LINCOLNSHIRE LOCAL MEDICAL COMMITTEE

Covid-19 Frequently Asked Questions

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Lincolnshire LMC Secretariat with input from the LMC Committee

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NON-CLINICAL FAQs

Finance

How will finance streams to our practice be maintained?

QOF
When will QOF recommence? QOF recommenced on 1 July 2020, however it will only focus on certain areas;

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- Flu vaccination
- Prescribing
- Screening
- Maintaining disease registers
- Modified QI indicators

There will be income protection for those indicators that have not been prioritised for return. QOF guidance to support this approach will be produced very soon but in summary;

- points relating to influenza and cervical smear targets will be doubled to 58
- points for quality improvement (74), prescribing indicators (44) & disease registers (81) will remain the same
- other indicators (310) will have income protection
- Income related to this element of QOF will be paid based on historic achievement

Practices should use their professional judgement in their management of patients with long term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements.

LES & DES

- All payments will be protected and will be made in line with the contract
- The quarter 1 payment for FY2020/21 (April-June 2020) will be based on the average of what was actually delivered in Q1-3 for FY2019/20.
- Payment arrangements for Q2 are yet to be finalised by the CCG.

Local Authority Payments

- Government directive has been issued to local authorities that practices should continue to be paid as normal for services when service delivery is disrupted or temporarily suspended until at least the end of June
- Payments bases on previous achievement
- https://www.gov.uk/government/publications/procurement-policy-note-0220-supplier-relief-due-to-covid-19
- **NHS Health Check Quarter 1 payments 2020-21**
  Practice payments will be based on an average of the previous 3 quarters of 2019/20 or activity levels; whichever is greater
- **NHS Health Check Bonus Payments 2019-20**
  Lincolnshire County Council have agreed to pay all practices the higher end of the bonus payments, £3.50 per completed Health Check, for those who have met 50% of their target rather than the original target of 70%.
- Payments are being scheduled for the next payment run in July 2020 alongside payment for Quarter 1 2020/21.
- **Long Acting Reversible Contraception Quarter 1 payments 2020-21**
  Similar to the decisions made around NHS Health Check payments for Quarter 1 2020/21, LCC have made the decision to pay all practices based on an average of the previous 3 quarters of 2019/20 or activity levels; whichever is greater.
- Any queries around payment can be directed to the Commercial Team on 01522 553847 or via CommercialTeamPeopleServices@lincolnshire.gov.uk
- Public Health England has published a document about restarting NHS Health Checks (Appendix A08), which advises that the previous advice by NHSE/I to stop NHS health Checks during the pandemic,

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expires on 31 July 2020. The decision on when to restart NHS Health Checks is one for local authorities to take. The LMC has contacted the Local Authority regarding Quarter 2 payments to practices & the restarting of Health Checks & we await their response.

Additional Practice Payments

*"**Finances:** the CCG will cover any reasonable additional costs incurred by practices/PCNs in responding to COVID-19. We will operate a high trust policy and would ask practices/PCNs to inform us of equipment and resources they have purchased and the cost incurred so it can be properly logged. To enable this we have devised a simple claims process which will enable practices to be reimbursed via Exeter payments following receipt of the monthly claim, this will be in line with current processing dates. If claiming through your PCN, payment will be made via your nominated payee or federation. This should keep admin time for practices to a minimum, we would ask that practices incurring the cost initially, retain any invoices or backup documents to support queries should they arise"*

Reimbursement claim form

Practices/PCNs are asked to complete the attached claim form for reimbursement of additional costs in relation to COVID-19. For any additional help or support please contact linda.brining@nhs.net

Lincs CCG Covid-19 Primary Care Claim Fc

If unable to open embedded document: See Appendix A1 to download the claim form.

PCSS/AQP

PCSS/AQP premises accreditation certificates:

- Due to the current COVID-19 situation, a 6 month extension is being added onto any PCSS/AQP premises accreditation certificates that are due to expire this year.

Staffing/HR

Furloughing

Are practice staff able to be furloughed?

- *"The government expects that the scheme will not be used by public sector organisations, as the majority of public sector employees are continuing to provide essential public services or contribute to the response to the coronavirus outbreak. Where employers receive public funding for staff costs, and that funding is continuing, we expect employers to use that money to continue to pay staff in the usual fashion – and correspondingly not furlough them"*
- *"This also applies to non-public sector employers who receive public funding for staff costs. Organisations who are receiving public funding specifically to provide services necessary to respond to COVID-19 are not expected to furlough staff."*

Annual Leave

How much annual leave can staff carry over?

- The regulations will allow up to 4 weeks of unused leave to be carried into the next 2 leave years, easing the requirements on practices to ensure that workers take statutory amount of annual leave in any one year.
- Although the NHS has currently suspended all planned leave, practices should review this on a pragmatic basis, especially were staff are at risk of burnout.

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Appraisal & Revalidation

Will GP appraisals & revalidation still take place?

- All appraisals in the next 6 months will not go ahead
- The GMC are reallocating Revalidation dates for the same period and will notify GPs of their new date
- Link to Professional Standards: Suspension of appraisal and revalidation during Covid-19 Pandemic: Frequently Asked Questions

LMC Training & Events

When will LMC training course & events restart?

- All scheduled face to face LMC training & events have been cancelled.
- The LMC are running virtual training via webinars for GPs, Practice Nurses and other practice staff covering a number of topics. Go to https://www.lincslmc.co.uk/events to see what is available, courses will continue to be added throughout the rest of the year.
- Due to COVID-19 and social distancing restrictions, the 2020 Practice Manager's Conference that was due to take place in September has had to be postponed.
- The LMC are running a virtual event for Practice Managers via Zoom webinar on the 13th August to catch-up with what has been going on. We will be covering hot topics and answering FAQs, there will also be a guest attending from the CQC to answer questions. Please book via our website where you can also submit questions for the LMC to answer.

Will my team get their Flu Immunisation Update before the 2020/21 season starts?

- Immunisation updates have been running since June, LMC Website. These are updates only and are not suitable for people who have not already completed the full two day introductory training.

What about introductory training for new immunisers?

For registered Health Care Professionals only:

- We do not currently have the capacity to run webinars for the Introduction to Immunisation course.
- However:
  - As long as new healthcare professional immunisers, complete all seven of the eLFH modules under the Immunisation e-learning (https://www.e-lfh.org.uk/programmes/immunisation/)
  - AND pass each of the self-assessment tests at the end of the modules, (trainee immunisers are advised to print off their e-learning summaries, with the results of their self-assessment tests for each module, as evidence of completion),

  They can then begin immunising under DIRECT supervision of a trained, competent and up to date immuniser.
- Once both trainee immuniser and mentor feel a competent level has been consistently reached then the mentor can assess them using the Assessment Tool from the PHE minimum standards document (**Appendix A7**).
- Once this has been successfully signed off they can sign up to the PGDs and begin immunising independently.
- It is advised that there should always be another competent immuniser on site to advise them where necessary.
- We would still recommend that they complete the face to face training once it becomes available again.

Introductory B12, Flu & Pneumococcal Injection Training for HCAs & HCSWs:

- We now have a course available please go to the LMC Website for details and to book.

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How do we fulfil our CPR training requirements during Covid-19?

