



Update from the Consortium of Lancashire & Cumbria LMCs

Monday 11th May 2020

Coronavirus (COVID-19) update

Health & Wellbeing

The LMC has been working with Alice Newton- Leeming from Mental Health Learning to bring virtual wellbeing education to you. Alice has recorded a series of videos to help and guide you through this pandemic to ensure you stay positive and get the most of your days. Please see our [website](#) to access these videos. We have also attached links to supporting documents and guides to accompany the videos.

Wellbeing that works webinar: Kev from Leap Further and Pete from Remarkable Resilience are doing a free webinar, primarily for GPs (although anyone can join), on Tuesday 26 May at 7.00pm. Details to this are [attached](#). The link to register is tiny.cc/wellbeingwebinar.

Care homes arrangements

In the NHSEI [Primary Care Bulletin 1 May](#), CCGs were advised to work with primary care and community providers to support care home staff and residents. This is, therefore, not just about the role that practices can fulfil but should be delivered by a multidisciplinary team working together.

CCGs should be working with LMCs, practices, community care teams, specialist services, local pharmacies, local authorities and others, using this [guidance](#), to do what they can to support their local care homes at this critical time.

Identifying high risk patients and shielding

NHSEI provided an update in their [primary care bulletin](#) on shielded patients last week, and as stated previously a small number of patients have been identified who will be advised to shield via a centrally generated letter and text message. Any patients that practices have identified as clinically extremely vulnerable prior to 28 April should now be recognised by the Government support website.

If they have not already done so, practices should contact these patients as soon as possible, using the updated version of the [template letter](#). This contains the same information as in previous versions but confirms that the Government is currently advising people who are clinically extremely vulnerable to shield until 30 June, subject to ongoing review. A link to this has also been added to the BMA website: [guidance for practices about steps to take about the list of shielded patients](#).

PPE

The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, as was yet again evident by the results of the BMAs third tracker [survey](#) published last week showing that overall, nearly half the doctors say they have sourced their own PPE for personal or departmental use, or they have relied upon donations.





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NHS pension scheme death in service guidance

Dr Krishan Aggarwal, BMA pensions committee deputy chair, has written a blog to provide guidance about the NHS pension scheme death in service arrangements and can be found [here](#).

GP and practice COVID-19 toolkit

The BMA [toolkit for GPs and practices](#) has been updated to include a section on minimising risk of transmission in general practice.

Testing of healthcare workers

[Testing of COVID-19 for primary care staff and household members](#) as well as for all [asymptomatic NHS and social care staff and care home residents](#) is now available in testing sites across the country.

Staff isolating who need a home test kit can use the [Employee \(Self-Referral\) portal](#). For further information see this [guidance about staff accessing tests](#). For technical issues related to booking tests and results enquiries contact the Coronavirus Testing Helpdesk - 0300 303 2713

GP speciality training

Following discussions between the BMA, RCGP, GCE, HEE and devolved nations education leads, it has been agreed that a remote CSA assessment will be available for GP trainees who were due to CCT in August. GP trainees will, therefore, be able to CCT and gain their full MRCGP this summer, despite the COVID-19 situation. For more information on how CCT will work, please see the recently issued [joint letter](#) and the [full statement by the co-chairs of the GP trainees committee](#).

Read more about how to achieve CCT amid COVID-19, in this [blog](#) by Sandesh Gulhane, co-chair of the GP trainees committee. Please also see [attached a letter](#) from HEE about increased support for GP Specialty Training during the pandemic.

Improving vaccine uptake

The JCVI recently published a [statement](#) on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease during the COVID-19 outbreak. Following this, [NHSEI](#) has advised that it may be necessary for CCGs and PCNs to facilitate the transfer of locally held vaccine stock from one provider to another to ensure the continued delivery of immunisation programmes. In addition, MHRA has confirmed that it will not prevent the transfer of locally held vaccine stock from the NHS routine immunisation services during the pandemic.

The BMA support the [NHSEI campaign to encourage uptake of immunisations](#) that was launched. Practices should do what they can to encourage all those eligible for vaccinations, particularly children and vulnerable adults, to get protected to avoid an outbreak of another infection against which we have effective vaccinations.





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Death verification and certification

The DHSC have now published [guidance](#) on verification of death which aims to clarify existing practice for the verification of death outside of hospitals and to provide a framework for safe verification of death during this pandemic. The guidance is linked on the BMA [website](#).

NHSPS services charge dispute update

The BMA is supporting 5 test claimant GP practices who have received demands from NHS Property Services (NHSPS) to pay [inflated service charges](#) based on their Consolidated Charging Policy. The case is ongoing and on 4 May the BMA learned that due to COVID-19 NHSPS have sought an extension until 21 May to file defences and counterclaims.

In the meantime, we at the LMC and the BMA have been informed that some practices have continued to receive demands from NHSPS for the payment of disputed service charges.

These demands are highly inappropriate, not only because these charges are the focus of the ongoing legal case, but because they serve to unnecessarily exacerbate the already immense pressure on practices as they work to combat COVID-19.

Last week, Dr Gaurav Gupta, Premises and Practice Finance Policy Lead, wrote to Martin Steele, the new CEO of NHSPS, to express these concerns and asking NHSPS to desist from sending practices further demands for disputed service charges until legal proceedings have been concluded and the current health crisis has abated. They have now agreed to restart regular engagement to address various issues faced by practices.

If your practice has experienced any issues regarding NHSPS, please raise this with [Abigail Askew](#), our premises lead at the LMC.

Community Health Partnerships

Dr Gaurav Gupta, chair of the Premises and Practice Finance policy group, together with deputy chair Dr Ian Hume, met with the CEO and COO of CHP in March to discuss recurring issues raised by members. CHP committed to work with GPC in resolving these problems faced by their GP tenants. Abigail Askew will be meeting with individual practices (virtually) to discuss individual practice issues. If your practice has experienced any issues regarding CHP, please raise this with us at the earliest opportunity.

