

# JULY 2020 NEWSLETTER

LOCAL MEDICAL COMMITTEE

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GLOUCESTERSHIRE

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## **STANDARD OPERATING PROCEDURES FOR GENERAL PRACTICE IN THE CONTEXT OF COVID-19**

NHSE/I [Standing Operation Procedure for general practice](#) has been updated. This guidance recommends total triage arrangements should continue, with remote consultations used whenever possible. It provides guidance on the management of patients who are shielding. It advises that staff should be risk assessed to identify those at increased risk of COVID-19 and, 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. The BMA points out some things it does not address:

- An exhausted workforce that need some rest and recuperation
- We are proud of what we have done and what we have achieved and morale in many practices is pretty good. It's the effect of knowing we have faced a huge challenge and done well. Therefore, we have less toleration for inconsequential rubbish.
- Opening up of telephone and video and digital access doors that favour the digitally and educationally affluent and arguably disadvantage the elderly, those in digital poverty, the less educated, those for whom English is not a first language and many other disadvantaged groups
- The need to proactively take care and opportunities to the most disadvantaged populations and members of society where we can arguably do the most good (and to have the protected time and resources to do so)
- The need for some thresholds and support to assist General Practice to say no, or "there is a better way" to some patients who grossly manipulate the system
- Trust General Practice to act with professionalism and integrity, as we have ably demonstrated throughout the covid 19 pandemic

- If there are performance issues from a tiny number of practices then investigate what drove this behaviour and deal with it in those individual contracts. Do NOT apply some knee jerk response to the vast majority of General Practice who did not, and will not, “misbehave.”
- Change the attitude, culture and especially the burden of regulatory processes
- Encourage and support innovation in General Practice. The pandemic has shown the inventiveness, flexibility, energy and sheer determination of general practice when faced with a proper challenge.

Gloucestershire CCG has been working on a check list of core and enhanced services and has coded them ‘red’ or ‘green’. This is for guidance only. LMC has pointed out that some practices may not be able to provide some, or all, of the services for a variety of reasons.

### **TRUST GPs TO LEAD: LEARNING FROM THE RESPONSE TO COVID-19**

The results of the BMA fifth and [sixth tracker survey](#) highlighted the scale of extra work being taken on by GPs during the pandemic, something that is continuing to increase. The new report, [Trust GPs to lead: learning from the response to COVID-19 within general practice in England](#), which was published this week, explores how these demands can be managed both in the short and long term. BMA set out five principles that must be addressed as part of learning the lessons of COVID-19 as follows:

- We must capitalise on the greater autonomy provided to general practice during the pandemic and incorporate the positive learning into new ways of working.
- There must be a significant reduction in the level of regulation within the system. The burden of regulation has previously fallen on all practices rather than focusing on appropriate support for the very small number of practices when this is required.
- There must be a significant reduction in the level of bureaucracy and duplication caused by information requests from Government departments, national regulators, commissioners, local providers of health services and many other organisations.
- It is essential to increase the level of digital and technological support for practices including a rapid rollout of appropriate, safe, reliable, robust and secure digital technology and consultation software (including video where appropriate) for practices to use.
- GPs should be empowered as clinical leaders in their communities, strengthening and resourcing the development of primary care networks and giving them the necessary flexibility to use available resources, workforce and partnerships within their area.

The report also sets out a range of solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19, and looks at GPs being supported to continue delivering innovative patient-focused local services for both the short and long term.

### **NHS TEST AND TRACK SERVICES ACROSS THE UK**

The DHSC announced its [NHS Test and Trace](#) local outbreak control plans for England designed to help control the COVID-19 virus. The plans involve rapid testing at scale, integrated tracing to identify, alert and support, and using data to target approaches to flare ups, at a local and national level. Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions. This could include household members, people with whom they have been in direct contact, or within 2 metres for more than 15 minutes. If those in isolation develop symptoms, they can book a test at [nhs.uk/coronavirus](https://nhs.uk/coronavirus) or by calling 119. If they test positive, they must continue to stay at home for 7 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period. Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly

spreading the virus. The GPC England Exec team have raised with NHSE/I the need for much greater clarity on the any implications for health care professionals of the Test and Trace system. They have now said that if someone who works in, or has recently visited, a health or social care setting such as a practice tests positive for coronavirus, their case will be escalated to local public health experts, who will liaise with the relevant setting to agree on the most appropriate action. If they were wearing PPE at the time of the contact, this will not count as a contact. The NHS Test and Trace service, including 25,000 dedicated contact tracing staff working with Public Health England, will have the capacity to trace the contacts of 10,000 people who test positive for coronavirus per day and can be scaled up if needed. The system is expected to have the capacity to carry out 200,000 tests a day. This includes 50 drive-through sites, more than 100 mobile testing units and 3 mega laboratories.