- CQC guidance states that
  - "all staff, including non-clinical, should undergo regular training in adult and child resuscitation appropriate to their role.
  - For example, clinical staff should be able to:
    - recognise cardiorespiratory arrest
    - call for help
    - start cardiopulmonary resuscitation (CPR) with defibrillation as appropriate
    - receive **annual training** updates that include assessment
    - You must retain documentary evidence of completed and approved resuscitation training.
    - There is no specific requirement for what training should look like; **practices can tailor it to local needs**.
- Thus practices can decide what training their staff receive, this can be; online, face-to-face, or scenario-based
- During Covid-19 it may be more practical for CPR training to be online, such as; e-Learning for Health, or Resuscitation Council Lifesaver

Testing

Testing for Practice Staff and Household Members

Booking a test

- Practice staff or their household members need to use the self-referral portal at https://self-referral.test-for-coronavirus.service.gov.uk/
- Sometimes appointments are offered at the nearest site to the employees address – this may not be a Lincolnshire site, depending on the postcode entered.

See Appendix A2

Test & Trace

Do practice staff have to self-isolate if contacted by Test & Trace?
If you have had close recent contact with someone who has COVID-19, healthcare workers must self-isolate if the NHS test and trace service advises you to do so.

Close contact excludes circumstances where PPE is being worn in accordance with current guidance on infection, prevention and control.

Hotel Accommodation

How can staff with affected household members access hotel accommodation?

- For those staff affected by PHE's 14 day household isolation policy, staff should – on an entirely voluntary basis – be offered the alternative option of staying in NHS-reimbursed hotel accommodation while they continue to work
- To book: contact CTM call centre on 01274 726424 (choosing 'Hotel team', then 'Option 1')
- Project code: NHS Support
- Further details can be found here - NHS Staff - Hotel Accommodation

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SitRep Form
What situation reporting do we need to submit? • The LMC have worked extensively with the Workforce Cell on improving the SitRep return form • Now reduced to a weekly return from daily, with exception reporting • Workload section reduced from daily reporting on contacts to red/amber/green status • Form needs to be submitted by 10.00am on Thursdays via email to lincsprimary.covid19@nhs.net See Appendix A3 to download the SIT REP

NHS Pensions
How will NHS Pensions be affected? • The government has introduced emergency legislation in response to the COVID-19 outbreak. This contains important information on pension arrangements for extra NHS staff. It provides for the suspension of the 16-hour rule which currently prevents staff who return to work after retirement from the 1995 NHS Pension Scheme from working more than 16 hours per week, in the first four weeks after retirement.

Staff Shielding
If we have staff that need to be shielded can we furlough them? • Shielded staff staying at home for 12 weeks cannot be furloughed • However the practice is able to claim additional payments for staff covering the work of the shielded employee, if they work extra hours. • There is an NHS England expectation that any shielded members of staff who are unable to work from home are paid in full for the time they are absent from the practice. • All shielding should continue until 30th June. A review of shielding will take place again before this date.

Who should be performing staff risk assessments, and what should we do with the results?
If a member of staff has been shielding or believes themselves to be in a vulnerable category, they should be encouraged to complete a self-risk-assessment. There are various tools available for them to do this, the LMC has previously published one developed by Team Prevent and this available as appendix A5. BMA has also produced guidance and risk assessment tools. Once the member of staff has completed this self-assessment, they should share this with their employer and agree how they can continue to work in a way which minimises their risk; remote working, use of PPE, social distancing. The employer should then take all measures necessary to enable the employee to work safely. If the employer and employee cannot identify a mutually acceptable plan, then the employer should engage the support of an independent occupational health team. Locally, GPs can access ULHT's occupational health team funded by the CCG. For non-GP workforce practices should access either ULHT occupational health or another occupational health provider. The LMC has requested that the CCG fund occupational health for non-GP workforce, and we are currently awaiting a response to this request. For GP partners, there is no employer-employee relationship, so a mutually agreed plan should be developed between partners. If this cannot be agreed, then occupational support from ULHT occupational health should be sought.

Do practice staff returning from abroad need to isolate?
• FCO guidance is still that travel outside the UK should be for essential purposes only, but what is essential? FCO states-   ○ "Sometimes we say that only essential travel is advised. Whether travel is essential or not is your own

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decision. You may have urgent family or business commitments to attend to. Circumstances differ from person to person. Only you can make an informed decision based on the risks."

- If you do need to travel abroad, on return you may need to quarantine for 14 days.
- From 1st August there is not an exemption for healthcare professionals
- The only exemption to quarantine rules is travel from areas which are designated as a "travel corridor" by FCO
- Travel from non-travel corridor areas should be limited to "essential purposes"

Antibody Testing for Practice Staff

How will practice staff be antibody tested?

Antibody testing is slowly being rolled out across practices. You need to consider the following if you are requested to test your own staff,

- This is occupational health work & therefore falls outside of the GMS/PMS/APMS contract.
- The Clinical Negligence Scheme for General Practice (CNSGP) will cover antibody testing under the COVID-19 extension of cover.
- If the staff member is not a patient at the practice & does not live in the practice area the GMS/PMS/APMS regulations would not allow them to be registered as a temporary resident.

Performers List

What changes will be happening to the Performers List

- Currently medical practitioners cannot provide GP services for the NHS unless they are GPs on the GPs performers list.
- New regulations to be published shortly, will change that so that medical practitioners who are not GPs can provide such services without being on the performers list if they are employed by or are registered with bodies designated by the Medical Profession (Responsible Officers) Regulations 2010, or are granted permission to practise as in hospitals owned or managed by such bodies (such as NHS bodies, the Department of Health and Social Care and the armed forces).
- This will create the flexibility for non-GPs who have a link to a designated body to be deployed in primary care for the duration of the emergency period, as required.
- These new arrangements will be removed at the end of the coronavirus emergency period. GPC England and RCGP are working with NHSE to produce guidance for practices in how these doctors may be safely deployed in primary care.

GP Retention

GP Retention Scheme

NHS England and NHS Improvement previously lifted the restrictions on the maximum number of in-hour sessions retained GPs can conduct so they can contribute to the COVID-19 response. This relaxation on the maximum number of in-hour sessions will now be extended until further notice. CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

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Contract for Temporary GP Engagements

The Sessional GP Committee, working with GPC and BMA Law, has produced a model contract with terms for the engagement of a GP providing temporary COVID-19 services. The model terms are intended to provide practices with the ability to flexibly employ additional GPs to deal with the demands of responding to COVID-19. In particular, it is aimed at locum GPs in order to provide access to employment benefits such as maintaining continuous coverage of death in service benefits while supporting COVID-19 services, and access to the employer's occupational sick pay and annual leave entitlements.

Wellbeing

What wellbeing support is available for Practice Team members?

- A range of Wellbeing Support services are available these are listed on the LMC website.
- We are also pleased to announce a brand new LMC service – **Take 30**
  - A new service aimed at providing confidential peer support for busy GP's, Practice Managers, Nurses & other practice staff members as they work through the challenges of COVID-19
  - The 30 minute sessions will be 1:1 with an experienced colleague and available on the day, (before 4pm Monday to Friday), providing an opportunity to talk through what is going on for you.
  - This service is available free of charge for Lincolnshire GPs, Nurses, Practice Managers & other practice staff.
    - To access or find out more about this free service, contact us;
    - Tel 01522 576659
    - Email: info@lincslmc.co.uk
  - Follow up sessions can be arranged if needed.
  - **CLICK HERE** to go to the Take-30 Webpage where you can view and download a Take30 Poster for your staff noticeboard.
- The LMC are running two virtual Wellbeing events ***"Looking after you and your team… now and going forward"*** via Zoom webinar. Once booked, attendees will receive a link to join the session the day before the event takes place. These events are open to anyone who is part of a general practice team. For further information and to book, click on your preferred date:
  - Thursday 18th June - please email Rosa.Wyldeman@nhs.net to book onto this date.
  - Tuesday 23rd June.

