LMC Update Email

1 May 2020

Dear colleagues

NHSEI letter to the profession on second phase of NHS response to COVID-19

NHSEI has sent a letter to NHS organisations setting out the second phase of NHS response to COVID-19. The letter outlined what practices have already been doing in proactively contacting their high-risk patients with ongoing care needs, including those in the 'shielding' cohort, to ensure they are accessing needed care and are receiving their medications. It highlighted that practices should continue to triage all patients, complete work on implementing digital and video consultations, and deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

With the nationally recognised increase in the number of deaths of patients in care homes there is now a greater and long overdue focus on the need to provide greater support for care homes. The letter suggested that one part of this response would be to bring forward key components of the Enhanced Care in Care Homes service, planned to begin in October. It was disappointing to see this expressed intention and we were clear with government ministers and NHSEI that this approach was unacceptable. 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. This new guidance can be found here. It is now important that practices use this guidance, working with others in their area, including LMCs, to do what they can to support their local care homes at this critical time. Read our initial statement here

With regards to referrals to secondary care, NHS local systems and organisations are advised to step up non-COVID 19 urgent services as soon as possible over the next six weeks. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-COVID 19 levels. We have been raising concerns about the variation in approaches being taken on this across the country and so NHS Digital has now produced guidance that details the various features of the NHS e-referral service that can help referrals to be managed safely, triaged and processed according to clinical priority.

The letter also responds to the serious concerns raised by the BMA in a letter sent to Sir Simon Stevens this week about the need to take action in response to the emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis they recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly. Practices should consider how they can do this and take action to protect members of their team.

It should also be noted that potential new treatments for COVID-19 are being researched and many practices are being approached to take part in this. The letter was also referred to in the NHSEI primary care bulletin (29 April).

Contractual responsibilities of providing care during COVID-19 pandemic
We have received several queries and concerns in the last few days from LMCs and others about the contractual responsibilities of providing care for patients with COVID-19. We have as a result taken legal advice on this.

It is clear that the care of patients within the community with, or suspected of having, COVID-19 is part of the provision of essential primary medical services and a requirement of the GMS contract. Practices not doing this, or if they have inadvertently taken steps whereby they have stopped providing care for these patients, including not seeing patients face to face in their practice (or another premises such as a hub if they have a contractual arrangement for this) or at home when it is clinically necessary to do so, would be breaching their contract.

In addition, it would also be very damaging for the profession as a whole at a time when the public is applauding the work done by general practice and others in the NHS and care services, if reports emerge of practices failing to provide necessary care to patients with COVID-19. This is particularly the case when we are highlighting to government ministers and others the good work practices across the country are doing to support their vulnerable care home patients. We are sure LMCs will provide the necessary advice to practices should that be required.

Guidance on this matter is provided in the attached document, and we have updated our GP and practice toolkit.

GP and practice toolkit
Updates to the toolkit this week include a new section on I&R and IGPR scheme doctors returning to work and contractual responsibilities of providing care during COVID-19 pandemic (in the service provision section) as mentioned above.

PPE
The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, as was evident by the results of our latest snapshot survey which showed that basic PPE continue to fail to reach frontline doctors. The results of our tracker survey completed this week have now been released showed that almost half of doctors have relied upon donated or self-bought PPE and two thirds still don't feel fully protected

The BMA has launched a 24/7 emergency support helpline for doctors who find their PPE is inadequate and need urgent advice. Call the PPE hotline on 0300 123 1233 or use the **webchat >**

We will continue to work hard to ensure that practices get the necessary PPE that they need to work safely. Read our latest FAQs: **Refusing to treat where PPE is inadequate >**

CPR should be reinstated to the list of aerosol generating procedures
The BMA has reviewed the guidance on Aerosol Generating Procedures (AGP) and agreed with the Resuscitation Council UK position that CPR is an AGP. This follows concerns that members are being asked to resuscitate patients without adequate protection due to a lack of national consensus on this issue, in that CPR is not classified as an AGP in Public Health England guidance.

The guidance from Resuscitation Council UK provides a clear process for protecting patients and healthcare workers – treating CPR as an AGP. Read our guidance and statement here

Identifying high risk patients and shielding
Last week, NHSEI advised that additional people have been flagged to be at highest clinical risk, and letters and text messages are now being sent to this group. This has again be emphasised in the letter from Sir Simon Stevens. If they have not already done so, practices are being asked to contact all the people on their patient list who are shielding as a follow-up to the letter. It's likely that most practices will have already done this.

The latest update on shielding in the NHSEI primary care bulletin (27 April) advised that renal dialysis patients should also be shielding. Where they have not already done so, renal units will get in touch with patients, send them a letter and add them to the Shielded Patient List via the regular trust submissions to NHS. It has also been confirmed that splenectomy patients should be included in the Shielded Patient List.

NHS Digital has published a template letter that GPs can use, if they wish, for patients who self-registered as 'highest risk' but do not in fact fall into the highest risk groups so do not need to be advised to shield. A link to this has also been added to our guidance for practices about steps to take about the list of shielded patients.

