

Cambs LMC

Representing • Supporting • Advising



July 2020 Newsletter

IN GOD WE TRUST, ALL OTHERS BRING DATA

So said the American economist W. Edwards Deming, and never more is this true than in the politics of today's NHS. With the UK economy decimated, the brief reprieve from austerity between Chancellor Sunak's budget of 11 March 2020 and the UK entering lockdown 12 days later is now history, and we will be facing a severe funding gap for the foreseeable future.

As we have seen with the NHS Charities Together initiative that requires a minimum annual membership fee of £1000 for organisations to be eligible to bid for funds (thus effectively excluding primary care) it is easy to focus on those parts of the NHS that save lives in the moment, rather than extend lives in the main.

Last night, NHSEI released an 11 page update to GP contracts and income protection arrangements - an 'at a glance' summary is on the next page. What this document does not provide, is clarity over what QOF will look like from now until the end of the financial year, or an assurance of reimbursements and planning for inevitable rises in Covid-19 as we approach Autumn and Winter. There will be a 'major' expansion of the 'flu vaccination programme. How we deliver this safely, respecting social distancing, will be a considerable logistical challenge.

Likewise, so too will be a way to capture each patient episode that falls outside of a face-to-face, telephone or video consultation. Every task; each letter requiring a series of actions; every pathology result necessitating several calls - this isn't captured in a way that demonstrates the volume of intervention and activity we undertake each day. This won't be easy, and might necessitate a change in how we work that will not be an easy transition. But we need to value our time in the same way the Trusts value their time, and use their own business intelligence to create evidence for investment. We have much to learn from our secondary care colleagues.

The shift to online consultations will bring its own challenges. We will start to logon at 0730 and potentially see (or are already seeing) a long list of requests that have come in overnight, as our patients have an opportunity to access their own GP 24/7. Again, we need to capture this activity.

Your LMC met yesterday, and discussed how we might work with commissioners in demonstrating the volume of care we provide, to ensure the scarce funds are invested wisely. But what data is captured, what questions are asked, and how that data is used, will be critical to this challenge. The Nuffield Trust published a paper this morning, on exactly this topic as this article was being written – it is time to put hard evidence behind the anecdotes and demonstrate to the wider system the truth of the volume, the complexity, and the efficiency of primary care.

NHSEI's SECOND PHASE OF GP RESPONSE TO COVID-19

UPDATE TO GP CONTRACTS & INCOME PROTECTION ARRANGEMENTS 09.07.2020

Hot off the press yesterday evening, came NHSEI's awaited update. We will be picking up key issues with the CCG and NHSEI early next week. A link to the circular can be found on our website [here](#) but we have produced an 'at a glance' summary for you:

COVID

- Continue Direct Booking from 111 (1 slot per 500 patients)
- Prioritise care to high-risk patients; those shielding; care home residents
- Resume paused services, see patients face-to-face where clinically necessary
- Continue total triage and remote digital by default consultations unless unavailable
- No action necessary on receipt of patient COVID-19 results
- No requirement to communicate results to PHE
- Local outbreaks may mean reinstatement of contractual review and flexibility using Pandemic regs

NHSEI refers to prioritising the increasing need for COVID-19 aftercare and support. We are not aware of any changes to commissioned rehabilitative pathways and will be raising this nationally.

CONTRACTUAL

- QOF modification for remainder of 20/21 to be released shortly, income protection on other indicators to be agreed
- QI domains refocused on restoring care delivery in early cancer and LD - to be announced shortly
- Reinstate PPG engagement from 01.07.20, conduct meetings remotely
- Resume normal complaints management activities from 01.07.20
- Resume list and dispensing list cleansing activities in advance of the transition of GP payment systems from NHAIS to PCSE later this year
- Proposal for normal QOF to resume April 2021
- DSQS restarts 01.08.20, practices intending to participate need to write to the CCG

By guaranteeing financial support and temporarily reducing QOF requirements, NHSEI is hoping that capacity will be created to focus on Covid recovery, and supporting LTC management. Your LMC will be pushing for clarity and transparency around reimbursements and emergency income protection measures, especially around the eventuality of further localised outbreaks into the Autumn and Winter.