Indemnity

Clinical Negligence Scheme

How will the Clinical Negligence Scheme be expanded during the pandemic?

- The Coronavirus Act 2020 provides the Secretary of State for Health and Social Care with powers to provide indemnity for clinical negligence liabilities arising from NHS activities carried out for the purposes of dealing with, or in consequence of, the coronavirus outbreak, where there is no existing indemnity arrangement in place (section 11 of the Act)

Medical Defence Organisations

What cover is provided by MDOs for returning doctors?

Organisations have already made commitments on their websites,

- The Medical and Dental Defence Union of Scotland (MDDUS), mddus.com/coronavirus
- The Medical Defence Union (MDU), themdu.com/coronavirus
- The Medical Protection Society (MPS) medicalprotection.org/uk/articles/information-for-retired-doctors.

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Data Sharing & Collection

GDPR

What approach will the ICO take to GDPR during the Covid-19 crisis?

- Data protection and electronic communication laws do not stop Government, the NHS or any other health professionals from sending public health messages to people, either by phone, text or email as these messages are not direct marketing.
- Nor does it stop them using the latest technology to facilitate safe and speedy consultations and diagnoses.
- Public bodies may require additional collection and sharing of personal data to protect against serious threats to public health.

GP Connect

How do we configure GP Connect?

- All GP practices have now been enabled centrally for GP Connect.
- This is to enable the Covid Clinical Assessment Service (CCAS) to book appointments directly into your clinical system.
- Practices will need to enable the slots that are bookable. Many practices have set up separate rotas for this.
- CCAS will pass certain patients suspected of suffering from coronavirus (COVID-19) out to primary care when appropriate, for further assessment and treatment.

111 UPDATED 12/08/2020

How many appointments do we have to make available to 111?

- Temporarily increasing the minimum number of appointments that practices .must make available for 111 direct booking
- Until 30th September 2020, all practices in England must make a minimum of 1 appointment per 500 patients per day available to 111 for direct booking. Locally a decision has been made to initially start with providing one appointment per 1000 patients rather than 500. This is due to low uptake nationally.
- Patients should not be told by CCAS that they will be phoned back at a particular time, as per the nominal appointment slot they may have been put in to. The appointment slots are just a technical way of transferring patients from CCAS to the practice. It is for the practice to determine how they respond to the patients who have been transferred to them. Practices may therefore set up a separate triage list that they monitor during the day alongside whatever their normal arrangements are for managing patients who have contacted the practice directly.

Subject Access Requests

Do we still have to respond to Subject Access Requests?

- Practices still have an obligation to respond to Subject Access Requests under the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA2018), the ICO have confirmed **regulatory action will not be taken against organisations that need to prioritise other areas during the pandemic (which would include GP practices)** and where this results in a delay in the provision of information to requests.
- A template letter is available for practices to use to respond to SAR's – download a copy here

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Freedom of Information Requests

Do we need to respond to FOI requests during the pandemic?

- The ICO have also recognised the unprecedented challenges posed by the Coronavirus (COVID-19) pandemic in relation to Freedom of Information requests and have confirmed that whilst they can't extend statutory guidelines, they will not penalise public authorities (including GP Practices) for prioritising other areas of work during this time. The ICO have stated:
  'We are a reasonable and pragmatic regulator, one that does not operate in isolation from matters of serious public concern. Regarding compliance with information rights work when assessing a complaint brought to us during this period, we will take into account the compelling public interest in the current health emergency'

Complaints

Do we need to respond to complaints?

- Due to the on-going COVID-19 pandemic, NHSE&I have said that it supports a system wide "pause" of the NHS complaints process.
- This will allow healthcare providers in all sectors to concentrate their efforts on their front-line duties and responsiveness to COVID-19.
- NHSE&I said the initial "pause" period is recommended to be for three months with immediate effect.
- The pause is not being enforced for any healthcare providers who do wish to operate as normal with regard to complaints.
- NHSE&I also reported that as of 26th March 2020, the Parliamentary and Health Service Ombudsman has stopped accepting new NHS complaints and has stopped work on open cases.
- A template letter for practices to use is available to download from the LMC website via Appendix A

GPES Data for Pandemic Planning and Research (COVID-19)

A Data Provision Notice (DPN) is being issued to all GP practices in England which informs GP practices that NHS Digital are centralising the collection and dissemination of data from practices for research and planning purposes into COVID-19.

How often will data be collected?

- Data will be collected on a fortnightly basis using the existing GP Extraction Service (GPES) infrastructure.

What date do I need to sign up by?

- All general practices are asked to comply with the DPN by registering their participation on the Calculating Quality Reporting Service (CQRS) by Wednesday 27 May 2020.

Do I need to update my Practice Privacy Notice?

- To keep your patients informed of these changes, you should update your practice privacy notice on your website with the new supplementary text.

Is this mandatory for practices?

- Yes, NHS Digital's legal power to collect the data is provided under COVID-19 Public Health Directions.

How long will the collections be for?

- The data collection will continue until 30 September 2020 and will be reviewed before then. If there is a continued need for the data for COVID-19 purposes it will continue with six monthly reviews until the expiry of the Direction which is currently 31 March 2022.

Will patients be able to opt out of the data collection?

- During this period of emergency, the National Data Opt-Out will not generally apply where data is used to support the coronavirus outbreak, due to the public interest and legal requirements to share information.

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Dispensing

Month End Returns

Our practice is having difficulties meeting the month end return for sending of our scripts. What can be done to help?

- The CCG have given assurance around maintaining cash flow to practices
- Contact your Locality Manager for assistance
- Any problems receiving financial support should be escalated to the LMC

Dispensing to Non-Dispensing Patients

Can we dispense to non-dispensing patients?

The answer is now no;

- The NHSEI Regional Team have written to Lincolnshire CCG confirming that they are not granting authority for dispensing practices to dispense to non-dispensing patients when a local pharmacy is closed.
- Key points from the letter:
    - *Regulation 61 while 'activated' nationally during the emergency period, currently until 1 July 2020, does not give any authority for dispensing doctors to dispense medicines temporarily to ineligible patients unless:*
    - *a nearby pharmacy has closed temporarily (this does not include flexible opening hours/closed door working)*

    AND
    - *NHSEI has agreed that the dispensing doctor may do so (a dispensing doctor does not have to agree to provide such temporary services).*
- The second point is particularly significant as practices can only raise concern about a pharmacy closure and to do so they must email the NHSEI regional team: england.eastmidspharmacy@nhs.net
- Therefore, dispensing practices must not routinely dispense to their non-dispensing patients during the pandemic when the local pharmacy is closed.
- This does not affect a prescriber's ability to supply medication in truly exceptional circumstances as detailed in the GMS and PMS contracts.
- The LMC has written to the Head of Primary Care at NHSE/I to express our disappointment & anger at this decision & ask for it to be reviewed as a matter of urgency.

Repeat Dispensing

Should we be using repeat dispensing for our non-dispensing patients?

