Cambs LMC
Representing • Supporting • Advising

May 2020 Newsletter

THE NEXT PHASE

To talk of a 'recovery plan' for general practice would be a misnomer - as it suggests we will return to where we were before, and fails to understand the rapid innovations and transformations that have taken place in recent week. We are now even busier - recent government public health messages have had the intended effect. *A snapshot of practices from each corner of the county a week ago revealed a 21% increase in appointments and a 31% increase in acute prescribing compared to the same week in 2019.*

And yet, for now, we are coping - because we have changed. We are remote by default; triage by default; PPE by default. We recognise this will be a marathon not a sprint. Our most vulnerable patient need is prioritised. We are trying to keep general practice as safe as we can. We have supported our Acutes, but we now need access to diagnostics and pathways for patients to be managed requiring specialist care - we are having these discussions with the CCG and colleagues across the system. We are supporting 111, and we have worked with the CCG IT team to allow centralised booking slots for Covid - many of these remain sparsely populated across Cambs, *perhaps because patients know that if they contact their GP, they will receive timely, safe advice and care.*

We are operating in a different environment where the Coronavirus Act allows NHSEI to introduce any measures that it feels are immediate and necessary. As many of us perhaps predicted, the rise in deaths in care homes has reached the top of the political agenda. (It has long been a clinical priority for us as GPs). Simon Stevens' letter to NHS Chief Executives this week refers to bringing forward from October to this month, "the national roll out of key elements of the primary and community health service-led Enhanced Care in Care Homes."

GPC England has been clear that simply introducing the care home specification in the PCN DES early, would be neither acceptable - nor practically possible.

The LMC view is that instead, we believe this will be focused around upgrading care homes' digital infrastructure to facilitate better quality virtual consultations between practices and care homes to support practices' current regular video engagement with their care home patients.

Ideas and solutions from grass roots clinicians yield results for patients. We could work with our community geriatricians to be able to access the technology we have embraced. Care home staff themselves may be enabled to take the necessary observations to support remote decision making. Community nursing could also play an enhanced role in supporting infection control. There is clearly a need for much more testing for residents and staff, the need to reinstate access to diagnostics and greater opportunities to admit patients to hospital when it is clinically appropriate to do so.

Our message to Mr Stevens and NHS England, is trust your GPs as professionals to do the right thing. Offer genuine support for practices to get the job done, and we will. We have already transformed more in seven weeks based on professionalism (not targets, DESs or deadlines) than has been achieved in seven years.

WELCOME TO CAMBS LMC's NEW EXECUTIVE DIRECTOR

ALICE BENTON

We are delighted to welcome Alice as our new Executive Director. Alice brings a wealth of expertise and resilience into our office team, and a good many years' experience of commissioning and working closely with general practice, as well as a strong understanding of the local patch.

Since leaving the CCG a year ago, Alice has been supporting a range of primary care providers across different parts of the country with business structure, resilience and governance. She will be working closely with the team to add capacity to, and further develop the support we provide to our constituent practices. Alice is looking forward to re-connecting with you all, albeit remotely for the time-being, and can be contacted at alice@cambslmc.org

VERIFICATION OF EXPECTED DEATHS IN THE COMMUNITY

2020 CORONAVIRUS ACT

The emergency legislation in the 2020 Coronavirus Act has inadvertently created an issue around death verification. There is no requirement in English law for a general medical practitioner (GP) or any other specific person to verify death, but it has become custom and practice for this to happen when the GP would need to inspect the body to complete the MCCD and associated cremation paperwork.

Our senior coroner, David Heming, wrote to us yesterday and has confirmed that decisions around death verification are not a Coronial decision, and that he, or indeed any Coroner would be unwise to endorse any particular pathway or guidance, as it is *outside the statutory functions of a Coroner.*

On 24 April 2020, the BMA and RCGP published their own guidance which we understand has the support of the CQC. We would therefore recommend that you follow the joint guidance of your professional bodies.

