

To all practices Surrey and Sussex LMCs

18th August 2020

Dear Colleagues

LMC Update

<ol style="list-style-type: none">1. Flu Toolkit2. LMC Practice Manager Webinars3. Covid19 Support Fund (and NHS England letter)4. General Practice Appointment data	<ol style="list-style-type: none">5. PPE Portal6. Transfer of the Cervical Screening Administration Service (CSAS) from PCSE to the NHS7. DDRB Award8. Open Exeter decommissioning
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1 Flu Toolkit

The LMC has prepared a comprehensive 'Flu Toolkit' which has been distributed by your CCGs communication teams and all practices

I would particularly like to thank Julie Freeman [Director of Contract Development and Liaison] and Sarah Parsons [Associate Director: Practice Manager Liaison] within the LMC Office for collating a huge amount of information to develop the Toolkit, with the assistance of Sussex CCG and Public Health England colleagues, and the comments provided by Practice Managers on the developing draft, and at local Flu planning groups.

All practices will be aware that the delivery of this years flu programme is an exceptional challenge; there are certain issues that can only have a national solution, but in response to queries that remain the LMCs advice is:-

- **PPE requirements during flu immunisation delivery:** this is the main rate-limiting step in terms of practice capacity and without knowing what the PPE requirements will be, it is not possible to provide a comprehensive prediction of how many immunisations can be delivered, or how many 'flu clinics' will be required. There are rumours that PPE requirements will be 'relaxed' but at present there is no such guidance. NHS England is intending to publish further guidance shortly.

- All three Indemnity Organisations have confirmed that they will provide **indemnity cover**, at no additional cost, for practices who vaccinate their own staff against flu this year.
- **Vaccine Supply for the 2020/21 children's flu programme:** the LMC has been advised that the current timetable is that: -
 - Fluenza Tetra vaccine will be made available to order from Friday 28th August
 - The inactivated QIVe for children in clinical risk groups for whom LAIV is unsuitable will be available to order from ImmForm by early September
- **Vaccine delivery for 50 – 64 year cohort in November/December 2020:** the LMC understands that the Government and NHS England will be clearly advising the public that the first stage of the 2020/21 flu programme, and the priority for the initial delivery of vaccine stocks to practices, will be the 'at-risk' cohorts who are normally eligible under the flu DES together with those at increase risk because they are living in a household containing one or more people on the shielding list. As with other LMCs, SSLMCs has said this is not a message GP practices can be expected to provide the public unaided and support to practices is essential as colleagues prioritise flu vaccination delivery in this way.
- **Reimbursement arrangements:** the only reimbursement arrangements definitely agreed are those that support the delivery of flu immunisation under the DES, that is, those already in place. The LMC has asked CCGs for support for practices (and other organisations as appropriate) for the additional costs that may be incurred this year: in many ways the LMC is pushing at an open door since the case is made and CCGs are making the same point to NHS England. Unfortunately, until a financial commitment is secure, the LMC cannot recommend either GP practices or [if relevant] PCNs or other organisations make expenditure plans that they are not willing to self-fund. The LMC is aware that the cost of delivering the flu programme this year will be higher for practices
- **Coronavirus vaccine:** this remains an unknown, although to use Donald Rumsfeld's phrase, a 'known unknown', When and how a coronavirus vaccine delivery programme would be delivered is not yet planned for, nor any inclusion of General Practice in its delivery agreed.

2 LMC Practice Manager Webinars

The LMC is introducing a programme of Practice Manager focussed LMC Webinars, geographically focused within the LMC Confederation. You should have received a flyer about these

Practice Manager colleagues are encouraged to send in their questions before the Webinar, but the Webinar will be live via Microsoft Teams and real-time participation is available.

Each Webinar will be led by Sarah Parsons [Associate Director: Practice Manager Liaison] with support from an LMC Medical Director and others within the LMC Office.

I hope these Webinars will prove informative and further improve the link between Practice Managers and the LMC.

3 Covid19 Support Fund

The Government has now released details of the Covid19 Support Fund, covering a period until 31st July; this does not mean no support will be available beyond that date. Instead it provides CCGs with a financial mechanism to set against the spend that CCGs have already made to General Practices within the SSLMC area, up until that date. Further spend in August and later by CCGs is made at risk, as was essentially the position before the release of the Covid19 Support Fund.

