



# Update from the Consortium of Lancashire & Cumbria LMCs

Monday 12<sup>th</sup> October 2020

## Re- start of Appraisals update

You will be aware of the planned restart of appraisals which was due to commence 1<sup>st</sup> October ([letter from NHSE/I](#)). We contacted Dr Kieren Murphy, the responsible officer (RO) for Lancashire and South Cumbria, as we felt this date was not the right time to restart due to the considerable pressures mounting on GPs and practices in light of a second wave of COVID-19. As a result, Dr Kieren Murphy has provided us with a local update:

NHSE have agreed that GPs in the region who are due an appraisal this quarter will be given a choice: GPs not wanting an appraisal due to workload pressures will need to contact the appraisal and revalidation team - this request will be accepted and will not be held against them. Equally, appraisers who feel they currently do not have the capacity at present can step back. Doctors that would like an appraisal can have one. NHSE do not want to completely suspend appraisals for those doctors that may want one.

This approach will be reviewed on a monthly basis. An official message from NHSE will be distributed in the near future.

## Current picture of General Practice

We sent out a survey to address the undermining headlines and criticism of GPs painted by the media. Please see [attached the results](#) of this which includes a thematic analysis. We sent a letter to MPs with our findings from the survey which is also [attached](#). We are in the process of writing to the media with a similar message.

## Accessing additional flu vaccine supplies

Last week, the Department of Health and Social Care (DHSC) outlined how practices will be able to access additional supplies of influenza vaccinations. It has secured an additional supply of vaccines, which arrive later in the season to top up local supplies once they run low. Expected first delivery dates are included within the [attached letter](#).

Practices will be provided the DHSC vaccines free of charge but will only be able to claim an Item of service fee for each DHSC supplied vaccine that is administered. The majority of the additional DHSC stock will arrive from November onwards, and GP practices will be able to access this only once their own local stocks are depleted. The MHRA has granted a dispensation to allow movement of vaccines locally between practices and other NHS provider organisations. BMA GPC encourage you to work with your regional NHSEI Public Health Commissioning team to understand what stock is available locally before accessing the national DHSC supply. The DHSC supply should only be used when there are no other alternative options to accessing more vaccines locally.

DHSC stock is available for GP practices to order from 4 different suppliers, across different products. This ensures that there are sufficient vaccine supplies to cover the extension to the flu programme and mitigate the risks to overall supply if there are serious problems with the delivery or manufacture of one of the products. Practices should follow JCVI guidance and use the recommended vaccines for each cohort as set out in the Second Annual Flu Letter.





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## Flu vaccine stock availability – updating your patients

GP practices will have ordered their vaccines based on a 'normal' year and are now finding that with the change in circumstance due to COVID they are running short and in many cases having to prioritise eligible patients. Some practices have been unable to offer vaccines to the household contacts of shielding patients, or other new cohorts, because they did not order enough vaccines to cover them. There are also patients in the normal cohorts who are eligible now but are unable to be vaccinated because of the inability to access additional stock. We have created [the attached template](#), with thanks to Derby & Derbyshire LMC, which practices may find useful to display on your website or in your surgery.

## NHSPS charging for COVID-19 related requests

In a [communication](#) last week, NHS Property Services (NHSPS) announced its intention to increase service charges and facilities service charges for practices to meet costs associated with COVID-19. This is a deeply disappointing decision made unilaterally by NHSPS and will be extremely unwelcome news to NHSPS practices.

GPC premises policy lead Dr Gaurav Gupta wrote to acting Chief Executive of NHSPS, Mark Steele, seeking an immediate reversal of this increase to charges. In his letter, he set out the extraordinary challenges facing General Practice and the severely misjudged nature and timing of this decision taken to increase financial pressure on an already beleaguered profession as it prepares for a second wave of the pandemic.

Practices have received increasingly unreasonable and inflated service charge demands from NHSPS for several years. These demands are often made without reference to contractual arrangements (or lack thereof), and practices are rarely even given an itemised list of charges.

It is advised that practices should only make payments if they agree with the legal basis on which they are due. You can find more guidance on this issue [here](#) and/or contact [Abigail Askew](#) at the LMC.

## NHS.net email address

There is currently a process of upgrading the Outlook system for NHS.net users. You may have noticed that for [nhs.net](#) emails, the icon with your initials now appear back to front. BMA GPC have raised this with NHS Digital where they stated that this is due to the email naming convention on NHSmail, the initials in O365 are driven by the users email display name.

