

### **GP COVID-19 preparedness update (England)**

GPC England has published a [GP preparedness guide](#) to help guide practices to safely support delivery of health care within the current extremely challenging and pressurised environment. We have set out four key principles to work towards:

- Health Care Worker safety is paramount.
- By protecting health care workers we protect patients
- Do everything possible to reduce infection transmission
- Procedures and pathways should be evidence based

The guidance includes advice on proactive care, repeat prescribing, workforce planning, PPE, death certification and cremation forms.

### **Identifying high risk patients (England)**

As we reported last week, the [CMO has published a letter defining those](#) at high risk of contracting COVID-19, which communicated a need for General Practice to identify and write to group 4 patients.

We also published joint guidance with the [Royal College of GPs](#) on *Vulnerable Patients – Role of General Practice during COVID19*, which has now been withdrawn pending an update on the process for identifying and contacting patients in Group 4 (other high risk patients with complex / severe multimorbidity). We expect further formal guidance in terms of next steps for identification of group 4 patients to be communicated shortly.

This is also a concern in Wales, where there have been delays by NHS Wales in sending out letters to vulnerable patients urging them to self-isolate for at least 12 weeks. Phil White, Chair of GPC Wales, said these letters must be sent as a "matter of urgency" so worried patients don't turn to GPs in their droves for advice. Read more in [Wales online](#)

### **PPE update**

As the BMA has made clear on a daily basis through our public campaigning, media work and political lobbying, there has been a serious problem with sufficient supply of appropriate PPE. The BMA has also called for clarity from the Government on what healthcare staff should do if they do not have adequate PPE. We have been working hard to resolve this with NHS England and the Government. I have raised this repeatedly with the Health Minister, Jo Churchill MP, and did so again today. I said that whilst the change that we had secured to PHE's PPE guidance on eye protection was an important step forward, this now must be followed up with the urgent delivery of equipment to practices. There was also still a need to give greater confidence to the profession, particularly relating to the difference between disposable aprons and gowns. I also told her of the feedback we have received from LMCs about the continuing supply issues and the need for this still to be properly resolved as a matter of urgency.

As a result of our pressure we have finally secured some action in delivering PPE to practices and the messaging on the National Supply Disruption Service (NSDR) helpline has now changed. Additional stock, following the initial delivery a few weeks ago, has been placed with distributors and wholesalers to enable GP practices to order through their normal

routes, and is now starting to be delivered to practices, although still not in enough quantities that practices need.

We are aware of a number of companies producing visors and many practices have received support from local bodies, [schools](#) and charities. It is important to ensure they are of sufficient quality. It is essential that all those having direct face to face consultations with patients wear appropriate eye protection and we are now pushing for NHSEI to provide these to every practice.

### **PPE requirements for primary and community care**

We have been repeatedly raising the widely held concern about Public Health England's PPE guidance. We have been working with the Academy of Medical Royal Colleges and others to encourage PHE and the UK Chief Medical Officers to bring the UK guidance in line with [WHO standards](#). As a result of our pressure [new Public Health England PPE guidance](#) has now been published, and includes advice for primary and community care providers. It is now explicit that in primary care PPE should include eye protection and PPE should be worn for all contacts. We have called on the Government to ensure rapid delivery of eye protection to all practices and they have committed to do this. All patients must be assumed to have COVID-19 infection and it is now recommended that they should wear a mask during any face-to-face consultation. In addition, scrupulous hand hygiene is vital for self-protection and Dr David Farren, a consultant in infection control, has produced [guidance](#) on this. An evidenced based review of PPE, including a comparison between disposable aprons and gowns, will be published in the next few days by a team led by Prof Trish Greenhalgh, an internationally recognised academic in primary health care and evidence-based medicine and we will consider their findings carefully as part of our on-going work to ensure GPs and their staff are as well protected as possible.

