



Update from the Consortium of Lancashire & Cumbria LMCs

Monday 9th November 2020

Press release: Local General Practice - Providing Services to Patients during COVID

Following on from the survey we sent out on the picture of General Practice, we sent the [attached Press release](#) to Newspaper outlets and radio stations across Lancashire & Cumbria to raise awareness of the pressure that GPs are under.

As a result, so far, we are pleased to have been offered two interviews from local radio stations wishing to highlight the current situation facing GPs. Peter Higgins has been interviewed by Rock FM News and we are looking forward to working with BBC Radio Cumbria very soon. We will ensure to keep you updated on any further media coverage and welcome your feedback.

Thank you again for all your responses to our recent survey. You may recall we have shared practice feedback with local MPs, some of whom are keen to engage and better understand what you are facing on the ground.

Messages of thanks to General Practice

Following the lack of appreciation of General Practice, both by Government and the media, General Practices have now received some welcome messages of thanks.

In last week's [press briefing by the Prime Minister](#), Sir Simon Stevens, Chief Executive of NHSE, said "we are doing very well thanks to the brilliant work of GPs in expanding the flu vaccination uptake this winter which is so important given that if you have flu and coronavirus at the same time you're twice as likely to die from coronavirus than you otherwise would, that's why it's so great that 2.5 million more people have had their flu jab this time this year compared to the same time last year".

In addition, Jo Churchill, health minister in England with responsibility for primary care, has written a letter of thanks to GPs and practice staff for their work throughout the pandemic. She also highlighted the high workload in the health service and how grateful she is for the efforts GPs and all practice staff continue to make to support patients. Read the full letter [here](#).

RCGP campaign - General practice is open

The Royal College of GPs has launched a [campaign to make it clear to patients that General Practice is open](#) and that services are available, albeit being delivered differently than usual in many cases. The RCGP is urging patients, if sick, to continue accessing General Practice, and other NHS – care, throughout the second national lockdown.

They have produced downloadable resources for GP practices across the UK to support GPs to get the message out to patients about Practices being open, and how they can expect care to be delivered. These can be shared on practice websites, social media or any other channels.





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COVID-19 vaccination

Last week, GPCE and NHSEI agreed a DES for General Practice to lead the delivery of the COVID-19 vaccination programme which will be ready for the beginning of December. The rollout of the campaign will be dependent on when vaccines are approved and delivered to surgeries.

The first vaccinations likely to be available will require significantly different arrangements to the flu campaign but the BMA GPC believe GPs and their teams are uniquely placed to deliver this vitally important programme to ensure that their communities are properly protected from the virus. With their proven track record in delivering large scale vaccination campaigns, such as this year's flu programme, they are the right people to be leading this COVID vaccination drive.

Practices will be able to choose to take part in the programme, and if they do will need to work together in their local area, initially with vaccinations taking place at one site – most likely a nominated practice.

The BMA GPC are aware of the scale of the task. Not only is this a complex vaccine, a campaign of this magnitude will be a huge undertaking for practices already struggling to cope with the impact of the pandemic as well as supporting the large number of patients with other healthcare concerns.

At the time of writing this, the LMC is still awaiting further details of the DES specification. We will continue to be involved in local discussions in planning to enable practices to deliver the programme successfully, should they wish to participate and will offer further update as and when this is possible

Read more in the BMA [press statement](#). We will keep you updated on further details.

Second lockdown in England

As of 5 November, the government introduced [new national restrictions in England](#), until 2 December, to help control the spread of COVID-19. The following measures will be put in place:

- Staying at home, except for specific purposes, such as education, work (if you cannot work at home) or exercise
- Continue social distancing and preventing gathering with people you do not live with
- Closing certain businesses and venues

A number of public services will remain open, including GP surgeries and hospitals, and people are allowed to leave home to visit them if they need any kind of medical care. The BMA has welcomed the decision to put England into a second lockdown amidst the threat that that the NHS would be overwhelmed if nothing was done, but it is regrettable that warnings from SAGE were not actioned on sooner. Read the BMA statement [here](#)

BMA council chair, Chaand Nagpaul appeared on several BBC news bulletins welcoming the news of the new England lockdown. The BMA statement on the national lockdown was included [ITN online](#) and [Mail online](#).





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Hospital and Out of Hospital Joint Cell Briefing - 6th November 2020

Please [see attached Hospital and Out of Hospital Joint Cell Briefing](#) from Lancashire and South Cumbria ICS.

Protecting clinically extremely vulnerable patients (formerly shielding)

Following the announcement of a second lockdown, the Government has updated their [guidance for people who are clinically extremely vulnerable](#) alongside the new national restrictions.

NHSEI has [written to practices](#) to inform them of the new arrangements and although shielding is not being reintroduced as before, two additional groups have been added (adults with stage 5 chronic kidney disease and adults with Down's syndrome).

Patients who are on the shielding list will receive notification directly from government about what they should do. The [letter to the patients](#) also states that a copy of the letter is sufficient to give to an employer as evidence for SSP purposes should that be required. Patients in this situation should, therefore, not need a fit note issuing by the practice.