To assist you, the BMA/RCGP guidance can be found attached to this newsletter and here:

https://www.bma.org.uk/media/2323/bma-guidelines-for-remote-voed-april-2020.pdf
https://www.bma.org.uk/media/2324/bma-verification-of-death-vod-april-2020.pdf

Furthermore we have created a flowchart and sample notification forms that you may find helpful for your care homes attached to to newsletter and here:

Remote Verification of Death
Remote Verification of Death in Care or Nursing Homes
Flowchart – Remote Verification of Death in the Community

EARLY MAY BANK HOLIDAY WORKING

FRIDAY 8TH MAY 2020

As you will hopefully know, the early May bank holiday this year has been timed to coincide with the 75th anniversary of VE Day on Friday 8 May. As per the 2020 Coronavirus Act, this is to be treated as a 'normal working day' in the NHS. For Cambridgeshire and Peterborough general practice, *the same arrangements will take place as per Easter*, and the same financial arrangements too, however we note that there has been much less national direction or expectation to open normally compared with Easter. *We would therefore encourage those GPs who have booked sessions with OOH providers to honour them, and for practices to operate a 'light' service as we predict demand will not be so great*. (Famous last words).

DISPENSING REGULATION 61(1)

DISPENSING TO NON-DISPENSING PATIENTS

Due to the enabling of Regulation 61(1) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, dispensing practices *may* be able to dispense to non-dispensing patients when those patients would be adversely affected by a delay in accessing their medication from a local community pharmacy, whose opening hours are restricted to 2pm-5pm on a bank holiday. So any urgent medicines that morning, or after 5pm for example, or in rural exceptions, a dispensing practice could issue to a non-dispensing patient in these scenarios.

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

THURSDAY 14th MAY 2020 – 19:30–21:30

Our virtual open meeting will be held on 14th May 2020 in the evening by live webinar with a live Q&A, Slides and answers to FAQs. Please do contact us before the event if you have any questions or areas that you would specifically like us to cover.

We will be sharing the slides and FAQs on our website after the event.

Please note the deadline for sign-up to the PCN DES remains 31 May 2020.

Thank you to CAPCCG Training Hub for advertising this event and managing the booking system on our behalf. Please see attached link which will take you straight to the Training Hub website to book your place:

https://cptraininghub.nhs.uk/event/cambridgeshire-lmc-open-meeting-on-2020-21-gms-contract-and-pcn-des/

IT Update – Key Messages

We have been working closely with the Primary Care IT team to ensure that practices meet the new nationally contracted IT requirements, with the minimum amount of disruption.

NHSE have now clarified the requirement, in that practices will have a nominal prioritisation list (currently called the C-CAS worklist) that both NHS 111 and C-CAS will be able to book into at a rate of 1 appointment per 500 patients, to be reviewed at the end of June.

Locally, any current 111 direct booking slots will be inactivated in practices and the Primary Care IT team will, from next week, reduce the C-CAS slots to the correct number for each practice, and enable both HUC 111 and C-CAS to book into that single list. All patients will have been already triaged and told to expect a callback from their practice. They will not have been given an appointment time, however a new requirement is that these referrals into primary care are reviewed every 30 minutes to decide on the appropriate action for the patients.

Local data suggests that C-CAS numbers are very small but will continue to be monitored. More detailed information will be included in today's Primary Care IT update; we urge you to read it. It will also include detail around national changes to GP Connect Record Viewing, Summary Care Records and eDSM for Systmone. ***Please note the requirement to contact them by 6pm on Monday 4th May, if you do not wish them to carry out the SystmOne changes on your behalf***.

FAQs

MINOR INJURIES LES 2020/21

With the Minor Injuries LES 2020/21, what if I see a patient with a minor injury in practice, refer for an Xray, and a fracture is excluded (so the patient is not then referred to A+E), can my practice claim this as a minor injury?

