

Humberside LMCs FAQs Covid 19 – 15 May 2020

We have produced this document based on questions submitted by practices to the LMC. We'll be updating it regularly so please look out for our weekly Coronavirus updates or visit our web page <https://www.humbersidelmc.org.uk/coronavirus> where you will find guidance, updates and resources. **New updates indicated in red.**

Please note that information is being updated regularly, often at short notice. We are doing our best to keep on top of any changes but it is best to check with the sources concerned for the latest versions.

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- 1) What should we be doing about PPE?

Update 22 April 2020

On 17 April NHS England issued [an update letter](#) advising of the process practices are asked to go through if they expect to run out of supplies within 72 hours:

1. **Normal routine supply chain** (Please try to obtain your PPE from your usual supplier or wholesaler in the first instance (details of some suppliers are provided in appendix 1 of the update letter)

2. **Mutual aid** – Seeking support from your local colleagues, this may be from existing networks that are already established such as within your PCN or chain of pharmacies etc or which have been established by your CCG.

Humber LMCs has started collating a list of suppliers based on feedback from Humber region practices. We'll be adding to this list as we gather more feedback. For the latest version please visit our [coronavirus guidance page](#) and scroll down to the PPE box.

3. **NSDR re emergency request** – supplydisruptionservice@nhsbsa.nhs.uk or call 0800 915 9964 or 0191 283 6543 this is a 24/7 service. Please note that this service should only be used for emergency requests where PPE is needed in under 72 hours, this will result in pre-packed kit being made available which will contain limited quantities. Please ensure you are provided with and record your reference number. Currently in some instances this may refer you to your Local Resilience Forum (LRF) **PLEASE DO NOT CONTACT THE LRF DIRECTLY GO TO STEP 4.**

4. If you have not been able to secure supplies through steps 1-3:

- **for General Practices please contact your CCG;**

- for all other primary care providers please contact england.HCVPPE@nhs.net detailing the type of PPE you require, the small quantity needed (72 hours Supply only) including the NSDR number as above and confirmation that you have tried and been unable to secure PPE through the 3 steps set out above. All queries will be responded to Monday to Friday between the hours of 9am-5pm.

The BMA has launched a 24 hour helpline for emergency PPE advice. The helpline can be contacted on 0300 123 1233.

Use of PPE: (updated 03 April 2020)

The guidance on use of PPE was updated on 02 April 2020 – [click here](#) for the updated guidance. *This supersedes previous guidance.* PPE should be used for all patient contacts in primary care and this now includes eye protection. Patients should also wear masks. [Click here for more details](#) including the full guidance document.

Supply of PPE: (updated 01 April 2020)

See an [update on the national position regarding supply from DoH](#) (01/04/2020). This document includes a local PPE escalation flowchart.

- 2) Can our practice access any financial support given the current coronavirus pandemic? (updated 12/05/2020)

Reimbursement of revenue costs incurred relating to Covid-19: Allowable costs (April 2020)

Latest guidance states that NHSE/I will reimburse any additional revenue costs as part of the wider finance agreement on Covid-19. Current guidance defines valid additional revenue costs as being genuine, reasonable additional marginal costs. Such costs include:

- Evidenced increases in staffing costs compared to baseline
- Increases in temporary staff cover due to sickness absence/caring responsibilities
- Payments to bank staff and sub-contractor staff to cover sickness /caring responsibilities

- Equipment needed including PPE and hand sanitiser
- Decontamination and transport

NHSEI have committed to practices being able to claim back such costs and CCGs are issuing details. We have had positive feedback from practices about the process so far but we're interested to hear about any issues, so please let us know.

This [list of Covid-19-related expenses](#) has been developed by the LMC as a guide for practices that we consider appropriate to seek reimbursement for from CCGs.

If you find yourself facing financial difficulties, please inform the CCG and the LMC, and include financial challenges in your business continuity plan.

If you find yourself facing personal financial difficulties, please contact the Cameron Fund which can help and advise GPs and their dependants. <https://www.cameronfund.org.uk/>

3) Can my practice get any help with locum costs? (updated 12/05/2020)

The allowable costs incurred relating to Covid-19 described in question 2 above can include locum costs. See our guidance above and details issued by your CCG.

4) I'm at the end of my tether – where can I get support? (updated 12/05/2020)

Please don't under-estimate the stress of working in the NHS at this time. Try to ensure you and your colleagues remind each other about the importance of regular breaks, sufficient food and fluids, time away from work and the importance of switching off from the constant stream of updates.

There is a wide range of services available offering emotional support, as well as both practical and financial support. The LMC website details of services and resources that you can access both locally and nationally.

