

# Newsletter

June 2020

Sheffield  
LMC



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## **COVID-19 RESOURCES: SHEFFIELD LMC WEBSITE**

Documents added to or updated on the [COVID-19 page of our website](#) since the May LMC newsletter include:

- COVID-19 weekly updates from Sheffield LMC – 21 & 28 May 2020
- Primary Care & Community Respiratory Resource pack (London CNs) (13May20)

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## **REMOTE WORKING SURVEY**

As a result of the NHS facing unprecedented challenges due to the Coronavirus pandemic, practices have been forced to utilise new ways of working in order to care for patients. "Self-isolation" and "shielding" has the potential to reduce the workforce to dangerously low levels. It is, therefore, important to have options to enable remote access to clinical systems in order to safely work from home or any setting away from the usual surgery environment. There are several methods of remote working currently available (such as laptops provided by Sheffield CCG), and other potential systems that are in development or awaiting approval.

We have received a number of communications over the last few months regarding difficulties with remote working, and have entered into discussions with Sheffield CCG and others. We would like to find out more about the current methods of remote working, and any persistent problems and the scale of the problems. Therefore, it would be appreciated if you could take a few minutes to complete our [survey](#). *Thank you.*

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### **COVID-19: TOOLKIT FOR GPs AND GP PRACTICES**

The BMA continues to update their [toolkit for GPs and practices](#), which should help to answer many of the questions they have been receiving on a large range of topics relating to COVID-19. Topics covered include:

- Service provision;
- Redeploying staff, working in hubs and furlough;
- Annual leave;
- Dispensing and medications;
- Primary care networks;
- I&R and IGPR scheme doctors returning to work;
- Home visits and care homes;
- Indemnity;
- Funding;
- Locum doctors;
- Reducing COVID-19 transmission;
- Temporary residents and travelling patients.

Recent additions include more detail on locum doctors working remotely, home working and distribution of high-risk work, and reducing COVID-19 transmission in relation to social distancing within GP practices. The guidance also suggests clarity must be given to healthcare workers about the future contractual position and plans to restore training and career development.

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### **STANDARD OPERATING PROCEDURE (SOP) FOR GENERAL PRACTICE IN THE CONTEXT OF COVID-19**

NHS England has recently updated the [SOP for General Practice](#), which:

- Recommends total triage arrangements should continue with remote consultations used whenever possible.
- Provides guidance on the management of patients who are shielding.
- Advises that staff should be risk assessed to identify those at increased risk of COVID-19.
- As capacity allows, suggests practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and long term condition health checks.

Practices are reminded that the SOP is guidance only and not a contractual obligation.

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### **ELECTRONIC REPEAT DISPENSING (eRD)**

NHS England has sent a [letter](#) to GPs and community pharmacists about the temporary suspension of the requirement for patient consent to use the eRD system, until 30 June 2020. If GP practices have not already received a list of patients receiving electronic prescriptions, they should request a list of their registered patients that the NHS Business Services Authority has identified as potentially being suitable for eRD, based on recent medication history. Practices can request this by emailing [nhsbsa.epssupport@nhs.net](mailto:nhsbsa.epssupport@nhs.net).

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### **INAPPROPRIATE TRANSFER OF WORK FROM SECONDARY CARE TO PRIMARY CARE**

In order to maintain some outpatient services, we have all noticed an increase in telephone reviews by secondary care. This is likely to remain a significant part of their activity, much as it will in general practice in the near future. We are also aware of some concerns that actions from some of these consultations are putting an increased burden on primary care in terms of prescriptions, investigations and management. If you have experience of inappropriate transfer of work, it would be helpful to receive anonymised examples to the LMC Office via [chair@sheffieldlmc.org.uk](mailto:chair@sheffieldlmc.org.uk) in order to be able to raise these with secondary care colleagues.

