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**DDLMC WEEKLY UPDATE 6th August 2020**

**COVID-19 UPDATES**

**COVID-19 Support Fund for General Practice.** The National Funding for GP support to COVID-19 has at last been [published](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0651-covid-support-fund-letter-aug-2020.pdf).The CCG have already published their updated process (Attachment A) for practices to claim for COVID-19 related funding from 1st August going forward.

**Quarantine**. You will hopefully have seen that registered health and care professionals travelling to the UK from high risk countries [are now lawfully be required to self-isolate for 14 days](https://generalpracticebulletin.cmail20.com/t/d-l-clitijy-juikjkydjd-k/). The current list of countries exempt from self-isolation measures (including Spain) is available on [GOV UK](https://generalpracticebulletin.cmail20.com/t/d-l-clitijy-juikjkydjd-u/). Health and care professionals returning from a country which has a travel corridor to the UK will not be required to self-isolate on return. [Information on air corridors can be found here](https://generalpracticebulletin.cmail20.com/t/d-l-clitijy-juikjkydjd-o/). Sorry for the duplication earlier in the week as I was playing catch up following my holiday and as you know I am committed to trying to reduce (not increase) e-mails!

**Face Coverings in practice.** Last weekNHSEI issued guidance that practices cannot refuse entry to patients who refuse to wear face coverings.  **The LMC strongly disagrees with this position**.  The BMA have also raised this with NHSEI and have provided an update. The LMC position (based on the BMA update) is as follows:

*It is for practices to decide how to deliver services to their patients. It is also a practice’s responsibility to protect their staff and patients, many of whom may be vulnerable to the most severe effects of Covid-19, from unnecessary risk. Therefore, if a patient refuses to wear a face covering inside a practice, without good reason, the practice can choose to provide services to that patient by means other than face-to-face consultation.*

*Practices should inform patients, in advance of their attendance, that a face covering will be required to protect other patients, clinicians and other staff who they will inevitably come into proximity with inside the building. If a patient believes they have a legitimate reason for not wearing a face covering the practice may wish to consider this on an individual basis.*

**NATIONAL UPDATES**

**Flu Campaign 2020**. You will all hopefully have seen the [National Flu Immunisation Programme 2020-2021 Update](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/907149/Letter_annualflu_2020_to_2021_update.pdf) which was published on Tuesday. It is clear that this year’s flu campaign is rightly a very high priority as the government tries to plan to prevent the NHS and the country becoming overwhelmed with a potential combination of seasonal flu and COVID-19. However, this process is fraught with difficulty when there are a huge number of known unknowns and potentially an even greater number of unknown, unknowns (to quote Donald Rumsfeld).

So to try and help practices navigate through the letter and the information, what do we know?

* The cohort of eligible patients which includes all previous groups, plus Year 7 school children, health and social care workers (funded through direct payment and personal health budget) and household contacts of those on the NHS Shielded Patient List.
* Hospital Trusts will be asked to offer vaccinations to pregnant women.
* DHSC has bought additional adult vaccines. They will issue guidance on how to access these in **September.**
* There is an **aspiration** to vaccinate all 50-64 year olds. (However, the actual wording is that flu vaccinations **might** be offered to this group, **following prioritization of other eligible groups** and **subject to vaccine supply**).
* I’d also add that we know this year’s campaign is probably going to be the most challenging yet and that Derbyshire practices will do a fantastic job in delivering whatever they can in those very trying circumstances.

What don’t we know or are waiting on further guidance?

* The size of the cohort of household contacts of shielded patients.
* The relative priorities of the different groups on the list of those eligible.
* How the subsequent addition of 50-64 year olds into the programme will work.
* What other options for the administration of vaccines the DHSC is investigating as they are going to launch a consultation and we have no detail yet,
* What the national call/recall system will look like. This is designed to support not replace the local call/recall systems that practices use but will **not** include household contacts of shielded patients.
* The precise PPE/IPC recommendations. While PPE will be necessary it is not yet clear precisely what level will be required and what may or may not need to be changed after each vaccination.

In summary, this latest letter probably poses as many questions as answers and our advice at this stage is to carry on with your plans for the existing cohorts, consider how you might cope with additional requests for household contacts of shielded patients (given there is no guaranteed way to know who these people are) and continue to think about a subsequent wave of the 50-64 year olds.

We are planning to hold a webinar next week and I’m sure this will be one of the hot topics.

**NHS People Pulse survey.** NHSEI has rolled out a national online survey. The two-weekly survey is optional and is being made available to all NHS organisations that would wish to take part free of charge until January 2021.  It is open to primary care organisations and you can find details [here](https://www.nhs.uk/apps-library/nhs-pulse/) and Comms Pack (Attachment B), Questions (Attachment C) and Timescales (Attachment D).

**Government plan for cycling and walking**. [The plan](https://generalpracticebulletin.cmail19.com/t/d-l-cluhkc-juikjkydjd-f/) has been widely covered in the media, including a reference to ‘bikes on prescription’ from GP practices. Practices should note that this is very thin on detail at the moment and it will not be widely rolled out immediately. The next stage is expected to be a series of pilot programmes in areas with poor health and low physical activity rates. More detail will follow.