<https://www.humbersidelmc.org.uk/resiliencegpsandpracticemanagers>

5) What happens if we need to close due to lack of staff? (updated 12/05/2020)

The LMC strongly advises practices to have considered this in their business continuity plan, including what they feel constitutes safe and unsafe staffing levels in the current pandemic.

Practices are urged to complete the daily SitReps and to flag to your CCG as early as possible if you think staffing is becoming critical.

6) What should we be doing regarding home visits? (updated 12/05/2020)

NHSEI have advised all patient contacts should be triaged, and this includes home visit requests. Any routine or chronic disease review home visits should be cancelled, and where possible any acute home visits should be converted to a telephone or video consultation. If a face to face home visit is clinically required, recommended PPE should be used.

NHSEI have warned that primary care may experience a higher volume of home visit requests due to patients self-isolating. This represents a real challenge if visits are to those

who are confirmed or likely covid cases, and is a high risk for infection. Practices should not have any blanket policies in place about refusing to undertake home visits. They should triage requests and use clinical judgement as always.

7) What's happening with the PCN DES (including care homes)? (updated 15/05/2020)

NHSEI have released a preparedness letter for primary care which advises that practices which intended to sign up to the PCN DES will continue to receive their funds as planned.

NHSEI issued [guidance on 1 May 2020 to primary care and community health to support care home residents during the pandemic](#). The BMA had expressed concern at the suggestion that key components of the Enhanced Care in Care Homes service, planned to begin in October, would be brought forward. As a result, and following discussion with NHSEI and government, changes have been made which now stress the importance of supporting practices and other community providers to do what most are already doing, working hard to care for their patients in care homes.

The CCGs in our area are taking different approaches and working with PCNs to build on the service practices already provide to care homes. We would emphasise that the guidance is not a contractual obligation and where these additional care home requirements are delivered, these should be adequately funded and resourced.

NHSEI have released some additional requests for primary care under the current pandemic legislation; these are encouraged to be delivered at PCN level but are not contractual. A final updated version of the PCN DES is here: <https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/>

Practices have until the 31st May to notify their CCG whether they intend to opt in to the PCN DES. In future years a practice will be assumed to be opting in unless they confirm otherwise. Some aspects of the DES have been delayed until October, including the Structured Medication Reviews, with the early cancer diagnosis and enhanced health in care homes being in place “unless work to support the COVID-19 response intervenes”. The LMC believes that most PCNs are unlikely to have capacity or the practical ability to deliver meaningful progress on other workstreams apart from the pandemic response currently.

8) What should I do about childcare?

Guidance was issued on 19th March 2020 about the eligibility of critical workers to access ongoing childcare; NHS workers are part of this critical workforce and you should have heard from your childcare provider or school regarding this.

9) What about extended access/improving access? (updated 12/05/2020)

Extended access is currently ongoing locally; some CCGs around the country have suspended the service to allow redeployment of clinicians. Currently this has not happened locally. The same level of screening should be in place for any extended access appointments, with no face to face bookings made without clinician triage. Some CCGs are working with improving access providers to modify the offer to best support the pandemic response

10) Will we face sanctions if we work differently?

NHSEI have repeatedly and publically stated that primary care should be supported and not penalised for working differently during the pandemic. The BMA GPC have repeated the same advice, and Humberside LMC will fully support any practice who is working with the safety of their patients and staff as the main consideration for any changes.

We have asked all CCGs to write to GPs with a letter of assurance, and we would encourage practices not to wait to be directed but to be proactive in reorganising their workforce and working together. Waiting until the situation worsens, or explicit permission is granted for every single variant will only lead to delays and compromise primary care.

11) What's happening in hospitals? (updated 12/05/2020)

From w/c 16th March hospitals are suspending all elective work by no later than 15th April for 3 months. Updates are provided below from [HUTHT](#), [NLAG](#) and [York](#).

- [Hull University Teaching Hospitals NHS Trust - Communication Statement for GPs](#), issued April 3rd 2020

COVID-19 primary care updates

HUTHT has also published [Information for Primary Care: Elective Care - Referrals and Waiting Lists during Covid-19 Pandemic – Information for GPs](#) (03 April 2020). This is a short guide for GPs to how the trust is managing referrals and waiting lists for various departments during the pandemic. Includes updates on:

- Outpatient services
- Diagnostic services
- Inpatient and day case services
- Emergency services

New Referrals to Hull University Teaching Hospitals Trust (updated 27 March 2020)

The Trust has set up a Referral Assessment Service for each service in the e-Referral system. The 2 week wait services e-referral services will remain unchanged. This will enable us to appropriately triage all new referrals. Referrals which are not clinically appropriate will be rejected in the usual manner. We will ask our clinicians to provide advice back to enable you to manage the patient in primary care. If the patient clinically requires a review by a clinician this will be either booked as a face to face or a telephone clinic. Some referrals will not be clinically urgent and it has been agreed that we will continue to accept these but they will be paused and not booked until we are in a position to do so. The patient should be made aware of this. Should their condition deteriorate then the expedite process should be considered. The current Advice and Guidance systems should continue to be used where possible.