Yes, this would be a legitimate claim. The background for this LES has been to reduce A&E attendances by managing certain clinical cases in primary care where this is possible. Based on this principle, minor trauma is one the conditions included in the LES which would be claimable (unless they require A&E attendance). If the assessment of the patient requires an XR arranged directly in the radiology dept – not via A&E – which subsequently excludes a fracture, and does not require A&E attendance, then this would be an acceptable claim.

DIABETES LES 2020/21

With the new Diabetes LES, how will the targets be calculated/reached for September 2020 due to Covid-19 and not offering routine blood tests?

Covid-19 has changed everything - we will be working with the CCG to re-calculate new figures for targets in due course. In the interim, we would encourage practices to utilise tools like Eclipse which may help practices quickly identify those patients at most clinical risk. Practices should also focus on the delivery elements of the 3TT where they can, being assured that a new pathway/process acknowledging the challenging environment we are all practising in, will be shared as soon as it has been agreed.

2WW

I have had a 2WW Colorectal pro-forma rejected as I have not undertaken a FIT. Is this right?
There has been an impossible amount of information shared in recent weeks. A CCG Gateway message from earlier in April confirmed the following interim position:

Colonoscopies are high risk procedures and involve a lot of staff, so are being limited. If the presenting symptom is bleeding or a mass please refer as usual. For all other symptoms please do a FIT test and if negative, and > 60, and the only symptom is a change in bowel habit, do not refer at this time. The labs at CUH and NWAFT have confirmed they are offering a normal service for appropriate tests including FIT and have adequate supplies of sample bottles, please order in the usual way and do not stock pile.

The 2ww colorectal pro-forma on the CCG website may not reflect this change, as this change is interim only for now, during the pandemic.

SALARY UPLIFT IN GENERAL PRACTICE

Does the 2020/21 GMS contract allow for a staff pay rise?
The recommended uplift of staff salary was within the 19/20 contract. It is not in the 2020/2021 contract, therefore this would be discretionary at the current time. We are currently awaiting clarity from GPC.

Does the 2020/21 GMS contract allow for a Salaried GP pay rise?
The recommended salaried GP uplift of 2% in 19/20 was an exception. We have now reverted to the usual practise of the DDRB process for 2020/21. The DDRB will report on this in due course.

GENERAL PRACTICE & CPFT

JOINT WORKING PRINCIPLES

We are aware of significant service changes that were made within CPFT in an emergency response to the emerging pandemic. We have worked closely with the CCG in escalating problems raised on The Link and a set of principles has been agreed upon with CPFT, which the CCG will be sharing via the Gateway, namely:

1**) All care needs should be triaged first by telephone**

2) Use telephone or video consultation technology wherever possible with patients

3) Consider offering and supporting self-management of health care needs provided by the patient and/or carers, including those procedures traditionally provided by clinicians, e.g. injections or simple dressings

4) Where face to face contact is essential to provide care, work together across practices and CPFT to identify the best location, minimise the number of clinicians seeing a patient, consider continuity of care and maximise the opportunities of each contact

5) Technology should be considered for remote monitoring, e.g. home BP measurement.

6) Clinical care to be reviewed to minimise the need for face to face staff contacts. For example, use of DOACs instead of warfarin for anti-coagulation

7) Patient choice should always be considered

Shielded Patients

Shielding can be considered an appropriate justification for requiring home visits for care from primary care and community services, even if the patient is ambulant. The need to apply the principles and rationalise the number of contacts to reduce the risk of exposure to Covid, is critically important for these patients.

Urgent Requests

When urgent requests are submitted to the SPA, a brief reason for clinical urgency needs to be provided. Sometimes a CPFT clinician may need to call the practice back to clarify a request or agree appropriate practical arrangements.

Making local decisions

The SPA is available 7 days a week for access to all services (8am to 10pm) on 0330 7260077. This should be used as the first point of contact to discuss referrals.

