Cambs LMC
Representing • Supporting • Advising

June 2020 Newsletter

SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL-LED?

We are all currently trying to identify what our new normal might look like. What has worked that we wish to retain, what can be stopped or limited; how we will continue to evolve; what must be retained and refined; and what may have been paused but needs to be recovered. One key element to consider is regulation. Regulation is a guaranteed element of our environment now and in the future. But Covid provides an opportunity to fundamentally re-examine many aspects of our regulatory systems. Bureaucracy associated with regulation has grown steadily and dramatically over the years in terms of range, impact, complexity and cost. Could a significant proportion of the large sums spent on supporting these organisations, be constructively and profitably redeployed to support the front line?

With an eye to the future, what role will new organisational structures and processes such as PCNs play in changed requirements? What direct and indirect consequence needs to be factored in around the regulation of a financially strained health system and economy post-Covid? We are at a paradigm shift. We are all taking evolutionary leaps in how we provide services to our patients. General Practice is adapting and evolving rapidly to meet the new challenges. Are the regulators evolving? Will they keep up?

The LMC view is that the regulatory environment henceforth needs to rapidly and fundamentally change. There needs to be less bureaucratic burden, and more trust in our professionalism and intent as demonstrated so ably by practices over the past three months. Such a review needs to examine the experience of the regulated in matching the worthy aims of the given regulator; clarity on the direct and indirect cost / benefit and value of any such regulation; analysis of regulation cost growth compared with funding available to the health service sectors being regulated. Costs are not just financial, they are human too - and bureaucracy carries a burden. It can have an impact on innovation and service development. GP has been extraordinarily co-operative, fleet-footed, inventive, and has embraced innovation and led complex systems. Would the regulatory environment in place pre-Covid have helped or hindered many of our most helpful innovations?

Your LMC met yesterday afternoon, and among other items, discussed the CQC's Emergency Support Framework being introduced across England - at a time when many of us are practising with midwinter levels of demand. This discussion brought forth unanimous concern from members. The national question templates seem at odds with reassurances of a brief conversation that requires no preparation, with the national CQC team advising a potential need for follow up or escalation of concerns. The committee felt strongly that in mandating the ESF, given the challenges that practices face at the current time, key practice staff could be distracted from frontline work, which in turn would not be supportive to patient care.

The LMC view is that practices have to comply with their regulators, but we will be raising our concerns with Rosie Benneyworth, the chief inspector for primary medical services in England. We do however recognise that we are fortunate to have a local inspectorate who has listened to us and appreciated our concerns, and who in turn is trying to demonstrate a level of pragmatism against what they have been asked to deliver. In addition, we will be producing some guidance to support practices in meeting this ask, acknowledging that practices may not be in a position to offer a comprehensive answer to every question asked, given the almost insurmountable task of keeping abreast of the volume and complexity of what feels like endlessly changing information at the present time.

RISK ASSESSMENT FOR STAFF MEMBERS

GUIDANCE AND EXAMPLE TOOLS

We shared NHS Employers' published guidance for employers on how to carry out risk assessments to better understand the specific risks staff members face from exposure to COVID-19 and actions which employers can take to keep staff safe on News. **This is now also in the latest version 3 of the NHSEI SOP for practices**. https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff

We also shared the BMA's published guidance around this. The BMA has since written to Sir Simon Stevens as it recognises that the document does not go far enough in the way of practical support: https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-risk-assessment

We are aware that there are other risk assessment tools available for use, and although we are unable as an LMC to recommend an individual tool, we have published some examples on our website: https://cambslmc.org/2020/05/26/bame-risk-assessment-for-staff-members/

Risk assessments are key - not just for staff at greater risk due to ethnicity, age, gender or medical history - but also in the face of the risks from outside our surgeries over the coming weeks, and our staff contracting Covid in the community and bringing it to work as a potential asymptomatic incubator.

We would advise that now more than before, practices need to focus on social distancing in the workplace, between staff. Visors may be practical, screens may be necessary between workstations, facial coverings will probably become the norm. One way traffic and readily available hygiene stations will be just as necessary. Patients will likely present with their own facial coverings, and may be offered alcogel at presentation rather than gloves. The risks have not disappeared. Now is not the time to assume 'routine'. Keep safe.

NHSEI COVID-19 SOP FOR GENERAL PRACTICE

BMA/GPC ENGLAND SUMMARY of NHSE SOP v3

The BMA (inter alia GPC England) have produced a **summary** of what's new in the **NHS SOP v3**. *Links to both are below the newsletter attachment on our website.*

Reading these, you may note concerns around two issues in particular in addition to the risk assessment complexities discussed above:

1. NHSEI have been reminded that patients are registered with practices, not individual clinicians and most shielding patients don't need a single coordinator.

