheme applicants and inviting them to make a Fast Track application.

If a doctor decides to pursue this route they must continue with their standard application alongside the Fast Track process. The evidence obtained during the COVID-19 period may be used to support full inclusion on the Performers List. While this may negate the need for any additional assessment or supervised placement, some doctors may be asked to complete the standard programme when the COVID-19 crisis period is over.

The Fast Track route will only be available to doctors who are considered by Health Education England / NHS England leads to be safe to start a clinical placement without completing the MCQ and simulated surgery assessments. The Fast Track process is also open to applications from MoD GPs, performers on the respective lists in Wales, NI, Scotland, Isle of Man and the Channel Islands, private GPs and NHS GPs who wish to return to work as a general practitioner having been off the performers list for more than 5 years.

GP Retention Scheme

NHSEI has extended the relaxation of the maximum number of in-hour sessions retained GPs can conduct until further notice so they can contribute to the COVID-19 response. For the retained GPs due for their scheme annual review, CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

Retained GPs are encouraged to contact their HEE local scheme leads if they require any support.

Laptops for Use in General Practice

NHSEI has now confirmed that 9,500 laptops have recently been sent to CCGs for use in general practice, and 13,000 more laptops to be sent over the next few weeks. Practices should contact their CCG to request a laptop when this is needed.

Returners Guidance

Both the BMA and the RCGP have produced guidance for colleagues returning to the general practice workforce in response to COVID-19. The guidance aims to help returners identify the types of roles which are right for their own personal skills, abilities and preferences, and to provide a high-level guide on how to return to the workforce, including by directing returners to relevant guidance from government and other organisations.

[BMA guidance – Covid-19: retired doctors returning to work](#)

[RCGP guidance: returning to general practice](#)

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