Dear colleagues

Care homes arrangements (England)
In their Primary Care Bulletin 1 May, NHSEI advised CCGs to work with primary care and community providers to ensure timely access to clinical advice for care home staff and residents, proactive support for people living in care homes, and that care home residents with suspected or confirmed COVID-19 are supported through primarily remote monitoring, or face to face assessment where clinically appropriate and necessary. This is therefore not just about the role that practices can fulfil, but should be delivered by a multidisciplinary team working together.

CCGs should be working with LMCs, practices, community care teams, specialist services, local pharmacies, local authorities and others, using this guidance, to do what they can to support their local care homes at this critical time.

Identifying high risk patients and shielding (England)
NHSEI has provided an update in their primary care bulletin on shielded patients this week, and as stated previously a small number of patients have been identified who will be advised to shield via a centrally generated letter and text message. The addition of flags on GP records and distribution of central letters is expected to have been completed by 7 May. Any patients that practices have identified as clinically extremely vulnerable prior to 28 April should now be recognised by the Government support website.

If they have not already done so, practices should contact these patients as soon as possible, using the updated version of the template letter. This contains the same information as in previous versions but confirms that the Government is currently advising people who are clinically extremely vulnerable to shield until 30 June, subject to ongoing review. A link to this has also been added to our guidance for practices about steps to take about the list of shielded patients.

In an interview on the main BBC News bulletins on Sunday I described the challenges practices have had dealing with shielding lists and discussing this with patients involved. I also spoke to Talk Radio yesterday morning about the risks of moving out of the current lockdown.

PPE
The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, as was yet again evident by the results of our third tracker survey published a few days ago which showed that overall, nearly half the doctors say they have sourced their own PPE for personal or departmental use, or they have relied upon donations.

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

We continue to work hard to ensure that practices get the necessary PPE that they need to work safely. Read our latest FAQs: Refusing to treat where PPE is inadequate.
PPE media
The BMA survey results were covered by The Telegraph, which suggested that the figures call into question how the Government could be "anywhere near" meeting two of five tests that the Prime Minister said would have to be met before any easing of the lockdown measures. It was also covered by The Guardian and the BBC. Chair of BMA NI, Tom Black was interviewed on BBC Radio Ulster (1:39:25), and on the Radio Foyle Breakfast Show (01:18:33). David Bailey, Chair of BMA Wales, was quoted by ITV. Ben Molyneux, Chair of Sessional GPs Committee, was quoted in Pulse saying that PPE supply remains 'a postcode lottery'.

GP and practice COVID-19 toolkit
Our toolkit for GPs and practices has been updated to include a section on minimising risk of transmission in general practice. The toolkit helps to answer many of the questions we have been getting on a large range of topics relating to COVID-19. Any updated guidance or FAQs from us will be added to this toolkit so please check it regularly for any new additions.

Testing of healthcare workers
Testing of COVID-19 for primary care staff and household members as well as for all asymptomatic NHS and social care staff and care home residents is now available in testing sites across the country.

Staff isolating who need a home test kit should use the Employee (Self-Referral) portal. For further information see this guidance about staff accessing tests. For technical issues related to booking tests and results enquiries contact the Coronavirus Testing Helpdesk - 0300 303 2713

Testing in the media
BMA Chair of Council, Chaand Nagpaul, was quoted in The Financial Times saying that successful contact tracing would require “far greater capacity” and that “It is vital that levels continue to be ramped up to allow for widespread community testing and contact tracing. This will require far greater capacity than 100,000 tests daily if we are to be able to properly identify, contain and prevent spread of the virus”.

GP speciality training
Following discussions between the BMA, RCGP, GCE, HEE and devolved nations education leads, it has been agreed that a remote CSA assessment will be available for GP trainees who were due to CCT in August. GP trainees will therefore be able to CCT and gain their full MRCGP this summer, despite the COVID-19 situation. For more information on how CCT will work, please see the recently issued joint letter and the full statement by the co-chairs of the GP trainees committee.

Read more about how to achieve CCT amid COVID-19, in this blog by Sandesh Gulhane, co-chair of the GP trainees committee.

Please also see attached a letter from Health Education England about increased support for GP Speciality Training during the pandemic.

Bank holiday arrangements (England)
NHSEI’s arrangements for opening on bank holiday, Friday 8 May, mean that CCGs have flexibility to plan the most suitable arrangements for their local area and it is for CCGs working with LMCs and practices to determine what the most suitable bank holiday cover should be. NHSEI have also stated that unless the situation changes significantly it will not be necessary for practices to open on the next bank holiday at the end of May.
We have produced a template that practices in England to claim for the expense of opening as normal on Bank Holidays. This includes staff expenses, salaried GPs, locum (up to maximum rate), partners, and an amount to cover daily non-staff expenses.

