

## **CLMC Bulletin 439 – 10/11/20**

### **Messages of thanks to general practice**

Following a tumultuous time and lack of appreciation of general practice, both by Government and the media, general practices have now received some welcome messages of thanks.

In the [5 November press briefing by the Prime Minister](#), Sir Simon Stevens, Chief Executive of NHS England, said “we are doing very well thanks to the brilliant work of GPs in expanding the flu vaccination uptake this winter which is so important given that if you have flu and coronavirus at the same time you’re twice as likely to die from coronavirus than you otherwise would, that’s why it’s so great that 2.5 million more people have had their flu jab this time this year compared to the same time last year”.

In addition, Jo Churchill, health minister in England with responsibility for primary care, has written a letter of thanks to GPs and practice staff for their work throughout the pandemic. She expressed appreciation about the unprecedented pace at which general practice has adapted in response to COVID-19 and how primary care services have been transformed by introducing total triage, delivering remote consultations alongside face-to-face appointments in order to serve as many patients as possible, while protecting staff and the public from risk of infection.

She also highlighted the high workload in the health service and how grateful she is for the efforts GPs and all practice staff continue to make to support patients. Read the full letter [here](#) and please share with your teams.

### **Second lockdown in England**

As of 5 November, the government introduced [new national restrictions in England](#), until 2 December, to help control the spread of COVID-19. The following measures are in place:

- Staying at home, except for specific purposes, such as education, work (if you cannot work at home) or exercise
- Continue social distancing and preventing gathering with people you do not live with
- Closing certain businesses and venues

A number of public services will remain open, including GP surgeries and hospitals, and people are allowed to leave home to visit them if they need any kind of medical care.

The BMA has welcomed the decision to put England into a second lockdown amidst the threat that the NHS would be overwhelmed if nothing was done, but it is regrettable that warnings from SAGE were not actioned on sooner.

What is vital now is a clear exit strategy to avoid a repeat of the first lockdown – which was followed by a rebound surge in infection and impacts on the nation’s mental health – where the economy is made even more fragile and where the NHS and its workers teeter on the verge of collapse because of delays, confusing rules and guidance that doesn’t work.

Read the BMA statement [here](#)

BMA council chair, Chaand Nagpaul appeared on several BBC news bulletins on Monday welcoming the news of the new England lockdown. He said: "The Government's decision to put England into a second lockdown, is the right one and the only option left, dictated by the exponential rise in the infection levels and a very real threat that the NHS will be overwhelmed if nothing was done."

### **Medicines home delivery service**

The Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service have been commissioned for those identified as clinically extremely vulnerable on the shielded patient list for the national lockdown period in England, which means that all pharmacies and dispensing doctors in England will again be required to ensure patients on the Shielded Patient List receive their medicines at home.

Read more in this [letter to pharmacies and dispensing doctors](#) and in the [service specifications](#)

### **Protecting clinically extremely vulnerable patients (formerly shielding)**

Following the announcement of a second lockdown in England, the Government has updated their [guidance for people who are clinically extremely vulnerable](#) alongside the new national restrictions.

NHSEI has [written to practices](#) to inform them of the new arrangements and although shielding is not being reintroduced as before, two additional groups have been added (adults with stage 5 chronic kidney disease and adults with Down's syndrome).

Patients who are on the shielding list will receive notification directly from government about what they should do. The [letter to the patients](#) also states that a copy of the letter is sufficient to give to an employer as evidence for Statutory Sick Pay purposes should that be required. Patients in this situation should therefore not need a fit note issuing by the practice.

Practices are also asked to review any children and young people remaining on the Shielded Patient List (SPL) and, where appropriate, remove them from the Shielded Patient List. Read more in our updated [guidance \*Protecting clinically extremely vulnerable patients\*](#)

### **Temporary approval to suspend the need for signatures on prescriptions**

The Secretary of State for Health and Social Care has approved [a temporary measure in England to help limit the transmission of coronavirus by suspending the need for patients to sign prescriptions](#) until 31 March 2021, to avoid cross contamination and help minimise the handling of paperwork when collecting medicines.

Patients are still required to either pay the relevant charge or prove their eligibility for an exemption from charges. Where patients are exempt from charges, the dispensing contractor will mark the form on the patient's behalf to confirm the patient's entitlement to exemption and, where applicable, to confirm that the patient's evidence of eligibility has not been seen. Read more [here](#)

### **Workload prioritisation during COVID-19 pandemic**

In response to the COVID-19 pandemic, and rising workload pressures GPC have prepared [joint guidance](#) with the Royal College of GPs to help practices prioritise the clinical and non-clinical workload in general practice.