- Practices should consider putting all suitable patients on electronic repeat dispensing as soon as possible. The whole repeatable prescription can be valid for a year but each repeat should be for no longer than the patient has now.
- For example, if the patient has prescriptions for a month's supply now, then the repeat dispensing should be set up as 13 x 28 days' supply."
- You can find out more information at,
    - Electronic Repeat Dispensing in response to COVID-19 slides (PDF:1.52MB)

How long will we be paid for delivering medications to shielding patients?

Payments for the Home Delivery Service during the COVID-19 outbreak ended on 31 July 2020. There are some exempted postcodes in the country were payments will still be made, this is where stricter Covid measures are in place, however there are none currently in Lincolnshire.

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Dispensing Services Quality Scheme (DSQS)

When will DSQS restart?

NHSE/I have now confirmed that the DSQS will be reinstated from 1 August 2020.

What percentage of patients require a DRUM?

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review.

Can DRUM reviews be carried out remotely?

Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

CQC

Inspections & PIC Calls

Will the CQC still be inspecting?

- From Monday 16 March Inspections and Provider Information Requests for health services will not be conducted during the period of the pandemic
- However if CQC have significant concerns regarding the service provided by a practice their still is the possibility that an inspection may take place.
- From w/c 18/05/20 local CQC Inspectors will start calling practices. This is designed to be a supportive call & is not part of the PIC or Annual Return process.
- CQC have now announced that the telephone calls will be rolled out per healthcare sector, starting with dental services. Further announcements will be made in due cause as to which sectors will follow. The questions for discussion with practices are available at **Appendix A6**

Locations

Do we have to notify the CQC about our hot sites?

- There is no requirement to notify CQC of hot sites if they are using a CQC registered location for regulated activities
- The CCG has notified all hot sites for Lincolnshire to the CQC centrally.

Death Notifications

Do I need to notify CQC of Covid-19 related deaths?

Practices should continue to notify CQC of deaths as they would do under normal circumstances. Deaths that are subject to notification are those that occur while regulated activity is actually being delivered. By this they mean those deaths that occurred:

- while a patient was in consultation with a healthcare professional
- while at your practice
- during a home visit
- You must also notify the CQC of deaths that occurred within two weeks of a clinical interaction with practice staff if the death:
- was, or may have been, as a result of the care or how it was provided, and

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- could not be attributed to the course which the illness or medical condition would naturally have taken if the deceased had been receiving appropriate care and treatment

The CQC have now updated our online notification of deaths form so that practices notifying us of any death that **meets the above criteria** are able to indicate whether that death was the result of either suspected or confirmed coronavirus at the same time.

CLINICAL FAQs

Reintroducing Non-Covid Services

Should Practices be "Open As Usual"

NHSEI wrote to GP practices on 9th July 2020 setting out updates to GP contracts in the second phase of Covid-19. In this letter NHSEI stated:

> "Practices have made great progress over the past few months in delivering remote total triage and online consultations – and we want to encourage this to continue. All practices must now also deliver face to face care, where clinically appropriate. It should be clear to patients that all practice premises are open to provide care, with adjustments to the mode of delivery. No practice should be communicating to patients that their premises are closed. Nor should they be redirecting patients to other parts of the system, except where clinically assessed as appropriate"

Practices should thus use telephone answer messages, websites, and social media to inform patients that they should "Talk before you Walk"

- Practices are still open and we encourage people to get in touch for any health concerns that cannot be dealt with by the individual, their family or friends, or the local pharmacy
- Routine vaccinations and immunisations are important and are available at the practice.
- **Please only visit the surgery in person if you have an appointment**
- If you think you need to see a doctor, nurse, or other health professional please call the practice to speak to a clinician or use e-consultation via the practice website
- Make prescription requests using online systems or via e-consultation tool
- If you need to be seen face-to-face then you will be given an appointment to come to the practice, and this will be provided in a Covid-safe way
- These changes are happening to help keep staff and patients safe
- We want to discourage people queuing outside a GP practice and waiting in the waiting area, to reduce the spread of coronavirus
- **If you have coronavirus symptoms DO NOT come into the practice– self isolate and seek help via NHS 111 or 111.nhs.uk**

The letter also instructs practices to restart various services which had been suspended due to Covid-19

- New patient reviews (including alcohol dependency)
- Routine medication reviews
- Over-75 health checks
- Clinical reviews of frailty
- Shingles vaccination programme

The letter acknowledges that face-to-face reviews may not be appropriate, and thus asks practices to risk assess the safest way to perform these reviews and checks, and to also prioritise the most vulnerable patients for these.

Quality and Outcomes Framework

The letter sets out that Quality and Outcomes framework remains amended until April 2021, and that practices are asked to focus on

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- Providing an expanded influenza immunisation campaign
- Restarting quality improvement for Early Cancer Diagnosis and Learning Disabilities Health Checks
- Maintaining disease registers, prescribing indicators, and cervical screening

We are still awaiting the detail of expectations for these domains and how they will be monitored.
Whilst NHSEI has agreed "income protection" for other QOF indicators, the letter asks practices to identify those patients most at risk of harm if they do not have their conditions reviewed and managed. Thus practices should actively be identifying patients and performing remote reviews to reduce potential harm to these patients.

Update following 31st July 2020 letter from NHSEI

NHSEI have written to practices again on 31st July 2020. This letter asks

- General practice should **restore activity to usual levels where clinically appropriate**, and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed.
- GP practices need to make rapid progress in addressing the backlog of childhood immunisations and cervical screening through specific catch-up initiatives
- All GP practices must offer **face to face appointments** at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

LMC believes that practices cannot "restore activity to usual levels" due to the need to socially distance have strict infection prevention and control measures in place. However we do agree that we should be targeting the most clinically vulnerable for reviews.

How should practices approach reintroducing non-Covid-19 services?

- With reduced easing of restrictions upon daily life following lockdown easing, NHSEI, CCGs, and patients are expecting practices and hospitals to return to providing normal services.
- This is however an unrealistic expectation. To balance this, BMA has published "Ten Principles for how the NHS should approach restarting non-Covid care"
- These principles are
  1. A **realistic and cautious** approach to balancing Covid and non-Covid capacity is needed
  2. There must be **adequate PPE** for health and care workers, and measures in place to prevent the spread of the virus within the NHS
  3. Decisions about staffing levels and redeployment must be safe and made in consultation with employee representatives
  4. Measures must be taken to **safeguard staff wellbeing**
  5. Clarity must be given to healthcare workers about their future contractual position, and plans to restore training and career development
  6. There must be effective and transparent **public communication** so that patients **understand what they can and cannot expect from the NHS** at this time
  7. **Increased remote working**, where clinically appropriate, and use of technology to empower patients should be supported
  8. Local decisions must be guided by clinical expertise and the experience of those working at the frontline
  9. The government must support and significantly **enhance local public health services** and ensure there is adequate capacity to test, trace and quarantine
  10. A strategy is needed to ensure that restarting non-Covid work does not exacerbate health inequalities
- Practices should thus be reintroducing non-Covid services whilst maintaining these principles to ensure patient and professional safety

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What should practices say on their websites and phone messages about service provision?

LMC and CCG suggest the following message for practices to use on their answerphone and website

During Covid-19 we ask that patients do not come to the surgery unless invited to do so by the practice. We are still able to assess and advise patients remotely about any concerns that they have which are not Covid-19 related. You can contact the surgery to get advice and assessment by telephone, email, and online via AskMyGP/eConsult (delete as appropriate). If a clinician thinks that you need to be seen they can arrange for an appropriate appointment or perform a video consultation.

