

### Update from the Consortium of

### Lancashire & Cumbria LMCs

Tuesday 26<sup>th</sup> May 2020

### Coronavirus (COVID-19) update

### Primary Care Network Contract DES 2020/21

Over the last three months, and following the Special LMC Conference, GPC England has been raising issues relating to the PCN DES with NHSE/I, particularly in the light of the COVID-19 pandemic. NHSE/I has responded in a letter outlining gratitude to the many thousands of GPs and practice staff who have worked tirelessly to transform their services in response to the pandemic and noting that the DES was modified to provide greater support to practices working together in their areas. They will continue to keep the DES under close review in response to the pandemic and they believe PCNs have enormous potential to support the sustainability and resilience of general practice, and to improve delivery of care to patients.

Importantly it confirms the DES is clear that contract management will be supportive and collaborative and, in the rare circumstances that remedial actions are needed, NHSE/I expect CCGs to focus on the DES itself rather than other elements of the practice's core contract. However, they also made clear that should a practice opt out of the DES they will lose their Network Participation Payment of £1.76 per patient from their core practice contract, as well as their entitlements to funding and the workforce employed through the DES. CCGs will not be permitted to offer the service to those practices on better terms through a local scheme as they will be expected to commission an alternative provider.

### Deaths in the community during the COVID-19 pandemic

In the past week you may have seen CCG communications regarding deaths in the community during the COVID-19 pandemic and the agreed process for Lancashire & South Cumbria ICS. This document is still valid; however, we are highlighting an update to the flowchart for guidance use in General Practice, following further communication to practices in Lancashire & South Cumbria on 20th May from the EPRR team at NHSEI. The Lancashire contact centre telephone line that was established last month to handle calls about COVID-19 deaths and to coordinate funeral directors, transport and storage capacity has been stood down with effect from 5.30pm on Friday 22nd May.

### **CQC's Emergency Support Framework**

The emergency support framework is the new process that CQC are working with during the COVID-19 pandemic. It will focus on practices who are most at risk and will take the form of a telephone call through Teams or other online conferencing facilities. Practices are not expected to send any preparatory work beforehand. The call will be followed up with a letter and will NOT affect the practice's current rating and the outcome will NOT be published. This went live on Monday 18th May. <u>Please see attached document</u> for more information. Please <u>also see attached PDF</u> that has the questions that practices will be asked by CQC.



# Update from the Consortium of Lancashire & Cumbria LMCs

### **BMA survey of the profession**

The BMA has now published the results of the <u>latest tracker survey</u>, which show that the majority of doctors have no confidence in being able to manage patient demand in the coming weeks and that caring for those with COVID-19 has severely impacted the treatment and care available for other patients.

Last month the Government insisted that before lockdown was eased the NHS must be able to cope. These results show that doctors on the frontline feel this is not the case. The lowest level of confidence is for managing demand in the community, in particular for care homes, with 69% saying they are not very or not at all confident of being able to do this. In terms of patients being able to have tests, scans and other diagnostic type treatment, around 60% of doctors said they had little or no confidence that demand could be properly managed.

### Immigration health surcharge for overseas healthcare workers

The BMA has welcomed the <u>announcement that the Government is going to scrap the immigration</u> <u>health surcharge for overseas healthcare workers</u>. Read Dr Chaand Nagpaul's, BMA council chair, statement <u>here</u>.

### **Care homes**

As reported last week, following BMA GPC lobbying of government, <u>care homes are now being</u> <u>supported to do virtual consultations</u>.

The Government have published an updated <u>COVID-19: care home support package</u>, as well as a <u>new</u> <u>operational model</u> to help pharmacy and medicines teams implement the NHSEI guidance <u>Primary</u> <u>Care and Community Health Support for Care Homes</u>.

### Remote consultations for learning disability health checks

Providing support to people with learning disabilities is an important part of general practice activity, which includes offering the opportunity for an annual health check. <u>NHSEI</u> have confirmed that reviews can be conducted remotely if they cannot be delivered face to face. Decisions about the best way to conduct a health check should be made on an individual basis, taking in to account the challenges some patients might have with this. The BMA<u>toolkit for practices</u> now also includes an <u>FAQ</u> for locum doctors working remotely.