### Repurposing industry

Yesterday the BMA and other [health and manufacturing unions joined forces in the call for a manufacturing army to keep UK workers safe from virus harm](#). We called for Government to unleash a national effort to produce the protective equipment millions of key workers desperately need to keep safe during the health crisis. We were joined by industry federations ADS Group and the British Printing Industries Federation who said that manufacturing capacity currently furloughed or underutilised should be repurposed amongst the UK's world leading manufacturers to produce the PPE kit desperately needed by our NHS, social care providers and other front-line workers across UK industry.

### GPC England survey on PPE

Thank you to those LMCs that have responded to our short survey to help provide us with a more detailed understanding of PPE provision. This is already helping us to hold government to account on delivering what practices need at this crucial time.

### Sent home over PPE?

We want to hear from any GPs who may have been sent home from work due to issues around PPE. Whether you were banned from wearing your own protective equipment, or there wasn't sufficient equipment to protect you, please share your experience by emailing [sessionalgps@bma.org.uk](mailto:sessionalgps@bma.org.uk)

## PPE Media

The BMA has [written to Italy's medical associations](#) to extend its sincerest condolences to the country's medical profession after it was revealed that more than 50 doctors have now died from the virus. Read more [here](#)

Following the death of UK doctors, Chaand Nagpaul, BMA chair of Council, commented in an article by the [Guardian](#): "The reality is that [PPE is] still not reaching hundreds, if not thousands, of frontline staff on the ground – with current reports from around the country from doctors that supplies are running out, being rationed or of inadequate protection. It was reported in the

[BMA has asked the Government what healthcare staff should do if they do not have adequate PPE](#). I commented "Despite the promises about the urgent delivery of PPE, the reality for many practices on the ground remains the same. We are still hearing reports that many have insufficient PPE supplied to them and don't know if or when more will be coming. Practices need action not more promises." This was reported by [Sky News](#), [Mail Online](#), [Evening Standard](#) and [The Metro](#). I have also been interviewed for BBC Look North, ITV Calendar News, LBC, TalkRadio and BBC Radio York on this.

Welsh council chair David Bailey said: "At a time when we need our NHS more than ever, staff must be properly protected and should not be exposing themselves to high-risk situations where they could become infected." Dr Bailey featured [in a piece on Covid-19 mythbusting for ITV](#). The BMA's concerns were reported by [BBC Wales](#), [ITV](#), [Wales Online](#) and [Channel 4 News](#).

## **Testing**

Following the announcement by the Government about testing HCWs, the NHSEI [letter to CCGs about COVID-19 testing to support retention of NHS staff](#), advises that, in the first instance, staff in initial priority groups such as critical care, EDs and ambulance services, who are unable to work will be tested. This will then be rolled out more widely. Read the BMA statement [here](#). This was reported by the [BBC](#), [Guardian](#), [MailOnline](#), [Mirror](#), [BBC](#), [the Metro](#), [the i](#), and [Evening Standard](#). In Wales, David Bailey, Chair of BMA Wales [welcomed the news of increased testing for the virus](#).

## **Models of working**

In some areas, PCNs are proposing to or have already set up COVID hubs to be the premises at which necessary face to face consultations take place. This is for each locality to determine, however with the rapid spread of this infection it should be assumed that all patients have potential COVID-19 infection, and [remote consultation methods](#) should be prioritised, reducing to an absolute minimum direct physical examination. Patients with serious illness when clinically appropriate should be referred directly to secondary care after telephone or video assessment and those more appropriately managed in the community may require home visits with full PPE.

## **Maintaining primary and community care resilience**

We have seen proposals in some areas of the country insisting on primary and community care staff are redeployed in secondary care settings. We are deeply concerned about this as

it fails to appreciate that the battle to fight COVID-19 will be won or lost in the community as much as in hospital intensive care units. It is vital therefore that we retain as many healthcare workers in community settings as possible in order for us to provide the support necessary to the large numbers of patients who will need us in the coming days.