CLINICAL

- Proposed major expansion in 'flu vaccination programme for Autumn/Winter 20/21
- Extra local money through the Cancer Alliance to catch up cervical screening
- Reintroduction of LESs as of now
- Resume Frailty Reviews; >75 Health Checks; Routine Medication Reviews and New patient reviews (including alcohol dependency) conduct remotely, acknowledging limitations with physical reviews
- Resume Shingles vaccination programme from 01.07.20 - 31.12.20

PCNs

- Take immediate steps to expand capacity, recruit into ARRS using available funding
- Staff recruitment support is available from CCGs/community providers
- PCN development funding to provide support for staff induction and retention
- IIF commences 01.10.20

STILL SUSPENDED

- Appraisals still suspended unless extenuating circumstances, revalidation dates deferred for a year
- Friends & Family test returns remain suspended
- Individual patient consent is not required in certain circumstances to encourage use of eRD
- Excess local data collections - Commissioners must minimise administrative demands on general practice

NEW TO PARTNERSHIP PAYMENT SCHEME

GUIDANCE DOCUMENTS, FAQs, APPLICATION FORM

NHS England have now published the guidance which sets out the principles and process relating to the newly-established 'New to Partnership Payment' scheme. The scheme will be open to applications from July 2020 from GPs who have become a partner for the first time from 1st April 2020. Further information can be found on our website [here](#).

OCCUPATIONAL HEALTH UPDATE

On 24 June, NHSEI wrote to commissioners and GP employers with further guidance around undertaking risk assessments and ongoing occupational health need in primary care - something GPC has been actively campaigning for: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0625-risk-assessments-for-at-risk-staff-groups-letter.pdf>

This letter set out the expectations on CCGs to commission OH services to support practices with the risk assessment process for their staff. It is our understanding from discussions on GPC and with NHSEI, that practices will not be expected to pay for this, and that it should be made freely available as soon as possible through "local OH capacity" or by commissioning more to complement existing OH services via the dynamic purchasing solution, if additional capacity or access outside working hours is required. STPs may also wish to utilise any capacity that local authority provision may have.

We understand that NHSEI Regional will be chasing CCGs to ensure this is occurring at pace. Whilst we are extremely sympathetic to our colleagues who do have a proper OH service in place, that any 'spare capacity' may be very scarce, it will nevertheless be essential to understand what capacity we have as a system. We know that practices have been undertaking risk assessments on their teams for some weeks, and there will be even more examples of where OH advice is necessary with last night's NHSEI update.

Any shielded staff, or those whose risk assessment advises no face-to-face care, should continue to receive full pay. They should also be encouraged and supported to work remotely. In conjunction with the DHSC, further details will be issued soon on the Covid Support Fund for general practice to assist with any legitimate additional costs borne by practices. We expect this to be a central area of discussion at GPC England on 16 July, which your LMC chief executive and chair will be present at.

If you have an urgent occupational health need, then please speak to us and the CCG before you pay for expensive advice.

CERVICAL SCREENING CATCH UP

ADDITIONAL LOCAL FUNDING

We have worked with our cancer clinical leads and north alliance to find ways to fund practices who may be able to offer some catch-up smear clinics before winter. These funds are intended to be supportive of practices, as we all appreciate that the backlog has arisen through no fault of our own.

These clinics can be delivered at scale or in standalone practices. Plans will allow 2-3 x the usual time to accommodate additional infection prevention and control measures required.

At least £80k is available to facilitate extra clinics and help with the backlog, and reporting and monitoring is being kept to a bare minimum. Please look out for the full details that will be announced through the normal channels imminently. Our thanks especially to Dr Oliver Stovin for all his work on this.

PUBLIC HEALTH PAYMENTS

APRIL-JUNE 2020

Some good news - unlike neighbouring local authorities, we now have agreement to proceed with LARCs and Health Check payments for April-June 2020. Practice payments will be made based on activity levels in Q1 2019/20.

Our public health colleagues have worked hard to secure this funding, and whilst they appreciate that practices will have many demands on them as we move out of lockdown, there is an expectation that the downturn in activity will be addressed throughout the remainder of the year - however this will depend on the course of the pandemic as we approach winter.

Annual targets for Health Checks will remain unchanged, and public health intend to work with practices to support delivery. The CCG has issued local guidance on the phased approach to the provision of LARCs. You should have received information around this to inform you of the approach public health has taken, but in the volumes of information this can be easily missed.

We wanted an opportunity to thank our public health colleagues openly, for their commitment to ensuring continuity of funding for practices.

WORKLOAD BETWEEN PRIMARY & SECONDARY CARE

FEEDBACK WELCOME

We continue to welcome your feedback on your concerns for workload shift from secondary care and capacity to primary care. The volume of concern has been raised with acute and community trust leaders so that we can work with all organisations to secure a system solution that works for all.

To support the long term stability in all settings, we are working with CCG colleagues to improve access to community diagnostics as a priority, and continue to liaise with system leaders in how they address patients' needs of accessing outpatient care - our goal being for all settings to determine what action they can take, without inappropriately shifting that workload onto practices that have the same pressures around limited capacity and increasing volumes of demand.

Your committee suggested a template letter for practices to use, and we will take this forward.

As always, please do share your experiences; are you seeing a difference from our interventions or do you feel the volume of work transfer remains of critical concern? Contact us at office@cambslmc.org

MEDICAL MONITORING REQUESTS

PATIENTS WITH EATING DISORDERS

We reported concerns in Autumn 2018 and some 20 months later, we continue to guide and advise distressed GPs who continue to feel coerced into taking on additional, unfunded specialist work of the medical monitoring of adult patients who are acutely unwell with a serious eating disorder.

Your LMC's message remains the same: GPs are neither indemnified nor necessarily qualified, let alone commissioned, to undertake this work. The ombudsman is clear on this matter, and we are concerned to see GPs being invited to attend and provide evidence to Coroner's inquests. We will be writing to the Coroner's office again on this matter.

Do let us know if you continue to feel pressure to take on work that you feel unsafe to do and we would remind you to make use of the resources we have on the www.cambslmc.org new website, such as this [template letter](#) to support you.

CQC UPDATE

Following the publication of our last newsletter, our chief executive will be meeting with Dr Rosie Benneyworth the CQC's chief inspector for primary care on 22 July 2020. Should you have any particular issues or questions that you would like escalating and addressing, please send these into the office at the usual address office@cambslmc.org in good time ahead of Katie's meeting.

INTIMATE CLINICAL ASSESSMENTS

KEY PRINCIPLES AND BEST PRACTICE GUIDANCE

As a result of COVID-19 and the rapid change in the way GP practices converse with their patients, the sharing of photographs and/or videos from patients as part of their consultation, has increased.

NHS England and NHS Improvement has developed a key principles document for intimate clinical assessments undertaken remotely in response to COVID-19.

The Royal College of Paediatrics and Child Health [RCPCH] has also developed best practice guidance in collaboration with the Faculty of Forensic & Legal Medicine for the management of intimate images. Further information can be found on our website [here](#).

SUPPORTING CHILDREN RETURNING TO SCHOOL

ADVICE FROM ROYAL COLLEGE OF PAEDIATRICS & CHILD HEALTH

Clinical evidence confirms that COVID-19 infection is generally milder in children. A majority of infected children have no or very mild symptoms, with very few developing a more serious illness. The RCPCH has provided some guidance on this issue, which is of understandable concern to many patients and their families, and which practices may wish to use, which is available [here](#).

PATIENT REGISTRATION

CONTRACTUAL DUTY

A helpful reminder of the rules regarding patient registration on GP lists. In short, the main principle is that anyone, regardless of nationality and residential status, may register and consult with a GP without charge. You will find the full BMA guidance on our website [here](#).

Duty to provide emergency treatment. Practices have a contractual duty to provide emergency treatment and immediately necessary treatment, free of charge for up to 14 days.

Declining a patient registration. Practices may only decline to register a patient (whether as a temporary resident or permanent patient) if they have reasonable grounds to do so. These grounds must not be related to their race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Registering without proof of identity or address. There is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

Homeless patients. Homeless patients are entitled to register with a GP using a temporary address, which may be a friend's address or a day centre. The practice address may also be used to register them.

Tourists and overseas visitors. Anyone, regardless of their country of residence, is entitled to receive free NHS primary medical services at a GP practice.

LIFE AFTER CCT & GP FELLOWSHIPS

LAST FEW PLACES

Many thanks to our irrepressible chair, Diana Hunter and our excellent speakers at our Life After CCT event on Wednesday 1 July. We welcomed over 200 ST3s and newly qualified GPs and the early feedback was overwhelmingly positive. Thanks also to the Cambridgeshire and Peterborough Training Hub for hosting and funding our event.

The Training Hub is also advertising the final few spaces available for funding a two-year General Practice Fellowship programme for newly qualified GPs and Nurses employed by General Practice. Applications are invited from any Cambridgeshire & Peterborough practice employing GPs and General Practice Nurses in a substantive post who have qualified since January 2020. (Funding is available for FT or pro rata % WTE.)

The Fellowship provides a structured induction, support and educational programme and includes a financial contribution to practices to allow newly qualified recruits to engage with education, mentoring and peer networking. Don't worry if you haven't finalised an appointment yet, you can still submit an application 'in principle' to secure funding while you are recruiting, then provide the Fellow's details once the appointment is confirmed. If you have any questions please email candptraininghub@nhs.net

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

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