

LMC Update Email

15 May 2020

Dear colleagues

Roadmap out of lockdown (England)

In response to the [Government's announcement to ease some lockdown measures](#) in England from this week, the BMA has said that the plan is too fast, too confusing and too risky. Since then further guidance has been released and we will continue to scrutinise this carefully and challenge government when necessary. Read the Government's recovery strategy [here](#). Read the full BMA statement [here](#)

In light of this announcement, GP practices could be faced with new workload as many people will be anxious about returning to a workplace where adequate social distancing measures have not been put in place, leading to more requests for fit notes and letters to employers, with people who cannot work from home being urged to return to work. Patients making these requests should be directed to discuss this with their employers, and employers should be making reasonable adjustments and performing appropriate risk assessments for their staff, with occupational health support when necessary. In this situation a fit note should not be required.

If this phase is not managed extremely carefully there is a risk of the virus spreading and putting renewed strain on the NHS, including GP services. One of the Westminster Government's key tests for easing lockdown is ensuring the NHS can cope – and this of course must include general practice.

I was quoted in [Pulse](#), and the BMA response was reported by [BBC breakfast](#) (from 01:16:35), [The Sun](#), [BBC](#), [Daily Mail](#) and [The Independent](#)

As we move in to the next phase of responding to the COVID-19 pandemic, with the need to both deliver services to our patients whilst also continuing with the challenge of on-going viral circulation, we know that many areas are considering how this can be done safely. It's also leading many to consider what has changed in the last couple of months that we want to retain and what the 'new normal' General Practice should look like. Wessex LMC has produced two discussion documents to help with this thinking and has agreed for them to be shared. A [briefing document](#) includes a summary, key recommendations and a conclusion and a [full document](#) provides links and examples and further explores the questions practices are facing currently.

GP and practice COVID-19 toolkit

Following the announcement about easing the lockdown in England, the Government has published [guidance for employers to help getting more people back to work and operating safely](#). However, as this does not specifically include healthcare settings, we would advise practices to refer to our [toolkit for GPs and practices](#), and in particular the [section on reducing COVID-19 transmission](#), which refers to social distancing within GP practices.

The toolkit, which is updated regularly, should also help to answer many of the questions we have been getting on a large range of topics relating to COVID-19.



Care home arrangements

Following our lobbying of government on this issue, care homes are now being supported to rapidly upgrade their ability to do virtual consultations. These changes include the rollout of [NHSmile](#) to care homes and domiciliary care providers, supporting remote consultations, and [reducing social isolation and loneliness for care home residents](#) by providing tablet devices capable of secure video calling, and increased access to up-to-date and accurate information for care professionals through the new [Care workforce app](#). In addition CCG directors of nursing should now be assisting local authorities with training in infection prevention and control in care homes.

Practices and LMCs can use the NHSEI [guidance on how practices can support care homes during the pandemic](#), working with others in their area to do what they can to support their local care homes at this critical time. Most areas now have arrangements in place.

The [NHSEI primary care bulletin](#) today (15 May) clarified that the clinical lead for the service is not also medically responsible and accountable for the care of individual care home residents. Medical responsibility and accountability for the care of individual care home residents remains with their registered GP – and there may be residents with different registered GPs within a care home. NHSEI does not expect residents to be re-registered.

NHSEI have stated that a reimbursement mechanism for general practice will be established to help practices meet the additional costs of COVID-19 related activity which cannot be met from existing practice resources. Reimbursement will be managed through clinical commissioning groups (CCGs), on the basis of national guidance.

Remote consultations

The way consultations are conducted in general practice has been adapted to cope with COVID-19 and has forced GPs to revolutionise how they work in just a few short weeks. Practices have rapidly moved both to protect patients and staff, and support social distancing, by introducing total triage arrangements with the vast majority of consultations now taking place by telephone or video, with face-to-face consultations either in the practice or at home only taking place when clinically necessary. Read more in our feature [wholesale transformation of general practice](#)

The level of change in general practice is also evident from the figures reported in [an NHSEI primary care bulletin](#) this week, which show that video consultations are now available in 97% of practices. However, we still need to see faster rollout of the necessary IT upgrades to support this way of working in a sustainable and resilient way.

