

LMC Update Email

29 May 2020

Dear colleagues

Standard operating procedure (SOP) for general practice in the context of coronavirus (COVID-19)

The [Standing Operation Procedure for general practice](#) was updated on 29 May. It recommends total triage arrangements should continue with remote consultations used whenever possible, provides guidance on the management of patients who are shielding, advises that staff should be risk assessed to identify those at increased risk of COVID-19 and, as capacity allows, suggests practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and health checks.

Since then the government have announced changes to the [guidance for shielding patients](#) stating that people who are shielding can now leave their home if they wish, as long as they are able to maintain strict social distancing.

NHS Test and Trace services across the UK

The DHSC announced its [NHS Test and Trace](#) local outbreak control plans for England designed to help control the COVID-19 virus. The plans involve rapid testing at scale, integrated tracing to identify, alert and support, and using data to target approaches to flare ups, at a local and national level.

Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions. This could include household members, people with whom they have been in direct contact, or within 2 metres for more than 15 minutes. If those in isolation develop symptoms, they can book a test at nhs.uk/coronavirus or by calling 119. If they test positive, they must continue to stay at home for 7 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period. Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly spreading the virus.

The GPC England Exec team have raised with NHSE/I the need for much greater clarity on the any implications for health care professionals of the Test and Trace system. They have now said that if someone who works in, or has recently visited, a health or social care setting such as a practice tests positive for coronavirus, their case will be escalated to local public health experts, who will liaise with the relevant setting to agree on the most appropriate action. If they were wearing PPE at the time of the contact, this will not count as a contact. An FAQ document has been produced and is attached.

The NHS Test and Trace service, including 25,000 dedicated contact tracing staff working with Public Health England, will have the capacity to trace the contacts of 10,000 people who test positive for coronavirus per day and can be scaled up if needed. The system is expected to have the capacity to carry out 200,000 tests a day. This includes 50 drive-through sites, more than 100 mobile testing units and 3 mega laboratories.

In the [BMA press statement](#) responding to the announcement that the system will launch in England from today, BMA public health medicine committee member and past chair Dr Penelope Toff said: 'Having a robust test, track and trace system in place is vital to being able to effectively prevent a



second wave of infection and to ensure that we can safely ease out of lockdown. What will be absolutely crucial is that the Government can implement this effectively with all the components in place, so it can run at capacity. Success will not just hinge on the availability of testing and delivering test results quickly but on rapid identification of contacts and support to enable them to self-isolate.'

In the [BMJ](#) it was reported that Venki Ramakrishnan, president of the Royal Society and DELVE (data evaluation and learning for viral epidemics) committee chair, said, "Countries that have managed to, at least temporarily, control their covid-19 epidemics have almost all enacted and maintained substantial testing and contact tracing efforts from early in their epidemics. Our report suggests that a test, trace, and isolate programme, if effectively delivered, can play an important part in bringing this pandemic under control but that it should not be considered a silver bullet."

Scotland

On Thursday the Scottish Government announced it was moving to a [trace and isolate model](#) for Covid-19, where patients diagnosed positive for the virus have to inform a team of "tracers" who they have been in contact with. Those identified will then have to isolate at home for a minimum of a fortnight. The Government has published guidance for employers on Test and Protect see link [here](#) and will be publishing further information and guidance as soon as possible.

In response Patricia Moultrie, deputy chair of Scottish GPC, said: "We have raised with the Scottish Government the pressing need to be clear about what will be considered a 'contact' when it comes to GPs and practice staff". She added that "In particular, we need to know how the wearing of PPE is factored into the definition of a contact requiring isolation. While the system does need to work effectively to protect the public, there are also clearly risks to patients if GP surgeries face staff shortages or are forced to close because doctors and staff have had to self-isolate."

Wales

From 1 June, [Welsh Government will implement population contact tracing](#) on receipt of a positive test result. From this date Welsh Government will implement population contact tracing on receipt of a positive test result. Testing capacity in laboratories in Wales - which process tests from drive-in centres, hospitals, and care homes - has risen to more than 9,000 a day. Additionally Welsh residents can access home tests via the UK government site.

When Welsh Government issued details of their Test Trace Protect strategy BMA Wales issued the [following statement](#). The chair of BMA Welsh Council Dr David Bailey, also commented on the BBC Radio Wales drive time show and listen to the interview [here](#) (2hr 9 mins in).

