



# Update from the Consortium of Lancashire & Cumbria LMCs

Monday 15<sup>th</sup> June 2020

## Coronavirus (COVID-19) update

### Risk assessment for BAME doctors and other staff

Dr Richard Vautrey, Chair of the BMA GPC, attended a BMA coordinated meeting with representatives from BAME, International Medical Graduate and faith-based medical organisations, to discuss the disproportionate impact of COVID-19 on BAME doctors and other healthcare workers. They all expressed disappointment at the recent [PHE report](#) and its failure to look at the reasons behind the large number of deaths of BAME HCWs or offer any recommendation. As a result the group has written a [joint letter to Government](#) not only to express disappointment in the recent PHE review, but to demand robust risk assessments, sufficient provision of PPE, and comprehensive data to be collected about occupational factors that may put HCWs at risk. Read the [BMA statement about the meeting](#).

Following the [news](#) that a section of the PHE report was left unpublished, the BMA has called on the Government to urgently publish the full report on COVID-19 impact on BAME communities. Read the BMA statement [here](#).

The updated BMA [resource on conducting COVID-19 risk assessments](#) specifies that all doctors should be able to have a COVID-19 risk assessment and sign posts practical actions that should be taken to avoid or mitigate the risks.

The BMA has published a [statement in support of the Black Lives Matter movement](#), reflecting on the inequality, racism and discrimination which Black and ethnic minority people continue to suffer in the US, the UK and around the world. We have received proposals on how LMCs can tackle racism and we will be considering these issues to develop an action plan.

### Shielding

Following the government's updated [guidance which advises that shielded patients can now leave their home](#), and the letter from NHSE/I about the [NHS support to people who have been shielding](#), BMA GPC have updated their [guidance on shielding](#) on the recent changes. This also includes guidance on removing patients from the list of patients at high risk of COVID-19.

The Royal College of Paediatrics and Child Health have updated [their guidance for clinicians identifying children who are 'clinically extremely vulnerable' to severe COVID-19 infection](#).

### After care needs of inpatients recovering from COVID- 19

Please see [attached guidance](#) which covers support to primary care and community health services to meet the immediate and longer-term care needs of patients discharged following an acute episode of COVID-19.





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Extracts from the Second Phase of the response to COVID 19 for Cancer Services - Please see [attached](#)

## Face masks

Following earlier lobbying, the BMA welcomed the announcements that [face coverings will be mandatory on public transport](#) from June 15 and that [face masks and coverings should be worn by all hospital staff and visitors](#), after the BMA made a [statement](#) suggesting that this should include settings where social distancing is not possible.

The BMA GPC believe this must be extended to all healthcare settings, including primary and social care. Whilst all practices have taken major steps to reduce face-to-face consultations, as the number of people attending surgeries increases again, patients should continue to be encouraged to wear a face-covering when attending a practice, which will help further protect staff and patients.

Having a consistent rule across all healthcare settings will avoid confusion for the public and make life easier for the staff and HCWs who will be trying to implement these safety measures. The continued concerns many have about the availability of medical masks in general practice and community settings must be addressed as a matter of urgency and Dr Richard Vautrey has raised this directly with NHSE/I and government. The BMA have also called for clear guidance for the public about what type of covering they need and how to wear it. The latter is particularly important as [WHO updated its guidance on the use of face coverings in public](#), advising that those in vulnerable groups are now recommended a medical grade mask. Read the BMA statement [here](#).

## Guidelines for Workplace Safety During COVID – 19

The LMC have put [the attached guide](#) together as a reference to help you comply with social distancing guidelines within practices.

## Sustainable and environmentally friendly general practice report

GPCE has published a [report](#), developed with support from [Greener Practice](#) and Sheffield GPs, which looks at ways in which Practices can develop environmentally responsible practices

## A new normal - Doctors' lives post COVID-19

The BMAs the [Doctor](#) magazine [published an article](#) where doctors talk about their experiences at work and sets out the actions the BMA is taking to keep doctors safe and learn from the pandemic.