If you have symptoms which may be of Covid-19; a new persistent cough, loss or change in sense of smell or taste, an unexplained fever (temperature over 37.8), then please hang up and contact the NHS 111 Covid-19 Clinical Assessment Service by calling 111 or going online to NHS111 online.

If you are told that you are likely to have Covid-19 then please self-isolate at home for seven days, and ensure that your household contacts also self-isolate for fourteen days. If your symptoms worsen in this time please contact NHS 111 for further support and advice.

Please bear with us as we are extremely busy at this time and calls may take longer than usual to answer.

PPE

What PPE should practices be using?

- NHSE guidance states:
  "In clinical areas, communal waiting areas, and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination."
- We know that a significant number of Covid-19 positive patients exhibit no symptoms, clinicians should, therefore, be using PPE for all face to face consultations, and patients should be asked to wear a surgical face mask too if there is a suspicion of Covid-19
- If there is no suspicion of Covid-19 patients should be asked to wear a face covering to the surgery, at the surgery, and during consultations, as this is in line with government advice about face covering in public spaces where social distancing is difficult
- For non-aerosol-producing consultations this should be fluid resistant face mask, apron, eye protection, and gloves.
- For aerosol-generating procedures the apron should be replaced by long-arm gown, and face mask should have filters. Table of detail available here

Where can we get PPE from?

PPE – Ordering process

The following is the process for ordering PPE-

1. Make an order for required PPE through the practices "business as usual" supplier.
2. If the above fails, then contact should be made with the National Supply Disruption Response (NSDR) team- 0800 915 9964 or supplydisruptionservice@nhsbsa.nhs.uk
3. If both of the above stages fail then, the Lincolnshire Resilience Forum (LRF) should be contacted as the last step. Please send an email to Lincsprimary.covid19@nhs.net .

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Who needs to wear face coverings in surgeries?

- Guidance regarding face coverings and Infection Prevention and Control were amended by the Government on 23rd July 2020
- Patients
  - From 13th July Government advice states
    - "where a COVID-19 secure environment cannot be maintained, patients and members of the public entering primary and community healthcare premises should be advised to use face coverings in line with government advice"
  - thus all patients should be asked to wear a face covering
  - if patients refuse, practices should advise patients that this puts both the patient and staff at risk,
- Staff
  - Clinical staff should wear face masks in line with PPE guidance
  - In non-clinical areas staff do not have to wear face masks if they are able to maintain social-distance, and should also continue to practice other Covid prevention measures
  - In non-clinical areas if social-distance cannot be maintained the recommendation is that staff wear type1 or 2 face masks
  - If a member of staff tests positive for Covid-19, it is for Track and Trace to decide which contacts of that member of staff need to self-isolate. This will depend upon the level of contact and anti-Covid measures that were in place

Can practices refuse entry for patients who refuse to wear face coverings?

NHSEI and CCGs have issued guidance that practices cannot refuse entry to patients who refuse to wear face coverings. The LMC strongly disagrees with this position. Face coverings are intended to protect clinicians and staff from potential COVID-19 infection. There is no evidence that wearing a face covering can cause physical harm to patients, even those with respiratory or cardiovascular disease.

Practices should educate patients regarding the importance of wearing a face covering and should protect their staff from patients who do not wear them. Staff, including clinicians, are at risk of infection if they are within two meters of a person not wearing a face covering. Thus clinicians are at risk if they examine or treat patients who are not wearing a face covering.

The LMC will raise this issue with CCG and NHSEI and update practices when this has happened.

Should practices provide face-coverings exemption letters?

From 24th July 2020 it will be compulsory for people to wear face coverings when entering shops and other enclosed environments. There are government guidelines on who is exempt from wearing face coverings on public transport, and we suspect similar guidelines will apply to other settings. It is NOT expected that patients will require a letter of exemption from their GP practices. Practices should not have to provide these letters. If patients request exemption letters, practices can decline to provide these. Practices should remind patients that face-coverings are advised to protect both the patient and other people with whom they have contact, and that we encourage the use of face-coverings.

BMA guidance is also available regarding this.

Some practices have put Mask Exemption Cards on their websites for patients to download and print off. See Appendix B19

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Triage

How should we be triaging patients?

- NHSEI guidance is that ALL patients should be triaged to identify whether they need a face-to-face consultation or not
- Triage should be done remotely, using telephone or on-line consultations
- There are various guidelines which can be used to triage patients but essentially we need to divide patients into the following groups
  - Non Covid-19 illness can be
  - Covid-19 minor illness
  - Covid-19 moderate illness (needing assessment)
  - Covid-19 Major illness (possibly needing admission)
- The Barnet triage guidance is helpful
- CEBM have assessed Roth score and other methods for remotely assessing breathless and have found that none is validated
- NICE guidance and local guidance has highlighted the importance of oxygen saturation and desaturation for identifying need for oxygen support.

Online Consultations

Do we have to use online consultation tools?

- NHSE SOP for General Practices states *"all general practices need to have the ability to carry out triage of all patient contacts, supported by an online consultation/digital triage system"*
- This does not mean that you have to use this tool
- LMC are seeking reassurance that if practices do start using an online tool, that this will be funded in perpetuity

Non-Covid 19 Patients

How do we deal with non-Covid 19 patients?

- Most patients will be dealt with remotely by; online, telephone, or video consultation
- For face-to-face consultations we should assume that all patients could have Covid-19, so should use PPE if consulting face-to-face , and the patient should wear a face covering
- Patients who can travel to a "cold site", including shielding patients, should be reassured that it is safe to do so, and advised to wear a face covering for the visit
- Patients who cannot travel and require face-to-face assessment can be visited at home by a "cold" visiting clinician.

Testing Patients

How do patients get a Covid-19 swab?

- Patients can book a Covid-19 swab test online at NHS111 online
- Patients who do not have online access can ask about Covid-19 and swabbing by calling 119

How do patients get a Covid-19 antibody test?

- We still do not know the procedure for getting antibody testing
- The LMC have asked how practices get blood bottles, and request the Covid test using DART, and are awaiting response to this
- LMCs and BMA have also asked how practices are funded for the extra, non-GMS work of carrying out these tests, and are awaiting a response

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Hospital Admissions

How do we decide who should or should not be admitted?

- BMA ethics guidelines reinforce that each case needs to be judged on its merits
- We must take patients' wishes into account
- Critical care guidelines are being developed and will be shared with practices to aid discussions regarding suitability for hospital care

See Appendix B1 for further guidance

How do I get a Covid-19 patient into hospital?

- If you think a patient with probable Covid-19 needs admission the patient should be sent to A&E- you do not need to call to inform that the patient is attending See Appendix B2 for a list numbers to call to inform A&E that a patient is en-route
- After speaking to the relevant clinician, you can email letters for ULHT admissions to
    - Lincoln: ulh.tr-lch.directgpadmit@nhs.net
    - Boston: ulh.tr-phb.directgpadmit@nhs.net
    - Grantham: ulh.tr-gdh.directgpadmit@nhs.net
- The respiratory advice email COV19Respiratoryadvice@ULH.nhs.uk is **no longer in use**

What should patients be told before having hospital procedures?