We are working hard to encourage more healthcare professionals to join us in primary and community care, including many former and valued colleagues who have courageously returned to help us. We also need a significant increase in testing arrangements to enable colleagues who are currently self-isolating to return to work. A small number of primary care clinicians may have specialist skills that they are able to offer to secondary care providers at this time and it's appropriate for them to do so but the vast majority of the rest of us are needed in the community where most of our patients will continue to be.

### **Easter opening hours**

The [emergency changes to GMS contract regulations](#) published last week, require practices to be open on Good Friday and Easter Monday, as it is expected that this bank holiday period will coincide with a peak in activity in many parts of the country. It is disappointing that, with just a week to go, funding arrangements have not yet been made for this in England, although NHSE/I have committed that practices will not suffer financial detriment as a result of opening each day. I have been clear that is [necessary](#) to support practices properly. We will provide more information as soon as possible.

Arrangements have been agreed in Northern Ireland, Scotland, and Wales, with details attached for Scotland and Wales. In Northern Ireland practices will receive £1 per patient to be open for the 2 additional days over Easter.

### **Support for GP practices in Scotland**

The [Scottish Government has announced an additional £15m to help practices](#) cope with extra pressures arising from the coronavirus crisis, which has been welcomed by Scottish GPC. The funding will go towards practices opening over Easter, additional work, sickness leave arrangements, and additional practice expenses. Andrew Buist, Chair of GP Scotland, said the he is 'extremely proud of how quickly GPs have responded to this challenge with flexibility and ingenuity. There is a huge amount of work being put in from the Scottish Government and across the system and now is the time for us to pull together, for clear thinking and strong leadership.' Read the statement [here](#)

### **Death certification and cremation guidance (UK)**

Following the introduction of [Coronavirus Act 2020](#), new measures have come in to manage and relax the processes around death certification and cremation. [NHS guidance](#) has now been published – this can also be found on our [death certification webpage](#) page alongside other relevant guidance for all four nations.

### **Remote review of long term conditions**

Although QOF is suspended, it remains important, where capacity and priorities allow, to support our patients with long term conditions. We have therefore produced a short guide to the management of long term conditions using remote consultations. Thanks for Tom Yerburch, a member of the GPC clinical and prescribing policy group, for his help with this.

### **Contract changes (England)**

Annual contract changes were made on 1 April. Whilst most of the requirements have been suspended, funding guarantees have been provided. Global sum will increase to £93.46, and the new value of a QOF point will be £194.83. Other measures will also come in, but practices will rightly be focussing on COVID-19 issues rather than contractual requirements.

[Read our guidance for practices](#)

### **Primary Care Network DES guidance**

The revised [PCN DES](#) commenced on 1 April 2020. Given that the climate and the pressures have changed significantly since the original specifications were agreed, the focus of the PCN DES is now to mainly support practices to increase their workforce and deal with the national emergency of novel coronavirus (COVID-19) and [many elements of the DES have been suspended](#). GPC England has produced this short guidance to support practices to work together locally by navigating the DES in a straight forward manner. Read the guidance [here](#)

### **Retired doctors returning to work**

Following the roll-out of [temporary registration by GMC for newly retired doctors](#) last week, in order to return to work, individuals will need to complete identification and right to work verification. NHSEI and the Home Office have confirmed that this can be done remotely by using a video link and there is no need to do this via practices. See more information on the [COVID Clinical Assessment Service website](#).

We have also published some guidance for Retired GP Returning to Practice which is attached. Thank you to Dr Nigel Watson who is one of the first GPs returning to practice and for his help with this.

Retired and now returned GP, Andrew Green, appeared on BBC4's [Today Programme](#) (around 1hr40), to discuss returning to work. He commented: "I think it's important that as many people return to work as possible, but it needs to be done in a safe way, that is safe for doctors and nurses, and also safe for patients. And you have to remember that people who perhaps left early from their jobs can't just be parachuted back into the jobs that they did earlier. They do need flexibility so we can work safely."

### **COVID-19 primary care assessment centre (Northern Ireland)**

The first GP-led COVID-19 primary care assessment centre has been opened in Belfast. Read the BMA statement [here](#).