Our [toolkit for practices](#) has been updated to include a [FAQ for locum doctors working remotely](#).

PPE

Concerns over lack of adequate and sufficient PPE remain, as shown by the results the BMA's most recent, and third tracker [survey](#). The BMA has called for ministers to take whatever action is necessary to scale up production in the UK, and further explore overseas suppliers. The [results of the latest survey](#) have now been released. Read more about the BMA's campaigning for PPE [here](#).

If you are in need of urgent advice about inadequate PPE in your place of work, you can call us 24/7 on the [PPE hotline](#) on 0300 123 1233 or use the [webchat](#) >

This was reported by the [Mirror](#), where I commented: "The UK is now seven weeks into lockdown and it is unacceptable that we should still be worrying about availability of these essential items that protect both healthcare workers and patients. It's vital that any changes to official guidance can be

bolstered by government supplies and that PPE availability becomes an issue of the past, not one healthcare professionals across the country find themselves living with every day.”

CPR guidance for primary and community care

The Resuscitation Council, together with the Royal College of GPs, have published guidance for healthcare workers (HCWs) who are performing cardiopulmonary resuscitation (CPR) in primary and community care setting. The guidance clarifies that as CPR is an aerosol generating procedure (AGP) in the context of COVID-19, AGP PPE is the safest option for HCWs when undertaking chest compressions and other resuscitation procedures on patients with suspected or confirmed COVID.

However, it is recognised that this may not always be achievable in a primary or community care setting depending on the availability of PPE. In the absence of AGP PPE, non AGP PPE if available for clinical care, must be worn as a minimum for resuscitation events. Read the guidance [here](#).

COVID-19 model salaried GP contract (Scotland)

GPC Scotland has agreed a model salaried GP contract with Scottish Government, for health boards to offer during the pandemic. This will see boards offer, and those taking up these contracts commit to, at least one shift per week in order for sessional GPs to secure these benefits. Where existing local arrangements fall short of the terms in this contract, they should look to adopt the terms in this model contract. The [circular](#) instructs boards, and includes a link to the wording of the model contract. Read more in this [blog](#) by Patricia Moultrie, deputy chair of SGPC.

Death in Service benefits (Scotland)

The Scottish Government has announced [that full death-in-service benefits will be extended to all healthcare workers in Scotland](#), including those who have left the NHS pension scheme. Read the statement from BMA Scotland [here](#) and a BMA News feature [here](#).

BMA threatens legal action over coroner's direction on death verification (England)

The BMA has written to the Essex Chief Coroner asking them to withdraw incorrect guidance to local GPs around the verification of deaths in the region, ahead of possible legal action. This is following the Essex Chief Coroner wrote to local GPs at the end of April, instructing them that it was only acceptable for healthcare workers to verify expected deaths, and that this must take place in person.

The letter from the BMA outlines that this direction is contrary to English law, which states that any competent adult can verify a death, and that it is not supported by joint guidance from the BMA and the RCGP, as well as separate guidance from NHSE/I. The letter also makes it clear that demanding that healthcare workers attend deceased patients to verify deaths not only takes staff away from direct patient care unnecessarily at a time when they are most needed, but it also puts both staff and other people at risk by potentially exposing them to COVID-19.

The BMA is taking this action in support of Essex LMCs. Read the full press release [here](#)
This was reported by [BMJ](#) and [Pulse](#)

Risk assessment guidance

The Office of National Statistics published [data on Covid-19 related deaths by ethnic group](#) last week, which showed that those with Black, Asian and minority ethnic (BAME) background are more likely to die from the virus. The BMA is deeply worried and has been lobbying government to take urgent steps to address this as this data highlights the need to protect BAME communities from COVID-19 and that they are effectively risk assessed. Read the BMA statement [here](#). Various national organisations have developed resources that are included below for your information.