Northern Ireland

On 27 April, the Department of Health in Northern Ireland began an "enhanced contact tracing pilot", running on a five-day-a-week basis. From mid-May it was rolled out more widely to include all confirmed positive Covid-19 cases and operates seven days a week. The system is being carried out exclusively by telephone at the moment. The Public Health Agency talks to people with a positive test about their infection and ask them if there are people they have been close to who may be at risk of becoming ill (their contacts). They will phone their contacts and talk to them about their risk of infection. Everyone who has the infection and who is a close contact will have to self-isolate. People need to provide their phone number when they get a test. The Public Health Agency said staff are contacting all cases and contacts within 24 hours, with a team of five to seven tracers, depending on the number of positive results it receives daily.

NHS Employers risk assessment guidance for BAME and other staff

[NHS Employers has now published guidance](#) on risk assessment for NHS organisations on how to enhance their existing risk assessments particularly for at risk and vulnerable groups within their workforce due to COVID-19. This includes staff returning to work for the NHS, and existing team members who are potentially more at risk due to their race and ethnicity, age, weight, underlying health conditions, disability, or pregnancy. NHS Employers have advised that employers take an inclusive approach and have described that the guidance is applicable, with appropriate local adaptations, in all healthcare settings. The guidance includes further resources to provide advice on supporting health and wellbeing, mitigating strategies and risk assessment discussions.

[Guidance has also been produced by the Health and Safety Executive \(HSE\)](#) that is intended to help organisations identify who is at risk of harm. It includes templates and examples that organisations can adopt, along with specific guidance. This guidance emphasises the legal obligation of employers to do a workplace assessment.

The [BMA has been lobbying government to take urgent steps to address the need to protect Black, Asian and minority ethnic \(BAME\) communities from COVID-19](#). The BMA had previously [written to Sir Simon Stevens](#) on the need for more practical advice, to practices, on risk assessment. Also read the [BMA guidance on risk assessments](#). This follows on from the publication of [FOM Risk Reduction Framework for NHS staff at risk of COVID-19](#) that is now included in the further reference section of the NHS Employers guidance.

Protection of the public's health and the most vulnerable must be an 'absolute priority' as lockdown eases

Responding to the announcement that the Government in England will move forward with the next stage of easing the lockdown, [BMA council chair Chaand Nagpaul said](#) "the protection of the public's health must be the absolute priority in easing lockdown with a health-driven strategy that does not result in the spread of infection or risk a spike in cases...given what we now know about who is the most susceptible to Covid-19, it is crucial that this strategy adequately protects the most vulnerable and at-risk in society and that the public adheres to the new social distancing measure". He also commented that "the new test and trace system is central to the easing of lockdown and as such, the Government must ensure that it has the capacity to meet demand. Additionally, local authorities and PHE units, many of whom are already overwhelmed, must have the resources and ability to respond to Covid-19 outbreaks at a local level in an agile and effective way".

PPE Portal

Earlier this week the Government announced that [GPs and small care homes can register on the PPE Portal](#), a new online portal for ordering emergency personal protective equipment (PPE) from a central inventory, to supplement the wholesale supply route that already operates. The Department of Health and Social Care developed the portal in partnership with eBay UK, NHS Supply Chain, the Army, Clipper and Royal Mail.

GP workforce data shows further fall in FTE GPs in England

The number of fully qualified full-time equivalent GPs dropped by 2.5% from March 2019 to March 2020, the latest official figures show. The [report](#) released by NHS Digital this week shows there were 27,985 FTE GPs on 31 March 2020 - 712 fewer than 31 March 2019. The total number of GPs also decreased by 0.6%. The number of FTE GP partners fell by 5.4% in the year, with the number of salaried GPs increasing by 4.5%.

Krishna Kasaraneni, GPC executive team workforce lead, said: 'These figures continue to show a worrying decline in the number of full-time equivalent GPs and GP partners specifically over the last

year. In recent months, general practice has rallied around in the face of the Covid-19 pandemic, working innovatively to continue providing care to patients, and proving the true value of holistic, person-centred care delivered within communities. In a post-Covid world it is imperative that this work is not forgotten and that this value is truly recognised, to ensure this foundation of the NHS is given the freedom and resources it needs to provide high quality care to patients.’ His comments were reported in [Pulse](#) and [GP Online](#).

