

Cambs LMC COVID-19 Update 1 – 12/3/2020

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Subject: [LMCNews] March 12th Covid 19 Update & March 11th Special LMC PCN Conference Update

Date: 12 March 2020 at 18:06:53 GMT

To: news@cambslmc.org

Dear all,

1. Covid-19

The Prime Minister has just made an announcement regarding COVID-19.

More than 29,000 people have been tested, 590 people have been infected, 10 people have died, more than 20 are on intensive care units. Tribute was paid to NHS and Public Health staff for their commitment and work over the last few months.

We have officially moved into the delay phase. The case definition will change as of tomorrow.

- Anyone with a new persistent cough and/or fever should self-isolate for 7 days; do not call 111 or contact other healthcare providers
- If symptoms deteriorate and they feel they need medical care, they should contact NHS111
- No need to identify/test every case – testing will only be done for those in hospitals with symptoms
- No geographic limits
- All school trips abroad will be banned
- Those over 70 years with pre-existing medical conditions, advised not to go on cruises
- When we near the peak (end May) whole households will self-isolate if one member has symptoms. This will be enacted closer to the time.
- Gov is considering banning major events (but not yet in place)

Websites and NHS111 will be updated this evening. We know that people will likely contact NHS 111 and/or their practice. NHS111 will increase capacity to deal with the inevitable increase in demand over the next few days until the new advice has bedded in.

If patients call the practice concerned that they might have COVID-19, they should be provided with the latest advice, which is to self-isolate for 7 days and if their symptoms worsen then they should contact NHS 111. If a patient presents with symptoms they should be advised to self-isolate for 7 days.

As the case definition has changed, and patients will be directed to self-isolate without medical advice, no patients should present in general practice.

However, we know that will not be the reality. We have therefore told NHS England they must urgently provide appropriate PPE for frontline staff who might be exposed, not just the PPE that has currently been provided.

We have been liaising with NHS England on a daily basis about COVID-19. Since the announcement in the budget yesterday for additional funding for COVID-19, we have made clear to NHS England that we believe it is essential to provide additional funding to support practices. They have a copy of the motion passed by the LMC special conference yesterday:

That conference is concerned that if the potential pandemic of Covid 19 occurs, practices will be required to suspend normal practice to cope with the increased workload and the potential decrease to the workforce and in such a scenario they require GPC England to urgently negotiate that:

- *all contract payments including DES and QOF payments will be paid in full but utilised to fund essential services only.*
- *no contractual sanctions or remedial/breach notices will be issued to practices as a result of the forced changes to normal practice whilst the national emergency persists.*
- *any additional costs relating to infection control for Covid 19 infections in general practice including personal protection equipment and additional training will be readily available in sufficient quantities and directly reimbursed.*
- *practices are able to prioritise frontline work and suspend other requirements including appraisals and CQC inspections.*
- *practices should be entitled to claim for reimbursement of all expenses incurred covering for a sick doctor, without any requirement for a practice funded period.*

Such issues can only be decided at a national level.

Locally, we are liaising closely with our CCG and STP colleagues, and continue to represent practices and GPs' interests, so that you can focus on your staff and your patients.

In addition to this, we are discussing with NHS England a large number of items and issues which need to be rapidly addressed, including what should stop or change and what can be done for locums, retired doctors who might return to work and others. Thank you to all of you who have provided information and opinions which have fed into this.

We will provide more information as it comes through to us, about how the government and NHS England plan to deal with COVID-19 going forward.

You will have also seen the CCG email about regular updates. Please ensure these are cascaded to all your practice teams and staff.

2. Special Conference of England LMCs 11 March 2020

Almost 200 LMC representatives across England met yesterday to debate some continuing concerns about the viability of practices and PCNs. In particular, that there has been no modelling at practice level to enable practices to make a valid judgement about their involvement going into 2020/21. Whilst a rudimentary 'ready reckoner' for the income side has been made available by NHS England, there is still no analysis of the costs to practices; the costs to the CCG; or whether this will be funded from central allocations.

There also remain questions around the interpretation of the contract wording forcing practices into PCNS; the provision of core services for those who opt-out; and the flexibility of the contract and the ARRS.

Motions were passed concerning:

- potential funding gaps
- the lack of impact assessments, including PCN level and practice level modelling, which should ideally have been carried out by the BMA prior to the agreement of the GP contract
- calls for an urgent costing exercise to be undertaken to better inform primary care networks as to the financial viability of the 20/21 DES
- deferral of the sign-up date for six months to allow for this information to be disseminated
- a moratorium of one year on the implementation of all specifications within the DES to allow time for PCNs to begin to develop the required workforce, and to scope the required workload for feasibility and viability in the longer term

What does this mean for my practice and my PCN?

Doctors' national contracts are negotiated by the BMA. The BMA GPC Executive negotiates the GP Contract. Motions passed by the Special Conference of England LMCs come from the grass roots, and are meant to empower the BMA in negotiations as we face a very unique and particular set of circumstances.

The timing was also designed to harmonise with the chancellor's budget yesterday, highlighting the need to prioritise resources to ensure that patients "receive the care they need" (note the language of need, not want).

It is hoped that our national negotiators will be able to use these motions to that effect.

Meanwhile, it is important to remember that the deadline for signing up to the PCN DES is currently set for [31 May 2020](#).

Therefore, there is currently a 10-week window for the BMA to secure the modelling which will enable practices to look at their bottom lines and make the business calculations they need to make, and for our CCG to receive assurances from NHS England of the allocations they hope to receive centrally.

For clinical directors who are recruiting staff into their PCNs, we advise you do not change your plans, but keep your core network practices fully informed and engaged.

We will debate this in detail at our 'Open Meeting' webinar on the evening of Wednesday 25 March which we are in the process of finalising.

We will write to you again tomorrow with some examples of practical steps for how you can keep your staff, your patients and yourselves safe in this ever changing days ahead.

All feedback appreciated - we are here to support you. Email office@cambslmc.org or contribute to the discussion on The Link.

To sign up to The Link, you must be a Cambs GP or Practice Manager. Email us for registration details.

Best wishes

Katie

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Please note I am in surgery on Mondays. If urgent issues arise on that day please email office@cambslmc.org.