

# COVID-19 Update

Sheffield  
LMC



28 May 2020

**\*\*\*To All Represented Sheffield GPs & Practice Managers\*\*\***

Dear Colleagues

With the fabulous Bank Holiday weather I am sure many of you noticed a lot more traffic on the roads and those lucky enough to enjoy the Peak District will have noticed a surge of people gathering in beauty spots. This comes with a cautionary tale from Weston-Super-Mare Hospital that had to close its A&E Department for a period over the weekend due to increased coronavirus activity and concerns around asymptomatic staff testing positive. This comes 2 weeks after the VE day celebrations. Whilst the 2 may not be linked, we need to remain concerned that coronavirus is still circulating in the community, and GP service provision needs to maintain safe delivery for our patients and staff.

## **Primary Care Network (PCN) Directed Enhanced Service (DES)**

The 31 May deadline is fast approaching for sign up / opt out. We have been asked by a number of constituents if we are going to make a further statement, like the one in response to the original specifications from NHS England published on 23 December 2019. We do not intend to make any further comments on this issue prior to the deadline. We have made statements in the past around the DES and Care Homes issues to galvanise other organisations into recognising the needs of practices and Networks in Sheffield to help deliver care to their populations.

The decision around sign up remains a business decision for individual practices, and whilst we have tried to provide as much information as possible to assist in practice decisions, it is not for the LMC to promote one option or another.

## **Locum Shifts at Sheffield GP Collaborative and Hubs**

Some of you may have seen the article in The Sheffield Star last week around shifts at the GP Collaborative and the article posted by Primary Care Sheffield in last Friday's Bulletin. We have been working with a number of constituents and representatives from both organisations to clarify concerns raised about very short notice cancellation of locum shifts. We are aware that some of these are locums employed by the practices to cover their shifts, under the Enhanced Primary Care Contract (EPCC) scheme.

Both provider organisations have been working closely together to manage the change in demand during the pandemic to deliver an excellent and essential service. However, to maintain these necessary services we need GPs to feel confident about their commitments to working in the out of hours' services. Locum GPs provide a significant amount of the workforce for these services and we want to ensure Terms and Conditions adequately protect these GPs who rely heavily on this work, particularly as practice work has altered significantly.

## **Hospital Telephone Consultations**

In order to maintain some outpatient services, we have all noticed an increase in telephone reviews by secondary care. This is likely to remain a significant part of their activity, much as it will in general practice in the near future. We are also aware of some concerns that actions from some of these consultations are putting an increased burden on primary care in terms of prescriptions, investigations and management.

If you have experiences of this it would be helpful to receive anonymised examples to the LMC Office ([chair@sheffiedlmc.org.uk](mailto:chair@sheffiedlmc.org.uk)) in order to challenge secondary care on some of these activities.

## **Primary / Secondary Care IT interface**

The pandemic has brought about significant changes to the software / hardware and how we use it. Legislation has also led to a significant increased access to information on our systems from secondary care. A recent discussion with Dr Adrian Scott, IT Lead at Sheffield Teaching Hospitals, revealed that secondary care has found this a significant benefit in treating patients and, in a number of cases, led to an important change in management. You will be aware that the Diabetes Directorate write in SystemOne and Dr Scott is trying to encourage other Directorates to follow suit. We have also raised the issue of EMIS practices.

Integrating IT systems has remained a complex and expensive goal. We would argue that some activities have been pushed too rapidly during the pandemic, but anything that supports good dialogue between primary and secondary care, benefiting patients, is welcome.

**DR ALASTAIR BRADLEY**  
**Chair**