

## CLMC Bulletin 438 – 20.10.20

### **New three tier lockdown approach and BMA recommendations to help reduce spread of COVID-19**

The rapid rise across the country in the number of people with COVID-19 is already putting a significant strain on general practice services. GPs and their teams have responded incredibly well throughout the pandemic, remaining open, maintaining services and going the extra mile to care for our patients. Recent media reports and briefings suggesting otherwise have not only been wrong but also deeply damaging to the morale of a dedicated and committed workforce. Richard Vautrey, GPC Chair, made this situation clear in his one-to-one meetings with Sir Simon Stevens and Jo Churchill, the health minister with responsibility for primary care in England, earlier this month, and they both acknowledged the central and important role general practice has played and will play in dealing with the pandemic.

However, as practices, out-of-hours providers, PCNs and other GP services do their best to prepare for the difficulties this winter will bring, we expect NHSE/I and government to do far more to support general practice, and with parts of the country now back where they were in March that support must come urgently.

The Government [announced the introduction of a new three-tier \(medium, high, very high\) lockdown approach for England](#). Prior to this, the BMA called for new, stronger measures to reduce the spread of the COVID-19 infection and published a series of [recommendations](#) which could help reduce the level of infection as well as supporting businesses and those who are in vulnerable groups. The BMA still believes the government needs to do more to properly respond to the growing infection rates. BMA recommendations include:

- Modify the current 'Rule of 6' with the rule that only two (exclusive) households can meet (and not exceed 6 people) – ideally outdoors, rather than indoors.
- Making the wearing of face masks mandatory in all offices and working environments, unless you are working alone.
- Wear masks in all outdoor settings where two metre distancing isn't possible.

It's notable that the Scottish Government has moved in line with the BMA's position and has now introduced a requirement for face coverings to be worn in indoor communal settings, such as staff canteens and corridors in workplaces. Read the full set of recommendations [here](#)

Read the BMA [statement about the new measures](#)

### **New advice for patients at high risk of COVID-19 infection**

Following the announcement of a new three-tier lockdown approach in England, the Department of Health and Social Care published [updated guidance for those considered most clinically vulnerable, depending on the level of risk in their local area](#), in line with the new Local COVID Alert Levels framework.

This new guidance provides advice for the clinically vulnerable to follow in addition to the new rules and guidance for everyone based on the level of risk in their local area. The government are not yet suggesting the reintroduction of shielding arrangements that were paused in the summer. More restrictive 'shielding' measures could be considered in the future in areas facing the highest risk and if that happens the Government will write to relevant people separately to inform them directly should they be advised to shield.

Whatever the current local COVID alert levels are, as we have made clear, GP practices remain open and whilst remote consultations should be the main way in which patient care is delivered, when it is clinically necessary to see vulnerable patients face to face we would normally expect them to attend the surgery with good infection control arrangements in place.

Read more in the GPC [updated guidance for patient at high risk](#)

### **General practice “Green Fund”**

GPC have written this [letter](#) to Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care, Jo Churchill MP, to request support for primary care to meet net zero carbon emissions.

At a time when primary focus is responding to the massive challenges brought by the COVID-19 pandemic, we cannot forget and must do more as a country to reduce the serious impact of climate change. The NHS, including general practice, can play a role in this. GPC have, therefore, called on the Minister to back the recommendation for a general practice ‘Green Fund’ to enable GPs to put in place more sustainable and environmentally friendly practices. They have also called for an extension of arrangements in place during the pandemic such as promoting use of technology, labelling medicines to allow for carbon footprint tracking and continuing the ability to make use of previously prescribed but unused medicines to reduce waste.

### **Complaints (KO41b form) data collection for 2019/20**

Following GPC lobbying for a reduction in bureaucracy impacting practices, and particularly in light of the current pressures that general practice face in responding to COVID-19, NHS Digital have confirmed that the annual complaints (KO41b form) data collection relating to 2019/20 will not be collected as usual. Practices are instead encouraged to continue to use the information collected locally for local service improvement purposes. Read more [here](#)

### **CQC state of care annual report**

The [Care Quality Commission \(CQC\) state of care report](#) for 2019/20 has been published. The report showed that before COVID-19, care was generally good. In primary care, the overall ratings picture remained almost unchanged, with excellent ratings of 89% of GP practices rated good and 5% outstanding. They did though suggest that this masked a more varied picture, with some practices deteriorating and a similar number improving.

In response to this Richard Vautrey, GPC Chair, said: “GP practices across the country continue to provide safe, high quality care to their patients, as shown by the CQC’s own figures with the vast majority delivering good or outstanding care, but of course there will always be variations, and there must be a supportive, not punitive, approach from regulators to help struggling practices improve, particularly in the midst of this unprecedented pandemic. Practices overcame huge challenges in recent months. As this report notes overhauling services ‘almost overnight’ to ensure patients could continue accessing their GP safely, whether that was via telephone, online or face-to-face where that was safe and appropriate.

The increase in remote access and triage during the first wave of the pandemic was there to keep patients and staff safe – and it is what the Government instructed practices to do. Of course, remote consultations are not suitable for everyone and will never be a complete replacement for in-person care. Practices have been working incredibly hard, remaining open for patients throughout this time, to ensure everyone has access to the right professional, and the latest data has shown a significant rise in face-to-face appointments in recent weeks.” Read the full response [here](#).

GPC continue to call for CQC inspections to be suspended for the duration of the pandemic and do not believe their transitional regulatory approach is appropriate or necessary at this time.

### **GP Latest Updates – new webpage**

There has been a lot of updates and information published by NHSE in the last few months so they have tried to pull it all together in this [new webpage](#) which brings together a summary of some of the key activities and resources available for general practice.

### **Primary Care representation on ICS boards**

Chandra Kanneganti, GPC policy lead for commissioning and service development, and Richard Vautrey, GPC Chair, have [written](#) to Ian Dodge, National Director at NHS England and NHS Improvement, with responsibility for Primary Care, to urge him to issue guidance to all ICSs (integrated care systems) stressing the importance of primary care provider representation on their boards and other decision-making bodies.

GPC are aware that in some local systems, only GPs employed from CCGs are representing primary care at ICS level and LMCs are not as involved as they ought to be. While those GPs are an important voice in terms of representing commissioners, they cannot be seen as the representative of primary care as providers. The BMA believes that LMCs, which are the local representative voice of general practice and PCNs, should also form part of the leadership team of ICSs and 'have a seat at the table'.

### **Cameron Fund Christmas Appeal**

On behalf of the Treasurer, Dr Ian Winterton, we attach the Cameron Fund Christmas Appeal [letter](#).

### **NE&NC Procurement Framework – Important Update for NHS Employers**

A national procurement framework has been published for the provision of education development programmes/courses, established through the Salisbury Trust/HEE team, with the aim of helping employers to buy education provision within procurement guidance but without lengthy organisational procurement processes.

The framework [guidance](#) PDF has been sent this week to education providers on the list previously developed, to invite them all to join the framework. HEE have also sent it direct to all local HEIs. You may wish to further circulate this as an opportunity to any other education providers you use across your organisation, and we certainly encourage you to ensure your preferred education providers apply to add their courses to the framework before the deadline of 30 Oct.

#### Timetable

Opportunity live on Bravo and advertised	Tuesday 29 <sup>th</sup> September 2020
Last date for Bidder Questions	Monday 19 <sup>th</sup> October 2020
ITT closes for Bidder Responses	Friday 30 <sup>th</sup> October 2020 at 12:00
Confirmation of Framework Listing	w/c 02 November 2020
Cohorts start	Employer demand led

For your information, Frequently Asked [Questions](#). For any additional queries, please contact [workforcetransformation.ne@hee.nhs.uk](mailto:workforcetransformation.ne@hee.nhs.uk)

### **General practice is open, get checked for cancer – social media campaign**

[Londonwide LMCs](#) has launched a new social media video campaign, highlighting that GP practices are open and seeing patients. To mark the start of Breast Cancer Awareness Month, they are launching the campaign with [this video](#). Throughout the rest of October, they will be releasing further videos, as part of a month-long campaign. All the videos can be viewed [here](#)

### **BMA Library resources**

The BMA library is providing trial access to [Clinical Key](#) for BMA members throughout October. Clinical Key provides access to the full text of the latest editions of hundreds of medical e-books published by Elsevier. It also provides full text access to a large number of e-journals and other key online medical resources produced by Elsevier. Read more in a [blog](#) post by the BMA library team.

BMA members can also access the collection of *Oxford Medical Handbooks*, including the brand new, 5<sup>th</sup> edition of the Oxford Handbook of General Practice. Access the collection [here](#)

### **Covid Virtual ward**

Wessex LMC recently held a webinar on Virtual Wards – with Karen Krikham (GP and NHSE/I primary care advisor) and Matt Inada-Kim (Consultant and national lead for sepsis) as speakers, both part of a group developing national proposals. View the webinar [here](#). It is also available as [audio podcast](#).

### **GPC GP Bulletin**

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

### **Mental health and wellbeing – looking after your practice team**

Over the last few months GP appraisal leads and GP tutors have been offering telephone support conversations to any GP struggling with any professional or personal issues related to the Covid pandemic. The offer telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email [di.jelley@nhs.net](mailto:di.jelley@nhs.net)

In addition, 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](mailto: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. 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](#)
- [Risk assessments](#)

For further information, see the BMA's [COVID-19 Webpages](#)

### **Other COVID 19 resources**

[BMJ – news and resources](#)  
[RCGP COVID-19 information](#)  
[NHSE/I primary care bulletins](#)  
[NICE resources](#)