2. As you know the guidance relating to shielding has also been changed since the SOP was written, and so if shielding patients can now go out, we would also suggest that it's more appropriate and safer for many to receive any necessary care in a safe clinical setting rather than a home visit.

COVID-19 MANDATORY DATA COLLECTION

GPES DATA FOR PANDEMIC PLANNING & RESEARCH

Practices were sent an invitation via CQRS on 15th May 2020 which need to be accepted by 27th May 2020. Whilst this was an invitation, practices are reminded that this is not a voluntary request, **GP practices are legally required to comply with it**. The purpose of the data collection, which is supported by the BMA and RCGP, is to support research and planning for COVID-19.

Practices will also need to update their own privacy policies to include details for this collection. More details, including links to a template privacy notice is available on our website: https://cambslmc.org/2020/05/26/covid-19-mandatory-data-collection/

COVID-19 ANTIBODY TESTING FOR NHS STAFF

LETTER FROM NHSEI ON 25th MAY 2020

You may have seen the **letter from NHSEI** on 25th May 2020 (*Link below the newsletter attachment on our website)* around the setting up of antibody testing for NHS staff. We are clear that there is no clinical value at this point in time, its value would be in looking at population health, and the level of exposure in a community.

Covid-19 is a new human viral pathogen. So, at first, we had to fall back on what we knew about other coronaviridae. We know most about the four or so coronaviridae that are among the causes of the common cold. They fail to induce long-lasting immunity. People can be infected again, even within the same season; although perhaps less likely to be as ill on reinfection within a year or two.

With SARS and MERS it's not clear that people get good quality, lasting immunity. There are some signs that people - at least those that develop antibodies post infection - will be immune, at least for a few months. Indeed, evidence is starting to emerge suggesting that they may have "neutralising antibodies" which will prevent infection, so they won't be infectious either. There is also emerging evidence suggesting that Covid-19 can also induce a T-cell response, which again would suggest this could contribute to herd immunity, but it is much too soon to be confident of this.

The principle reason at present for doing antibody tests will be to evaluate how many people have had the disease (as not everybody seroconverts). As time goes by, we may be able to say with more confidence that people who have seroconverted ARE immune, and neither susceptible, nor able to be infectious (other than as a potential vector of fomites from another infectious person).

Some patients - those who are currently shielding, for example - may then be able to do things with more confidence, and there may be a clinical (as opposed to a public health) indication for antibody testing (serology). So we are not saying that there are no clinical indications for serology testing - just that any test results must be interpreted with caution until we know more.

As such this should be viewed as a Public Health initiative and provided as such. Practices could offer this to their staff, but are under no obligation to do so. As this is voluntary, it may not be a representative sample. Our view is so long as the system allows flexibility of access, specific sites, and also posted testing facilities, then we may find a solution. **We would welcome feedback from practices around what their expectations may be.**

111/CCAS SLOTS

PLEASE MONITOR YOUR NOMINAL PRIORITISATION LISTS

Practices still need to monitor closely their 111/CCAS nominal prioritisation lists - which have been set up following the national guidance. The current requirement is until the end of June when it will be reviewed. Recent weeks have seen an increase in non-Covid patients through this pathway, which was anticipated.

Patients are informed that the slot is not an appointment and that their practice will contact them to determine what might be the best pathway for them. Please let us know about any concerns by emailing us at office@cambslmc.org

CAPCCG DAILY SIT REP QUESTIONNAIRE

PLEASE SUBMIT BY 11AM DAILY

Please do continue to complete the questionnaire. Please give further details of any current issues/pressures you are experiencing. As the CCG asks, If you require URGENT same day PPE, please contact the CCG Primary Care Inbox directly capccg.primarycare@nhs.net

The CCG may be writing to you in due course around the gathering of activity data – this will not be performance-related. This is an intention led by the LMC and LMC members, Drs Neil Modha and James Morrow, our STP Alliance chairs, working collaboratively with the primary care team of the CCG, to gather quantitative evidence and data that demonstrates our demand, activity and response in general practice, to make the case for redeployment of resources into primary care. Watch this space!

CONTRACT PAYMENTS

WHAT'S GOING TO HAPPEN WITH QOF?

QOF and other enhanced services are presently on pause until the situation will be reviewed by NHSEI in September, in collaboration with GPC England. We have received queries as to what this means for QOF and LES payments in due course.

NHSEI is committed to protection based on last year's QOF income for at least Q1 and Q2. It is our current understanding that NHSEI has run the calculations for 2019/20 using that year's funding figures, patient numbers, prevalence etc.