In addition the Trust will be commencing a piece of work looking at existing waiting lists, both those where the patient has an appointment and those where the patient is waiting for an appointment. The approach will be similar to new referrals, the referrals will be assessed as to whether they need to be seen either face to face or via a different route, can be returned to Primary Care with advice and guidance or the case paused.

Choose and Book appointment cancellations due to COVID-19 (updated 27 March 2020
- from Louise Topliss, Hull University Teaching Hospitals NHS Trust)

As a consequence of current pandemic pressures some routine appointments have had to be re-prioritised. Patients who had appointments booked via Choose and Book have been notified and they will be held for routines. In terms of scale there are 42,000 routines booked in next 10 weeks that the team is working through. For new referrals, the only appointments that can be booked are two week waits. Everything else is on a RAS so no booking can be made. The Trust will book anything triaged as urgent and a letter will be sent to 'pause' patients. Please be assured that the Trust is working on this and will support GP practices in any queries.

Radiology HUTH message (updated 25 March 2020)

During last week, the Radiology department cancelled all non-urgent patient appointments and referrals. With the Trust taking the decision to continue to accept the referrals, the Radiology department will continue to accept referrals but please be aware that appointments will not be made for at least 12 weeks. Therefore, consideration as to the appropriateness of a referral at this time, given the significant delay prior to the appointment, is requested.

Inappropriate referrals will continue to be returned. Radiology kindly requests that for any referrals rejected, GPs review the email notifications that have been sent about the cancellation and re-refer if clinically appropriate to. We can only apologise for the added work load this has and will cause. The current Advice and Guidance systems should continue to be used where possible.

Newly accepted referrals for urgent clinical indications will be appointed depending upon capacity thresholds within radiology. Any referrals deemed to be routine will be placed on hold until normal service resumes. At this time, where appropriate, appointments will be sent to patients to attend for their imaging accordingly but referrers need to be aware that you may be contacted to review the clinical case and assess the appropriateness of any referral over 12 weeks old.

The walk in service is being postponed. For all would be 'walk in' chest x-ray and recent injuries referrals, please ask your patients to contact the Radiology department on 01482 622047 so that COVID-19 screening can be completed before sending the patient and referral. Patients who have not contacted radiology prior to attendance will not be accepted.

- [Northern Lincolnshire and Goole NHS Foundation Trust - Referral Arrangements – published 11 May 2020](#)

This process has been agreed by NLAG, NL and NEL CCGs, and relates to referrals to Northern Lincolnshire and Goole NHS Foundation Trust. The LMC have been involved in the discussions on this document. The process outlined will be under constant review.

- **York Teaching Hospital NHS Foundation Trust** (update 12/05/2020)

Our colleagues at YORLMC advise that from w/c 11 May 2020 the trust will be accepting referrals from primary care. This is being coordinated across multiple specialities and it may take some time to have all processes on line again. There will be a degree of sequential

working over the next few weeks before all referrals are accepted and held by secondary care. This applies to 2ww and regular referrals.

12) What's happening to pharmacies?

The LPC [issued a statement](#) on 31 March 2020 on how the pandemic is affecting pharmacies and how patients can help.

The LMC and LPC have [issued a joint letter](#) (18 March 2020) and will continue to work together to ensure community pharmacy and primary care are aware of the challenges both are facing. Particular recommendations are that all patients should be moved to electronic prescribing and electronic repeat dispensing unless there is a clinical reason not to. PCNs should talk to their local community pharmacies who may also be facing workforce shortages and staff sickness. Consider how patients can request and collect prescriptions without having face to face contact in primary care or at community pharmacy.

Our colleagues at the LPC are publishing regular updates on their website, including bank holiday opening times for local pharmacies. Visit <https://communitypharmacyhumber.co.uk/latest-news/>.

13) What is happening with death certification? (updated 13/05/2020)

The CQC has published a joint statement with the General Medical Council and Healthcare Improvement Scotland about death certification during the COVID-19 pandemic. The statement is a reminder that prompt and accurate death certification is crucial, particularly during this emergency period. It also emphasises that all doctors must complete a medical certificate care of death (MCCD) as accurately as possible, citing what they believe to be the most likely cause of death.

