



COVID 19

YORLMC Advice and Guidance: 11 September 2020

From: Dr Brian McGregor, Medical Secretary/COVID-19 Lead, YORLMC Ltd

Welcome to the latest YORLMC update. Changes continue to happen apace and sadly we are slowly seeing an uplift in the number of positive Covid cases in the community.

Testing remains extremely challenging, there are issues with both lab capacity and swab availability which are likely to continue to exist for the next 4 to 6 weeks. It is therefore imperative that only those who are symptomatic book for a swab. GPs should ensure that those advised to book for a swab have either a temperature, a new cough, or a new loss of sense of taste or smell. Pillar 1 testing is still available for essential workers (including practice staff) via the CCG if required.

The [influenza DES spec](#) has been published, it has been altered and adjusted to encompass the recently announced new cohorts. It also now includes a request for one attempt at determining the ethnicity of those patients eligible for a flu vaccination. To help facilitate the expected increase in demand, the order limits for PPE have been [increased from the online portal](#).

It has also been announced that [appraisals will be restarted](#) and will be light touch. These will commence from 1 November, with the new system running for one year. It will involve a new MAG 2020 form, which has been amalgamated into both Clarity and 14fish. A generic version is available [online](#), and a GP specific version is attached (appendix 1) to this newsletter.

The official [guidance with regards to QOF](#) has been released, supported by a [letter](#) from NHSE; easier to read and more useful is this [summary from the BMA](#).

[Updated guidance](#) has been released with regards to the use of facemasks in primary care. This is very similar to what has been advocated across the YORLMC area for some time.

Although NHSE continue to encourage the “talk before you walk” programme, 111 and the CCAS service are both under pressure from increased demand, to try and reduce onward referral the [CCAS service has introduced EPS](#), and hopefully encourage them in completing episodes of care in a single call.

HealthWatch has offered some [guidance](#) with regards to improving communication with deaf patients during Covid 19. Practices may find this useful in managing this hard to reach group who are particularly vulnerable given our current operating model.

NHS England has introduced some further well-being support for colleagues struggling through the current pandemic via the [NHS people website](#), alongside some [additional free support](#) from the Association of Christian Counsellors.

The diagnosis of cancer remains a difficult topic, and there is no doubt that the impact of the pandemic has led to some delayed diagnoses. The NHS Confederation are about to run a [webinar](#) based on some good practice experience for PCNs and delivering the early cancer diagnosis aspect of the DES.

Attached (appendix 2) is also flyer for a further webinar that North East and Yorkshire NHSE are running with regards to annual health checks for patients with learning disabilities.

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NICE has a [new consultation](#) that ends on 18 September in relation to the management of chronic pain, which may well become more prevalent given the number of cases of long Covid illness that are being uncovered. The BMA has issued its own response. However individual practices or GPs may wish to review some of the proposals and consider making a comment of their own as it is likely that this will lead to a significant change in trajectory. It also has the potential to lead to marked changes in dealing with multiple patients already on inappropriate polypharmacy. NICE has also however issued a [clear statement](#) on the appropriate prescribing of steroids in the management of Covid illness.

There remain many issues that are as yet unresolved with regards to primary care funding and practices in year (20/21) and GPC continues to negotiate actively on each of them. These include:

- details of the annual allowance compensation policy
- testing capacity, or lack of, which impacts then on both patients and practices
- the interface between 111/CCAS/general practice, and the ongoing need to provide one appointment per 500 patients
- workload transfer from secondary to primary care with no consideration of the resources required to provide the work, leading to heightened patient expectation and difficult discussions in the community

With regard to the latter point above and as GPC has specifically asked for examples of this transfer to be passed to them as NHSE/I is suggesting this is not a widespread issue, please pass ongoing examples to the [Corporate Affairs Team](#) for onwards sharing with GPC.

Assessment of children previously on the shielding list prior to their return to school has been discussed with NHSE who have confirmed that there is no requirement for such an assessment, and that were there to be so it would be under the auspices of a specialist service.

An individual patient risk assessment tool is still being developed nationally, and hopefully will be available by the end of the year.

GPC is actively negotiating with regards to the sickness provisions for staff with long Covid disease. Currently these are significantly more generous for secondary care than primary care, but it is hoped that equity and parity can be achieved.

The full PCN DES spec is expected to be published soon which should include information on the impact on investment fund. We also await final sign off of the primary care premises cost directions, which should help with leases and development. NHSE has also reported that it has commissioned an unofficial consolidated version of the statement of financial entitlements, something which is not been available for many years and should hopefully be released soon.

Please continue to review regularly the [BMA toolkit for general practice](#) which is updated with new information as it arrives or is negotiated.

Details of YORLMC's wellbeing services are available [here](#). The BMA continues to [offer wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. Access the BMA's COVID-19 wellbeing pages [here](#). YORLMC remains ready to support practices with any queries and difficulties through this crisis, please ensure you get in touch when necessary.

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