- Where the calculation results in a payment higher than was paid in 2018/19 (irrespective of whether they 'achieved' higher or lower), practices will receive that increased payment;

- Where the calculation results in a payment lesser than was paid in 2018/19 they will bring that up to the same level as the 2018/19 payment (with the caveat that a minority will require a review).

It may be possible that a one-off adjustment may be made for those practices who earned less in 19/20 than 18/19 as a result of Covid-19 activities. In that scenario, we will work with our local CCG through those exceptional cases.

(An obvious exception to the pause are those enhanced services ongoing (as cited in the Coronavirus Act 2020) such as care home residents. Government directives led to the recent negotiated revisions to the residential and care home LESs).

COVID-19 CO-ORDINATION & RESPONSE HUBS

COMMUNITY SUPPORT FOR HIGHEST RISK & SHIELDED PATIENTS

Please liaise with your Social Prescribing colleagues regarding the network of COVID-19 Co-ordination & Response Hubs which were launched across Cambridgeshire by Cambridgeshire County Council. The scheme is being led by District and City Councils and operated through support of local authority and council staff who have been redeployed.

The purpose of these hubs is to support patients who have been identified as being of highest risk and are therefore shielding. This work includes ensuring our most vulnerable residents have access to food, medicines and other important supplies, as well as ensuring broader social needs are met as far as possible, to minimise anxiety. **More information** can be found in the links below the newsletter attachment on our website.

LMC VIRTUAL OPEN MEETING – 20/21 GMS Contract/PCN DES

THURSDAY 14th MAY 2020 – 19:30pm – 21:30pm

Thank you to the 220 of you, who joined our virtual open meeting which was held on 14th May 2020.

We hope you found the session informative and that you have had a chance to view the slides and FAQs which are on our website:

https://cambslmc.org/2020/05/11/cambs-lmc-open-meeting-thursday-14th-may-2020/

Thanks once again goes to CAPCCG Training Hub for advertising this event and managing the booking system and tech on our behalf so professionally!

LIFE AFTER CCT – LMC CONFERENCE

WEDNESDAY 1ST JULY 2020 – 9:00am – 5:00pm

After a successful event last year, we are delighted to be hosting this conference, again via Zoom, in partnership with the Cambridgeshire & Peterborough Training Hub.

Click on the image to view the flier in full.

To book your place, please visit:
https://cptraininghub.nhs.uk/event/gp-life-after-cct/

If you are a locum not currently aligned to one particular practice, please use code 000 to register.

THE CAMERON FUND – *The GP's Own Charity*

SPRING/SUMMER 2020 NEWSLETTER

As you know, there are lots of external links to support which we have listed on our website: https://cambslmc.org/external-links-to-more-support/

The Cameron Fund - *The GP's Own Charity* is the only medical benevolent charity which solely supports general practitioners and their dependents in times of financial need, whether through ill-health, disability, death or loss of employment https://www.cameronfund.org.uk

Linked here is their Spring/Summer 2020 Newsletter:
https://www.cameronfund.org.uk/media/1286/spring-summer-2020-lmc-newsletter-final.pdf

CAMBS LMC ORGANISATIONAL GOVERNANCE

CONSTITUTION

As reported in last month's newsletter, Cambs LMC entered into a 2 week consultation with constituents and stakeholders regarding intended amendments to our constitution for the purpose of changing our governance structure as we look at the future landscape of supporting General Practice. The consultation process ended on 22nd May 2020, and no comments or questions were received therefore the new Cambs LMC Constitution has been accepted and will be published on our website shortly.

LEVY

Further to last month's discussion, the Chief Executive has liaised with PCSE and understands that a proposed increase to the levy in 2017 was not enacted, due to a subsequent reduction in the GPDF levy. Therefore for the avoidance of doubt, the LMC will only be increasing the levy by two pence this financial year.

ADVICE ON COMMUNICATION PACKAGES FOR GPs

INTERPRETING & TRANSLATION SERVICES

Here are some examples of packages for communicating with BSL users when face-to-face contact is limited.

DA Languages – Commissioned by NHS England & NHS Improvement – EAST, DA Languages offer a wide range of services across the National Healthcare Service. Their secure online booking portal means that clients have control of their schedule. DA Link allows NHS staff to select a linguist that is right for them and most importantly the patient.

BSL Health Access – Promoted by NHS organisations, BSL Health Access delivers immediate, on demand access to British Sign Language (BSL) interpreters for communication with Deaf people in all health settings, including pharmacy, opticians, general practice and dentists, free of charge during the current coronavirus situation. Access takes place through two methods: Video Relay Services (VRS) relaying information over a telephone call between a BSL user and the hearing and Video Remote Interpreting (VRI) - a remote interpreter is used to facilitate communication with a Deaf and hearing person in the same location.