### **Death in Service benefit**

BMA Chair Chand Nagpaul has written to Chancellor Rishi Sunak, urging the Treasury to extend Death in Service benefit to all NHS workers, including retired staff who have returned to the service. The Chair called for the immediate progress on this issue, stating the benefit will provide reassurance to those "doing their very best during this crisis". Read the BMA statement [here](#) and the full letter on the BMA [Twitter page](#)

We are working with NHSEI on arrangements for locum GPs to be able to be employed as single lead employer and therefore enable death in service benefits, if they are part of pension scheme. Details should be produced next week.

### **GP trainees on Tier 2 visas**

The Government has announced that Doctors, nurses and paramedics with visas due to expire before 1 October 2020 will have them automatically extended for one year. This is particularly relevant for GP trainees with on tier 2 visas which will expire at the end of their training (August 2020 for most). Read more [here](#)

### **BMA COVID-19 webpage and guidance**

[The BMA COVID-19 webpage](#) is updated daily with guidance and links to official information:

- [PHE guidance for primary care](#)
- [NHS England guidance for primary care](#)
- [Health Protection Scotland guidance](#) for primary and secondary care
- [Public Health Wales updates](#)
- [Public Health Agency Northern Ireland latest information](#)

The BMA has published [FAQs on your contract terms and conditions](#) which will be updated regularly.

### **Ethical guidance on COVID-19**

The BMA has published [ethical guidance on COVID-19](#). The RCGP will be bringing out further, primary care specific guidance shortly. The Royal College of Physicians has also published [Ethical guidance for frontline staff dealing with pandemic](#). If BMA members have any specific concerns or issues related to COVID-19 please contact the BMA's advisers on 0300 123 1233 and [support@bma.org.uk](mailto:support@bma.org.uk).

### **Wellbeing**

At times of crisis it is also vital that we all look after our emotional as well as physical health and the BMA has a range of [wellbeing services](#) including 24/7 counselling, available to ALL doctors and medical students (not just BMA members).

The BMA has set up a [‘wall of thanks’ webpage](#) where the public can send message of gratitude or [donate funds](#) to doctors working tirelessly in response to COVID-19

### **New BMA website has been launched**

To provide members with the most up-to-date information and guidance in this uncertain and fast-changing environment, we brought forward plans to launch our new website – it's now live at [www.bma.org.uk](http://www.bma.org.uk) For a short period, some services (including [YourAccount](#)) will remain on the old website at <https://archive.bma.org.uk>

### **Other COVID 19 resources**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I daily primary care bulletins on COVID-19](#)

Latest [NHSEI preparedness letter](#)

[NHSE/I COVID-19 webinars](#)

[COVID-19 Google Drive resource](#)

[Primary Care Pathways COVID-19 resource centre](#)

[NICE resources on COVID-19](#)

[Information on COVID-19 for social prescribing link workers](#)

### **Public satisfaction with NHS and social care increases in annual British Social Attitudes survey**

The Nuffield Trust and The King's Fund have published new annual findings on the NHS and social care from the British Social Attitudes survey, the gold standard in tracking public views over time. Their analysis of the [survey](#), which was carried out between July and October last year, shows a sharp and significant rise of 7 percentage points in public satisfaction with the Health Service, to 60% satisfied overall. This marks a reversal after drops in satisfaction in 2017 and 2018. Satisfaction with GP services was 68% in 2019 – a 5 percentage point increase on the previous year, taking satisfaction with GP services back to just below the level it was in 2015. They have published a [blog](#) reflecting on these results can be seen on our websites.

### **DHSC medicine supply update for March and April**

Please see attached the DHSC medicine supply update for March and April.

### **GP to be new chair of the Academy of Medical Royal Colleges**

I would like to congratulate Professor Helen Stokes-Lampard, immediate past Chair of the RCGP, who has been elected to be the next Chair of the Academy of Medical Royal Colleges, to succeed Professor Carrie MacEwen in July.

See this week's GP bulletin [here](#)

See a COVID-19 update from the BMA's Chair of Council [here](#).