In the [BMA press statement](#) BMA public health medicine committee member and past chair Dr Penelope Toff said: 'Having a robust test, track and trace system in place is vital to being able to effectively prevent a second wave of infection and to ensure that we can safely ease out of lockdown. What will be absolutely crucial is that the Government can implement this effectively with all the components in place, so it can run at capacity. Success will not just hinge on the availability of testing and delivering test results quickly but on rapid identification of contacts and support to enable them to self-isolate.' In the [BMJ](#) it was reported that Venki Ramakrishnan, president of the Royal Society and DELVE (data evaluation and learning for viral epidemics) committee chair, said, "Countries that have managed to, at least temporarily, control their covid-19 epidemics have almost all enacted and maintained substantial testing and contact tracing efforts from early in their epidemics. Our report suggests that a test, trace, and isolate programme, if effectively delivered, can play an important part in bringing this pandemic under control but that it should not be considered a silver bullet."

### **BMA RISK ASSESSMENT GUIDANCE FOR PRACTICES**

The BMA has updated its [guidance on risk assessments](#) to include two new sections for GP practices. The first section looks at the implications of risk assessments for practices – specifically what impact the adjustments required for high risk staff could have on practices, staff and patients. The mitigation that practices would need to do could include working from home or removal from areas that are considered hazardous, which could lead to a reduction in workforce and in activities that could affect patient safety, or an increased use of locum support and procurement of PPE, at a significant cost. This section also covers a number of suggestions of what commissioners can do to support negatively impacted practices. The second section sets out the risk assessment tools that are available to practices to use. Read the guidance [here](#).

In response to Dr Richard Vautrey's letter to Simon Stevens and BMA lobbying on these issues, NHSEI have issued a [letter](#) which sets out that CCGs should commission an occupational health service to support practices with this risk assessment process. This should be made freely available to practices as soon as possible through local OH capacity, or by commissioning more to complement existing OH services via this [Dynamic Purchasing Solution](#), if additional capacity or access outside normal working hours is needed. CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

### **PCN DES**

[NHS England](#) has announced that 98 per cent of practices have chosen to participate in the Primary Care Networks (PCN) for 2020/21. With 1,250 PCNs across England this is the same number as last year. The focus for PCNs and practices remain in dealing with COVID-19, but will also now be in expanding the workforce to relieve the workforce pressures for GPs, as

the latest [workforce data](#) clearly showed. The DES remains modified including the investment and impact fund (IIF) having been replaced by the PCN support fund until at least October, with funding protected. It is for the PCN to decide how this funding is used. Read more about the PCN DES in the BMA [GP practice toolkit](#).

## **PPE PORTAL**

The Government announced that [GPs and small care homes can register on the PPE Portal](#), a new online portal for ordering emergency personal protective equipment (PPE) from a central inventory, to supplement the wholesale supply route that already operates. The Department of Health and Social Care developed the portal in partnership with eBay UK, NHS Supply Chain, the Army, Clipper and Royal Mail.

## **TEMPORARY RESIDENTS AND TRAVELLING PATIENTS**

BMA has issued new guidance on the use of remote consultations by practices as a way of supporting other practices in tourist areas who would normally have to deal with temporary patients visiting area this summer. Patients are now much more likely to contact their own practice by phone or video rather than having to temporarily register with another practice. Read the guidance [here](#)

## **GP APPOINTMENTS**

NHS Digital are now releasing data on a weekly basis showing weekly counts of appointments and 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 that 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. It should also be noted that the duration data presented in this data release is scheduled duration, which is the planned length of time an appointment should take not the actual length of time it does take. i.e. the scheduled duration could be 8 minutes for an appointment but it the actual duration may be 6 minutes. Or the scheduled duration could be 10 minutes but the actual duration is 12 minutes. 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 be spent on appointments. GPC England 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.