The Fund will support CCG expenditure in relation to: -

- Bank Holiday opening for Easter/8th May
- Additional consumable expenses [this includes PPE, minor physical adjustment to premises, such as Perspex screens and barriers, cleaning costs, and other consumables at the CCG discretion]
- Services to care home residents
- Additional GP practice capacity where agreed by the CCG
- Absence cover from day one [from 23.3.20 – 31.7.20] for employees who were unable to work at all [where SFE provisions in relation to GPs do not apply, including for the first 14 days absence]. These reimbursements are capped. This includes NI and pension costs.

Practices should: -

- Review the claims they have already made, a proportion of which will have already been reimbursed, depending on local arrangements
- Discuss with the CCG any other claims that they think may be appropriate

Further details are available in the enclosed letter.

Practices should submit any claims they wish to make by 4th September at the latest, although they should contact their CCG before then.

4 General Practice Appointment data

NHS England have been collecting data from General Practice appointment systems since 2018; however, it is clear that overall activity in terms of patient: clinician interactions in General Practice is not fully recorded. This has implications in terms of perceived workload; NHS England also wish to define the type of interactions that occur, and the clinical staff undertaking them, more accurately, including identifying the deployment of ARRS staff over time, and the use of remote consultation services.

The LMC supports this approach, not least because a common challenge is the lack of accurate, timely data, about General Practice workload. NHS England also believe it may make a better case for additional investment, allow comparisons within CCGs, and more broadly in terms of 'skill mix', and track ARRS recruitment.

Over the coming months practices, with their system providers, will receive further information about this process which is designed to standardise the description of appointments and their data extraction; it is not intended to trigger any changes in how GP practices choose to organise their appointment arrangements, which remain at their discretion.

There is an update available at:- <https://www.england.nhs.uk/gp/gpad/> although this is purely a brief description of what is intended at this point.

5 PPE Portal

All GP practices are encouraged to register with the PPE Portal, if a practice has not done so, please see the details below

<https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment>

The portal customer service team are available at 0800 876 6802 for enquiries and support. With autumn and winter approaching, this is an important facet of practice preparedness.

6 Transfer of the Cervical Screening Administration Service (CSAS) from PCSE to the NHS.

Colleagues may recall that NHS England decided to transfer the administration of the cervical screening programme to the NHS and this will occur from 19th August 2020. There is a new phone number (0300 124 0248) but colleagues are also asked to use an on-line link to contact CSAS; this covers the commoner queries practices will have and is available at:

<https://www.csas.nhs.uk/contact-us/>

In this context colleagues may wish to be aware that:

- Organising a clinically appropriate cervical smear for transgender patients who are not on the national cervical screening programme is an unresolved issue; there is no contractual requirement for practices to provide a call/recall system for such patients and no resources are being provided by NHS England for practices to do so
- Post-colposcopy follow-up: GP practices operate a cervical screening programme and not a post-procedure follow-up service: consequently, practices should not be asked to undertake post-colposcopy follow-up cervical smears until the patient is retransferred back into the screening programme. The LMC advice is to refer such patients back to the colposcopy service if such a request is made, unless it is accompanied by an offer to pay the practice the colposcopy attendance tariff for undertaking the cervical smear

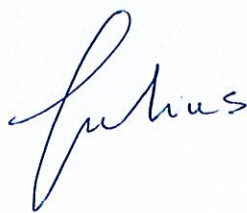
7 DDRB Award

The LMC has written to all practices describing the contractual position for GP colleagues following the DDRB Award; I would ask all GP colleagues to follow the contractual position outlined in that letter and to seek HR advice if they have any queries.

8 Open Exeter decommissioning

All Practice Managers should have received notification that the Open Exeter system will finally be decommissioned, many years beyond its intended operating life, in September 2020. It will be replaced by a PCSE Portal. NHS England is aware of the critical importance of accurate and timely payments being made to practices via the Exeter system and an extensive shadowing programme has been underway to ensure any discrepancies are minimised. I realise this is the end of an era but the IT infrastructure at Open Exeter can no longer be maintained.

With best wishes

A handwritten signature in blue ink, appearing to read 'Julius', with a stylized, cursive script.

Dr Julius Parker
Chief Executive