

Cambs LMC Update 4 – 17/3/2020

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Subject: [LMCNews] Cambs LMC Covid-19 Update - Tuesday 17 March

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To: news@cambslmc.org

Note: All LMC advice emails will henceforth be coming from news@cambslmc.org. Please save the address to avoid emails being incorrectly filtered into junk.

We appreciate that everyone's inboxes are very busy and we need to prioritise the essential, new, and factually correct information at this present time.

*Please consider the content of your email when posting to **The Link**.*

We do not wish to apply emergency moderation so ensure your post is relevant, helpful and necessary before hitting 'send'.

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National and Local Primary Care Contractual Obligations

We anticipate a national urgent update to be received this afternoon from Simon Stevens and the NHSE primary care team about QOF. Cambridgeshire and Peterborough CCG will be in contact with you very soon around plans for local commissioning arrangements and how the CCG intends to support practices. There is much work going on behind the scenes, and the LMC is included in the daily 09:00 'health gold' teleconference between the CCG, Acute Trusts, CCS, and CPFT.

From April 1st the intention is to free up practices to prioritise workload according to what is necessary to prepare for and manage the outbreak. Therefore, there will be a guarantee that income will be protected if other routine contracted work has to be substituted. This does not prevent commissioners from continuing to measure activities (for example those undertaken with QOF) but it ceases to put 2020/21 income at risk for performance. All practices will continue to be paid in 2020/21 at rates that assume they would have continued to perform at the same levels from the beginning of the outbreak as they had done previously, including for the purposes of QOF, and DES payments. Our CCG is already putting in place plans to make payments on that basis. NHSEI have committed that they will reimburse any additional costs as part of their wider finance agreement on Covid-19.

We are seeking urgent guidance as to what this means for 2019/20 payments.

CQC

All inspections are currently suspended. However, the CQC will continue to inspect those services where there is perceived to be a significant risk to patients and those services that remain in special measures, once a risk assessment has been undertaken - this would however, be a last resort, we have been told. *This week's annual regulatory review calls will be proceeding* - but practices are being encouraged to submit their template responses now, to expedite the process on the day, keeping disruption to a minimum.

Branch Site Closures

Do what is right, clinically. Deliver the best service you can. If you need to close branches in order to operate a safe service, then do it. We are all in emergency mode until we have fully absorbed the impact of both Friday's and yesterday's announcements.

There is a world of difference between a practice being closed, and a staffed and fully operational practice which is taking the necessary precautions, in line with its duty of care to staff and patients to minimise the possibility of an infected patient entering the premises, but which continues to provide essential services in line with the contractual definition.

Protecting Yourself & Your Practice Staff

For the sake of clarity, the seven-day isolation rule regarding personal illness due to suspected Covid-19 and the fourteen-day household contact isolation rule as per yesterday's government announcement is also true for NHS staff who are *not* exempt. We recommend that those staff who are themselves at risk (e.g. autoimmune conditions such as type 1 diabetes mellitus; immunosuppressive medication or pregnancy as examples) should wherever possible minimise face to face consultations, and instead be deployed in remote patient work.

You may wish to purchase your own scrubs and wash them daily. You may wish to purchase sets for your staff depending on the size of your organisation. There is no formal guidance as yet, but we would recommend that there is at least one clinician in full PPE to see suspected cases on site at all times. Given the rapidly evolving picture, you may wish to use PPE with each face to face consultation, changing your mask and apron when appropriate and changing your gloves with each consultation.

Simon Stevens has said today that the NHS will be "identifying and contacting" its highest risk groups over the coming week. "They are likely to need enhanced support from their GP practices, with whom they are by definition already in regular contact. GP services should agree locally which sites should manage face to face assessments. Further advice on this is being developed jointly with PHE and will be available this week."

We are seeking urgent national clarification on what this actually means for you and your practice.

PPE

It has been confirmed that the delivery of the nationally issued PPE to GP Practices has now been completed. The delivery to all practices should have comprised of 300 surgical facemasks, 300 pairs of gloves and 400 aprons. There is no cost for these items as they form part of the Health Emergency 'push' response. You may have noticed an expiry date of 2016. NHSE have assured us that the expiry has been extended by five years and these remain safe to use.

Practices who have not received a PPE delivery should contact the contact centre below:
National Supply Disruption line on 0800 915 9964, 0191 283 6543 or email supplydisruptionservice@nhsbsa.nhs.uk

Remote working and CCG IT

The CCG IT team is very aware of the immense challenges facing practices in having sufficient IT to support working from home in the current crisis, and are urgently seeking to provide solutions in a variety of different ways to maximise the ability of primary care to work remotely. There will be a clear communication from the CCG IT team with all the available solutions as soon as possible. We have passed on all queries received regarding VPNS, laptops, webcams, headsets etc. The DSP2 deadline has been relaxed until September 2020.

MED3s

We are feeding into GPC the national call to allow SC2 certificates to be extended to fourteen days. We would take the pragmatic suggestion that MED3s can be emailed and do not necessarily require a 'wet' signature if they are being emailed from a practice account.

We have produced a PDF for you to use and email when you are called upon to issue MED3s for government advised isolation or complicated Covid-19 infection, which you will also be able to download from our website, www.cambslmc.org:

FP10 Requests

Where possible, use eRDS batch prescribing to minimise work and enable continuity.

Where not possible, to further reduce footfall into the reception area of the surgery, we recommend practices consider alternative methods to receive written prescription requests from those patients who do not have electronic access. This may be a letterbox outside the surgery clearly labelled with a collection time; a temporary add-on to your website or in exceptional circumstances, accepting a verbal request from the NOK of a known frail/housebound patient.

QEF/LES package 2020/21

We are continuing to work through the final tweaks to this in advance of the package being presented to the Local Medical Committee at its virtual meeting next Thursday. It is still our job to have oversight and seek financial certainty and continuity for practices once we are through to the other side. We will communicate further detail in our next newsletter, due for publication on Friday 27 March.

LMC Open Meeting Wednesday 25 March - CANCELLED

This event has been cancelled. We have looked into offering the meeting remotely as a webinar, *and we may yet still do so later this Spring/Summer*, but we feel your time is best spent recuperating in your weekday evenings for the foreseeable future.

We will put together a slide deck summarising the GMS changes, as well as the PCN DES changes and the factors to consider for yourself, your practice and your PCN - but that is for another day, not now.

Final Word

We, like every other nation will have to accept and impress upon our patients that normal service has been suspended. Covid-19 is a potentially serious infectious disease for which there is no treatment. We are naturally concerned about our patients, but the LMC does not want any GPs or practice team members to become dangerously unwell or die because of avoidable exposure in the absence of adequate protection. Heroic martyrs are one thing, I would rather we have living healthcare workers who feel supported and are kept safe doing the best that they can do given the circumstances.

We have been able to fill some of the gaps because we are independent - paid for by you, to serve your needs. Our advice and guidance is just that - we cannot tell you what to do in every scenario - but we can support you to make a sensible decision based upon the information you have, the best interests of your staff, your patients and yourselves. There is much advice still to come - nursing and residential home patients, and death certification issues for starters - it is a shifting scene and we will try to keep you as informed as we can.

Many thanks for all you are doing for your staff and your patients - today, tomorrow and for the foreseeable future.

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