## **PRINCIPLES OF SAFE VIDEO CONSULTING**

NHSEI have published updated guidance on the [principles of safe video consulting in general practice during COVID-19](#).

## **NHS DIGITAL NATIONAL GP DATA EXTRACTION TO SUPPORT COVID-19 PLANNING AND RESEARCH**

Registration among practices for the tactical GPES extraction for planning and research related to COVID-19 has now reached 84% (the figures reported today). The DPN, which contains all relevant information on the extraction, is available here. NHSD has asked that all practices register their participation by 27 May before the first fortnightly extract takes place. A supplementary transparency notice aimed at patients has now been [uploaded here](#) which GPs can utilise should they wish.

## **GP AND PRACTICE COVID-19 TOOLKIT**

BMA continue to update our [toolkit for GPs and practices](#), which should help to answer many of the questions we have been getting on a large range of topics relating to COVID-19. Additions include some information on [home working and distribution of high-risk work](#) in the service provision section of the toolkit.

## **DISTRICT VALUER SERVICE**

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

## **SUPPLY OF (DOACs)**

NHSE/I has published [guidance on the supply of additional DOACs](#) (direct oral anticoagulants) during COVID-19 to support patients currently prescribed warfarin being prescribed a DOAC instead, where this is clinically appropriate.

## **OTHER COVID 19 RESOURCES**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I daily primary care bulletins on COVID-19](#)

[COVID-19 Google Drive resource](#)

[NICE resources on COVID-19](#)

## **MENTAL HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE IN GLOUCESTERSHIRE**

We have an update, kindly provided by Suzi Lane , Outcome Manager, who can be contacted at [Suzie.Lane@gloucestershire.gov.uk](mailto:Suzie.Lane@gloucestershire.gov.uk) 01452 328695.

CAMHS are currently accepting and providing care to children or young people presenting with priority and urgent needs. For children and young people who have not been clinically triaged as presenting with urgent or priority needs, they are providing advice and guidance and signposting to alternative support opportunities within the community. In addition, they are providing the family with contact details. They have also informed families that they will not require a new referral from their GP or school when the operating model changes assuring them that they can simply come back to them directly.

They are currently reviewing their operational delivery model and this is being reviewed within the trust governance process.

Any professional working with children and families is welcome to call the CAMHS Professional Advice Line on 01452 894272 (office hours) to discuss any potential referrals and for consultation and advice.

## **GP RECRUITMENT**

As part of the '[Choose GP' campaign](#), on the GP National Recruitment office website and on [Facebook](#), Health Education England 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 all the 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 contact [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk) with details including your name and contact details, practice name and which part of the country, how long you've been a GP or trainee, any special interests/expertise or opportunities you're pursuing or would like to as a GP (clinical and non-clinical) and the different settings you work in as well as practice and indicate whether you joined GP training from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

## **SAFE HOUSE**

GP Safe House (GPSH) is a virtual safe house providing a refuge and support for practitioners experiencing professional challenges. It guarantees anonymity, security and confidentiality and understands that these are essential. GPSH has five virtual rooms which offer support, information and resources. Each room corresponds to a different potential problem area. It has recently received a makeover/update from Somerset LMC who devised it.

Services available are:

**Consulting Room** - Personal Health Information for the Gloucestershire Area

**Burnout Recovery Suite** - Burnout and Stress

**Professional Relationships Bureau** - Working Relationship Problems

**Library of Solutions** - Non-clinical Aspects of Patient Care

**Career Development Office** - Professional Development

**Contacts for Support and Advice** - This is a link to the Gloucestershire LMC Advocate Area which offers the possibility of a personal, completely anonymous, one-to-one, online consultation with a professional advisor as well as more everyday modes of communication!

If you have misplaced or never received a password and would like one, please contact the office. The LMC pastoral care support continues. An advocate can be chosen via the Safe House or contact the office.

Also, please find below a link to the 'Supporting GPs Mental Health and Well-Being' page on the Training Hub Primary Care Workforce Centre website which has been set up to provide GPs with information and links to the resources currently available to provide support. Read it [here](#).

Dr Ansell Consultant Psychiatrist recommends the [covid resilience hub](#).

