



# Update from the Consortium of Lancashire & Cumbria LMCs

Monday 4<sup>th</sup> May 2020

## Coronavirus (COVID-19) update

### NHSEI letter to the profession on second phase of NHS response to COVID-19

[NHSEI has sent a letter](#) to NHS organisations setting out the second phase of NHS response to COVID-19.

With the increase in the number of deaths of patients in care homes there is now a greater need to provide more support for care homes. The letter suggested that one part of this response would be to bring forward key components of the Enhanced Care in Care Homes service, planned to begin in October. However, the BMA were clear with government ministers and NHSEI that this approach was unacceptable. As a result, changes have been made which now stress the importance of supporting practices and other community providers to do what most are already doing, working hard to care for their patients in care homes. This new guidance can be found [here](#). It is important that practices use this guidance, working with others in their area, including the LMC, to do what they can to support their local care homes at this critical time. Read the BMA initial statement [here](#).

With regards to referrals to secondary care, NHS local systems and organisations are advised to step up non-COVID 19 urgent services as soon as possible over the next six weeks. The BMA have been raising concerns about the variation in approaches being taken on this across the country and so NHS Digital has produced [guidance](#) that details the various features of the NHS e-referral service that can help referrals to be managed safely, triaged and processed according to clinical priority.

The letter also responds to the serious concerns raised by the [BMA in a letter sent to Sir Simon Stevens](#) about the need to take action in response to the emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. PHE have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis they recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly. Practices should consider how they can do this and take action to protect members of their team. **The LMC will write a position statement on this in due course.**

It should also be noted that potential new treatments for COVID-19 are being researched and many practices are being approached to take part in this. The letter was also referred to in the [NHSEI primary care bulletin \(29 April\)](#).

### Coronavirus (COVID-19) is a notifiable disease

As [COVID-19 remain on the list of notifiable diseases](#), practices are reminded that all registered medical practitioners, including GPs, have a statutory duty to notify any clinically suspected cases of COVID-19. They should not wait for laboratory confirmation to notify the cases. Read more [here](#).





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## Contractual responsibilities of providing care during COVID-19 pandemic

Following several queries and concerns the BMA have taken legal advice regarding the contractual responsibilities of providing care for patients with COVID-19.

The care of patients within the community with, or suspected of having, COVID-19 is part of the provision of essential primary medical services and a requirement of the GMS contract. Practices not doing this, or if they have inadvertently taken steps where they have stopped providing care for these patients, including not seeing patients face to face in their practice (or another premises such as a hub) or at home when it is clinically necessary to do so, would be breaching their contract.

Guidance on this matter is provided in the [attached document](#) and the BMA have updated their [GP and practice toolkit](#).

## GP and practice toolkit

Updates to the toolkit include a new section on [I&R and IGPR scheme doctors returning to work](#) and contractual responsibilities of providing care during COVID-19 pandemic (in the [service provision](#) section) as mentioned above.

## PPE

The BMA has [launched a 24/7 emergency support helpline](#) for doctors who find their PPE is inadequate and need urgent advice. Call the PPE hotline on 0300 123 1233 or use the [webchat](#).

Read the BMAs latest FAQs: [Refusing to treat where PPE is inadequate](#).

## Identifying high risk patients and shielding

[NHSEI](#) advised that additional people have been flagged to be at highest clinical risk, and letters and text messages are now being sent to this group. Practices are being asked to contact all the people on their patient list who are shielding as a follow-up. It's likely that most practices will have already done this.

The latest update on shielding in the [NHSEI primary care bulletin](#) (27 April) advised that renal dialysis patients should also be shielding. Where they have not already done so, renal units will get in touch with patients, send them a letter and add them to the Shielded Patient List via the regular trust submissions to NHS. It has also been confirmed that splenectomy patients should be included in the Shielded Patient List.

NHS Digital has published a [template letter](#) that GPs can use, if they wish, for patients who self-registered as 'highest risk' but do not in fact fall into the highest risk groups so do not need to be advised to shield. A link to this has also been added to the BMA [guidance for practices about steps to take about the list of shielded patients](#).