Media
GP practices in England have spent an average of 26 hours a week reviewing whether patients should be shielding during the pandemic, according to a survey of the profession by Pulse. In response to this I said: "Ensuring the list of shielding individuals is accurate is extremely important to ensure the most vulnerable in society are protected. It is a complex and timely process that does requires the input of GPs, patients and NHS England and Improvement, including clinical and non-clinical systems to ensure it is accurate and maintained. It is vital that NHSEI factors in the time needed for GPs to make adequate patient assessments so as to not add to the additional workload burden being placed on GPs at this time." This was also reported by Management in Practice.

Pandemic delivery service
Patients meeting the COVID-19 shielding criteria need to stay at home and away from community pharmacy and dispensing doctor premises and must be offered a home delivery option for their prescription items unless a family member, friend, relative or volunteer can collect the medicine for them. The National Health Service (Amendments Relating to the Provision of Primacy Care Services During a pandemic etc.) Regulations 2020 came into effect on 27 March 2020 and provide for such an option.

PSNC has published helpful information on their website that includes a flowchart providing an overview of the Pandemic Delivery Service for pharmacies.

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 **08081963646** – 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.

Testing of healthcare workers
Extended testing of COVID-19 for primary care staff and household members should now be available in testing sites across the country and access to this is primarily via the GOV.UK website although some CCGs are continuing to coordinate access if required. The DHSC announced this week of further expansion of the testing regime to include testing of all asymptomatic NHS and social care staff and care home residents.

GPs seeking testing don't have to be based at a practice, either: locum GPs can also access CCG-led testing services, or directly order home testing kits. Any staff isolating who need a home test kit should use to the Employee (Self-Referral) portal

For technical issues related to booking tests and results enquiries contact the Coronavirus Testing Helpdesk - 0300 303 2713

The BMA Chair of Council, Chaand Nagpaul, appeared on BBC Newsnight (from 28 min) urging for a faster turnaround on COVID tests to help protect health workers. He said: "The wait can be up to 5 days – I'm concerned because if we are to ease the lockdown…it is really important to have the results very quickly."

GP retention scheme
The lifting of the cap on retained GP sessions has been extended until further notice. Additionally, if you are due for your scheme annual review before the end of September 2020 you may now seek (through your HEE lead) to defer the review until a later date. If you are approaching the end of the scheme (e.g. doctors in their final three months of the scheme) then you can ask for an extension until the end of September 2020. Further COVID-19 GP retention scheme info can be accessed here

GPC England member, Dr Pamela Martin has written a blog about her experience of returning to practice as a GP help with the COVID-19 effort – read the blog here

Bank Holiday arrangements (England)
NHSEI (primary care bulletin 24 April) has outlined the planned arrangements for opening on the next bank holiday, Friday 8 May. CCGs have flexibility to plan the most suitable arrangements for their local area and it is for CCGs, working with LMCs, practices and local out of hours providers, to determine what cover is required based on local workload expectations.

Last week we also published a template that practices in England can use to claim for the expense of opening as normal on Bank Holidays. This includes staff expenses, salaried GPs, locum (up to maximum rate), partners, and an amount to cover daily non-staff expenses.

Additional Funding for GP practices (Scotland)
On 7 April 2020, the Scottish Government announced additional funding of £15 million to be shared across all GP practices for the period from 3rd March 2020 to recognise the pressure on General Practice caused by COVID-19. Scottish Government and SGPC agreed that no practice should receive less than £4000 and the remainder of the £15 million sum (excluding April Public Holiday) would be distributed to practices by the Scottish Workload Formula (plus Income & Expenses Guarantee). Please see attached a circular on Additional Funding for GP practices and related claims forms.

Death in Service benefits
On Monday, the Government announced the introduction of a life assurance scheme for health and social care workers, including GPs, who die from COVID-19 in the course of essential frontline work, meaning their families would receive a £60,000 payment in compensation. The BMA said that

although this may provide some immediate financial relief, it could leave families bereft of longer-term financial security, particularly if their loved one was not a current member of the NHS pension scheme or had only recently joined the scheme. Read the statement here. This view was also echoed by BMA Wales – see their statement here.

Locum GPs are advised to make use of the BMA's practice/provider agreement – model terms of engagement for a GP providing temporary COVID-19 services. This contract is intended to create mutual obligations to offer and accept work between the employer and locum, which is one of the key indicators of whether an individual can access the continuous death in service benefits

This follows the BMA continued demand for urgent answers from Westminster to its calls for full death in service benefits available under the NHS pension scheme, and our letter to the Chancellor last week to match the arrangements in Scotland.

DiS media
Chair of the BMA's pensions committee, Vishal Sharma, spoke to LBC Radio (from 28min) discussing his concerns about the death in service payments. David Bailey, Chair of BMA Wales, spoke to BBC Wales (from 08.30) and said: "£60,000 certainly sounds like a lot of money until you put it against 15 to 20 years of life, it's right the government should recognise that sacrifice." He was also quoted in a BBC News article on the same subject. Tom Black, Chair of BMA Northern Ireland, spoke to the Belfast Telegraph and described the scheme a "terrible insult" to workers.

