

Newsletter – April 2020

LMC Meeting 20th April 2020

At our last LMC meeting, we discussed a range of issues in addition to the newsletter articles here including: PPE supplies, Single Accountable Officer across all SY CCGs, PCN Red Visit Pilot for District Nurses and Adoption Medicals.

Covid-19 Toolkit

The GPC have published a toolkit for GPs and practices which covers: Service provision, Home visits and care homes, Redeploying staff, working in hubs and furlough, Indemnity, Annual leave, Dispensing and medications, Locum doctors, Primary care networks and has links to updated guidance on returning doctors, IT, homeworking and remote consultations.

The toolkit can be accessed here: <https://www.bma.org.uk/advice-and-support/covid-19/practical-guidance/covid-19-toolkit-for-gps-and-gp-practices>

RFT Referrals

RFT are proposing to triage non-urgent referrals and bounce them back to GPs. The LMC have requested national guidance, and this is imminent for secondary care.

The GPC advised the LMC:- *In the current context it is important that clear, consistent processes exist to ensure safe handling of emergent, urgent and routine referrals from primary care. At present this requires agreement between partners at a local level.*

NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals. Therefore, GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds (taking into consideration need for non-face to face consultations, likely delays in recommencement of routine elective activity, and communicating likely delays to patients at point of referral).

In light of this, LMC Members discussed various measures for practices to adopt immediately, including:

- Continuing to make referrals where clinically appropriate
- Marking referrals “urgent” where necessary
- Advising patients of the guidance and asking them to follow-up any referrals after, say, three months.
- Use of Accurx functionality as a reminder too for patients

For x-ray investigations, RFT are intending to maintain a normal service. The LMC are not clear whether the advice regarding referrals extends to investigation requests and there was a concern GPs would shoulder the burden on referrals management, although RFT are under no obligation to hold and bounce back these referrals.

Would Practice Managers please let the LMC know via email if they are encountering any specific problems with regards to organising any tests and the LMC will raise with RFT for any common themes of problems.

Referrals to the Coroner

The national guidance to Coroners advises that there has never and continues to be no legal requirement for GPs to verify death, which is separate to issuing a medical certificate of cause of death, which is still the responsibility of the GP. Medical training is not required for verification of death.

There have been extensive discussions with CCG, the Local Coroner’s Office and representatives of local Funeral Directors. The Coroner has significant concerns around relatives / carers to be involved in the process and many Funeral Directors are also refusing to

participate in the process, despite offers of remote support by GP's.

Further discussions are ongoing but in the meantime we are exploring with Rotherham Health Care Connect as to whether an interim measure of using the hot visiting service to help with verification of death is a feasible option.

Meanwhile, please find attached the latest Coroner's Electronic Referral Form.

Interim guidance on changes to cremations following Coronavirus Act 2020

The Cremation Medical Certificate (form 4) published on the Gov.UK website at: <https://www.gov.uk/government/publications/cremation-medical-certificate> has been updated to provide for a medical practitioner completing the form on their computer or other device to embed an electronic signature. This will enable the form to be sent via another person's email account, such as a medical administrator, without the form having to be first printed and signed.

Extended Hours LES

The LES is continuing in the absence of a national stand-down. However, continued funding is problematic if practices aren't seen to be supporting this locally.

Capacity to provide extended hours access is going to fluctuate over the coming months. Focus needs to remain on staff and patient

welfare and must not be compromised by efforts to deliver the specified hours in the DES. It is not realistic or appropriate to work long days, but the LMC would remind practices that appointments can be delivered remotely and by other healthcare professionals.

As there is no national directive that practices can stop doing them, practices are advised to continue to provide capacity for booking telephone slots for Extended Hours, hence fulfilling the requirements of the LES. Whether or not this capacity is utilised by patients due to the enormous efforts practice are making to meet the demands of the current situation is largely irrelevant.

Early discharge template and the rapid Covid-19 discharge process

The LMC are in discussions, but there is ongoing unanimous support for these being followed up with a telephone call where actions are required from the GP as follow up. A sticking point for this may be struggling to get through on the phones, but most GP surgeries are able to supply a dedicated direct phone line now as part of their sit reps.