NICE has produced new guidance regarding how patients should prepare for having procedures and appointments at hospitals. This advice should be given by the hospital, but patients may seek clarity from GP practices. This guidance advises

- that social-distancing and hand hygiene are essential before attending all clinical settings
- that patients should not attend if they have COVID-19 symptoms or positive test
- that for surgical procedures they should arrange a COVID-19 test three days before the procedure and self-isolate from the day of the test until admission

Care Homes

How do I get a care home resident tested for Covid-19?

- If a care home or you suspect that a resident has Covid-19, the patient needs to be isolated, and then tested to confirm whether or not they do have Covid-19
- The home should arrange the Covid-19 test by emailing the county council health protection team at healthprotectionteam@lincolnshire.gov.uk or bs_public_health@lincolnshire.gov.uk
- If you suspect or confirm a case of Covid-19 in a residential institution you should ask the home to inform public health via the same email address

What are we supposed to be doing for care home residents?

Simon Stevens' letter of 29th April, and Primary Care letter of 1st May have set out some expectations of how GP practices support care home residents. The main expectations are

- A weekly "check-in" with all care homes to discuss patients identified as high priority
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

A further letter from Dr Kanani on 12th May sets out the need to have clinical lead in place for each care home. This is a requirement of CCGs not practices or PCNs. If practices or PCNs want to nominate this clinical

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lead, they can, but there is no contractual requirement for them to do this. PCNs have to identify a clinical lead for each home by 31st July 2020, but not before.
LMCs across the country have raised their concerns that this appears to be imposition of the Enhance Care in Care Homes element of the PCN DES, but BMA have reassured us that this is "guidance, not contractual". Lincolnshire LMC have also discussed this with Lincolnshire CCG, and have stressed that practices will need significant support to be able to provide this additional level of service to care home residents.

Safeguarding

How do we fulfil our safeguarding training requirements during Covid-19?

Whilst CQC have suspended their inspections during Covid-19, it is still important that practices continue to provide safe services to patients. Covid-19 lockdown has seen a significant increase in domestic violence and safeguarding cases. It is more important now than ever for clinicians, receptionists, and administrators to be trained to identify safeguarding risks.

The LMC is working with the CCG Safeguarding Team to create some educational webinars, which will give Lincolnshire-specific safeguarding information, to help with training during lockdown and after.

Whilst these webinars are being developed safeguarding training is available online at e-Learning for Health for both adults and children. There is no requirement for non-clinical staff to have face-to-face training for safeguarding. Clinical staff do require some face-to- face training, and interactive webinars do count as face-to-face.

The LMC advises that all practices hold regular safeguarding meetings, to discuss at-risk adults and children, and safeguarding concerns. Your 0-19 link worker should be invited to these meetings, in person or remotely. These meetings are evidence for CQC, and also count as face-to-face training, so minutes and reflections from these meetings should be kept as evidence. These meetings should continue during Covid-19.

Wessex LMC have a useful guide to what training is required for which members of your team, this is available as Appendices 13 and 14. Wessex LMC also have resources on their website which can be used to help with safeguarding training, and they have given permission for Lincolnshire GP practices to access these.

Children Returning To School

Do practices need to risk assess whether or not children should return to school?

- It is not for practices to decide whether or not a child should return to school
- Practices can answer questions that parents have, but should not be responsible for making the final decision, and should not produce reports for parents or schools
- Practices may want to put a generic letter on their websites, or provide a letter for parents with advice about government guidance
- A template letter is available for practices on the LMC website See Appendix B17

"Vulnerable" children and return to school

Many children with significant conditions have been shielding during COVID-19. From 1st August the shielding rules have changed and many children no longer need to shield. These children are also now being encouraged to return to school when term starts so that they can benefit from education and social interaction.

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Many parents are concerned that will expose their children to excessive risk. RPCPCH however has assessed the risk for most children to be very low. RCPCH guidance states that "Children and young people who are cared for just in primary care are very unlikely to be clinically extremely vulnerable". Thus if a child is not receiving care from a specialist they are very unlikely to need to continue shielding. RCPCH guidance sets out clearly which groups of children should remain shielding.

If parents question whether their child should not be shielding, they should be directed to the specialist who is providing their care. If they are not being cared for by a specialist, GP clinicians should check the RCPCH guidance, and if uncertain can seek advice from a paediatrician.

Steroids & Antibiotics

Should we give steroids or antibiotics to patients with possible Covid-19?

- BTS guidelines for asthma and COPD state that steroids increase risk of pneumonia and viral load in patients with Covid-19
- However these guidelines also state that patients should not stop inhaled corticosteroids, and should use oral steroids if this would be their usual management of an exacerbation.
- WHO guidelines suggest that early introduction of antibiotics can prevent and treat secondary infections

Microbiology

Can I send an MSU or swab to Microbiology?

- The hospitals are trying to reduce the burden of work in the microbiology labs to increase capacity for Covid-19 testing and thus only urgent samples will be processed
- To get a sample processed you can call the microbiology lab and discuss with a microbiologist or microbiology technician. The sample should then be labelled with the clinical details and the name of the person that you discussed the case with.

Dental Problems

How should we manage dental problems during Covid-19?

- General Medical Practices should not treat dental problems, this is the role of General Dental Practitioners
- We can advise patients about analgesia, and screen for serious conditions such as oral cancer, though dentists are much more experienced at this than GMPs
- Patients with dental symptoms should be encouraged to contact their usual dentist who can triage the patient
    - If the patient does not have a usual dentist they can get advice from any NHS dental practice
- Dental triage will offer either the "3As" or secondary triage
    - 3As is Advice, Antibiotics, or Analgesia
    - Secondary triage is more in depth triage for more serious or persistent symptoms
- Secondary triage may advise further dental intervention, which can be carried out in seven sites around Lincolnshire, and is charged at normal NHS dental rates
- **See Appendix 12** - A poster with information for patients that can be put on the practice's front door.

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Managing Workload

Managing Workload During Covid-19

What work should we be doing to manage Covid-19 workload?

- RCGP guidance sets out what work practices should and should not be doing during the Covid-19 period.
- Covid-19 has created an environment in which all practices have had to evaluate and change the way in which they provide services for patients. We have had to stop non-essential work to prioritise Covid-19 patients. We have had to create hot and cold sites. We have moved to more remote ways of consulting, using telephone, email, and online triage. Many practices have also started using video consultations.
- These innovations are a positive step and will hopefully help general practice maintain workload and resilience now and post-Covid-19.
- Over the last few weeks the numbers of patients who are presenting with acute conditions has significantly decreased. This in many cases will be because the condition is self-limiting and did not require medical input. However, there have been one third the number of presentations for strokes, acute coronary syndrome, and suspected cancer. Patients are not presenting as early as they might usually do.
- Practices are rightly asking patients to stay at home, and not to present to surgeries, especially if the patient has Covid-19 symptoms or should be shielding. It is also important for practices to let patients know that the practices are still providing advice and assessment for other conditions, and how the patients to access these services. We recommend that practices have a message on their telephone and website stating something along the lines of;
    - "*During Covid-19 we ask that patients do not come to the surgery unless invited to do so by the practice. We are trying to protect vulnerable patients, and practice staff. We have also reduced some of our services so that we can focus on managing patients with Covid-19. We are still able to assess and advise patients remotely about any concerns that they have which are not Covid-19 related. You can contact the surgery to get advice and assessment by telephone, email, and online via AskMyGP/eConsult (delete as appropriate). If a clinician thinks that you need to be seen they can arrange for an appropriate appointment or perform a video consultation.*"

Individual Funding Requests:

What happens to individual funding requests (IFR)?

