

Humberside LMCs FAQs Covid 19 – 29 July 2020

We have produced this document based on questions submitted by practices to the LMC. You can also find guidance and resources on our web page <https://www.humbersidelmc.org.uk/coronavirus>. 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's the process to obtain supplies of PPE if we are running out?

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.
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.

2) Can our practice access any financial support in the coronavirus pandemic?

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

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

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.

3) Where can I get support?

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 on our newly updated page:

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

4) 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).

5) What's happening about testing healthcare workers?

Update on COVID-19 Antibody Testing (24/06/2020):

In response to NHSE's recent undertaking for staff and patients to have access to antibody testing, local CCGs will be inviting practices to provide antibody testing for primary care staff including dental, pharmacy and opticians, as well as GP staff and their patients. This is not a core service and is therefore not mandatory for practices to deliver. A service specification together with clear funding will be issued to practices shortly. The LMC have provided comments with respect to the service specification and we would advise practices who may wish to deliver this service to consider the following:

- The specification does not limit the scope and frequency of testing and extends to practice patient population. Some practices may have difficulty providing resources to respond to this level of demand.
- Practices may also be invited to test staff and patients of other practices who decline to be commissioned for this service. It is also possible that CCGs may commission this service through another provider to deliver a local solution.
- NHS Resolution have confirmed that where you are appropriately trained and competent to undertake this activity, and you are not covered for this activity under your existing indemnity/insurance arrangements, you will be indemnified under the Clinical Negligence Scheme for Coronavirus (CNSC). More information is available [here](#).
- There will be a significant component of practice time required for briefing and counselling post-test. This should be reflected in the funding rate you accept.
- There have been recent reports of actuarial impact of insurance and finance applications which should be made clear before consenting to a test. The BMA have provided this information

- The communication and recording of results process requires further detail. It the LMCs understanding that a record of the tests will not be placed on the GP patient record but may be recorded on the occupational health record for staff members.
- The Daily Mail and Pulse have reported that NHS England has said that any patient can ask their GP for antibody test when having a blood test for another reason. In response to this GPC said there was no obligation to offer antibody testing and that this could increase inappropriate attendance at surgeries. GPs would use their clinical judgement to decide whether to offer patients COVID-19 antibody tests. The Pulse article can be found [here](#) (registration required).

The LMC will provide any further updates on our COVID web page.

Testing for healthcare workers:

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: humber-side.lmcgroup@nhs.net.

6) 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.

7) What is happening about shielding vulnerable patients?

Update 23/06/2020

The government has announced plans for the future of shielding. The key points are:

- Shielding guidance will be relaxed in stages, subject to clinical evidence:
 - From **6 July**: the guidance for the clinically extremely vulnerable will be relaxed to allow shielded individuals to meet up to 5 people from other households outdoors, socially distanced, and to form support bubbles if they live alone or are a lone adult with a dependent under 18.
 - From **1 August**: the clinically extremely vulnerable can stop shielding. The guidance will be updated to allow this cohort to go to the shops and places of worship, while following current social distancing rules.
- The food and medicine boxes facilitated by the National Shielding Service will stop as of **1 August** as individuals are advised they can visit shops and pharmacies. However, other forms of support – such as priority supermarket delivery slots and the NHS Volunteers Scheme, amongst a range of local volunteer schemes – will continue. If an individual is concerned about support after 1 August, they should contact their local authority.
- The categorisation of 'clinically extremely vulnerable' will remain in place indefinitely and people in this cohort should continue to follow the guidance specific to them, available [here](#). This is because community transmission and the R number will continue to be closely monitored and the government will tighten advice to this cohort as needed.
- Shielding guidance has been and continues to be **advisory**.
- Everybody in the 'clinically extremely vulnerable' categorisation will be written to from today outlining these steps.

These resources provide further information:

- [Core narrative](#) setting out the changes
- [Clinical guidance explainer](#)
- [Stakeholder Q&A](#) to help you explain the changes
- [Shielding patient letter](#)

8) 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](#).

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

- 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](#) – 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>

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.

10) 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.

11) Under the NHS Test and Trace system, will our staff have to self-isolate if they have been in contact with someone who tests positive for COVID-19?

Provided a person working in a health and social care role was correctly wearing PPE as part of their employment they will not be considered to have been in close contact with a person who has tested positive – and are therefore not required to self-isolate. (See page 10 of the [government's FAQ document](#) published 27 May 2020.)

Staff who have been notified through the [NHS England Test and Trace](#) contact tracing service that they are a contact of a confirmed case of COVID-19 in the community (outside the health or social care setting or their place of work) should inform their line manager and

self-isolate for 14 days, in line with the [Test and Trace guidance](#). (See [COVID-19: management of staff and exposed patients or residents in health and social care settings](#)).

If a health or social care worker has come into close contact with a confirmed COVID-19 patient, resident or service-user or a symptomatic patient, resident or service-user suspected of having COVID-19, while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager.

In assessing whether a health or social care worker has had a breach of PPE, a risk assessment should be undertaken in conjunction with local infection prevention and control (IPC) policy. See the guidance [COVID-19: management of staff and exposed patients or residents in health and social care settings](#) for details as to what factors should be considered in the risk assessment.