Practices are also asked to review any children and young people remaining on the Shielded Patient List (SPL) and, where appropriate, remove them from the Shielded Patient List. Read more in our updated [guidance Protecting clinically extremely vulnerable patients](#)

Medicines home delivery service

The Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service have been commissioned for those identified as clinically extremely vulnerable on the shielded patient list for the national lockdown period, which means that all pharmacies and dispensing doctors in England will again be required to ensure patients on the Shielded Patient List receive their medicines at home.

Read more in this [letter to pharmacies and dispensing doctors](#) and in the [service specifications](#)

Temporary approval to suspend the need for signatures on prescriptions

The Secretary of State for Health and Social Care has approved [a temporary measure in England to help limit the transmission of coronavirus by suspending the need for patients to sign prescriptions](#) until 31 March 2021, to avoid cross contamination and help minimise the handling of paperwork when collecting medicines.

Patients are still required to either pay the relevant charge or prove their eligibility for an exemption from charges. Where patients are exempt from charges, the dispensing contractor will mark the form on the patient's behalf to confirm the patient's entitlement to exemption and, where applicable, to confirm that the patient's evidence of eligibility has not been seen. Read more [here](#)





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Workload prioritisation during COVID-19 pandemic

In response to the pandemic and rising workload pressures the BMA have prepared [joint guidance](#) with RCGP to help practices prioritise the clinical and non-clinical workload in general practice.

The document covers current RCGP/BMA guidance on COVID-19 response levels. It also highlights that GPs ensure any reprioritisation of clinical and non-clinical workload, is based on clinical judgement and informed by experience gained during the first wave of this pandemic.

PCR COVID testing

NHSEI announced in their latest [primary care bulletin](#) that NHS Test and Trace is making PCR COVID testing available on a voluntary basis for self-administration, following a number of pilots in practices over recent weeks. This will be a supplementary option for practices *and does not replace any of the existing routes to access testing*. Members of the public will continue to be directed to regional testing centres or home testing kits in the first instance.

The tests will be part of the Pillar 2 process and can be offered to patients who attends a practice when the GP feels that a test would be appropriate and there would be difficulties for them to access the standard routes for testing. The tests can also be used for GP staff and symptomatic household members. More information about the service and how to opt in, will be emailed out to practices.

BMA GPC have raised concerns with NHSEI that this could lead to patients contacting practices for tests inappropriately rather than using the current drive in or postal routes and as a result there will be no media launch of this initiative. Further information is available [here](#).

Performance Tracker 2020: How public services have coped with coronavirus

Last week, the Institute for Government and Chartered Institute of Public Finance and Accountancy have published [Performance Tracker 2020: How public services have coped with coronavirus](#).

The report highlighted that the disruption in General Practice caused by coronavirus led to years of change in a matter of weeks and that the best of these reforms – improved collaboration – must be kept and expanded. It is suggested that the government should promote increased data sharing, combined with greater transparency about how patient data is shared and used. The government should also assess the impact of increased use of technology, particularly remote consultations, on care quality, service efficiency, patient satisfaction and staff wellbeing.

It concluded that the government should invest more in IT equipment and training for staff to maximise the potential benefits.





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DWP Work Capability Assessments

The Department of Work and Pensions has issued a plea for GP practices to return requests for further evidence for [Capability for Work Assessments](#) as quickly as they can. People who have made these applications are often suffering financial hardship, hence their concern. The following is the DWP statement:

"DWP are currently prioritising Work Capability Assessments for new claims to Universal Credit / Employment and Support Allowance and continuing to process all Personal Independence Payment claims. Ensuring individuals can access financial support in a timely manner is essential and we would therefore ask GPs to treat requests for further evidence as a priority."

NHS Community Pharmacist Consultation Service (CPCS)

From 1 November 2020, the NHS Community Pharmacist Consultation Service (CPCS) is being extended to include referrals from General Practices as well as from NHS 111. GPs will be able to refer patients to community pharmacies to receive a CPCS consultation for minor illness (unlike NHS 111, GPs cannot refer patients for an urgent supply of a medicine or appliance).

General Practices can choose whether they want to refer patients to the CPCS and before GPs can make referrals, there must be local discussions to agree how this will work. These discussions will involve pharmacy contractors, the Primary Care Network (PCN) and the member general practices, the NHS and your Local Pharmaceutical Committee (LPC).

Equality Survey

The Consortium of Lancashire and Cumbria Local Medical Committees received correspondence from Wessex LMC on an Anti-Racism initiative. This has been in response to the rise in Anti-Racism protests throughout the world. It has provided an opportunity to reflect on General Practice in terms of our inclusivity, diversity and being able to correctly identify and deal with encountered examples of racism/prejudice. This correspondence was taken to the committees within the consortium to gain their view on Lancashire and Cumbria LMCs doing something similar. Members on our committees agreed that this would be a good idea and they welcomed the consortium having their own equality/diversity-based project. This included discussions around a survey of constituents to establish issues across the area with the aim of developing training for Primary Care staff to help them deal with Racism and other equality /diversity issues.

If you can find the time to complete this anonymous [survey](#), we would greatly appreciate it as it will help us to understand equality/diversity issues within General Practice.