CPFT Area Managers Contact Details

Practice and community clinicians are encouraged to work together locally to assess individual need and circumstances, taking into account the above principles. Details of how this is organised will depend on the locality, the practices and staff involved. Below are the contact details of the CPFT area managers who are available to support this new way of working and resolve any difficulties that may arise:

Cambridge – South City/East Villages - Deborah Nikolova Deborah.Nikolova@cpft.nhs.uk 07976 573696

Cambridge, North City/North Villages (& St Neots temporarily) - Nicola Zolnhofer Nicola.Zolnhofer@cpft.nhs.uk 07964 345652

Isle of Ely (East Cambs) - Esther Mwangi Esther.Mwangi@cpft.nhs.uk 07773 204166

Peterborough – City - Louise Walton Louise.Walton@cpft.nhs.uk 07385 290235

Peterborough – Borderline - Emma Williamson Emma.Williamson@cpft.nhs.uk 07970 985200

Wisbech/Fenland - Sue Heanes sue.heanes@cpft.nhs.uk 07958 517188

Huntingdon/St Ives - Sharon Nightingale Sharon.Nightingale@cpft.nhs.uk 07432 718260

Example

A shielded patient requires regular blood tests, and reports a wound on their leg. A nurse attends to take the blood sample (instead of a phlebotomist) and reviews the wound. There were some concerns about the wound, so the nurse contacts the practice whilst at the patient's home, and a video consultation occurs with the patient, nurse, and practice ANP. The resulting prescription is issued via EPS and delivered to the patient by the local pharmacy.

PERMITTING RE-USE OF DRUGS IN CARE HOMES

NATIONAL GUIDANCE

NHS England have very recently produced national guidance permitting reuse of prescribed medications in care homes, including Controlled Drugs. Page 12 of the guidance on the link contains an A4 pathway on medicines re-use that is especially helpful.

https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice

SAFEGUARDING

A MESSAGE FROM SARAH HAMILTON – HEAD OF SAFEGUARDING PEOPLE

"Whilst acknowledging that Covid-19 has significantly impacted on how we are all working now, Safeguarding remains a clinical priority and the Safeguarding team are here to support you. We know you're all juggling many competing priorities at the minute, whether it's balancing your workday with childcare or trying to look after elderly relatives remotely. It's important we all remember that safeguarding patients and their families, colleagues, and friends and family around us remains very important during this busy time. To help you we are suggesting a few things to assist with how to identify safeguarding issues, and what you can do if you have concerns; download the NHS England Safeguarding guide it's a great one-stop shop for information.

The CCG Safeguarding People team are also still here to support you. You can contact us directly via email on CAPCCG.safeguardingadults@nhs.net or CAPCCG.safeguardingchildren@nhs.net to contact Linda or Julie respectively. Another option could be a virtual discussion about any safeguarding practice or patient matters.

Finally for now, our website has links to relevant information about policies, training, support and can be found here: https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/patient-pathways/safeguarding/safeguarding-covid-19/ We are continually updating and refreshing this. We are also working with the GP training Hub to bring you new ways of securing your appropriate safeguarding training. Further information to follow online.

NHS EMPLOYERS

RISK ASSESSMENT FOR STAFF

NHS Employers has 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.

The guidance signposts employers to the resources provided by the Health and Safety Executive and provides relevant advice for practices to consider for their own staff.

It is recommended that organisations consider the following issues in relation to people in their workforce who might potentially be at higher risk of contracting COVID-19, or of becoming more unwell if they do contract COVID-19. The assessment of risk should be done in discussion with staff, recognising some elements will require sensitive discussions:

- Black, Asian and minority ethic staff
- Age
- Disability
- Pregnancy
- Gender
- Religion or beliefs

Practices should ensure that line managers are supported to have thorough, sensitive and comprehensive conversations with their staff. They should identify any existing underlying health conditions that may increase the risks for them in undertaking their roles, in any capacity. Most importantly, the conversations should also, on an ongoing basis, consider the **feelings of** colleagues, particularly regarding their safety and their mental health. Managers should also seek and follow occupational health advice where appropriate.