Due to the scale of the service they have had to implement a standard naming convention for all users, and to aid searching the directory the discussion was taken several years ago to have this formatted as SURNAME, First Name (Organisation). NHSDs own legacy O365 environment uses the hscic.gov.uk directory which only has ~4000 entries, so was able to use First name, Surname. However, with over 2 million entries in the new directory, NHSD is not able to change this at source, but are investigating whether there is a way of making a change in O365 to reverse the order.





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## Roche supply issues impact lab tests

[Reports](#) of supply chain problems at the diagnostics company Roche, the major provider of swabs and reagents to the Lighthouse labs, has led to serious concerns for further delays in the processing of COVID-19 tests and to patient care, as capacity to complete lab analysis of blood samples and storage capacity will be impacted.

Practices in parts of the country already affected will not have timely access to vital tests, and the BMA GPC have asked NHSE for details about how widespread the issue is and what clinicians should be telling their patients.

While it is understood that there is a need during the pandemic to maintain the COVID testing system to identify new cases, there are still many patients who will need tests for a range of conditions that could be equally as life-threatening if delayed or not done. BMA GPC have, therefore, called for assurances that patient care will be prioritised over COVID antibody tests, which are of limited immediate clinical value.

GPs and all doctors will need urgent support from NHSE in managing these delays and ensuring those who need urgent testing, regardless of condition, can access it before their health worsens considerably. This will also have a major impact on the ability of many hospital labs to process blood tests and on waiting times for urgent and cancer referrals, with concerns for patient care and safety.

## New to Partnership scheme

Practices are now making applications so that their new partners can benefit from the new to partnership payment. It is encouraged that all practices with partners who have joined the practice since 1 April to do so. However, there is a potential issue with the [‘New to Partnership Payment Scheme’](#) which apply to new clinical partners from 1 April 2020, causing a 'catch 22' situation.

New partners often commence with fixed share ‘probationary’ period, before moving to a full equity share. BMA GPC have discussed this issue with NHSE/I and have agreed that in these situations, an individual will be accepted on to the scheme once they become a shareholding partner on an equity basis, as long as the probationary period commenced after 1 April 2020.

NHSE/I has also considered the barriers to individuals obtaining the evidence required to support their application to the [New to partnership Payment Scheme](#), and have identified alternative evidence that can be submitted:

- Where a Partnership Agreement is not available, a headed letter from the practice to confirm details will be accepted.
- To evidence the practice contract type NHSE/I will now check the CQC website to obtain this information for GMS and PMS contracts. They will still require a copy of any APMS contracts.

These changes are effective immediately and the [guidance documents](#) have been updated. Those who have already applied to the scheme will be contacted by NHSE/I and do not need to reapply.





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## GP Fellowship scheme podcast

[The GP Fellowship Scheme](#) was launched recently to address the recruitment and retention challenges in general practice. The scheme incentivises newly qualified GPs to become a salaried GP or Partner, and include support for the individual and provide additional experience of different practices, the ability to develop a portfolio career with the opportunity of to develop clinical expertise and providing protective time for personal development and a [GP Mentor](#).

This [podcast](#) produced by Wessex LMC explains how the scheme will benefit newly qualified GPs and general practice more widely, and will be of interest to GPs in training, practices who are looking to recruit salaried GPs or Partners and those responsible for delivering the scheme.

## Clinical validation of surgical waiting lists framework and supporting tools

NHSE/I has published the [clinical validation of surgical waiting lists framework and supporting tools](#), designed to support systems to clinically validate their waiting lists and establish patient's wishes regarding treatment. This project is centred around making the best mutually agreed decisions with patients regarding their treatment and is not an exercise to reduce numbers on waiting lists.

The hospital will contact all patients on an admitted pathway by 23 October 2020 to establish their wishes about their preferred next steps. The patient's GP practice will then be notified of the outcomes of discussions regarding their procedure.

## Survey to assess the impact of COVID-19 on child protection conferences

The Nuffield Family Justice Observatory is launching a [new research project](#) with Kings College London to examine how practice around child protection conferences has been affected by COVID-19. The research team is calling for parents and professionals with experience of child protection conferences during the pandemic to take part. To take part in the survey [visit the Nuffield FJO website](#)

## Equality Project Survey

The Consortium of Lancashire and Cumbria Local Medical Committees recently received correspondence from Wessex LMC on an Anti-Racism initiative they were beginning. 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.

