



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 12th July 2022

Messages on the continuing use of face masks in health and social care settings

Everyone accessing or visiting healthcare settings must wear a surgical face mask and follow any social distancing rules that apply in the premises. The requirement is for staff, patients, residents, and visitors to continue to follow protective measures when visiting any health or care setting as well as using face masks and other personal protection equipment as necessary. This is due to the rise in COVID-19 cases in the community and the danger this poses for the most vulnerable and those who work with and for them.

Lancashire & South Cumbria ICB has circulated some messages and templates to help promote the wearing of face masks and other protective measures are included [attached](#). Please use or adopt those that are most appropriate to your setting.

LMC HR Advisory Note: Sick pay for COVID related absences

Our LMC HR team has created the [attached](#) advisory note regarding sick pay for COVID related absences. If you have any questions, please get in touch with our LMC HR Service Lead [Stevie](#).

Roll out of new digital firearms marker for GP practices

As of 6 July 2022, NHS Digital introduced a standardised digital firearms marker in England. This marker matches relevant medical conditions against a firearms code, triggering an automatic flag to the doctor during both the application process and the lifecycle of the issued licence.

The BMA has had significant involvement in the development of the [Home Office guidance on firearms licensing](#). They strongly support the Government's overall message, that gun ownership is a privilege and not a right, and that firearms must be in the hands of only those who are deemed safe and responsible.

However, the public should be under no illusion that this will be an overnight solution. This new scheme will apply only to new applicants or people renewing their licences, so it will take up to five years before all licensed gun owners are included within this framework. The introduction of the marker must not imply that the buck for public safety stops with the GP; as the police have acknowledged, they themselves are ultimately responsible for firearms licensing.

LMCs have raised significant concerns about the new flagging system and the associated workload that this will create. BMA GPC are continuing to work with the Home Office to resolve these issues.

Read BMA guidance about the [firearms licensing process](#) and LMC guidance [here](#).

Read the full BMA [statement](#)





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CQC Government Consultation

The Government has launched a consultation asking whether CQC regulation is 'appropriate and proportionate'. The three-week consultation, launched Tuesday 5th July, asks about the impact of CQC regulation on providers, including GP practices. GPs are also invited to express whether they think 'any changes are required' for CQC to achieve its objectives. The consultation runs until 22nd July.

The LMC has recently spoken to a couple of practices that have fallen foul of CQC's more stringent "post-pandemic" approach and have been supporting them where possible. It had been highlighted to us that CQC are not considering the impact of the pandemic and are holding practices to a standard that is seemingly now unachievable.

This consultation offers the opportunity for GPs to feedback their views on how CQC is operating. Any comments welcome and of course feel free to respond to the consultation - [Post-implementation review of regulations relating to the Care Quality Commission - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/post-implementation-review-of-regulations-relating-to-the-care-quality-commission)

Lancashire & South Cumbria Regional Immunisation engagement

Following the Secretary of State reform announcement on ambitions for a new approach to vaccination, NHSE are developing a national integrated vaccination and immunisation strategy, building on the learning from COVID-19 and the foundations of other routine immunisation programmes which it has commissioning responsibility for. Aligned with this national strategy development for wider immunisation programmes NHSE have begun to explore and develop thinking in the Northwest with partners.

NHSE Regional Directors of Commissioning have been asked to lead a period of engagement with their systems during July based around both the national vision and local thinking so far. They are planning to undertake a series of systemwide stakeholder sessions involving as many partners as possible.

The sessions will be delivered via MS Teams on the 28th of July 2-4pm and key aims include the following:

- Generate at regional and system level both awareness of and enthusiasm for the development of a future integrated immunisation strategy and service
- Identify what national and regional actions are necessary for systems to deliver the vision for their populations, including national enablers that may be needed and barriers that should be removed
- Gather intelligence about what is currently working well at a local level, what innovations are being deployed in the delivery of Covid or other vaccinations and what improvements are already being planned locally across all immunisation programmes
- Develop a proposed set of outcomes against which a new service could be measured
- Identify potential pilot areas for new delivery models

Please let us know if you are interested in attending and we will forward you the diary invite including the Teams link.





Update from the Consortium of Lancashire & Cumbria LMCs

Replacement of Gardasil® by Gardasil 9® vaccine in the NHS national HPV immunisation programme

The vaccine supplied by UKHSA via ImmForm for the Human papillomavirus (HPV) immunisation programme will change from Gardasil® to Gardasil®9 during July and August 2022. This change will affect school-aged immunisation contracts, GP delivered opportunistic catch-up services, and the MSM programme delivered in Sexual Health Clinics.

The two vaccines are interchangeable, and vaccination should not be delayed due to preference for either vaccine. There is no impact on the dose schedule currently in place.

Immunisers should ensure HPV vaccine is recorded by product/vaccine name (i.e., Gardasil® or Gardasil 9®) in their clinical IT systems to maintain the accurate reporting and recording of vaccines administered and support additional reporting requirements to align vaccination status with screening programmes, for example, for young females who become eligible for the NHS Cervical Screening programme.

[The bipartite letter provides more information](#) and further details are available in the [revised Green Book chapter](#), [PGD template](#), and [materials for healthcare professionals](#).

Data Processing Deed assurances

The processing of personal data outside of the UK, including through third-party sub-processors, is strictly prohibited through the Digital First Online Consultation and Video Consultation (DFOVCV) and GP IT Futures (GPITF) frameworks as under-written by the [Data Processing Deed](#) (DPD).

Such processing is only allowed if a GP, as data controller, has provided specific consent, such as a written instruction. It is the responsibility of suppliers to demonstrate to GPs that they have complied with DPD and broader GDPR requirements.

NHS Digital is working with relevant parties to improve awareness and assurances. The ICO has also provided guidance on [international data transfers](#) and a helpful compliance checklist.