As we enter the second national lockdown the prevalence of COVID-19 the pressures on health and social care services are growing. GPs and their teams must be supported and enabled to provide care that best serves the needs of their patient population, in a way that adds most clinical value and keeps patients, clinicians and staff safe from the risk of contracting COVID-19.

Whatever steps are taken to manage workload, we must not undermine the message that general practice remains open and that patients will be seen face to face where it is clinically appropriate.

### **PCR COVID testing**

NHSE/I announced in their latest [primary care bulletin](#) that NHS Test and Trace is making PCR COVID testing available on a voluntary basis for self-administration, following a number of pilots in practices over recent weeks. This will be a supplementary option for practices *and does not replace any of the existing routes to access testing*. Members of the public will continue to be directed to regional testing centres or home testing kits in the first instance.

The tests will be part of the Pillar 2 process and can be offered to patients who attends a practice when the GP feels that a test would be appropriate and there would be difficulties for them to access the standard routes for testing. The tests can also be used for GP staff and symptomatic household members. More information about the service and how to opt in, will be emailed out to practices shortly.

GPC have raised concerns with NHSE/I that this could lead to patients contacting practices for tests inappropriately rather than using the current drive in or postal routes and as a result there will be no media launch of this initiative. Further information is available [here](#)

### **PCN Clinical Director survey**

The BMA has launched the second edition of its [annual survey of PCN Clinical Directors](#). In order to understand the situation on the frontline, the BMA is asking PCN Clinical Directors for their unique insights into the recruitment of the new workforce, the delivery of services throughout the pandemic and the future of PCNs.

The responses to the survey will contribute to supporting the long-term development of PCNs and help inform the BMA for its annual negotiations with NHS England.

Access the survey [here](#)

### **Performance Tracker 2020: How public services have coped with coronavirus**

The Institute for Government and Chartered Institute of Public Finance and Accountancy have published [Performance Tracker 2020: How public services have coped with coronavirus](#).

The report highlighted that the disruption in general practice caused by coronavirus led to years of change in a matter of weeks and that the best of these reforms – improved collaboration – must be kept and expanded. It is suggested that the government should promote increased data sharing, combined with greater transparency about how patient data is shared and used. The government should also assess the impact of increased use of technology, particularly remote consultations, on care quality, service efficiency, patient satisfaction and staff wellbeing.

It concluded that the government should invest more in IT equipment and training for staff to maximise the potential benefits.

### **DWP Work Capability Assessments**

The Department of Work and Pensions has issued a plea for GP practices to return requests for further evidence for [Capability for Work Assessments](#) as quickly as they can. People who have made these applications are often suffering financial hardship, hence their concern. The following is the DWP statement:

"DWP are currently prioritising Work Capability Assessments for new claims to Universal Credit / Employment and Support Allowance and continuing to process all Personal Independence Payment claims. Ensuring individuals can access financial support in a timely manner is essential and we would therefore ask GPs to treat requests for further evidence as a priority."

### **NHS Community Pharmacist Consultation Service (CPCS)**

From 1 November 2020, the NHS Community Pharmacist Consultation Service (CPCS) is being extended across England to include referrals from general practices as well as from NHS 111. GPs will be able to refer patients to community pharmacies to receive a CPCS consultation for minor illness (unlike NHS 111, GPs cannot refer patients for an urgent supply of a medicine or appliance).

General practices can choose whether they want to refer patients to the CPCS and before GPs can make referrals, there must be local discussions to agree how this will work. These discussions will involve pharmacy contractors, the Primary Care Network (PCN) and the member general practices, the NHS and your Local Pharmaceutical Committee (LPC).

### **DS1500 research**

DWP is researching how services supporting the journey of accessing and completing a DS1500 for special rules claims affects practitioners, patients and other individuals involved in this process.

They are currently looking to conduct research with GPs/Consultants/Specialist nurses/MacMillan nurses/others involved with the process to understand more about your role, and your experience with the DS1500 so that they can improve the whole journey for all those involved.

They are looking to talk to GPs on an individual basis to understand your experiences, these sessions will last approximately 1 hour. If you would like to take part in this research or have questions around the project please contact Hannah Knowles (User researcher) [Hannah.knowles@engineering.digital.dwp.gov.uk](mailto:Hannah.knowles@engineering.digital.dwp.gov.uk)

### **RCGP campaign - General practice is open**

The Royal College of GPs has launched a [campaign to make it clear to patients that general practice is open](#) and that general practice services are available, albeit being delivered differently than usual in many cases. The RCGP is urging patients, if sick, to continue accessing general practice - and other NHS - care throughout the second national lockdown.

They have produced downloadable resources for GP practices across the UK to support GPs to get the message out to patients about general practice being open, and how they can expect care to be delivered. These can be shared on practice websites, social media or any other channels.