Cost of Living increases

We note that there is a 4% uplift in Global Sum for the 2020-21 contract, of which 1.8% is allocated for an increase in staff costs. The DDRB recommendation regarding increases to pay

scales is not due out until early summer.

However it is for practices to determine the level of uplift for their staff. DDRB will make a recommendation on salaried GP and GP trainee uplifts and any uplift should be backdated to April. This could be used as a guide for other practice staff, and again backdated to April, or an initial pay uplift made this month adjusted if necessary. The latest CPI rate in February was 1.7%.

Blue Badges

From August 2019, Blue Badges applicants are now having to provide medical evidence of their conditions which cause them to need a blue badge. These are in addition to proof of ID & Address. This is for all applications not just for Hidden Disability applicants.

There are no changes in legislation, regulations or directions which change the obligation on general practice. The "mandatory" aspects of this change are in respect of the obligations of the patient.

Many applicants are struggling to obtain medical evidence from their own records, (these can be uploaded electronically during an online application) and so the 'GP Print outs' could help the applicants with this issue and hopefully prevent the need to make appointments with GPs or asking GPs to write letters.

So GPs, as always, should they choose to do this work, (they may decline) may charge a private

professional fee. It may be that in some areas the payment is covered by existing collaborative arrangements.

BMA locum GP contract for temporary employment

After waiting several weeks for NHSE to publish their locum contract, a growing number of locum GPs are feeling isolated and unable to access work in the ways they are used to. The GPC have had assurances from NHSE that localities don't need to use the NHSE contract to claim central reimbursement so they have launched their own in an effort to encourage better T&Cs for colleagues than the NHSE offer.

The GPC have now published a BMA locum GP contract for temporary employment for use by localities.

<https://www.bma.org.uk/advice-and-support/covid-19/your-contract/covid-19-model-terms-for-gps>

PCN Link Workers

So far there has not been a significant rise in the numbers of patients being referred to the link workers and consequently there is the capacity to refer many more.

The LMC encourage all practice staff (GP's, nurses, reception staff, admin etc.) to refer more patients to the link workers. In other areas of the country some practices are taking a more pro-active approach and producing lists of identified patients for the link worker to start contacting who they feel may be particularly vulnerable.

We think this is a sensible approach, and whilst it involves some additional work in running searches during an already busy time, it will enable the link workers to provide the support they can to these patients, hence saving practices time and effort. The long term conditions list of patients might be used as a starting point. Any further enquiries, please contact

Rebecca.Howe@varotherham.org.uk

NHS Volunteer Responders

The NHS Volunteer Responders scheme is a tool for health and care professionals, including social prescribing link workers and administrative professionals, to use to help match volunteers with individual tasks to support people who are at very high risk from coronavirus or who need additional support as a result of it's impact where limited local support is available, for example if they have been asked to self-isolate and 'shield', if they are over 70 and have underlying health conditions, or if they are self-isolating and are considered especially vulnerable.

NHS Volunteer Responders can be asked to help individuals with tasks such as delivering shopping; delivering medicines from pharmacies; driving patients to appointments; bringing them home from hospital; and a 'check in and chat' phone call.

Professional judgement should be used to determine if an individual would benefit from this support. Referrals should be made with the

consent of the patient, using an nhs.net email address via the [NHS Volunteer Responders referrers' portal](#).

Alternatively you can call 0808 196 3382 to make a referral. Additional guidance can be found [here](#) on the NHS England website.

Temporary Changes to HGV and PSV Licensing

Please note the latest interim guidance regarding licensing:

<https://www.gov.uk/government/news/government-takes-further-action-to-support-bus-and-lorry-drivers-who-are-keeping-the-country-moving>

Changes to QOF 20/21 Indicators

BMA have confirmed that the normal extraction process for end of year QOF has taken place for 2019/20. In performing this extraction, some practices are able to see the achievement / payment data they might have expected this year based on their actual achievement. NHSE is now in the process of performing a comparison exercise with 2018/19 achievement and payments will be updated in due course. More here:-

<https://www.bma.org.uk/advice-and-support/gp-practices/funding-and-contracts/quality-and-outcomes-framework-qof>

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