



Update from the Consortium of Lancashire & Cumbria LMCs

Monday 3rd August 2020

Coronavirus (COVID-19) update

Third phase of NHS response to COVID-19

NHSEI have released their [Third phase of NHS response to COVID-19](#) letter. It highlights the priorities for the NHS, including accelerating the return of non-COVID services, in particular cancer services. 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 and Trusts should ensure their e-Referral Service is fully open to referrals from primary care.

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 practices to expand the range of services to which patients can self-refer, freeing-up clinical time. Practices are now expected to offer face to face appointments 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.

Health and care workers to self-isolate on return to UK from high-risk countries

On last week’s LMC Brieflet we put out advice on Health care professionals being exempt from quarantine following returning from countries not on the travel corridor list. This advice has now changed and 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.

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.





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Joint statement on performance management processes

The BMA GPC have published a joint statement 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.](#)

Shielding guidance for staff on returning to work

Shielding came to an end on 31 July 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.

Please note GPs are not required to issue fit notes for those previously required to stay at home and to protect a family member. Please [see attached letter](#) you can give to patients requesting fit notes in this regard.

Dispensing Services Quality Scheme

NHSEI 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 CCG. NHSEI 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 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

[NHS Digital statistics](#) show that the number of appointments delivered by practices are continuing to rise, reaching numbers 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.





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Support for doctors affected by discriminatory pension scheme changes

The Government has opened a consultation on changes to the transitional arrangements to the 2015 schemes after conceding that the protection offered to older members resulted in unlawful age discrimination. Following legal cases brought against the Government, they have conceded that the protection offered to older members when introducing new public sector pension schemes resulted in unlawful age discrimination.

The BMA brought legal cases on behalf of its members which are currently on hold. However, similar protection to older members was offered when the NHS 2015 career average revalued earnings scheme was introduced and as such this is also likely to amount to unlawful age discrimination. It is important to note, however, that it was the offering of protection to older members rather than the introduction of the new scheme that is unlawful.

To remedy this age discrimination, the Government has released a consultation proposing two options for the period in which the discrimination occurred (1 April 2015 to 31 March 2022). The consultation outlines that the likely solution to rectify this discrimination is to offer affected members the choice of whether they are transitioned to the 2015 scheme or remain in their legacy scheme (1995/2008) for the remedy period. After the remedy period, all scheme members are likely to move to the 2015 scheme, probably in April 2022.

The BMA will be making a considered response to the consultation in due course. The deadline for the consultation is 11 October 2020. In addition, the BMA will continue with its own legal case to ensure members are fully supported. Read the BMA [statement](#). Read the [consultation](#).

DDRB pay award

The BMA made clear to the Government that it is unacceptable that the 2.8% pay uplift award for senior hospital doctors, has not been applied to GP partners or junior doctors who have long term pay deals in place which were agreed before anyone could have predicted the impact of the COVID-19 pandemic, nor the financial pressure it would put practices under, and this must be rectified.

Dr Richard Vautrey, Chair of the BMA GPC, along with Dr Sarah Hallett, chair of the BMA junior doctors committee, have [written a letter](#) to Matt Hancock expressing the hurt and disappointment which GP partners and junior doctors are feeling when they have contributed so much to the nation's health and wellbeing during this time of national crisis. BMA council chair, Chaand Nagpaul, is meeting health secretary Matt Hancock to also strongly make that case and to firmly outline the reality of the significant and vital contribution of GP partners and junior doctors during the COVID crisis. Read the BMA's full response to the DDRB report [here](#).

The BMA GPC have updated [their salaried GP pay ranges webpages](#) following the DDRB uplift announcement, along with guidance on how practices should apply that uplift.

ST to GP: A whole new financial world – Please [see attached invite](#). Please share with GPSTs.





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Extension of self-isolation period to 10 days

The DHSC 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. The BMA GPC have considered how best to target interventions to reduce risk to the general population and consider that at this point in the epidemic, with widespread and rapid testing available and considering the relaxation of other measures, it is now the correct balance of risk to extend the self-isolation period from 7 to 10 days for those in the community who have symptoms or a positive test result. This will help provide additional protection to others in the community. This is particularly important to protect those who have been shielding and in advance of the autumn and winter when we may see increased community transmission. Read the full announcement [here](#).

Government obesity strategy

The Government has published its [strategy](#) to tackle obesity. The BMA has long campaigned for government to hold industry to account as its main policy on obesity, rather than asking the public to shoulder the bulk of the responsibility. The BMA have done this both as an individual organisation, and as part of the Obesity Health Alliance. The BMA will be discussing with NHSEI the potential of QOF indicators for 2021/22 relating to obesity which NICE recently consulted on. PCN staff will also have the opportunity to become 'healthy weight coaches' though training delivered by PHE. GPs will also be encouraged to prescribe exercise and more social activities to help people keep fit, but details on this are not yet clear. In the BMA's submission to that consultation they emphasised that the indicators would need to accurately reflect the role of GPs in the wider healthcare system when it comes to obesity, and that weight management services must be significantly ramped up to ensure accessibility. These will form part of negotiations later in the year.

Alongside the obesity strategy, DHSC launched a '[Better Health](#)' campaign, which announced prescriptions for cycling. It is understood that this initiative will commence in 2021/22. We will keep you updated on this.

NHS People Plan

The [NHS People Plan](#) was published last week. The People Plan highlights several areas for improvement that the BMA has been calling for – 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. The BMA will continue to work with Government to bring about real change for the better in these areas.

The BMA GPC are concerned that the rhetoric in the NHS Peoples Plan does not match the reality of recent experience for GPs, with respect to the DDRB award, lack of access to occupational health services to support risk assessments and significant delays in releasing the COVID-fund to help practices in their pandemic response. The Government and NHSEI must do much more to demonstrate their support for the general practice workforce.