Sign Live – Used by local Councils in this County, Sign Live was established in 2014 by Joel Kellhofer, a serial entrepreneur and active member of the British Deaf community. Technology is developed in-house by a team that has been working with Video Relay Services and Video Remote Interpreting for over 10 years.

Interpreter Now - A service that enables deaf BSL users to communicate with hearing people via an online BSL interpreter. Using a smartphone, tablet or computer, you can download the InterpreterNow app, or go to the InterpreterNow website, and connect to an interpreter.

HEALTHWATCH CAMBRIDGESHIRE & PETERBOROUGH

COVID-19 SURVEY & WEBSITE AUDIT

Healthwatch have launched a COVID-19 survey to help gather feedback and get more insight into people's experiences on service changes as a result of the pandemic. They also want to find out if people have been able to get the help they need from services such as their GP, local hospital, dentist or pharmacy and what community support has been like for those who are shielding or isolating because of coronavirus. The survey's are on their **websites** (*links to both are below the newsletter attachment on our website).*

An audit of GP Practice websites is also being planned, similar to that of the work that has already been undertaken by Healthwatch Central Bedfordshire – *the link to their* **report** *can be viewed below the newsletter attachment on our website.*
here: HW Central Beds GP Website Survey Report

PRIMARY & SECONDARY CARE INTERFACE

'SWITCHING BACK ON'

Finally, the office is receiving lots of feedback around concerns of what our local secondary care services are available to our patients. We are actively pursuing as a priority this general issue which is the immediate focus for both CCG and acute sector colleagues alike. We are concentrating our efforts on diagnostics; those referrals sent immediately prior to the pandemic; and to related issues of workload generation at the interface between primary and secondary care.

Advice and Guidance does not mean that general practice should be left with the risk and responsibility to undertake many of the tasks, without capacity or resource to do so. Cases and evidence of the pressures you are under on the ground are invaluable to us making the case for general practice. Likewise conflicting messages around practices delivering routine work – your delivery of services is predicated on your capacity and keeping staff and patients safe using effective clinical triage, remote by default consultation, and careful PPE and processes when face to face consulting is necessary.

Likewise, the tools that we have need to work well. If you find that you choose to use an alternative platform for your online consultation model, or online triage system – then please feed this back to the CCG IT team when they contact you about optimising the use of the platform that has been commissioned.

Only by proactively feeding back constructive criticism and demonstrating alternatives that your patients do find easy to use, and which serves the needs of the practice also, will the CCG be able to know what you need and help us to negotiate the commissioning of tools that you need for the future. After all, who had heard of AccuRx in February?

Keep safe and keep well, Cambs LMC has got your back.

Keeping in touch

General enquiries are best sent to office@cambslmc.org

CAMBS LMC LINK

The LINK is a private LMC discussion list designed to allow GPs and Practice Managers who have subscribed to post directly by emailing link@cambslmc.org and share local information news and knowledge.

We do allow members on the list to use it as they see fit but sometimes information is posted by members that may not reflect LMC policy and on occasion we moderate these.

Please remember, if you are subscribed and you post to the LINK, your message will go to all the list members, so please be careful not to post messages intended to be private.

CAMBS LMC NEWS

The NEWS is an open information system, primarily designed for GPs and Practice Managers to receive News from Cambs LMC, such as the monthly newsletters. This list is publicly accessible to other stakeholders and those subscribed to this list cannot post messages to this list.

CAMBS LMC LOCUM NEWS

The Locum News is designed to help keep local locums informed by copying messages that that don't always reach them, for example; gateway messages and vacancies. Those subscribed to this list cannot post messages to this list.

Practices can email deborah@cambslmc.org to post to the Locum News as you can't post directly.

CAMBS LMC PM NEWS

The PM News is designed for Cambs LMC local Practice Managers to receive information from Cambs LMC only, such as LMC hosted events etc. Those subscribed to this list cannot post messages to this list.

Please get in touch with deborah@cambslmc.org if you want to join any of these lists or complete a form to advertise a GP vacancy on our LMC website www.cambslmc.org

LMC Officers:

Chair:	Dr Diana Hunter
Vice Chair:	Dr James Howard
Treasurer:	Dr Francesca Frame

LMC Staff:

Chief Executive:	Dr Katie Bramall-Stainer
Executive Director:	Alice Benton
Executive Officers:	Jo Audoire & Emma Drew
Administrator:	Deborah Wood