Further information is available at https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff

Cambs LMC Constitution

ORGANISATIONAL GOVERNANCE

As you will have seen, Cambs LMC has been actively supporting its member GPs throughout some recently challenging times. We are aware that member GPs not only deliver primary care services under core contracts, but are actively engaged in other forms of delivery and engagement in a variety of other organisations, including, but not limited to, Primary Care Networks, Federations and Clinical Commissioning Groups. We want to continue to give advice and develop our services in the light of these changing demands and will, in the coming weeks, begin to look more closely at what areas require more support to ensure that services are focussed on meeting member GP needs.

In particular, we will be focussing on ensuring that we support member GPs equally across the following areas:

- GP core contracts and the delivery of primary medical services (GMS, PMS APMS)
- GP practices working with Primary Care Networks
- GPs within federations as members or shareholders
- GPs on federation boards or any other governing structure
- GPs as service deliverers engaging in federation work
- GPs as members of clinical commissioning groups
- Salaried GPs, locums either within practices or engaged within federations

As your local representative body, we have a duty to ensure that our on-going support meets the demand of member GPs in whatever roles they are engaged in. We will achieve this in the following manner:

- Amend the LMC constitution to reflect the changes to the healthcare landscape, acknowledging the increasingly diverse roles of our member GPs and ensure that we represent member GPs in all these developing areas
- Continue with current services to member GPs and enhance and introduce new services where appropriate to meet the requirements of member GPs in their diverse roles to allow us to give you more comprehensive support
- Redistribute all levy funding in such a way which is more focussed and more relevant to current needs

By doing the above, we hope to make advice and support more accessible, more relevant and more beneficial to local needs. All other aspects of our role, both as a body recognised by statute, and as an independent representative body will remain unaltered. Should you have any questions or issues about these changes that you would like to discuss regarding the above please contact our chief executive and LMC secretary, Dr Katie Bramall-Stainer email: katie@cambslmc.org. Details of these changes will be published on our website, together with the amended constitution, and can also be accessed via the LMC office direct.

Cambs LMC Levy

To meet the increased demands of the LMC, and best serve the needs of our constituents, your committee voted yesterday to increase the voluntary levy by 3p for 2020/21. We have not raised the levy since 2017, and even allowing for this increase (which we envisage will not need to be revisited for some time and which compares favourably to some neighbouring LMCs) we hope we will be able to offer increased value to our constituents when they need us more than ever.

FIREARMS LICENSING MEDICAL PROCESS

WHAT IS CHANGING?

Effective immediately, Bedfordshire, Cambridgeshire & Hertfordshire Police, in collaboration with Cambs LMC, and Beds & Herts LMCs, will be changing the way they process applications for Shotgun Certificates (SGC) and Firearm Certificates (FAC).

The LMC has been working closely with the police in recent months to agree a new, standardised medical process which both satisfies the police's requirements for public safety whilst also minimising workload and medico-legal risk upon GPs.

Bedfordshire, Cambridgeshire & Hertfordshire Police will no longer accept any SGC/FAC application unless it is accompanied by a completed standardised pro-forma which the applicant will ask their GP to complete. Therefore, from the GP's perspective the only change is that the applicant will now be asking them to confirm/deny the presence of any diagnoses of concern rather than the Police.

Further guidance is attached to this newsletter which will also be published on our website next week.

CAPCCG DAILY SIT REP QUESTIONNAIRE

PLEASE SUBMIT BY 11AM DAILY

Thank you for continuing to complete the questionnaire. Please do 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

CAMBS LMC WEBSITE REFRESH

COMING SOON!

Look out for a further refreshed Cambs LMC Website which will include an interactive PCN Map for Cambridgeshire.

The website address will remain www.cambslmc.org and all the guidance, support, COVID, Jobs and other resources will still be available.

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