### **CORONAVIRUS LIFE ASSURANCE SCHEME**

On 27 April 2020 a new life assurance scheme was introduced covering health and social care workers during the COVID-19 pandemic. Details of the scheme have now been published by NHS Business Services Authority. The [scheme rules](#) include guidance for claimants and employers. This payment is in addition to Death in Service (DiS) benefits linked to the pension schemes.

The General Practitioners Committee continues to lobby on the outstanding issues around DiS benefits, particularly for locum GPs.

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## **ANTIGEN TESTING: COVID-19**

Anyone over 5 who has symptoms of COVID-19 (a high temperature, a new, continuous cough, or a loss or change to their sense of smell or taste) can now access antigen testing. Practices should direct symptomatic patients to the [NHS website](#), for further information on how to access the test online. If there are any questions about a test that has been booked, FAQs and details of how to contact a customer contact centre can be found [here](#).

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## **NHS 111 REFERRING INTO GENERAL PRACTICE AND COVID-19 TESTS**

In a recent [NHSEI primary care bulletin](#), practices were reminded that if they receive a referral from NHS 111, whether from the national COVID-19 Clinical Assessment Service (CCAS) or from a local service, then the practice should assume clinical responsibility for the patient. It is up to the local practice to decide on the best course of action for their patients, including the option to re-triage. However, the patient should not be re-directed back to NHS 111 as this could result in delay of urgent clinical care, nor should they be directed to NHS 111 to co-ordinate [testing for COVID-19](#).

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## **CARE HOMES**

Following General Practitioners Committee lobbying of government, Care Homes are now being supported to do virtual consultations. Practices should continue to provide proactive support for Care Home residents with suspected or confirmed COVID-19 through remote monitoring, or face-to-face assessment where clinically appropriate.

The Government has published an updated [Coronavirus \(COVID-19\): care home support package](#), as well as a [new operational model](#) to help pharmacy and medicines teams implement the NHS England guidance [Primary Care and Community Health Support for Care Homes](#).

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## **DOMESTIC ABUSE DURING COVID-19: ADVICE FOR NHS STAFF**

Following a concerning increase in domestic abuse cases during the pandemic the following information has been made available:

- NHS England has issued a [letter](#) with advice for NHS staff on dealing with domestic abuse during the pandemic. The letter lists a number of resources that may be useful for NHS staff in signposting to specific support teams.
- The Department of Health and Social Care has published a [document](#) that looks at how health professionals can support patients who are experiencing domestic abuse. The document helps health staff to identify potential victims, initiate sensitive routine enquiry and respond effectively to disclosures of abuse.

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## **DISTRICT VALUER SERVICES (DVS)**

The General Practitioners Committee met with NHS England (NHSE) recently for an update on the Premises Review, and to clarify expectations regarding engagement and consultation as more of the Premises Review workstreams get underway. NHSE advised that it has suspended physical inspections of Primary Care Premises by DVS in light of COVID-19, and that valuations will now take place via desktop review. DVS will be in touch with instructing CCGs or local NHSE teams to confirm arrangements on a case by case basis.

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## **PRINCIPLES OF SAFE VIDEO CONSULTING IN GENERAL PRACTICE**

NHS England has updated their [guidance](#) *Principles of safe video consulting in general practice during COVID-19*, which covers:

- Key principles for safely assessing patients using a video consultation;
- Examinations that may be perceived to be intimate;
- Documentation;
- Remote examination;
- Safety netting;
- Resources and references.

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**PRINCIPLES FOR RESTARTING  
NON-COVID CARE**

The BMA has published [In the balance: Ten principles for how the NHS should approach restarting 'non-Covid care'](#). The principles suggest that managers should take a realistic and cautious approach, that there must be adequate PPE, and that decisions about staffing levels and redeployment must be safe and measures must be taken to safeguard staff wellbeing.

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**CERVICAL SCREENING PROGRAMME  
RESTORATION GUIDANCE**

NHS England (NHSE) and Public Health England have published [guidance](#) on the restoration of cervical screening services, following the advice to step up urgent services, which includes screening. The guidance provides advice to NHSE regional public health commissioning teams to support conversations with providers of NHS Cervical Screening Programme services to ensure that they are restored in a consistent, safe way.