Coronavirus (COVID-19) is a notifiable disease
As COVID-19 remain on the list of notifiable diseases, practices are reminded that all registered medical practitioners, including GPs, have a statutory duty to notify any clinically suspected cases of COVID-19. They should not wait for laboratory confirmation to notify the cases. Read more here.

Reusing of medicines in a care home or hospice
Following pressure from the GPC and BMA, and working with the DHSC and Chief Pharmaceutical Officer's team, DHSC has now published the new standard operating procedure for EOLC medicine reuse in care homes and hospices. The guidance sets out criteria for when and how to run a safe and effective medicines reuse scheme in a care home or hospice during the coronavirus outbreak.

Mitigating the COVID 19 impact on GP training and supply
Read a statement and blog by the GP trainees committee co-chairs, Sandesh Gulhane and Lynn Hryhorskyj, about the specific challenges that GP trainees due to CCT in August are facing during the COVID 19 pandemic.

GP Connect to provide access to patient data via the Summary Care Record (England)
As we reported last week, during the pandemic additional patient data from primary care records will be made available to doctors, nurses and authorised professionals outside of primary care and the functionality of GP Connect will be temporarily expanded.

As part of the changes, GP Connect will now allow support GPs to treat patients outside of their registered practice by making patient records available to authorised individuals involved in the care of that patient. The changes will also enable remote organisations such as 111 to book appointments on behalf of patients as part of the COVID Clinical Assessment Service (CCAS).

Changes to the Summary Care Record (SCR) mean that where additional information is held on patients by GPs (medications, immunisations, care plan information and details of the management of long term conditions, significant medical history) and they have not opted out of having a SCR, this

information will be made available via the SCR. This interim measure forgoes the requirement to get the explicit consent of a patient to share this information. Patients can still opt-out of either GP Connect or the SCR, or additional information being uploaded to the SCR, should they wish.

GP practices should have been contacted already with instructions on how to facilitate the measures above. More information can be found in the attached document and here

Performers List update (England)
We have been informed by PCSE that the Performers List public facing website is currently being tested and is due to go live on Monday 4 May. The new website will be more interactive than the current site, and an individual can do a search and download the search into an excel file.

At the moment there is the capability to do a search by local office however, in two weeks there will also be the search field of CCG and an individual practice, therefore a practice or LMC could do a search and have a list of all the performers within their practice or CCGs that they cover. As this is the public site it will not provide any contact details or their GP type. We encourage any GP who has not already done so, to log onto PCSE online and check their details.

CQC statement on its regulatory approach during COVID-19
CQC has developed an Emergency Support Framework to help it identify and respond to the increased risks to people, both to those with COVID-19 and those without it, whose treatment and care is being directly or indirectly affected by Covid-19. CQC will introduce this updated regulatory approach from 4th May, sector by sector. Further information is contained in the full CQC statement.

BMA COVID-19 webpage and guidance
The BMA COVID-19 webpage is updated daily with guidance and links to official information:

- 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

Update of BMA's COVID-19 ethical guidance
The BMA's COVID-19 ethical guidance has been updated to reflect the that we are now some weeks into the pandemic, and it has been made even clearer that the BMA does not support discrimination solely on the basis of age or disability (or any protected characteristic). The duty to make reasonable adjustments in the context of disability has also been highlighted.

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.

Wellbeing
At times of crisis it is vital that we all look after our emotional as well as physical health, which is clear from the recent BMA survey which showed that almost half of UK doctors suffering from burnout, depression or anxiety. The BMA offers wellbeing services, including 24/7 counselling, for your emotional health.

If practices or LMCs would like hard copies of our Wellbeing poster, with tips for doctors supporting each other during the crisis, please email wellbeingsupport@bma.org.uk.

Other COVID 19 resources
BMJ – news and resources
RCGP COVID-19 information
NHSE/I daily primary care bulletins on COVID-19
NHSE/I COVID-19 webinars
COVID-19 Google Drive resource
Primary Care Pathways COVID-19 resource centre
NICE resources on COVID-19

Condolences
We would like to offer our condolences and pay tribute to all the GPs and others working in primary care who have died as a result of COVID-19.

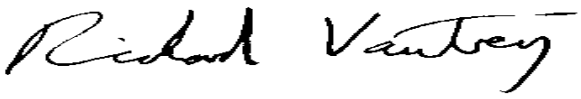
This week we have been informed of the death of Dr Yusuf Patel, who was a GP in Newham, London. He will be sadly missed and we wish to offer our sincere condolences to his family and friends.

At 11am on Tuesday we remembered our colleagues who have died from COVID-19, in support of the minutes silence that was held as part of International Workers' Memorial Day. Chaand Nagpaul, BMA Chair of Council, paid tribute and offered condolences to all health care staff that have lost their lives – read the statement here

See this week's GP bulletin here

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee