



Humberside LMCs FAQs Covid 19 – 25 March 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 questions indicated in red.**

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1) What should we be doing about PPE?

We have been told that further supplies of PPE will be delivered to practices within 48hrs of 19th March. This will include a repeat of the gloves, aprons and fluid repellent surgical masks, with the addition of eye protection. The PPE supply chain has been unable to keep up, but practices struggling to get hold of PPE have been asked to contact the National Supply Disruption line on 0800 915 9964 or email supplydisruption@nhsbsa.nhs.uk who will be available to help, Monday to Friday 08:00-18:00.

There is a lot of concern about whether the current PPE being given to primary care offers sufficient protection when dealing with patients with suspected coronavirus. The NHSE and PHE advice states:

The current list of PPE for possible COVID-19 patients in primary care is as follows:

- disposable plastic aprons
- disposable gloves
- fluid-resistant surgical mask (FRSM)
- eye protection, depending on risk of being splashed by bodily secretions,

The guidance suggests that respirators (FFP-3) and fluid-resistant surgical face masks offer a similar level of protection – up to an 80% reduction in risk of infection, except when performing aerosol-generating procedures. (See page 29 of [Guidance for infection prevention and control in healthcare settings](#)).

The LMC advises that where practices feel it is medically essential to assess patients face to face, that at the current time **all patients** are seen using the above PPE, with a distance of 2m maintained between clinician and patient, where possible for <15minutes as per national advice. While the guidance does not particularly recommend it, there is anecdotal evidence from other countries that the risk of transmission can be further reduced by asking patients to also wear a fluid resistant mask during any face to face consultation. Colleagues who are themselves in high risk groups should consider whether patient facing contact is safe for them.

Primary care cannot provide care for patients if we are not well ourselves. Please exercise caution in any face to face patient contact, and consider whether the benefits of seeing a patient in a confined space with the current PPE outweighs the risks to your own health.

- 2) Can our practice access any financial support given the current coronavirus pandemic?

The chancellor has announced a number of measures aimed at supporting small businesses during the pandemic. The details of this and whether GP surgeries would be eligible to apply has not yet been announced. We have raised this issue nationally to seek clarity. We know the BMA has also asked NHSEI to make financial support available as many practices are struggling.

Keep track of money spent on additional staffing, sick pay, locums, or any equipment that you have needed to purchase specifically for the current pandemic. NHSEI have committed to practices being able to claim back such costs but we do not have any detail regarding how or when this will happen. There is also a lack of clarity over the use of PCN funds, but would encourage practices to discuss with their PCN and clinical director and agree to whatever is felt to be the best use of funds to ensure patient and staff safety.

If you find yourself facing financial difficulties, please inform the CCG and the LMC, and include financial challenges in your business continuity plan. While there is no specific agreed arrangement at the moment, the LMC would strongly support funds being made available to ensure practices remain open.

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

- 3) Can my practice get any help with locum costs?

There is no current agreement locally nor nationally for this type of support. Some CCGs (e.g. Birmingham and Solihull) have agreed to provide funding for this and the LMC will continue to ask our local CCGs to do the same given the alternative of practices closing.

4) I'm at the end of my tether – where can I get support?

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.

The LMC website has a list 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?

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. We have devised a PCN RAG rating which we would encourage practices to complete at least daily. This allows practices to support one another if they are able, and allows practices to ask for help as early as possible. It is for each practice to define their own minimum safe staffing level – no one else. If a practice triggers the amber rating, please inform your CCG via their Covid email address and copy the LMC in. If a practice triggers red, they should inform the CCG and LMC urgently. This system will work best when done across the whole PCN.

[RAG Humberside PCN](#)

[Coronavirus – RAG rating for all practice activities](#)

6) What should we be doing regarding home visits?

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.

7) What's happening with the PCN DES?

NHSEI have released an [updated next steps document](#) (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. Some aspects of the DES are suspended or to be removed, and those practices involved in a PCN should read the document and communicate this to colleagues. The message from Nikita Kanani, Head of Primary Care at NHSEI has been to focus on providing safe care during the pandemic, and not focus on the PCN DES currently.

A lot of Covid-19 workload is likely to be in care homes, and this is the one area that NHSEI have suggested PCNs continue to focus on while accepting it will largely be reactive.

8) What should I do about childcare?

Guidance was issued on 19th March 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?

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.

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?

The LMC have not been included in significant discussions with local secondary care providers. The national announcement made w/c 16th March that hospitals will suspend all elective work by no later than 15th April for 3 months has been made. However we are also seeing radiology requests being returned, and expect significant lengthening of waits or outpatient referrals. Cancer 2ww referrals will still be accepted, but we are expecting to hear about changes to other non-urgent referral pathways. This is likely to include more use of advice and guidance, telephone and video reviews, and hospital clinician triage. We are continuing to try and get regular two way communication going asap.

12) What's happening to pharmacies?

The LMC and LPC have [issued a joint letter](#) 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.

13) We're struggling to get hold of webcams, what can we do? (added 25/03/2020)

There is a national shortage of webcams at the moment. CCGs have provided preferred families of devices to ensure compatibility. Supply chains are struggling generally but if practices can purchase from the likes of Amazon, Argos etc. then they should do so.

14) Are our staff able to use computers from the surgery if they are working from home? (added 25/03/2020)

If the user has a **work laptop** – yes.

If the user accesses a **work desktop**:

- eMBED are currently deploying a software tool to all devices which will allow access to corporate services on a desktop from home
- Desktops will need to be connected via a cable to the broadband at home
- A remote license is required
- Should more licenses be required then there will be a cost per head

If the user can't take a device home then the user will be able to access the following from their **home PC**:

- NHS Mail
- MS Teams
- SystmOne Mobile