The statement can be accessed at <https://www.cqc.org.uk/news/stories/joint-statement-care-quality-commission-general-medical-council-healthcare-improvement>.

BMA guidance for GPs is available on their death certification and cremation webpage which outlines the key issues, protocols and principles that should be considered during this period of COVID 19 for verification of death, completing MCCDs and cremations forms. View the BMA's [Guidance on Verification of Death, Completion of Medical Certificates of Cause of Death and Cremation Forms](#).

The Cremation Medical Certificate (form 4) has been updated to provide for a medical practitioner completing the form on their computer or other device to embed an electronic signature. This will enable the form to be sent via another person's email account, such as a medical administrator, without the form having to be first printed and signed. Download the [Cremation Medical Certificate](#).

Guidance has also been produced by the Government on Coronavirus (COVID-19): verification of death in times of emergency. This guidance is designed to clarify existing practice for the verification of death outside of hospitals and to provide a framework for safe verification of death in this coronavirus emergency period. View the [Government guidance](#).

NHSE/I have produced guidance on excess death provisions under the Coronavirus Act. Download [Coronavirus Act – excess death provisions: information and guidance for medical practitioners](#) (pdf).

14) What's happening about testing healthcare workers? (updated 06/05/2020)

There are two routes that key workers who are self-isolating as they or a member of their family have symptoms of COVID-19 can book a test. They can use the national self-referral portal or they can use a locally set up employer referral route which is being co-ordinated by CCG's on the North and South Bank of the river. The LMC recommends that practices refer their self-isolating staff for a test through the CCG co-ordinated route as this gives preferential booking status, unlike the self-referral route. Practices DO NOT need to register as an employer on the government portal.

Practices located in Hull CCG and East Riding CCG should follow the pathway process and complete and email the template which can be found below:

- [Hull and East Riding Pathway - Staff Screening COVID-19](#) (pdf)
- [Hull and East Riding - Daily Staff Swabbing Priority List Template](#) (Excel)

Practices located in North Lincolnshire CCG and North East Lincolnshire CCG should follow the process and complete and email the template which can be found below:

- [North and North East Lincolnshire Process - NHS and Key Worker Testing](#) (pdf)
- [North and North East Lincolnshire - Referral for Health and Social Care Swabbing](#) (Word)

If you have an employee who cannot drive or be driven to the testing centre then a home test can be requested but this can only be done through the national self-referral site which can be accessed via: <https://self-referral.test-for-coronavirus.service.gov.uk/>

This guidance differs from that you may have seen as currently small employers such as practices are not able to register their company on the employers referral portal at this stage as only major employers are eligible currently. This may change in the future and we will inform you at that stage.

There is a possibility of false negatives from this test largely due to the swabbing process. Guidance to employers from PHE about negative results is contained within the document on the following link:

- [Testing for COVID-19: Briefing and Testing Priorities](#) (pdf)

More information can be found on our [coronavirus page](#). If you experience any problems or have any questions relating to COVID-19 testing then please contact LMC on 01482 655111 or email at: humberstone.lmcgroup@nhs.net.

15) Should we keep a staff member's test result confidential?

The result of a COVID 19 test, like any other test, is confidential information. The same well-established principles which apply to all confidential information will continue to apply.

The general premise is that the disclosure of confidential information is governed by consent - save in very limited and exceptional circumstances. In this situation, consent from the staff member is needed in order for the test result to be disclosed to third parties.

Of course, should a member of staff receive a positive test result this would require that person to be absent from the workplace in order to comply with the government's guidance on self-isolation.

16) What is happening about shielding vulnerable patients? (updated 12/05/20)

NHSEI provided an update in their [primary care bulletin of 5 May 2020](#) on shielded patients, advising that a small number of patients have been identified who will be advised to shield via a centrally generated letter and text message. The addition of flags on GP records and distribution of central letters is expected to have been completed by 7 May. Any patients that practices have identified as clinically extremely vulnerable prior to 28 April should now be recognised by the Government support website.

If they have not already done so, practices should contact these patients as soon as possible, using the updated version of the template letter – [download the updated version here](#). This contains the same information as in previous versions but confirms that the Government is currently advising people who are clinically extremely vulnerable to shield until 30 June, subject to ongoing review.

BMA guidance on their website - [identifying patients at highest risk from COVID-19: advice for GPs](#) - provides a useful overview of the situation.

17) What should we do about issuing fit notes for patients who are self-isolating?