**LOCAL UPDATES**

**Faecal Immunochemical Testing (FIT) for high risk symptomatic patients during Covid-19 pandemic.** JUCD have asked us to remind you about FIT testing (originally on the [daily update on 30.04.2020](https://www.derbyshirelmc.org.uk/dailycovid19briefingddlmc30042020)). COVID-19 has accelerated the interest in the use of FIT in a symptomatic context and JUCD have developed a pathway (Attachment E) for the use of FIT in high risk symptomatic patients who meet the 2WW clinical criteria following national referral guidance. Any queries should be directed to Christine Urquhart [christine.urquhart2@nhs.net](mailto:christine.urquhart2@nhs.net) or Jo Rhodes [jo.rhodes@nhs.net](mailto:jo.rhodes@nhs.net) at the CCG.

**GP TASK FORCE DERBYSHIRE.**

**LMC/GPTF Practice Manager Webinar.** The next regular webinar is next Wednesday 12th August at 11:00AM via Zoom Meeting:

<https://us02web.zoom.us/j/81333967080?pwd=WWo0NTZrbUkvTXZiYms4U0xvam81Zz09>

Meeting ID: 813 3396 7080

Passcode: 219283

**Upcoming Derbyshire Education Network (DEN) sessions.**

1. **End of Life Care (Part Two):** Thursday 20th August 2020 19:00 – 20:30. This is a free event. Click [here](https://www.derbyshirelmc.org.uk/events/11235)to book.

Once booked on the session, you will be sent details (on Tuesday 18th August via email) of how to join the Teams meeting.

Speakers: Pauline Love and Jill Davies

Learning Objectives:

* Symptom Management at the End of Life
* Ethics and End of Life Care

This will be a merged event for Derbyshire and Chesterfield.

*There will be a short drug rep presentation prior to the meeting. Sponsored by Daiichi Sankyo UK Ltd.*

1. **Basic Life Support Update**: Wednesday 16th September 2020 19:00 – 20:30. This is a free event. Click [here](https://www.derbyshirelmc.org.uk/events/11234) to book.

Once booked on the session, you will be sent details (on Monday 14th September via email) of how to join the Teams meeting.

Speaker: Gemma Cort

Learning Objectives:

* Basic Life Support (BLS) Update
* BLS and Covid Adaptations.

This will be a merged event for Derbyshire and Chesterfield.

*There will be a short drug rep presentation prior to the meeting. Sponsored by Daiichi Sankyo UK Ltd.*

**GP-S New Rapid Access Support Sessions**. Rapid Access (Attachment F) gives you 4 hours of free listening and signposting support with a trained peer.

GPs and Practice Managers can access the service and be matched with a suitable peer in 48 hours to arrange their first chat.

Sessions are led by the individual and can be as short as 10 minutes to fit in with your day.

This service is useful to debrief, share your thoughts and experiences with an unbiased individual in confidence,

To find out more or access your own peer, visit [www.gp-s.org](http://www.gp-s.org) or email [contact@gp-s.org](mailto:contact@gp-s.org)”

**GPTF Fellowship: Welcome back to Work Scheme, request for PM support:**

*My name is Eilise Brogan and I am a salaried GP in Derbyshire, currently doing a fellowship with the GPTF. I am looking into how to support GPs in Derbyshire who take extended periods of leave (e.g. paternity leave, sick leave, caring leave etc). I've been interviewing GPs and realised that a gap in my research is what the experience is like for Practice Managers.*

*I would be very grateful if you would be willing to chat with me (on the phone or zoom) for 10 minutes on your experience of having GPs off from your surgeries, be it salaried or partners. The questions would be focussed on where you find information on sorting their pay, whether you have any contact with them when they are off and on how you sort their return.*

*I'm really keen to use the time and resources I have through the fellowship to create a more support for both GPs and Practice Managers, in order to make the process of doctors being off, and then returning, as successful as possible. If you are willing to help please contact* [*ddlmc.gptf@nhs.net*](mailto:ddlmc.gptf@nhs.net)*. Thank you*

**OTHER UPDATES**

**LPC Update.** The LPC have provided an update to Community Pharmacies in Derbyshire (Attachment G) which may be of interest to practices.

**Roll out of Electronic Prescription Service (EPS) Phase 4.** NHSE are accelerating deployment of [EPS Phase 4](https://generalpracticebulletin.cmail19.com/t/d-l-cluhkc-juikjkydjd-n/) which allows EPS to be used for patients without a pharmacy nomination. All GP practices will be live with Phase 4 by 7th September. To ensure a smooth transition, it is recommended that practices enable Phase 4 before this date. Practices can contact Meds Management at the CCG to arrange a go-live date. For most practices the move requires minimal action, but further detail is in the [support materials](https://generalpracticebulletin.cmail19.com/t/d-l-cluhkc-juikjkydjd-x/) and [readiness checklist](https://generalpracticebulletin.cmail19.com/t/d-l-cluhkc-juikjkydjd-m/).

**AND FINALLY…**

As part of the cycling initiative we are looking at developing a bicycle maintenance training programme for practice managers. I’m thinking of calling it “[Bicycle Repair Man](https://www.dailymotion.com/video/x2howud)”. In the meantime it is suggested that any queries from patients whould be answered with “On yer bike”.

I’ve just made a ventriloquist dummy out of an old carpet… It’s ruggish!