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**CARE QUALITY COMMISSION (CQC)  
INTERIM GUIDANCE ON DISCLOSURE AND BARRING SERVICE (DBS) AND OTHER RECRUITMENT CHECKS**

The CQC has issued [interim guidance](#) in response to temporary changes being made by the DBS to DBS applications and processes. It will be in operation for the period the Coronavirus Act 2020 remains in force, and will be reviewed on a regular basis.

The guidance applies to individuals (paid staff and volunteers) being recruited as a consequence of and during the Covid-19 pandemic, and where the following 3 things apply:

1. Providers need to start staff urgently.
2. Waiting for a full DBS check could cause undue delay.
3. This delay could lead to risks to the continuity of service, impacting the safety and wellbeing of people using the service.

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**CARE QUALITY COMMISSION (CQC)  
MYTH BUSTERS**

Professor Nigel Sparrow, Senior National GP Advisor at the CQC issues guidance to clear up some common myths about CQC inspections, as well as sharing guidance on best practice, which practices may wish to be aware of:

<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-full-list-tips-mythbusters-latest-update>

The following Myth Buster has been added recently:

- Mandatory Training Considerations in General Practice  
<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-70-mandatory-training-considerations-general-practice>

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**PREPARING FOR FLU IMMUNISATION 2020/21**

As you will be aware, NHS England (NHSE) has published the [annual flu letter for the 2020/21 programme](#). It is recognised that delivering the flu immunisation programme is likely to be more challenging this year because of the impact of COVID-19. NHSE will publish further guidance nearer the planned start of the programme in September 2020 but, in the meantime, practices are being advised to continue to plan for the programme as usual. The letter sets out the groups eligible for flu vaccination, the vaccine to be given to different groups and how to prepare for this autumn's vaccination campaign.

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**MISUSE OF CONTROL OF PATIENT INFORMATION (COPI) REGULATIONS  
FOR GP DATA REQUESTS**

The General Practitioners Committee (GPC) wrote to NHSX asking for assurances on the misuse of COPI regulations to request GP data. In response to the GPC's concerns NHSX, NHS Digital and Public Health England have established a single front door to triage requests for data, including research, **for COVID-19 purposes**. Practices can now direct any requests they receive for data to the single front door via [covid-19datasharing@nhsx.nhs.uk](mailto:covid-19datasharing@nhsx.nhs.uk).

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## ***A PATIENT'S GUIDE TO ADVANCE CARE PLANNING***

The BMA has published a [leaflet](#) that practices can give to patients who might want to think about how they would like to be treated and cared for in the future - including in the event of getting COVID-19. The leaflet explains what advance care planning is and covers different types of planning.

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### ***GP RECRUITMENT***

As part of the '[Choose GP](#)' campaign, Health Education England (HEE) receives a lot of enquiries from doctors who are keen to be put in touch with a GP or trainee either in the area they live or with similar interests. The chance to have direct peer to peer conversations is invaluable to them. The service has been running for the last 4 years and has been proven to make a difference between someone applying or not.

HEE keeps a list of volunteers who are happy to be contacted occasionally and willing to share experience and expertise – always with prior permission. If you are willing and able to do this please contact [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk) with details, including:

- Name
- Contact details
- Practice name and address
- Length of time has a GP or trainee
- Special interests / expertise or opportunities you are pursuing or would like to as a GP (clinical and non-clinical)
- Different settings you work in
- Indication of whether GP training was joined from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

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### ***VIRTUAL 'DOCTORS' MESS'***

Former General Practitioners Committee member and London GP, Dr Rebecca Viney, has developed a twice-weekly confidential meeting place to talk, share, offload and give space to plan and prioritise in small virtual break out rooms.