**Improving vaccine uptake**
The JCVI recently published a statement on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease during the COVID-19 outbreak. Following this, NHSEI has advised that it may be necessary for CCGs and PCNs to facilitate the transfer of locally held vaccine stock from one provider to another to ensure the continued delivery of immunisation programmes. In addition, MHRA has confirmed that it will not prevent the transfer of locally held vaccine stock from the NHS routine immunisation services during the pandemic.

We support the NHSEI campaign to encourage uptake of immunisations that was launched last weekend. Practices should do what they can to encourage all those eligible for vaccinations, particularly children and vulnerable adults, to get protected as no one wants an outbreak of another infection against which we have effective vaccinations.

**Death verification and certification**
The DHSC have now published guidance on verification of death which aims to clarify existing practice for the verification of death outside of hospitals and to provide a framework for safe verification of death in this coronavirus (COVID-19) emergency period. The guidance is linked on our website and sits alongside our own guidance on this.

The CQC has published a joint statement with the General Medical Council and Healthcare Improvement Scotland about death certification during the COVID-19 pandemic. The statement is a reminder that prompt and accurate death certification is crucial, particularly during this emergency period. It also emphasises that all doctors must complete a medical certificate of death (MCCD) as accurately as possible, citing what they believe to be the most likely cause of death.

**NHSPS services charge dispute update (England)**
The BMA is supporting 5 test claimant GP practices who have received demands from NHS Property Services (NHSPS) to pay inflated service charges based on their Consolidated Charging Policy. The case is ongoing and on 4 May we learned that due to COVID-19 NHSPS have sought an extension until 21 May to file defences and counterclaims.

In the meantime, we have been informed that some practices have continued to receive demands from NHSPS for the payment of disputed service charges. These demands are highly inappropriate, not only because these charges are the focus of the ongoing legal case, but because they serve to unnecessarily exacerbate the already immense pressure on practices as they work to combat COVID-19. Last week, Gaurav Gupta, Premises and Practice Finance Policy Lead, wrote to Martin Steele, the new CEO of NHSPS, to express these concerns and asking NHSPS to desist from sending practices further demands for disputed service charges until legal proceedings have been concluded and the current health crisis has abated. They have now agreed to restart regular engagement to address various issues faced by practices.

If your practice has experienced any issues regarding NHSPS, please raise this at the earliest opportunity with your LMC.
Community Health Partnerships (England)
Dr Gaurav Gupta, chair of the Premises and Practice Finance policy group, together with deputy chair Dr Ian Hume, met with the CEO and COO of CHP in March to discuss recurring issues raised by members. CHP committed to work with GPC in resolving these problems faced by their GP tenants. If your practice has experienced any issues regarding CHP, please raise this at the earliest opportunity with your LMC.

PCSE provision of Performers List data to LMCs (England)
Following years of lobbying, PCSE has confirmed that LMCs will once again be provided with lists of registered GPs for their area. This had stopped when NHSE reorganised primary care support services and we are pleased that at long last this action has finally been taken. We are still working on the implementation timeline and will keep LMCs up to date when we know more.

GPC UK Gender Task and Finish Group
The Gender Task and Finish Group implementation plan is attached. It outlines GPC’s progress on implementing both the Gender Task and Finish Group’s original set of recommendations designed to improve the gender balance of GPC, as well as the committee specific recommendations of the Daphne Romney QC report, all of which have been brought within the Task and Finish Group’s workplan. Many of the recommendations of the Romney report were already actions in the plan, such as the development of plans for multi-member constituencies, and the group were happy to bring those other recommendations into the implementation plan to action.

This is a living document, with many actions completed and others underway. It is the intention of the group to regularly share the plan with LMCs as and when it is updated. The COVID-19 crisis has unfortunately but inevitably meant that some of these actions have been delayed.

I would like to thank Dr Rachel Ali, chair of the group, all the other members of the Task and Finish Group and members of the GPC secretariat for their hard work in taking these actions forward. The group are happy to take receive any comments and suggestions via the GPC secretariat at lmclaren@bma.org.uk

NHS pension scheme death in service guidance
Dr Krishan Aggarwal, BMA pensions committee deputy chair, has written a blog to provide guidance about the NHS pension scheme death in service arrangements and can be found here.

Guidance on support strategy and easing lockdown in Scotland
The Scottish Government has published Coronavirus (COVID-19): test, trace, isolate, support strategy, which sets out their plans to help disrupt community transmission of the virus. They have also published a further document to progress the discussion with the public on the decision making framework for easing lockdown, and re-starting NHS services – read the document here

Care Planning for people with learning disability and autistic people
Following our previous statements on treating all people as individuals and not using blanket approaches to care planning or DNACPRs, we want to remind practices that decisions relating to people living with learning disability and autistic people should be made on an individual basis and in consultation with the person themselves and/or their family or carers. Blanket policies are inappropriate whether due to medical condition, disability, or age. Previous communications can be found here and here.
BMA COVID-19 webpage and guidance

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

- Guidance for GP practices
- 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

See this week’s GP bulletin here

Have a good weekend

Richard

Richard Vautrey
Chair, BMA GPs committee