Rotherham LMC
Local Medical Committee

Newsletter – May 2020

Care Homes LES / DES

Since our last newsletter, there has been pull back from NHSE in introducing the PCN DES Care Homes Spec early and at our last meeting, the LMC considered the NHSE document "Primary care and community health support to care home residents", and the CCGs response to this in a discussion paper, including a proposed schedule of care home alignments.

We were joined by the PCN Clinical Directors (CDs) in these discussions, and we have fed back our shared concerns to the CCG.

The feeling was that in order to protect care home residents effectively and safely as they have been doing over the last years with the Care Homes LES, we wish to have the care home premium at an appropriate level that enables us to continue that. The offer set out in the discussion paper would not enable this.

The CCG has now agreed a plan to align a further cohort of care homes with practices. The LMC were observers at the Primary Care Committee meeting which approved this, but not active participants to this agreement. We remain, principally, advocates for individual practices and are happy to discuss any concerns individual practices may have.

National flu immunisation programme 2020/21

The NHSE recently published a letter setting out which groups are eligible for the flu vaccination programme this autumn and the actions that commissioners and providers of the flu vaccine programme should take to prepare. They recognised that delivering the flu immunisation programme is likely to be more challenging because of the impact of COVID-19 and further guidance will be issued about how to manage the immunisation programme to reflect circumstances nearer the planned start of the programme in September 2020.

LMC Members discussed the latest YH (SYB) SIT update which is advising practices to order approx. 10% extra flu jabs for the coming flu season. In the absence of further national or local advice regarding specific delivery arrangements, members discussed various options including the use of a drive-thru site like that currently being used for Covid-19 testing as a possible avenue for flu vaccinations, organised along the lines of a hot hub with practices contributing manpower and equipment, including their own vaccines. This might potentially be managed via Rotherham Healthcare Connect CIC

Single Accountable Officer across all SY CCGs.

We have held discussions with our local LMC colleagues who share our concerns at the lack of NHSE consultation with the LMCs on this issue, as well as requesting clarification on the processes in place for making such changes & consultation with member practices. We're sending a joint letter on behalf of SYLMCs expressing the LMCs' bottom line in terms of consultation and voting. The main issue is the potential loss of local engagement

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Innovation Fund

LMC members noted that the CCG have previously asked for Physio First not to be put in to the baseline on the basis that they would provide the recurrent monies to Primary Care / PCNs via another route.

From discussions with the PCNs, the LMC feel that if this recurrent money was not made available to the PCNs, then the Physio First monies should be put in to the baseline.

Extended Access LES

There was broad agreement with the principle that a visiting service could be developed and with the proposals in the paper as a whole, but that a flexible approach to this should be continued.

There has been a precedent set that visiting can be switched for HUB appointments (telephone / F2F) and vice versa depending on demand, after the CCG set up the hot visiting service in response to COVID. The LMC requested that the service should have ongoing evaluation for value for money as well as switched to appointments if demand dictates the need for this.

UECC

At the last LMC Meeting there were significant concerns raised by the CD's about patients being turned away from the UECC and booked into practices. Their argument was that a huge amount of primary care money went into the UECC and also ongoing funding.

There should be effective triage to stream to A+E or the primary care side and then they should be seen, with education to patients if attending inappropriately. Although not a problem for the hub appointments having access to GP systems to make it easier to arrange follow up, but perhaps that should be by telephone triage.

Rotherham App.

Concerns continue about the high cost & value for money. It was felt that although we are tied into an ongoing contract, there should be evaluation of cost effectiveness when measured against the NHS App and the potential cost of AccuRx in combination, which is much more user friendly.

Transfer of work from Secondary Care

LMC Members discussed how GP practices were taking on lots more work from secondary care during the Covid-19 crisis – work that would have been done there previously and so there was a need to exercise care in the assessment of it going forward. This was manifesting piecemeal from different directions and departments.

There was consensus that the LMC would lead a concerted effort to push back on these temporary arrangements once the crises had abated.

Postnatal testing for women who have gestational diabetes

LMC Members were unaware that this was a process that their practices currently provide, though there was acceptance that it could be happening informally.

The point was made though that at a minimum this is a change in practice from the hospital, so on that basis it would be reasonable to expect evidence that this is work that does currently exist in primary care before formalising any protocols. If it turns out that it doesn't exist in primary care the LMC are happy to discuss resourcing in the form of IOS payments.

GPC ADVICE

GP and practice COVID-19 toolkit

Our toolkit for GPs and practices has been updated to include a section on minimising risk of transmission in general practice. The toolkit helps to answer many of the questions we have been getting on a large range of topics relating to COVID-19. Any updated guidance or FAQs from us will be added to this toolkit so please check it regularly for any new additions.

Identifying high risk patients and shielding

NHSE has provided an update in their primary care bulletin on shielded patients this week, and as stated previously a small number of patients have been identified who will be advised to shield via a centrally generated letter and text message. The addition of flags on GP records and distribution of central letters is expected to have been completed by 7 May. Any patients that practices have identified as clinically extremely vulnerable prior to 28 April should now be recognised by the Government support website.

If they have not already done so, practices should contact these patients as soon as possible, using the updated version of the template letter. This contains the same information as in previous versions but confirms that the Government is currently advising people who are clinically extremely vulnerable to shield until 30 June, subject to ongoing review. A link to this has also been added to our guidance for practices about steps to take about the list of shielded patients.

PPE

The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, as was yet again evident by the results of our third tracker survey published a few days ago which showed that overall, nearly half the doctors say they have sourced their own PPE for personal or departmental use, or they have relied upon donations.

The BMA 24/7 emergency support helpline is available for doctors who find their PPE is inadequate and need urgent advice. Call the PPE hotline on 0300 123 1233 or use the **webchat >**

We continue to work hard to ensure that practices get the necessary PPE that they need to work safely. Read our latest FAQs: **Refusing to treat where PPE is inadequate >**

Testing of healthcare workers

Testing of COVID-19 for primary care staff and household members as well as for all asymptomatic NHS and social care staff and care home residents is now available in testing sites across the country.

Staff isolating who need a home test kit should use the Employee (Self-Referral) portal. For further information see this guidance about staff accessing tests. For technical issues related to booking tests and results enquiries contact the Coronavirus Testing Helpdesk - 0300 303 2713

Death verification and certification

The DHSC have now published guidance on verification of death which aims to clarify existing practice for the verification of death outside of hospitals and to provide a framework for safe verification of death in this coronavirus (COVID-19) emergency period. The guidance is linked on our website and sits alongside our own guidance on this.

Self-referrals to the NHS Volunteer Responders scheme

People who feel they are vulnerable at home during the COVID-19 pandemic, and who would benefit from support from NHS Volunteer Responders, can now self-refer to the scheme rather than depending on their GP practices or other professionals to refer them.

The number for people to call to make a self-referral is **08081963646** – and you can share this with your patients.

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee meets on the second Monday of every month in the Board Room at Rotherham General Hospital

NEXT
LMC MEETING

8th June 2020

COMMENCING
At 7.30 PM

LMC Officers:-

Chairman,
Dr Andrew Davies
ajldavies@hotmail.com

Vice Chairman,
Dr Chris Myers
christopher.myers4@nhs.net

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Dr Neil Thorman
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If you have any questions or agenda items, or wish to submit appropriate articles for this newsletter

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