### **Temporary residents and travelling patients**

GPC England has issued new guidance on the use of remote consultations as a way for practices across the country to support colleagues working in practices in tourist areas who may face a large increase in visitors this summer. Patients are now much more likely to contact their own practice by phone or video rather than having to temporarily register with another practice. Read the guidance here



# Update from the Consortium of Lancashire & Cumbria LMCs

### BMA Risk assessment guidance

The BMA has been lobbying government to take urgent steps to address the need to protect Black, Asian and minority ethnic (BAME) communities from COVID-19, as was highlighted in the ONS data, which showed that those with BAME background are more likely to die from the virus. The BMA has written to Sir Simon Stevens to address these concerns and the need for more practical advice to practices on risk assessment. The letter also highlights that the great local variation in the use of and approach to risk assessments, and that occupational health services are not available to most staff in primary care.

On last week's LMC Brieflet we shared two risk assessments relating to BAME. Please note the documents were shared for practices to apply the risk assessment tools as they see fit and the telephone number included (which relates to seeking Occupational Health advice) is not for local use. You may want to seek OH advice locally if needed, or HR advice regarding the staff members involved, if this is appropriate too.

### New coronavirus life assurance scheme

On 27 April a new life assurance scheme was introduced covering health and social care workers during the COVID-19 pandemic. Details of the scheme have now been published by NHS Business Service Authority - scheme rules including guidance for claimants and employers can be found <u>here.</u> This payment is in addition to Death in Service (DiS) benefits linked to the pension schemes. BMA GPC are aware of outstanding issues around DiS benefits, particularly for locum GPs, and continue to lobby on those.

### Testing

Anyone over 5 who has symptoms of COVID-19 (a high temperature, a new, continuous cough, or a loss or change to their sense of smell or taste) can now access antigen testing. Practices should direct symptomatic patients to the <u>NHS website</u>, for further information on how to access the test online.

If there are any questions about a test that has been booked, you can call the customer contact centre from 7am to 11pm on 119 free. Read more <u>here</u>.

### GP and practice COVID-19 toolkit

The BMA continue to update their <u>toolkit for GPs and practices</u>, which should help to answer many questions on a large range of topics relating to COVID-19. Last week they added a section for <u>locum</u> <u>doctors working remotely</u>, and also flagged the <u>section on reducing COVID-19 transmission</u>, in relation to social distancing within GP practices. The guidance also suggests clarity must be given to healthcare workers about the future contractual position and plans to restore training and career development. Read more <u>here</u>





## Update from the Consortium of Lancashire & Cumbria LMCs

### **Restoration of cervical smear services**

NHSE/I and PHE have published <u>guidance</u> on the restoration of cervical smear services, following the advice to step up urgent services which includes screening.

### Domestic abuse during COVID-19: advice for NHS staff

There has been a concerning increase in domestic abuse cases during the pandemic, and the Home Office have launched a national campaign to raise awareness of the support available. NHSEI has sent a <u>letter with advice for NHS staff on dealing with domestic abuse during pandemic</u>, which lists a number of resources that may be useful for NHS staff in signposting to specific support teams.

The DHSC has also launched a <u>resource</u> that looks at how health professionals can support patients who are experiencing domestic abuse. The document helps health staff to identify potential victims, initiate sensitive routine enquiry, respond effectively to disclosures of abuse.

#### BMA paper on principles for restarting non-COVID care

The BMA has published a paper on the <u>Ten principles for how the NHS should approach restarting</u> <u>'non-COVID care'</u>. The paper warns that healthcare leaders should be 'realistic and cautious' about restarting shelved, non-treatment NHS work and re-balancing COVID-19 and non-COVID-19 capacity. The principles suggest that managers should take a realistic and cautious approach, that there must be adequate PPE for HCWs, and that decisions about staffing levels and redeployment must be safe and measures must be taken to safeguard staff wellbeing.

### NHS Digital national GP data extraction to support COVID-19 planning and research

<u>The DPN for the GPES Data extraction for pandemic planning and research (COVID-19)</u> was uploaded recently, which will allow data to be collected using GPES to be made available for approved uses through NHS Digital's Data Access Request Service in accordance with robust information governance standards and consultation with the BMA and RCGP.

As of 19 May, 54% of practices have participated in the extract. If you haven't already registered, the DPN can be found <u>here</u>. NHSD have asked all practices to try to register by 27 May with extractions taking place on a fortnightly basis.

### An opportunity to join a virtual 'Doctors' Mess'

Former GPC member and London GP, Dr Rebecca Viney, has developed a twice-weekly confidential meeting place to talk, share, offload and give space to plan and prioritise in small virtual break out rooms. It meets every Tuesday at 15.30-16.30 and Thursday 18:30 – 19:30. See more information in the <u>attached flyer</u> – or email direct to <u>contactdoctorsmess@gmail.com</u>

The LMC also have the GP Support Scheme for any GP wanting pastoral support. Please get in touch with <u>Maria</u> if you would like to know more information.