- The LMC has sought clarification whether a patient who has received funding following an IFR panel will need to have a second panel if they do not using the funding during the normal six-month window.
- We have been assured that the "clock has stopped" during Covid-19, and thus clinicians will not need to re-submit Individual Funding Requests

Firearms UPDATED 12/08/2020

Should we be doing firearms licence reports?

- Lincolnshire Police have restarted processing all firearms licences
- New issues and renewals will now be processed, so practices will continue to be asked to support this process in the usual way, this is important as it safeguards public safety
- Practices are asked though to remain vigilant to patients with firearms who may be at risk of self-harm during this difficult time, and to inform the firearms licencing team if there are concerns fal@lincs.pnn.police.uk

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Medicals

HGV Medicals

Should we do HGV medicals?

- RCGP guidance says not to carry out HGV or DVLA medicals
- However for people delivering essential goods such as; medicines, medical equipment, and food, it may be pragmatic to carry out the medicals.
- On 17th April Government announced that HGV drivers will be able to apply for one-year licence without need for a medical.

Taxi Medicals

What is happening with Taxi medicals?

- Each District or Borough Council has responded differently to Covid-19 with regard to taxi licencing and medicals for this purpose
- North Kesteven DC, South Kesteven DC, and Boston BC
  - operating a self-certification process for any hire driver who requires a medical report during the current restrictions. Council then issuing a 6 month licence which will be reviewed at 6 months, with the option for a further 6 month extension to correspond with the arrangements for HGV/PSV drivers
  - are not currently accepting new driver applications for various reasons including the inability to obtain a Medical Report
- Lincoln CC, South Holland DC and East Lindsey DC
  - asking renewal drivers to complete a medical self-declaration , declaring any medical conditions that have been diagnosed since their previous medical, and any prescribed medication and dosage they are currently taking. If there are no debarring medical conditions identified, council will issue a 6 month licence and an advisory that a medical must be provided within that period. Upon receipt of which the licence will be extended to the normal licensing period of 3 years
  - No new licences being administered
- West Lindsey
  - not currently accepting new applications for Private Hire/Hackney Drivers, would not accept a new application without a medical
  - accepting renewals and asking for medicals, "so far there does n't seem to have been an issue getting them to get a medical, however we would accept a medical declaration if there was a problem"

Baby Checks

Should we do baby checks?

- RCGP advises to continue baby checks
- Practices should try to minimise exposure of the baby and parents to clinical facilities, so if possible should carry out the baby checks at the same appointment as the 8-week imms.

Immunisations & Vaccinations

What immunisations and vaccinations should we be doing?

NHSEI letter to practices 14th April 2020 states-

- While preventing the spread of COVID-19 and caring for those infected is a public health priority, it is very important to maintain good vaccine uptake and coverage of immunisations. The routine immunisation programme will continue to play a critical role in preventing ill-health through diseases other than COVID-19.

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- Where practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children, and pregnant women:
    - All routine childhood immunisations offered to babies and infants including vaccines due at one year of age including the first MMR dose
    - All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner
    - Pertussis vaccination in pregnancy o Pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation)
- In addition to protecting the individual, this will avoid outbreaks of vaccine preventable diseases that could increase further the numbers of patients requiring health services.
- Due to the public health advice on social distancing and shielding, practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

Should we be doing travel vaccinations at present?

- Due to Covid-19 most international travel is still not recommended by the Foreign Office, so the need for travel vaccination will be significantly reduced
- For patients who are travelling abroad for "essential purposes", practices should decide whether the risk of performing vaccinations outweighs the risk of the patient catching a contagious infection whilst travelling
- In most instances we can perform travel vaccinations safely with PPE and social distancing, and thus protecting the patient so that they can travel is likely to be advisable
- Not all travel vaccinations are provided on the NHS, so should not be carried out in preference to providing NHS services

How do we manage patients who usually have vitamin b12 injections?

- Dr Challenor has discussed vitamin b12 with local haematologists and gastroenterologists, and they have summarised national advice, this is available in Appendix B9

Contraception

What do we do about contraception during Covid-19?

- FSRH has produced guidance, and this has been summarised by Dr Ruth Challenor into an easy to follow flow chart, available at Appendix B3.

How do we manage HRT shortages?

- British Menopause Society have produced a helpful guide to managing HRT shortages

Should we continue performing cervical screening?

- NHSEI guidance sent to practices on 3rd April is available at Appendix B8
- Essentially this advocates maintaining a normal cervical screening service, but recognises that other workload, and availability of PPE may restrict practices ability to provide this service
- If a normal service cannot be maintained this guidance advises prioritising
    - Women at risk due to history of abnormal results who have failed to attend colposcopy and remain on early recall
    - Cases where a delay to screening would significantly raise levels of anxiety and have a detrimental effect on the mental health and wellbeing of the woman

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- Women who are concerned about delaying their cervical screening can be reassured that "Cervical screening is not a test for cancer, it looks for the human papillomavirus (HPV) which can cause abnormal cells on the cervix, which in time could develop into cervical cancer (10+ years). Delaying a routine screening test for a short time is highly unlikely to affect most individual outcomes."
- The guidance contains useful FAQs for practices. See Appendix B8

Home Visits

Who should be home visited?

- Only patients who cannot be dealt with remotely should be seen face-to-face
- **Patients with non-Covid-19 conditions** who need face-to-face assessment can be assessed in "cold" sites, this includes "shielded patients" who are able to travel to the cold site.
- **Patients with non-Covid-19 conditions** who cannot travel to a "cold" site, should be assessed by a "cold" home visiting clinician using full-PPE
- **Patients with or suspected to have Covid-19** who can travel should be assessed at "hot" sites
- **Patients with or suspected to have Covid-19** who cannot travel should be visited by a the Covid Home Management Service (CHMS)
- To refer to CHMS call **0300 123 4868** and selects **Option 2**
- Further guidance re CHMS is available in Appendix 15 & 16

Chronic Disease

What chronic disease reviews should we be doing in "phase 2 response"?

- Simon Stevens's letter of 29th April asked practices to "Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening."
- Practices should therefore be considering best how to deliver normal chronic disease reviews for patients
- Do as much of the review as possible remotely, speak to the patient/carer preferably via video consultation and gather as much data as possible, and discuss management plans.
- Most numerical data can provided by the patient; height, weight, smoking, alcohol etc. BP can be measured using home monitors.
- Many blood tests could be postponed for six to twelve months, but some blood tests may need to be done, such as; HbA1c for poorly controlled diabetes, TFT for patients whose thyroid meds have changed, renal for people with low eGFR, etc.
- Which tests do or do not need to be done should be decided on a patient by patient basis
- If you choose to postpone, it should be documented why
- If the test needs to be done, then ensure this is done in a Covid-safe way, and follow up the result remotely.
- The LMC asked the CCG and NHSE if this approach is correct on 20th May 2020, and they confirmed that it is, this includes Learning Disabilities health checks which we specifically asked about.

Palliative Care

How do I provide palliative care to Covid-19 patients?

- Lincolnshire is planning to follow the NICE palliative guidance
- St Barnabas have developed a Lincolnshire-specific guidance which will be available on the End of Life Care website.
- See Appendix B7

What palliative care support is available for Covid-19 patients?

