



# Update from the Consortium of Lancashire & Cumbria LMCs

Monday 27<sup>th</sup> April 2020

## Coronavirus (COVID-19) update

### GP and practice COVID-19 toolkit

BMA GPC has published a [toolkit for GPs and practices](#) which should hopefully answer many questions on a large range of topics relating to COVID-19.

The toolkit covers: service provision, home visits and care homes, redeploying staff, working in hubs and furlough, indemnity, annual leave, dispensing and medications, locum doctors, primary care networks and has links to our updated guidance on returning doctors, IT, homeworking and remote consultations.

Any updated guidance or FAQs will be added to or linked from this toolkit so please check it regularly for any new additions.

### PPE

The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, shown by the results of their latest [snapshot survey](#). It shows that basic PPE continue to fail to reach large numbers of frontline doctors despite scores of factories ready and willing to make them and that almost two-thirds of GPs reported shortages or no eye protection at all.

This situation comes despite repeated assurances by the government that additional stock is being delivered to practices, but many areas across the country are still lacking the necessary equipment. NHS England's [PPE supply page](#) explains how primary care can access PPE.

Please see further LMC briefing on PPE on our website [here](#).

Following the [PHE announcement](#) recommending to re-use PPE, the BMA issued a statement condemning these new guidelines. Read the statement [here](#).

### Testing of healthcare workers

The BMA continue to push for testing of GPs and their staff to be rolled out across the country as a matter of priority and the BMA is calling for government to drastically improve access to, and availability of, Covid-19 testing facilities for healthcare workers – read the BMA statement [here](#)

This follows [NHSEI](#) advice last week about plans to extend testing of COVID-19 for primary care staff and household members, which should now be available in testing sites across the country. Access to this is being coordinated by CCGs and practices are advised to contact their local lead if testing is required or directly access appointment is via [GOV.UK](#). Read the government announcement [here](#)





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## Identifying high risk patients and shielding

The BMA have published guidance for practices on steps to take about the list of shielded patients. Practices will have also received the names of patients that have self-identified through the Cabinet Office site. Read the guidance [here](#)

Last week's [NHSEI primary care bulletin](#) explained that additional people have now been flagged to be at highest clinical risk and that letters and text messages will be sent to this group starting Friday 24<sup>th</sup> April. It is likely that practices will now have already contacted all the people on their patient list who are shielding, but if not, they should still do so. NHSEI also confirmed that splenectomy patients should be included in the Shielded Patient List.

Please also see [attached slides](#) with an update on shielded patients, which was part of the NHSEI webinar last week.

## QOF year-end process

Some practices have raised concerns after seeing lower than normal QOF year-end actual achievement data. However, this is before NHSEI have carried out the planned analysis in order to make a one-off adjustment for practices who earned less in 2019/20 than 2018/19 as a result of COVID-19 activities. More details will follow about final payments to be made.

## Verification of death and cremation forms

BMA guidance for GPs has now been published on the [BMA's death certification and cremation webpage](#) which outlines the key issues, protocols and principles that should be considered during this time for verification of death, completing MCCDs and cremations forms. Read the guidance on [Verification of Death, Completion of Medical Certificates of Cause of Death and Cremation Forms](#) which we sent out last week via email.

The BMA have worked jointly with the RCGP to produce guidance that can be accessed remotely by various people to assist clinicians in verifying death remotely. Access the [Guidance for Remote Verification of Expected Death Out of Hospital](#)

The [Cremation Medical Certificate \(form 4\)](#) has been updated for a medical practitioner completing the form on their computer or other device to embed an electronic signature. This will enable the form to be sent via another person's email account, such as a medical administrator, without the form having to be first printed and signed.