**'ZOOMED OUT'** Are you finding virtual consultations and meetings more tiring than the regular sort? You are not alone. Read [Zoomed Out? Advice from Dr Andrew Tressider](#), who explains why it happens and what to do about it. Also, try <https://theconversation.com/finding-endless-video-calls-exhausting-youre-not-alone-137936>

### **SESSIONAL GP ISSUES**

NHS mail has been rolled out for all sessional GPs, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#). Sessional GPs are represented on the LMC by Dr Jethro Hubbard, who can be contacted at [jethro.hubbard@nhs.net](mailto:jethro.hubbard@nhs.net). GPCE is working hard to try and get assurance from NHSE regarding pension provision and death in service benefits for locums at this difficult time.

### **A PENNY FOR YOUR THOUGHTS**

Dr Stapleton's holiday consisted of a day trip spent mooching about the Grimpen Mire (a swampy, fog-shrouded place near Belliver Tor), in a socially distanced way, accompanied by an under excitable Labrador. He reflected that it would take a ton of phosphorus to make that dog even remotely terrifying. He would just have to content himself with his butterfly net, and send the returns to David Attenborough's 'Big Butterfly Count'. All other more exciting schemes and machinations appeared to be on hold. Which novel, by whom, contains a phosphorescent dog and a butterfly net?

Answers, by 20/07/20, to [penelopewest@gloslmc.com](mailto:penelopewest@gloslmc.com)

Congratulations to Dr Louise Davis, winner of the June competition. The answer was 'Good Omens', by Terry Pratchett and Neil Gaiman. There were 7 correct entries. A donation was made to The Wildlife Trust of South and West Wales, Skomer Island Covid Appeal. Our fun competition will continue. Prizes henceforth will be a £10 donation to a charity chosen by the winner, who will retain the bragging rights.

**The LMC will continue to run with a mixture of office and home working. Some of our meetings will be by skype, Zoom or telephone. My mobile number is 07415290140 if that is useful.**

*This newsletter was prepared by Dr Penelope West and colleagues, at the LMC Office.*

*Acknowledgements to resources kindly shared by GPC, and partner LMCs, especially Wessex, Somerset, Cambridgeshire and BBO. When in doubt, seek legal or financial advice as necessary.*

## **JOB OPPORTUNITIES**

A full list of current job adverts is at <http://www.gloslmc.com/blog-job-vacancies.asp> and available below.

<b>GLOUCESTERSHIRE</b>			<b>Date posted</b>	<b>Closing Date</b>
<a href="#">The Lydney Practice</a>	Lydney	Partnership	28 Nov 19	Open
<a href="#">Royal Crescent Surgery</a>	Cheltenham	Salaried GP	4 Dec 19	Open
<a href="#">Gloucester Health Access Centre</a>	Gloucester	Salaried GP	11 Dec 19	Open
<a href="#">Brunston and Lydbrook Practice</a>	Coleford	Salaried or Partner GP	13 Dec 19	Open
<a href="#">Stroud Valley Family Practice</a>	Stroud	Retainer or Salaried GP	24 Jan 20	Open
<a href="#">Yorkleigh Surgery</a>	Cheltenham	GP Opportunities	05 Feb 20	Open
<a href="#">Yorkleigh Surgery</a>	Cheltenham	Long Term Locum GP	28 Feb 20	Open
<a href="#">Crescent Bakery Surgery</a>	Cheltenham	Salaried GP	28 May 20	Open
<a href="#">The Lydney Practice</a>	Forest of Dean	Salaried GP	03 June 20	Open
<a href="#">Drybrook Surgery</a>	Forest of Dean	Salaried GP	10 June 20	Open
<a href="#">Gloucester City</a>	Gloucestershire	GP Health Equalities Fellowship	24 June 20	10 July 20
<a href="#">Hucclecote Surgery</a>	Gloucestershire	Salaried GP	26 June 20	08 July 20
<a href="#">Forest Health Care</a>	Gloucestershire	GP Partner	26 June 20	Open
<a href="#">Aspen Medical Practice</a>	Gloucestershire	GP Doctor/GP Partner	29 June 20	Open
<b>ELSEWHERE</b>				
<a href="#">Bampton Medical Practice</a>	West Oxfordshire	GP Partner	17 June 20	Open

**REMINDER:** *If you are advertising with us and fill the vacancy please let us know so we can take the advert down.*