## 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 90%. The DPN, which contains all relevant information on the extraction, is available [here](#). The next extract will take place on 18th June and any practices wishing to be included should register by 17th June.





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## Minimising nosocomial infections in the NHS

NHSE/I has sent out a [letter](#) on tackling infections acquired in the NHS, whether it involves staff, visitors or patients. The letter calls on all primary care contractors to take the following actions:

- To prepare for potential staff absence, providers should review their existing business continuity plans and take actions as required and make arrangements to maintain patient access to services.
- Providers should inform their commissioner when delivery of the full contracted service may be compromised by staff absence due to Test and Trace and work together to put business continuity arrangements in place.
- The provider should update information on patient accessible websites and update the impacted NHS 111 Directory of Services profiles.
- The commissioner will inform the Regional Incident Coordination Centre without delay and work with the provider to implement appropriate business continuity measures.

Note that the flowchart in the appendix on page 8 sets out the actions that providers need to take if there is an incident in general practice. If an incident should happen in general practice, it is important that the necessary funding is available, and BMA GPC will raise this issue with NHSE/I.

## COVID- 19 Pillar 2 lab results flow into GP records

NHS Digital have now implemented a process to facilitate the flow of [Pillar 2 test results](#) from COVID-19 tests undertaken through national testing to GP systems. These will appear in a patient's record as a laboratory test result. The tests will have the requesting GP as G9999981 and GP Surname of COVIDpillar2; this will ensure they are clearly distinguishable from other test results.

BMA GPC have been working closely with NHS Digital and system suppliers to minimise the action required from practices or any subsequent test results manually, enabling bulk filing and automated uploads where possible for test results requested through channels outside of primary care.

- These results do NOT need to be notified to PHE under the notifiable diseases requirement, this has already been done. This will also be clearly stated in the test result.
- NHSE advise that there is no clinical action required on receipt of these results.

See guidance from your supplier in efficiently managing these test results within your system.

## Referral to treatment (RTT) and re-referral

Some patients are declining a hospital procedure for COVID reasons and this is leading to concerns that they would they be discharged to primary care. In response, NHSE/I has referred to their document [Referral to treatment measurement and COVID-19](#), which states:

'If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; this should always be a clinical decision, based on the individual patient's best clinical interest.'







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## Implications for life insurance following antigen and antibody tests

The BMA has published guidance for doctors on life insurance and income protection during the pandemic. This is following a number of doctors having raised concerns about the impact of COVID-19 on their application and how insurers are taking into account the results of antibody and antigen tests for the virus, and after some reports about doctors having their applications for insurance policies deferred as a result of COVID. Read the guidance [here](#)

## Antibody testing

The Daily Mail and [Pulse](#) reported that NHSE has said that any patient can ask their GP for an antibody test when having a blood test for another reason. In response to this Dr Richard Vautrey said there was no obligation to offer antibody testing and that this could increase inappropriate attendance at surgeries. GPs would use their clinical judgement to decide whether to offer patients COVID -19 antibody tests.

## Revalidation

Due to the pandemic, the GMC initially moved revalidation dates by one year for those who were due to revalidate between 17 March and 30 September 2020. Last week, [GMC has written to doctors due to revalidate between 1 October 2020 and 16 March 2021](#) to let them know that their dates will move by one year as well. In addition, the GMC has given Responsible Officers more flexibility to make revalidation recommendations at any time up to a doctor's new submission date.

## Capturing beneficial innovation: call for examples

NHSE/I are looking at the beneficial changes across general practice, PCNs and community pharmacy as we move into the next phase of COVID-19. They are looking for examples of innovation – clinical, operational and system based – to understand which should be kept and protected. If you want to contribute, the following [weblink](#) contains a short series of questions and there is more information in the [attached letter](#). The deadline for comments is Thursday 25 June.

If you have any queries, please email: [england.capturinginnovation@nhs.net](mailto:england.capturinginnovation@nhs.net)

## BMA COVID-19 guidance

The BMA continue to regularly update their [toolkit for GPs and practices](#), which should help to answer many questions on a large range of topics relating to COVID-19. Last week they added a section on [high-risk patients and shielding arrangements](#). There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#).