Appointments in General Practice in England

NHS Digital are now releasing data on a weekly basis showing weekly counts of appointments and the first report can be found [here](#). It is broken down by appointment status, health care professional, mode and time between booking date and appointment date at national level and a weekly sum of the total scheduled duration of appointments (in minutes) at national level.

The data has a number of significant caveats, specifically that the information does not give a complete view of GP activity so should not be used to infer a view of workload. The data presented only contains information which was captured on the GP practice systems which limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity. It should also be noted that the duration data presented in this data release is scheduled duration, which is the planned length of time an appointment should take not the actual length of time it does take, i.e. the scheduled duration could be 8 minutes for an appointment but it the actual duration may be 6 minutes; or the scheduled duration could be 10 minutes but the actual duration is 12 minutes. This means that the data presented is not the actual amount of time practices spent on appointments but the amount of time practices planned to be spent on appointments. GPC England is meeting NHS Digital to discuss these significant flaws in recording. Practices should be aware that this information is being recorded and published and therefore should try to ensure that all patient contacts are appropriately recorded in clinical systems.

Principles of safe video consulting in general practice

NHSEI have published updated guidance on the [principles of safe video consulting in general practice during COVID-19](#).

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

Registration among practices for the tactical GPES extraction for planning and research related to COVID-19 has now reached 84% (the figures reported today). The DPN, which contains all relevant information on the extraction, is available [here](#). NHSD has asked that all practices register their participation by 27 May before the first fortnightly extract takes place. A supplementary transparency notice aimed at patients has now been [uploaded here](#) which GPs can use.

General practice research

You may wish to see the [QResearch News](#) Update for Spring 2020. This covers a wide range of activities and research projects using data uploaded from GP practices.

GP and practice COVID-19 toolkit

We continue to update our [toolkit for GPs and practices](#), which should help to answer many of the questions we have been getting on a large range of topics relating to COVID-19.

A chance to press the reset button in general practice

COVID-19 has changed the way GPs work and presents an opportunity to pull general practice out of the administrative nightmare many struggled with before the crisis unfolded – read the article by Leicestershire GP Mayur Lakhani [here](#) and an article by East London GP Farzana Hussein [here](#).

District valuer services (England)

We met with NHSE/I last week for an update on the Premises Review, and to clarify expectations regarding engagement and consultation as more of the review workstreams get underway. NHSE/I advised that it has suspended physical inspections of primary care premises by District Valuer Services in light of COVID-19, and that valuations will now take place via desktop review. DVS will be in touch with instructing CCG or local NHSE teams to confirm arrangements on a case by case basis.

Supply of additional Direct Oral Anticoagulants (DOACs)

NHSE/I has published [guidance on the supply of additional DOACs](#) (direct oral anticoagulants) during COVID-19 to support patients currently prescribed warfarin being prescribed a DOAC instead, where this is clinically appropriate.

Other COVID 19 resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

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

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

[NICE resources on COVID-19](#)

COVID-19 and other media

Andrew Buist, chair of Scottish GPC commented in the Daily Herald that it "will be up to us as a country to reflect" on how we provide social care to the elderly in future, as he said the Covid crisis has shone a light on the "difficult situation" faced by care homes.

In an interview with BBC Radio Merseyside, Rob Barnett, deputy chair of BMA's North West regional council, highlighted the mental health impact of Covid-19 on NHS staff. Calling for better support to protect the mental health of the workforce both during and after the pandemic, he said: "You can understand how people feel, they are carrying quite enormous burden on them and actually there's no easy way of offloading" Listen to the interview in full [here](#) from 2 hours and 5 minutes.

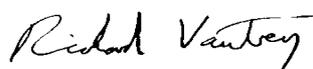
George Rae, chair of North East regional council spoke to BBC Radio Tees to discuss the Covid-19 death rate in the region. He said the pandemic had 'shone a light' on areas like the north-east of England and certain other areas where socio-economic problems were causing health problems. "We need to be sure that this epidemic is can be controlled and therefore that is the testing the tracing the isolating and we really need to be having the local public health expertise here being used here being used to plan and implement this for the future." Listen to the interview [here](#) (from 2h11m).

Northern Ireland GPC chair, Alan Stout, was interviewed on yesterday's [BBC Radio Ulster's Talk Back programme](#) on the latest waiting list statistics.

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

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee