

CLMC Bulletin 426 – 21.07.20

COVID-19 Fund

Following the Prime Minister's announcement GPC sent this [letter](#) to Sir Simon Stevens, Chief Executive of NHS England, calling for the promised COVID Fund to be released immediately. At the outset of the pandemic the Government committed to establishing a national COVID-fund, to reimburse NHS additional expenses related to the treatment of COVID-19. However, there has been a prolonged and unacceptable delay to releasing this funding, and whilst many CCGs have done the right thing and reimbursed these costs for practices, many have not. The impact of this is highlighted in the [most recent member survey](#) which showed that significant numbers of practices were not being reimbursed by their CCGs for out of pocket expenses directly linked to tackling COVID-19. Practices swiftly responded, in good faith and for the benefit of their patients, at the outset of this pandemic, but they have been badly let down by the failure of the Government to honour their commitments. This must now be addressed, not least as practices start to plan for the difficult winter ahead.

GPC England guidance on arrangements for GP services for remainder of 2020/21

Following the [most recent NHSE letter](#) regarding arrangements for practices for the rest of 2020/21 GPC updated their comprehensive [COVID-19: toolkit for GPs and GP practices](#) to reflect the new arrangements, including service provision, funding, and QOF. As they have done throughout the pandemic, practices can only work within their capacity and capability, and with the on-going constraints relating to social distancing, the use of PPE, risk assessments, workforce pressures and many other challenges, practices must be supported by CCGs and NHSE/I and not burdened with unrealistic expectations.

Face coverings

Following the Government's announcement [that face coverings will be mandatory for people visiting shops in England from 24 July](#), the BMA called for measures to be introduced immediately rather than waiting for 11 days and that the policy must be extended for all places where social distancing cannot be maintained.

The [seventh BMA tracker survey](#) showed that 86% of doctors surveyed in England and Wales said it should be mandatory to wear face masks in settings, where the public either cannot or will not social distance. Read the BMA statement [here](#)

GPC have updated the [Reducing COVID-19 transmission and PPE section](#) of the GP practice toolkit, to include the new advice on face coverings. The Government guidance suggests there is no requirement for evidence for exemption; therefore practices do not have to provide letters of support for those who fall under the list of exemptions, or to those who do not. The BMA has called for masks to be worn 'as a matter of course'.

Joint guidance for remote intimate clinical assessments

GPC England, NHSE/I, RCGP and a number of other relevant organisations have developed this joint [guidance](#) setting out the key principles for intimate clinical assessments undertaken remotely in response to COVID-19.

The pandemic has accelerated the use of online and video consultations in general practice and the guidance is aimed at clinicians who are consulting remotely and focuses on how to safely manage the receipt, storage and use of intimate images taken by patients for clinical purpose, which must be guided by the principle of the interests of the patient. The approach to video consulting, image sharing, and storage should be the same as it would be for face-to-face interactions.

The principles described in the guidance aim to support patients to access care in a way that meets their needs and to support clinicians to provide care in a way that is in the best interests of their patients, whilst protecting both from the risks associated with remote intimate assessments.

Shielding guidance for staff on returning to work

Shielding will be coming to an end in England, Northern Ireland and Scotland on 31 July, and 16 August in Wales, after which those who have been shielding will be able to return to work provided their place of work is 'COVID-19 safe.' The BMA has published guidance on [Making the NHS 'Covid-19 safe' and supporting return to work](#), setting out recommendations for safe return of staff:

- There needs to be clear guidance and protocols on how healthcare settings can be made safe for staff who have been shielding.
- Funding needed to ensure that practices are able to make the necessary adjustments
- Practices should be funded to cover the full pay of the staff that can't return to work as well as cover for their replacement.
- Every employer should undertake individual COVID-19 risk assessments which cover the basis of shielding properly and make a decision on return to work on a case-by-case basis.
- Employers should engage with staff on a plan for returning to work and make appropriate workplace adjustments, including access to adequate PPE.
- Employers should support staff to make informed personal decisions about returning to work, by providing honest and open information about risks and act on any concerns.

Read the [BMA guidance on Risk assessments](#). The [latest tracker survey](#) also showed that most GPs who are currently shielding do not feel safe returning to work.

Tax on COVID-19 testing by employers

The HMRC published guidance on 6 July which advised that employees would face a taxable benefit in kind when their employer pays for COVID-19 testing. GPC raised concerns over this with the Department of Health and Social Care, and they have now advised that HMRC has removed the guidance. It is in the process of being updated to provide some clarity regarding NHS staff, with the expectation that they will not be subject to tax for COVID-19 testing.

Update on GP services for 2020/21

The NHSE/I [letter regarding arrangements for practices for the rest of 2020/21](#) outlines:

- Continued suspension of appraisal and revalidation. GPC are working with NHSEI and others on a much more proportionate and supportive appraisal process and will provide details about this shortly
- QOF will recommence from 1 July (focussing on flu, prescribing, screening and maintaining registers, as well as modified QI indicators to focus on returning services to patients with cancer or learning disabilities) with income protection for those indicators that have not been prioritised for return, and an expectation that practices will discuss their approach to prioritising clinical care with the CCG. QOF guidance to support this approach will be produced very soon but in summary the points relating to influenza and cervical smear targets will be doubled to 58, the points for quality improvement (74), prescribing indicators (44) and disease registers (81) will remain the same and the other indicators (310) will have income protection. Income related to this element of QOF will be paid based on historic achievement. GPC are working on how that will be calculated. GPC would encourage practices to use their professional judgement in their management of patients with long term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements.
- Practices should return to providing new patient reviews, routine medication reviews, over-75 health checks, clinical reviews of frailty, shingles vaccinations, and PPG arrangements
- The worklist process from CCAS will be maintained at 1 per 500 in order to ensure any local outbreaks and any second wave might be managed without requiring further changes
- Friends and Family tests, and the requirement for consent for ERD remain suspended

- The Investment and Impact Fund will begin in October, but details of exactly what is to be delivered are still being discussed
- DSQS will return from August for dispensing practices
- Encouragement for PCNs to continue with their recruitment (and provides further assurances around liabilities)
- Commissioners are encouraged to reinstate LES/LIS in an appropriate and controlled way
- Arrangements for local outbreaks should they occur
- Income protection and further funding implications are outlined, although further discussion on funding is ongoing

Further guidance will be provided in the coming weeks, specifically regarding appraisal, QOF and funding arrangements, following further discussions with NHSE/I.

NHS Health Check: Restart Preparation

Public Health England has published a document [about restarting NHS Health Checks](#), which advises that the previous advice by NHSE/I to stop NHS health Checks during the pandemic, expires on 31 July 2020. The decision on when to restart NHS Health Checks is one for local authorities to take and CLMC will be discussing this with them. This is not something that GPC England was consulted on, and GPC have raised their concerns directly with Public Health England.

NHS pressures and back log of services

The [latest tracker survey](#) and the newly released BMA report [The hidden impact of COVID-19 on patient care in the NHS in England](#), also show the struggle many face to tackle the backlog built up as social distancing remains in place.

The latest GPC [commentary](#) on the most recent data release from NHS England revealed the continued indirect impact of COVID-19 on patient behaviour and NHS activity in May and June. The monthly number of GP-made referrals made in May has started to climb since dropping in April, however the size of the waiting list remained low due to GPs being unable to refer. Despite this, more and more patients are waiting longer than ever for treatment. This reflects a large backlog of care needs that have accumulated beyond the focus on COVID-19, and GPC have analysed the potential magnitude of these changes in their [Hidden impact of COVID-19 report](#). Read the BMA statement [here](#)

View the GP specific results of the tracker survey [here](#). The BMA Consultant and GP committees sent this joint [letter](#) to NHSE outlining suggestions/improvements for joint working to manage workload.

Clinical guidance on maintaining immunisation programmes during COVID-19

Public Health England has published [Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19](#)

The advice for general practices, supported by the GPC, is that the routine immunisation programme should be maintained. This is in order to protect the individual patient, as well as to avoid outbreaks of vaccine-preventable diseases that could further increase the numbers of patients requiring health services. Non-scheduled vaccinations should still be given, e.g. for control of outbreak of vaccine preventable conditions as well as opportunistically, e.g. missing doses of MMR.

GPC are in discussion with NHSEI about the forthcoming influenza immunisation campaign, including the significant logistical and PPE requirements that will need to be considered.

Patients being redirected to NHS111

There have been reports that some patients with COVID-19 symptoms are being redirected to NHS 111 by their GP practice when calling for advice in hours. Practices are reminded that this is not appropriate and if a patient who calls/attends the practice is symptomatic they should be assessed rather than redirected to NHS111. This is to prevent unwell patients deteriorating due to delays in accessing medical help.

If a patient needs an antigen test, they can be directed to the dedicated number of 119. More information about coronavirus testing is available [here](#).

The [latest version of the SOP](#) includes a flowchart on the interface between NHS111, CCAS and GPs.

Faulty PPE

As reported previously, a product recall notice has been sent to practices and care homes with safety warnings, notices for destruction and distribution stoppages for Cardinal Surgical masks. Read the full BMA statement [here](#)

Practices are reminded that they can obtain PPE supplies via their supplier of the original stock or the Local Resilience Forum (LRF). Practices can also place register and orders via the [Portal](#), which can be delivered within 48 hours.

More information is available on the [DHSC PPE Portal guidance page](#) and the Portal customer service team can be reached on 0800 876 6802 for enquiries or registration support.

Easing lockdown measures and the need for local infection data

After Leicester became the first place in England to be placed in local lockdown due to a surge in infections, the BMA has issued a [statement](#) calling on the government to share timely, comprehensive and reliable information on local infection rates, confirmed cases and known instances of contact to all those involved with local government officials and public health leaders. Although weekly rates of infections per 100,000 people are published by Public Health England, this is not very easy for the public to find or interpret.

The BMA has urged Ministers to set clearly defined metrics of “trigger points” around infection rates so that a consistent, clear and objective approach to introducing local lockdowns can be applied and preventing a second spike. Read more about the case for decisive action to protect lives as lockdown is eased in the recent [Focus blog](#) by the BMA Chair of Council, Chaand Nagpaul.

COVID-19 care home support service

NHSE/I have published a [transition note](#) clarifying that under the COVID-19 care home support service training will be provided for personalised care staff.

Transition between COVID-19 care home support and the Care Homes service in the PCN DES
From 31 July 2020, the interim COVID-19 care home service will transition into the Enhanced Health in Care Homes service as described in the [Network Contract Directed Enhanced Service \(DES\)](#). GPC have agreed with NHSEI that to provide some continuity and stability the Network Contract DES will be amended so that when appropriate the clinical lead role for the service may, as now, be held by a clinician, other than a GP, with appropriate experience of working with care homes provided this is agreed by the practices in the primary care network, the CCG and the relevant community provider.

NHS Confederation report on PCNs

NHS Confederation has published a report about [Primary Care Networks – one year on](#), to mark the one-year anniversary of PCNs being established across England and assess their progress so far. The report sets out a national picture of variability but does describe how some networks are now delivering tangible benefits for the health of their populations and offering mutual support to their member practices.

Social Prescribing Link Worker report

The National Association of Link Workers has published a [report on Social Prescribing Link Workers](#), which raises issues about quality, safety and sustainability. In response to this, GPC said: “It’s disheartening to hear that 29% of social prescribing link workers plan to leave in the next year due to a lack of clinical supervision and support, especially when we know how many patients and practices are already benefiting from their work. Social prescribing is a key and growing part of primary care though, which is why it’s vital that they are provided with the training and support they need, but also that PCNs and practices are provided with the resources needed to provide appropriate clinical supervision”. Read more on the [NALW website](#).

GP appointment data

[GP appointment data](#) showed a large increase in remote consultations during lockdown - 48% of GP appointments in May were carried out over the telephone, compared with 14% in February. In response to this GPC said: “There has been a massive change from the vast majority of consultations in general practice taking place face to face, to now the vast majority taking place by telephone or increasingly by video consultation”.