“We are a group of compassionate and positive medical coaches leading workshops on Zoom every Tuesday at 3.30 pm - 4.30 pm and Thursday 6.30 pm - 7.30 pm. You just need a link to Zoom. It's free, encrypted and available on your smartphone or computer. Email [contactdoctorsmess@gmail.com](mailto:contactdoctorsmess@gmail.com) with your GMC number, name and email to be linked to this completely confidential meeting place”.

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### ***DIGITAL GP SOLUTIONS***

On 28 May 2020 Alex Morton, Regional Director of Primary Care and Public Health Commissioning, NHS England and NHS Improvement - North East and Yorkshire Region issued the following request:

I am writing to request practice input into a survey which will be facilitated by the regional Academic Health Science Networks.

Over the last 5-6 weeks primary care has rolled out, at scale, a range of digital technologies. Many of these were planned but their roll out accelerated. It would be helpful to understand which of these have been valuable additions, which might need refinement before they become mainstream, and which have not worked.

The aim of this programme across the Region has been to implement digital solutions that 1) improve patient care; 2) make the system more efficient; 3) improve the working life of the workforce.

Together with the Academic Health Science Networks (AHSNs), the Region is keen to gain a rapid insight into evaluation requirements, so we gain local intelligence on the digital solutions implemented over recent weeks. It is important that we can determine whether or not the aims listed above have been achieved, where more needs to be done, and where there are gaps.

We would therefore be grateful if you could help us define the questions we need to ask in an evaluation by completing the survey via this link: <https://www.smartsurvey.co.uk/s/WV7XLM/>. This should only take 5-8 minutes to complete. It is in 3 sections (Online Consultations, Video Consultations and SMS messaging) - please fill in all or as many sections as you feel able. Whilst the survey will not close and there is no official deadline, if you could look to complete it **no later than Friday 12 June** that will help the AHSNs start to analyse the results.

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## ***APPOINTMENTS IN GENERAL PRACTICE IN ENGLAND***

NHS Digital has started releasing data on a weekly basis showing counts of appointments – the first report can be found [here](#). It is broken down by appointment status, health care professional, mode and time between booking date and appointment date at national level and a weekly sum of the total scheduled duration of appointments (in minutes) at national level. The data has a number of significant caveats, specifically:

- The information does not give a complete view of GP activity so should not be used to infer a view of workload.
- The data presented only contains information which was captured on the GP practice systems, which limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity.
- The duration data presented is scheduled duration, which is the planned length of time an appointment should take not the actual length of time it does take. This means that the data presented is not the actual amount of time practices spent on appointments, but the amount of time practices planned to spend on appointments.

The General Practitioners Committee is meeting NHS Digital to discuss these significant flaws in recording. However, practices should be aware that this information is being recorded and published and, therefore, should try to ensure that all patient contacts are appropriately recorded in clinical systems.

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### ***SESSIONAL GPs E-NEWSLETTER: JUNE 2020***

The latest edition of the Sessional GPs e-newsletter can be found on the BMA website [here](#). The main articles include:

- Working remotely and remote consultations;
- Our fifth tracker survey;
- New remote roles for COVID-19;
- Risk assessment guidance for BAME and other staff.

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### ***CAMERON FUND NEWSLETTER: SPRING / SUMMER 2020***

The Cameron Fund is the GPs' own charity, supporting GPs and their dependants in times of financial need, whether through ill-health, disability, death or loss of employment. Sheffield LMC makes an annual donation to the Fund.

The Spring / Summer 2020 edition of the Cameron Fund newsletter is available [here](#). The main articles cover topics such as:

- Figures for year ending 31 December 2019;
- Mental health issues;
- Appointment of new Trustees;
- LMC support.

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**Please forward any articles for inclusion in the LMC newsletter to**  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

**Submission deadlines can be found at**  
<http://www.sheffield-lmc.org.uk/website/IGP217/files/Newsletter%20&%20VB%20Deadlines%202020%20.pdf>

**Contact details for Sheffield LMC can be found at:**  
**Executive Officers:** <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=1>  
**Secretariat:** <http://www.sheffield-lmc.org.uk/page1.aspx?p=13&t=2>