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## **Pandemic delivery service**

Patients meeting the COVID-19 shielding criteria need to stay at home and away from community pharmacy and dispensing doctor premises and must be offered a home delivery option for their prescription items unless a family member, friend, relative or volunteer can collect the medicine for them. The NHS (Amendments Relating to the Provision of Primary Care Services During a pandemic etc.) Regulations 2020 came into effect on 27 March 2020 and provide for such an option.

PSNC has published helpful information on their website that includes a flowchart providing an [overview of the Pandemic Delivery Service for pharmacies](#).

## **Self-referrals to the NHS Volunteer Responders scheme**

People who feel they are vulnerable at home during the COVID-19 pandemic and who would benefit from support from NHS Volunteer Responders can now self-refer to the scheme rather than depending on their GP practice or other professionals to refer them.

The number for people to call to make a self-referral is [08081963646](tel:08081963646) – and you can share this with your patients.

The range of professionals who can now also refer people in for support with tasks like shopping, prescription deliveries, biological sample collections and transport to medical appointments has been expanded to include some charities, all emergency services staff, local councillors and MPs.

## **Testing of healthcare workers**

[Extended testing of COVID-19 for primary care staff and household members](#) should now be available in testing sites across the country and access to this is primarily via the [GOV.UK website](#) although some CCGs are continuing to coordinate access if required. The DHSC announced of further [expansion of the testing regime](#) to include testing of all asymptomatic NHS and social care staff and care home residents.

GPs seeking testing don't have to be based at a practice, either: locum GPs can also access CCG-led testing services, or directly order home testing kits. Any staff isolating who need a home test kit should use to the [Employee \(Self-Referral\) portal](#)

For technical issues related to booking tests and results enquiries contact the Coronavirus Testing Helpdesk - [0300 303 2713](tel:03003032713)

## **GP retention scheme**

The lifting of the cap on retained GP sessions has been extended until further notice. Additionally, if you are due for your scheme annual review before the end of September 2020 you may now seek to defer the review until a later date. If you are approaching the end of the scheme you can ask for an extension until the end of September 2020. Further COVID-19 GP retention scheme info can be accessed [here](#)





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## Death in Service benefits

On Monday 27<sup>th</sup> April, the [Government announced](#) the introduction of a life assurance scheme for health and social care workers, including GPs, who die from COVID-19 in the course of essential frontline work, meaning their families would receive a £60,000 payment in compensation. Read the statement [here](#).

Locum GPs are advised to make use of the BMA's practice/provider agreement – [model terms of engagement for a GP providing temporary COVID-19 services](#). This contract is intended to create mutual obligations to offer and accept work between the employer and locum, which is one of the key indicators of whether an individual can access the continuous death in service benefits.

This follows the BMA continued demand for [urgent answers from Westminster](#) to its calls for full death in service benefits available under the NHS pension scheme.

## Reusing of medicines in a care home or hospice

Following pressure from the GPC and BMA, and working with the DHSC and Chief Pharmaceutical Officer's team, DHSC has now published the new [standard operating procedure for EOLC medicine reuse in care homes and hospices](#). The guidance sets out criteria for when and how to run a safe and effective medicines reuse scheme in a care home or hospice during the coronavirus outbreak.

## Updated SOP in the context of coronavirus (COVID-19) for General Practice

The [SOP for General Practice](#) was updated Friday 1 May. Content changes since the previous version are highlighted in yellow.

## Performers List update

The BMA have been informed by PCSE that the Performers List public facing website is currently being tested and is due to go live. The new website will be more interactive than the current site and an individual can do a search and download the search into an excel file. It is encouraged that any GP who has not already done so, to log onto [PCSE online](#) and check their details.

## CQC statement on its regulatory approach during COVID-19

CQC has developed an Emergency Support Framework to help it identify and respond to the increased risks to people, both to those with COVID-19 and those without it, whose treatment and care is being directly or indirectly affected by Covid-19. Read the [full CQC statement](#).

## Health & Wellbeing

The LMC has been working with Alice from Mental Health Learning to bring virtual wellbeing education to you. Alice has recorded a series of videos to help and guide you through this pandemic to ensure you stay positive and get the most of your days. Please see our [website](#) to access these videos. We have also attached links to supporting documents and guides to accompany the videos.