GP patient survey results

The latest [GP patients survey results](#) have now been published by [Ipsos MORI](#). The report shows that the public continue to have a positive view of general practice, with the majority (82%) of patients reporting that they had a good overall experience of general practice, and 95% have confidence and trust in the healthcare professional they saw. It is worth noting that the survey was undertaken in January to March this year, and although it relates to the experience of patients prior to the current pandemic, GPs and practice teams have been working harder than ever to provide services to patients in one of the most challenging times the NHS has ever seen in its history, and we should celebrate their remarkable achievements.

It is only with an increase in investment in general practice, including expanding the workforce, that GPs will be empowered to continue to develop and deliver innovative patient-focus services for both the short and long-term future of the health service. A summary of the results is available in this [infographic](#).

RCGP report - General Practice in a Post-COVID World

The Royal College of GPs has published their report [General Practice in a Post-COVID World](#), which outlines how GPs will be on the frontline of dealing with the physical and psychological health consequences of the COVID-19 pandemic, and the need for urgent government planning and funding to prepare general practice services for facilitating the recovery of local communities.

It echoes the BMA report [Trust GPs to lead: learning from the response to COVID-19 within general practice in England](#), and supports the call for a reduction in bureaucracy and regulation, and an increase in investment for digital technology to support the new ways of working and by doing so both improve access and work towards a greener way of delivering general practice.

Both GPC England and the RCGP are using their reports and the evidence of the experience of recent months in submissions to the Ministerial Working Group established as part of the 20/21 contract agreement to reduce the bureaucratic burden on general practice.

BMJ Learning clinical guidance: COVID-19 in primary care

BMJ Learning has updated their clinical [e-learning module on managing COVID-19 in primary care](#). The module provides practical support to GPs on the following issues:

- When and how to consult remotely and face-to-face during the pandemic
- Key clinical features and complications of COVID-19 in primary care, and how to manage them
- How to prioritise ongoing clinical care in general practice during the pandemic
- The role of GPs in identifying and advising shielded patients
- The importance of working safely in primary care during the pandemic, including appropriate use of PPE, and consideration of the wellbeing of GPs and other practice staff

Judicial Review against the Northamptonshire safeguarding partners

The BMA recently applied for Judicial Review against the Northamptonshire safeguarding partners (Northamptonshire County Council, the Chief Constable of Northamptonshire, Nene and Corby CCGs). They argued that the safeguarding partners had failed to discharge various statutory obligations in publishing their Local Safeguarding Arrangements Plan. The Plan was deficient because it did not specify what sum the Defendants had budgeted to meet the cost of GPs' work on safeguarding cases, including the production of safeguarding reports and attendance at safeguarding conferences.

Unfortunately, the Judge found against the BMA and dismissed the application. However, he did make a number of very helpful comments which clarify GPs' rights in this area and the BMA will continue to demand appropriate arrangements at the national level to ensure safeguarding partners around the country comply with NHS England's requirements for GPs to be paid for their safeguarding work. The BMA will be appealing to the Court of Appeal. This was reported by the [BMJ](#)

GPC GP Bulletin

See this week's GP bulletin [here](#).

Mental health and wellbeing – looking after your practice team

The BMA published a [report](#) which warns of a mental health crisis as we emerge from the COVID-19 pandemic and outlines key recommendations for the Government to take, including the recruitment of more mental health staff.

CLMC continue to [offer wellbeing services via Validium](#) for ALL working in general practice within Tees (including locums). We understand that a number of staff have accessed this confidential service and it has been well received. It will remain in place until at least 1 April 2021.

Read the BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of NHSE provided [support available](#) to you and your team including a wellbeing support helpline, a 24/7 text alternative, [peer to peer, team and personal resilience support](#), free mindfulness apps and the [#LookingAfterYouToo coaching offer](#).

BMA COVID-19 guidance

The BMA continue to regularly update their [toolkit for GPs and practices](#), which should help to answer many of the questions we have been getting on a large range of topics relating to COVID-19. Last week they added a section on [high-risk patients and shielding arrangements](#). There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#) published last week.

Other COVID 19 resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)