The NHS 111 Online Get an Isolation Note service issues isolation notes to individuals with symptoms of COVID-19 or those having to self-isolate due to residing with someone with COVID-19 symptoms. Employers have received clear [guidance](#) that for all COVID-19 related illness they should accept the Isolation Note as medical evidence to support absence from work and not require employees to get a fit note from a GP.

If an employer asks for fit notes relating to non COVID-19 health conditions for payment of Statutory Sick Pay (SSP) or Occupational Sick Pay (OSP), GPs should complete a fit note in the normal way, scan this and then email it to the patient, with due consideration of GDPR and with the necessary consent in place. Should an employer insist on a paper copy fit note, this can be posted to the patient. GPs can issue fit notes for a clinically appropriate time, which can be up to 13 weeks within the first six months of a condition, in line with existing [guidance](#).

18) Where can we direct people in need of help during the Covid-19 pandemic?

Highest Clinical Risk Group only:

- All patients at highest clinical risk who are shielding are asked to register to the [Government Support website](#). This service provides access to food and medications whilst at home if needed.
- To access this, patients must be flagged as highest clinical risk by the central process, their GP or a hospital specialist.
- Please note, there may be a short delay between the flag being applied and support arriving.

Anyone in need (including those in the highest clinical risk group):

- NHS Volunteer Responders: you can submit a live referral for an individual that needs support or an NHS service that requires volunteers providing they meet the referring criteria at <https://www.goodsamapp.org/NHSreferral> or on 0808 196 3382.
- Volunteers can provide: (1) Check in and chat support – short-term telephone support to individuals who are at risk of loneliness as a consequence of self-isolation (note, this is not mental health advice); (2) Community support – collection of shopping, medication or other essential supplies for someone who is self-isolating, and delivering these supplies to their home; (3) Patient Transport – transport to take patients home who are medically fit for discharge.
- [Health at home](https://www.goodsamapp.org/NHSreferral) – is a webpage that gives them an overview of NHS services that are available, such as how to order repeat prescriptions online and get them delivered (<https://www.goodsamapp.org/NHSreferral>).
- Public Health England have provided some guidance on [looking after mental health and wellbeing](#) during the COVID-19 pandemic
- Local councils are working with voluntary sector organisations and local communities to support residents in the response to COVID-19. You can signpost them to <https://www.gov.uk/find-local-council>, where they can locate their council and associated website where they can find all this information
- The government has provided advice on employment and financial support on their website: <https://www.gov.uk/coronavirus>

Information above is taken from [NHSE/I daily bulletin of 13 April 2020](#).

Self-referrals to the NHS Volunteer Responders scheme

People who feel they are vulnerable at home during the COVID-19 pandemic, and who would benefit from support from NHS Volunteer Responders, can now self-refer to the scheme rather than depending on their GP practices or other professionals to refer them.

The number for people to call to make a self-referral is **0808 1963646** – and you can share this with your patients.

The range of professionals who can now also refer people in for support with tasks like shopping, prescription deliveries, biological sample collections and transport to medical appointments has been expanded to include some charities, all emergency services staff, local councillors and MPs.

19) What do we do about notifying cases of Covid-19?

COVID -19 is a notifiable disease as of 5 March 2020 by virtue of a statutory instrument which made it into law and COVID-19 was added to the [list of notifiable diseases](#) and SARS-COV-2 to the list of notifiable causative agents. This change was made by adding them to the Health Protection (Notification) Regulations 2010.

This change in law requires GPs to report all cases of COVID-19 to Public Health England.

Full details and information in regards to this is to be found on the Gov.uk website <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>

Gov.uk - Guidance - Notifiable diseases and causative organisms: how to report - part of which is copied below for information and full details via the website link

Registered medical practitioners: report notifiable diseases

Registered medical practitioners (RMPs) have a statutory duty to notify the 'proper officer' at their local council or local health protection team (HPT) of suspected cases of certain infectious diseases.

Complete a [notification form](#) immediately on diagnosis of a suspected notifiable disease. Don't wait for laboratory confirmation of a suspected infection or contamination before notification. Consult the [PHE Notifiable Diseases poster](#) (PDF, 1020KB, 1 page) for further information.

Send the form to the proper officer within 3 days, or notify them verbally within 24 hours if the case is urgent by phone, letter, encrypted email or secure fax machine.

If you need help, contact your local HPT using the [postcode lookup](#).

For more detail on reporting responsibilities of RMPs, see page 14 of [Health Protection Legislation \(England\) Guidance 2010](#).

All proper officers must pass the entire notification to PHE within 3 days of a case being notified, or within 24 hours for urgent cases.