## Practice expenses for bank holidays

With the support of the Association of Independent Specialist and Medical Accountants (AISMA) the BMA have produced a template that practices can use to claim for the expense of opening as normal on Bank Holidays. This includes staff expenses, salaried GPs, locum (up to maximum rate), partners, and an amount to cover daily non-staff expenses. Access the template [here](#)





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## 8 May Bank Holiday opening

On the NHSEI newsletter last week it highlighted the expectation for practices to open on the next bank holiday, Friday 8 May. The key messages were that: Practices will open but agree with your CCG in advance the level of service needed, and the staff cover required. Network level cover may be agreed as an alternative in view of anticipated demand; Planned bank holiday cover (OOH/IUC/EA) to be adjusted as needed in response to GP practice opening.

Arrangements will be confirmed this week.

## NHS111 CCAS appointments update

The [NHSEI preparedness letter](#) highlighted that all practices must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service. This replaces the previous requirement to make 1 in 3000 appointments available for NHS111.

## Returners guidance

The [RCGP has published guidance](#) for colleagues returning to the general practice workforce in response to COVID-19. This follows the BMA [joint letter](#) with RCGP regarding returning GPs and BMA [guidance for returners](#).

## Recruitment of returning educators, academics and others to support HEE's educational functions

Please see the following [letter](#) from Health Education England regarding an opportunity for returning clinical educators, academics and others to use their skills and experience to support NHS clinicians in the COVID-19 emergency.

## Regulation 61 – temporary arrangements for dispensing doctors

Under regulation 61 (1) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, NHS England 'may require a dispensing doctor to provide pharmaceutical services ('temporary services') to patients to whom the dispensing doctor is not otherwise entitled to provide pharmaceutical services.' This can only happen during an emergency and for the first time since their enactment, this has now been declared. As noted above these are only temporary and for a specified period, currently up until 1 July 2020.

NHS England is not required to automatically require a dispensing doctor to provide temporary services, even if the nearest pharmacy is closed. BMA GPC has raised concerns with NHS England's national position that regulation 61 does not need to be implemented at present. The BMA are receiving reports of problems caused by this stance locally and do not see why implementation should not happen. This is a view shared by the Dispensing Doctors Association and PSNC.





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## Community Drug Charts

There is no need for a GP to complete a community drug chart (MAR chart) as a prescription is all that is legally required for a nurse or other community worker to administer medication. MAR charts are a record of administration and not an authority to administer medication. Read more [here](#).

## Temporary removal of the routine D4 medical

The government has announced the temporary removal of the routine D4 medical for bus and lorry drivers. Under the new scheme, drivers will be able to receive a temporary 1-year licence, providing they do not have any medical conditions that affect their driving and their current licence expires in 2020, and they do not have to provide further medical evidence. Read full details [here](#).

## Workload prioritisation

Please see [attached](#) updated workload prioritisation guidance during COVID-19 from the RCGP and BMA.

## PCN Handbook

Please see the following [handbook](#) created by the BMA to give advice and options to practices looking to establish and develop a PCN. The handbook has been fully revised following the 2020/21 contract agreement.

## Individual coaching support for primary care staff

NHSEI and RCGP have developed an individual coaching support service for clinical and non-clinical primary care staff which is available by video link or telephone with highly trained, experienced coaches. Primary care staff can register and book individual coaching [here](#). This service complements the wider range of health and wellbeing resources launched at [www.people.nhs.uk](http://www.people.nhs.uk).

## Health and wellbeing for NHS staff

NHSEI have launched a package of support for NHS staff this includes:

- A [suite of free guides and apps](#) offering support via guided meditation, tools to reduce anxiety and help with sleep problems.
- A [wellbeing support helpline](#) on 0300 131 7000, or alternatively, you can text FRONTLINE to 85258 for support 24/7.
- [Wellbeing webinars](#), including further details on the national NHSE/I offer. The sessions will be held every Wednesday between 4pm and 5pm. Previous sessions are recorded.

The LMC will also be providing wellbeing videos and guidance this week. We also have the GP Support Scheme which is our free confidential peer support service for GPs.