- The Faculty of Occupational Health Medicine: [Risk Reduction Framework for NHS staff at risk of COVID-19](#)
- NHS Employers has published: [guidance on risk assessment for staff](#)
- Public Health England is carrying out a [review into factors impacting health outcomes from COVID-19](#)

We have highlighted to NHSEI that primary care needs a nationally agreed tool for risk assessment that practices can use to take an appropriate and consistent approach in protecting staff.

Chaand Nagpaul, BMA chair of council, was interviewed by [BJGP](#) about BAME colleagues and their contribution to the NHS.

Preparing for flu immunisation 2020/21

NHSEI has published the [annual flu letter for the 2020/21 programme](#). It is recognised that delivering the flu immunisation programme is likely to be more challenging this year because of the impact of COVID-19. NHSEI will publish further guidance nearer the planned start of the programme in September 2020, but in the meantime, practices should continue to plan for the programme as usual. The letter sets out which groups are eligible for flu vaccination (same as last year but different vaccinations for different groups) and how to prepare for this autumn's vaccination campaign.

NHS Digital national GP data extraction to support COVID-19 planning and research (England)

NHS Digital has issued a DPN outlining a framework for a tactical GPES extraction for planning and research related to COVID-19. This extraction was requested by the BMA and RCGP as means of relieving the burden being placed on GPs at this time to provide data for research purposes. Under this interim arrangement, NHSD will become the data controller for a predetermined set of data extracted from GP records in England with all requests to practices redirected to them.

BMA and RCGP will have sight of the process for requesting this data and will regularly meet with NHSD to review applicants who wish to use it. The [DPN](#) contains all relevant information on the extraction and in this [NHS Digital circular](#). NHSD have asked that all practices register by 27 May.

NHS 111 referring into general practice and COVID-19 tests (England)

In a recent [NHSEI primary care bulletin](#), practices are reminded that if they receive a referral from NHS 111, whether from the national CCAS (COVID-19 Clinical Assessment Service) or from a local service, then the practice should assume clinical responsibility for the patient. It is up to the local practice to decide on the best course of action for their patients, including the option to re-triage. However, the patient should not be re-directed back to NHS 111 as this could result in delay of urgent clinical care, nor should they be directed to NHS 111 to co-ordinate [testing for COVID-19](#).

Misuse of COPI regulations for GP data requests (England)

Following our letter to NHSX asking for assurances on the misuse of COPI regulations to request GP data, we have now received the attached response. NHSX, NHS Digital and Public Health England have, in response to our concerns, established a single front door to triage requests for data, including research, for COVID-19 purposes. Practice can now to direct any requests they receive for data to the single front door via covid-19datasharing@nhsx.nhs.uk

Letter to the Local Government Association (England)

I wrote to Mark Lloyd, Chief Executive of the LGA, to ask him to confirm local authorities will continue to pay for enhanced services they commission from local practices. We have received examples where local authorities have advised they will not be paying for services commissioned by the local authority (eg NHS health checks) and were asking practices to complete a form to claim

supplier relief from the council. To claim this relief they would be required to proactively apply and justify their claim by way of management costs etc. they have incurred while services have not been delivered due to the current pandemic. Only after this would their claim be considered. The Local Government Association has replied saying they do not believe such requests are widespread and have asked us to share examples. They continue to encourage a collaborative approach between local authorities, councils and the health sector. If LMCs have any examples, please email glewis@bma.org.uk

BMA COVID-19 webpage and guidance

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

- [General practice toolkit](#)
- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [BMA's COVID-19 ethical guidance](#)

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

The BMA continue to offer [wellbeing services](#) for your emotional health during the crisis. Confidential 24/7 counselling and peer support for are open to all doctors and medical students, regardless of BMA membership, as well as their partners and dependents, on 0330 123 1245.

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](#)

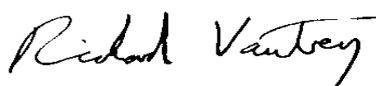
COVID-19 media

Phil White, Chair GPC Wales, answered listener questions on [BBC Radio Wales](#) (listen from 09:10)

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

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee