



# Update from the Consortium of Lancashire & Cumbria LMCs

Wednesday 26<sup>th</sup> May 2021

## Guidance and standard operating procedures: General Practice in the context of coronavirus (COVID-19) version 4.3

We have now had time to read and digest the newly updated SOP that was released on Thursday 20<sup>th</sup> May. The full SOP is available [here](#) and the updated sections are highlighted in yellow.

With particular reference to **6.3 Access to General Practice** it states that "*All GP practices must ensure they are offering a blended approach of both face to face and remote appointments, so both are always available to patients according to what is clinically appropriate.*" The LMC agrees with this statement and feel it marries up with previous guidance we have shared. Throughout the pandemic practices have been using their own clinical judgement based mainly on telephone triage to determine the best way to deal with patients on a case by case basis.

This section of the SOP also goes on to state that: "*Patients and clinicians have a choice of consultation mode. Patients' input into this choice should be sought and practices should respect preferences for face to face or remote care unless there are good clinical reasons to the contrary, for example the presence of COVID symptoms. Practices should continue to ensure that public health measures can be safely implemented. The RCGP has published guidance on '[Remote versus face-to-face: which to use and when?](#)'*" We have apprehension around this paragraph as it implies that the patient can lead this discussion and therefore can demand to be seen. This in essence contradicts the previous point about clinical judgement if a patient is able to essentially overrule clinical judgement just because they want an in-person appointment.

*"Practice receptions should be open to patients to ensure that those without easy access to phones or online services are not disadvantaged when accessing care."* We accept that access should be equitable for all, with specific reference to those who are unable to make phone/online bookings, but further guidance/assistance will be needed to manage a potential influx of patients at practice doors. The guidance goes on to say "*Physical access to practices should be consistent with [infection prevention and control guidance](#)*" this will require the enforcing of social distancing and mask wearing which will need monitoring on the practices part to ensure all members of staff and the public are safe - again, this could become difficult to manage if an influx of patients arrive, particularly with problem patients and the heightened stress of the pandemic and frustrations around the perception of General Practice "not being open". Some of these issues will hopefully be allayed by the communications to patients from the ICS but will require a consistent and strong message.

The overall concern from the LMC is that of the safety of clinicians and staff alongside patient management and ensuring that patients are being seen in the most appropriate manner – this can only be the case if practices are using their own professional clinical judgement of a situation and not being pressured into seeing patients in an unsafe or compromising manner. Practices should be accessible via phone, online and in person but should also have the ability to control walk ins when





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necessary to ensure the safe running of their practice for the safety of their staff and the benefit of the patient population at large.

The LMC is currently involved in conversations at ICS/CCG level on support for practices through this period.

If you have any questions about the SOP please do get in touch with the LMC office, and we will do our best to assist.

## **Vote of no confidence in NHS England leadership**

In light of the letter that preceded the above, BMA GPC have [written to the Secretary of State for Health, Matt Hancock MP](#), calling for the Government to provide urgent support to General Practice and clarity to practices and patients about the expectation to deliver more face-to-face appointments and enable walk-in patients whilst also maintaining safe waiting and reception areas, and asks for an urgent meeting to discuss this. The letter also outlines a number of changes which the Government must make if practices are to increase the number of face-to-face appointments. Read the BMA's press statement [here](#).

Additionally, during the BMA GPC meeting last Thursday 20<sup>th</sup>, the committee discussed and passed an Emergency Motion of no confidence in the leadership of NHS England following its "tone deaf" letter to practices the previous week around face-to-face appointments, and longer-term failure to support, or recognise the efforts of, the profession over the last 14 months. The motion also demands an explanation from the Government as to why the letter was sent and an urgent meeting with the Secretary of State for Health and Social Care. BMA GPC are calling for an end to the "management-by-directive" approach which it is felt is not appropriate at this stage of the pandemic. As a result, the committee has now ceased all formal meetings with NHSE/I and this will continue until sufficient steps have been taken to give the committee confidence to justify a resumption in such meetings.

## **COVID-19 vaccination programme**

Following the recommendation by JCVI that reducing the dosing interval to help protect the nation from the COVID-19 B1.617.2 variant, the [Government has instructed](#) that appointments for a second dose of a vaccine will be brought forward from 12 to 8 weeks for the remaining people in the top nine priority groups who have yet to receive their second dose. People should continue to attend their second dose appointments, and nobody needs to contact the NHS.

The [letter from NHSE/I](#) promised additional financial support would be made available to vaccination centres to cover the administration costs of this activity and last week BMA GPC pushed for this to be made. NHSE/I has now published [Further details on the support available for PCN-led sites](#), including CCGs and ICSS to bring in additional workforce where possible, and additional payment of £1,000 for PCN groupings for rescheduling second dose appointments on or after 25 May 2021. They have also updated their [FAQs on providing second doses](#).





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## Updated enhanced service spec

The [Enhanced Service Specification](#) for the COVID-19 vaccination programme 2020/21 has been updated to introduce a 3 month maximum period within which payment claims must be made, a change to restrict PCN groupings to using a single Point of Care system, as well as a change to permit the administration and payment claim of a single dose vaccine.

## Changes to the national booking service (NBS) for pregnant women

The new NBS functionality will enable pregnant women to book appointments at a site that offers the guidance and the [Green Book](#).

Every woman who is pregnant or thinks she might be, should be offered a discussion on the potential risks and benefits of vaccination with a clinician, so that she can make an informed choice about whether to receive it. Pregnant women will be able to have a conversation with a healthcare professional at their vaccination appointment or can speak to their maternity team or GP service.

## New GP pay and Pensions scheme

Reminder: The new GP Pay and Pensions system is due to become available to practices and GPs on 1 June. We will include links to PCSE's guidance and relevant contact details next week.

## LMC Partnership agreement drafting service

Please find [attached](#) some information about our partnership agreement drafting service. If you have any queries, please get in touch with Abi.

## Wellbeing

Colleagues from the office recently attended a NHS wellbeing seminar. In light of this we felt it pertinent to bring your attention to some resources available via our website. They can be found [here](#).

## Lancaster University opportunity

Lancaster University are looking for year 3 and 4 clinical tutors, find out more [here](#).

