



Newsletter – June 2020

LMC Meeting 8th June 2020

At our last LMC meeting, we discussed a range of issues in addition to the newsletter articles here, including: Innovation Fund, Extended Access LES, Flu Vaccination Winter 2020, and Integrated GP OOH & Front End Primary Care Streaming proposal.

Antibody testing for patients and staff

The LMC discussed the potential for combining phlebotomy testing with this scheme, and the consensus of opinion was that there definitely needs to be a facility set up for secondary care phlebotomy to continue, especially for outpatients to reduce any possible transfer of work to primary care.

The LMC also valued the facility to test practice staff for antibodies, but thought this could be done within the practice itself. At present it was felt there is sufficient capacity to continue providing existing phlebotomy services within practices, which includes the addition of any ad hoc patient requests to add an antibody test to the other booked blood tests they are attending for.

Further discussions are expected around this as well as utilisation of the central site

for vaccinations and/or flu jabs.

Updated Covid SOP for Primary Care.

The LMC discussed the arrangements for staff who are exposed to Covid patients, in which they will have to self-isolate for 14 days. The CCG has already written to practices about this, regarding the practical implications of this.

One suggestion, is for working in teams to avoid practice shutdowns. There has also been a change to the guidance regarding PPE for hospitals where all staff are required to wear it, and this may come to primary care, and would create additional problems.

The LMC note the significant risk to wholesale closure of practices arising from the need for staff to self-isolate following confirmed Covid cases via Track and Trace. Practices are advised to review their PPE and working policies regarding pod-working and fixed teams for staff who are unable to work remotely.

Transfer of Work from Secondary Care

We are receiving increasing reports of work being transferred from Secondary care to general practice, where it was not transferred before COVID, especially as we are moving toward the next phase of the pandemic and a "new normal" for hospitals, including transformation to more remote services. For example, where secondary care is not planning to action referrals already made prior to March and instead wait for a new referral to be made; where remote outpatient consultations result in a request for general practice to prescribe or to do particular investigations that would have normally been done by the hospital etc.

Thank you to the practices who have been copying redacted inappropriate referral letters to us. We have passed on twelve examples so far to the BMA for their national exercise, and we are in continuing dialogue with the CCG to prevent this transfer.

What we are looking for is what work is being transferred, the reason for the transfer (if provided), and any evidence (appropriately anonymised) of the transfer (eg letter/email).

Enhanced Health in Care Homes (EHCH) – Additional Service Scheme Local Enhanced Service (LES)

The Primary Care Committee met recently and recognised the concerns raised by the LMC regarding the EHCH LES, but felt that in relation to some of the points we made they were unable to make any further changes as this was the national approach

In the circumstances, the LMC recommend to GP practices and CDs that, assuming they are happy with the LES more generally, there is no need to be overly-concerned about being a named clinician for care homes

Provision of Ambulatory Wound Care across Rotherham

The Primary Care Committee commended the LMC position that practices, in the current circumstances, would continue the current wound care provision, and associated payments would continue to September. The CCG Task & Finish group will meet again to ensure the future service being commissioned will meet the expectations as per the LMC feedback in the primary care committee meeting notes.

Quality Contract

Although the LMC continue to support the three month extension to the Ambulatory Wound Care interim payments, this is based on reassurances from the CCG that the Quality Contract / LES payments remains at

100% for Q2 and that this is reviewed quarter by quarter.

The Primary Care Committee confirmed that Q2 payment arrangements will be subject to any national requirements.

DVT LES Pathway

The LMC reviewed the latest iteration of this pathway. Overall, the general consensus was that the pathway remains quite complex and perhaps we need to re-visit this again especially in light of the changes to usual practice that have been brought about by Covid which are likely to last for some significant time.

Many more patients will have been and will be in the future assessed remotely and this undoubtedly will have had an impact on the route they take to getting the diagnosis of DVT confirmed or excluded.

Several members felt, as they always have done, that a dedicated central service is the way to go with GP's aiding this with the use of D-dimers would be better in these post-Covid times.

GPC ADVICE

BMA COVID-19 guidance

We continue to regularly 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. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#) published last week.

Covid-19 and life insurance

(Note: The LMC raised this issue with the BMA recently, and in response they have issued new guidance. This is obviously relevant to anyone having testing and a reminder that GPs, staff and patients need to be adequately informed before consenting to testing).

If you have a positive antibody test: The BMA has sought clarification on this point with insurers via Chase de Vere and this is a key point we have raised with the Association of British Insurers.

From these discussions it is clear that insurers are only attempting to identify those with recent COVID infection and not those who have otherwise recovered and had COVID some time ago.

However, because the development of antibody testing is relatively recent, in some cases the questionnaires have not been amended to reflect antibody tests.

As such, some online underwriting tools may not accurately distinguish between an antibody test and an antigen test and this may in theory result in an application being deferred.

We are not aware of any cases so far of members having applications for insurance deferred on the basis of a positive antibody test. However, we do know of examples where doctors' applications for life insurance and income protection are being deferred (for a time period with recovery) on the basis of a positive antigen test for COVID-19.

The BMA's position

The BMA is clear that a positive antibody test should confer no disadvantage to a doctor's application, and neither should an antigen test if a person is fully recovered and is beyond the timescale for recovery.

In addition, it is essential that healthcare workers are not discouraged from having an antigen test if they think they have symptoms of COVID, in order to prevent

transmission to other healthcare workers and patients.

We are seeking clarity from the Association of British Insurers to ensure that these members will not be disadvantaged compared to other symptomatic individuals who do not undergo testing.

<https://www.bma.org.uk/advice-and-support/covid-19/your-health/covid-19-your-life-insurance>

Electronic Prescribing Repeat

NHSEI has sent a [letter to GPs and community pharmacists](#) about the temporary suspension of the requirement for patient consent to use of the electronic repeat dispensing (eRD) system, until 30 June 2020.

If GP practices have not already received a list of patients receiving electronic prescriptions, they should request a list of their registered patients that the NHS Business Services Authority has identified as potentially being suitable for eRD, based on recent medication history. Practices can request this by emailing nhsbsa.epssupport@nhs.net

LMC Meeting

GP constituents are reminded that they are always welcome to attend meetings of the LMC as observers. The Committee usually meets on the second Monday of every month in the Board Room at Rotherham General Hospital. However, meetings are currently held online via Zoom until further notice. Please contact the LMC office if you wish to attend.

NEXT
LMC MEETING

20th July 2020

COMMENCING
At 7.30 PM

LMC Officers:-

Chairman,
Dr Andrew Davies
ajldavies@hotmail.com

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

Medical Secretary
Dr Neil Thorman
Neil.thorman@gmail.com

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

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