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- End of life patients with Covid-19 will be offered choices of where they will be managed
  - Home, with care provided mainly by family and carers, and supported remotely
  - Community hospital
  - Nursing homes configured to house "hot" patients
  - Non-NHS facilities- BMI Hospital Lincoln, various other sites being explored
- Patients in their own home may seek GP practice advice, and input, and these patients should be managed remotely

How should we record patient wishes about care?

- We should be identifying high risk patients and discussing their wishes with them and recording this on ReSPECT forms
- This can be done by non-clinicians and carers
- There are some useful videos available to help train clinicians and non-clinicians with this process
  - ReSPECT and Planning Ahead
  - ReSPECT and Communication
  - ReSPECT and symptom management

EMAS

What are EMAS doing differently?

- All ambulance services have started using "card 36" protocol, which changes ambulance dispositions for patients with breathlessness
  - In normal circumstances all breathless patients would have an ambulance dispatched, under "card 36" there are more options so that Covid-19 patients can be managed in their own homes
- GP Connect allows ambulance crews to view GP medical record summaries of patients so that crews can better manage patients

If a patient is unwell at a "hot" site, how quickly will an ambulance attend?

- EMAS have advised LMCs that "hot sites" should request an inter-facility transfer, and thus response times will be in line with their IFT policy See Appendix B4

Deaths

Who needs to verify death?

- There is no legal requirement for anyone to verify death
- If a patient dies, and the cause of death is known, and there are no circumstances which require referral to the coroner, funeral directors can move the body without "verification of death"
- Carers, relatives, and other clinicians can verify death by simply checking if there is no pulse and no respiratory effort, and then inform practices and community teams that the patient has died
- LMC, CCG, LinCA, and LCC have agreed this policy, and are working with funeral directors to get their agreement See Appendix B5

Who does the MCCD?

- Following Covid-19 legislation, any medical practitioner can complete the MCCD as long as
  - The cause of death is known and does not require referral to the coroner due to suspicious circumstances, and the death did not directly result from; trauma, surgery, violence, medications, drugs, self-harm, neglect, or exposure to a toxic substance

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and

- The patient was seen in the last 28 days by any medical practitioner

or

- The patient has been seen after death by a medical practitioner **See Appendix B6**

What goes on the MCCD?

- Government guidance states-
  - Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death
  - Covid-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009.
  - That Covid-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 does not mean referral to a coroner is required by virtue of its notifiable status
- Medical practitioners are required to certify causes of death "to the best of their knowledge and belief", thus you do not need definite proof of cause of death
- Thus, Covid-19 can be entered as cause of death in 1a
- If uncertain that Covid-19 is the cause it is legitimate to put
  - 1a Pneumonia
  - 1b Suspected Covid-19

Should we be resuscitating patients?

- Patients who have requested not to be resuscitated as documented on ReSPECT or DNA-CPR should NOT be resuscitated
- Patients who have not recorded these wishes should be resuscitated unless this is deemed not appropriate
- Resuscitation can be carried out without PPE if you think this is appropriate - Resuscitation council guidance says "*If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt* ***compression only*** *CPR and early defibrillation until the ambulance (or advanced care team) arrives*."
- For children Resuscitation Council says- "*We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child*."
- BMA guidance advises that CPR is an aerosol generating procedure, so full PPE should be worn. Before this can be donned, a clinician wearing fluid resistant surgical mask, disposable apron, disposable gloves, and disposable eye protection, can be attaching an AED and initiate cardioversion if appropriate.

Referrals

How should we be managing referrals?

- Urgent and 2WW referrals should be made in the usual way
- For non urgent conditions we should inform patients that these will be delayed due to Covid-19 and offer them the choice
  - Refer now and the hospital/provider will hold the referral and contact the patient in due course
  - Use advice and guidance through eRS
  - Wait and watch, and if may still require referral after Covid-19 then contact practice to discuss

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- NHSEI have confirmed that providers must accept referrals and manage them in house and not require GPs to re-refer
- NHSEI have confirmed in their 16th April update for practices that "NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals. Therefore, GPs should continue to refer patients to secondary care using the usual pathways"

Who should we be doing Med3 for?

- Med3s should be generated for patients who would normally require a Med3, and these should be emailed to them where possible
- Patients who are self-isolating do not require a Med3, instead should self-generate an isolation note by going to 111 website
- Patients in the vulnerable group do not need Med3, they can use letter from NHS identifying them as vulnerable instead
- If employers insist on Med3 this should be refused and this highlighted to the LMC

Do practices need to provide fit notes (Med3) for patients or family members self-isolating before elective hospital admission?

- Practices do not have to provide fit notes for patients self-isolating
- Practices should tell patients to provide employers evidence that they or their relative are being admitted electively
- A template letter is available for practices to email to patients and to put on your websites for patients to give to their employers **See Appendix B18**

Vulnerable Patients

What do we need to do for vulnerable patients?

- Practices should have received lists of patients who are identified as vulnerable
- Practices should also identify any patients who are vulnerable and are not on this list
- Practices should contact these patients to ensure that they are shielding- NHSE Template letter
- All vulnerable shielded patients should be signposted to help which is available for them at the gov.uk website
- Locally, social prescribing link workers are co-ordinating the volunteer support for shielding patients
- More information about managing vulnerable patients is in the "Caring for people at the highest clinical risk FAQ" See Appendix B10

How do we identify vulnerable patients?

- Practice IT suppliers should have added codes to patient records if they are vulnerable
- Practices can run a report to identify these patients
- Practices can cross check this list with their palliative, frailty, and disease registers to identify anyone who has fallen through the gaps
- If a patient believes they are vulnerable, but you have not been notified that they are, it is best to ask why they think they are vulnerable, and then check in your medical records whether or not they fall into a vulnerable group
- There is a guide to "Who is in the shielded group?" at Appendix B11

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Appendices

Appendices	Item
Appendix A	**Non-Clinical**
A	Complaints Template Letter During COVID-19
A1	Lincolnshire CCG Covid-19 Claim Form
A2	Latest information regarding testing for essential workers
A3	SitRep Return Form
A4	Delivering To Dispensing Patients
A5	BAME Risk Assessment Form
A6	CQC Questions for discussions with practices (questions_prompts_indicators)
A7	Assessment Tool from National Minimum Standards for Immunisers
A8	NHS Health Check Restart Preparation
Appendix B	**Clinical**
B1	ED/AMU Corona Assessment Tool (Found on Page 2 of the document)
B2	List of A&E Telephone Numbers
B3	COVID-19 Contraception Contingency Plan
B4	EMAS Inter Facility Transfer
B5	Verification (confirmation) of Death Guidance
B6	MCCD & CREM Forms Following COVID-19 Legislation
B7	Guidance on the management of symptomatic patients dying from COVID-19
B8	NHS CSP Guidance for Sample Taking
B9	BSH Advice on B12 Supplements
B10	Caring for people at the highest clinical risk FAQ
B11	Who is in the shielded group?
B12	Access To NHS Dentistry Poster
B13	Safeguarding Adults - Guide to training requirements
B14	Safeguarding Children - Guide to training Requirements
B15	Covid Home Visiting Arrangements (CHMS)
B16	Process for LCHS to Support Covid+ Home Visiting Service (CHMS)
B17	Letter to Parents - Children Returning To School
B18	Template Letter For Patients (110620 Isolation Letter Pre-Op)
B19	Face Mask Exemption Cards

CLICK HERE to view or download Appendices via the LMC Website.

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