



Update from the Consortium of Lancashire & Cumbria LMCs

Monday 13th April 2020

Coronavirus (COVID-19) update

PPE update

The BMA continues to put pressure on the Government to provide the necessary PPE all healthcare workers need, through public campaigning, media work and political lobbying. As shown by the results of the [survey](#) the BMA undertook, the majority of doctors do not feel safely protected from COVID-19 where they work.

As a result of BMA pressure, Public Health England published [new PPE guidance](#) which advises that in primary care PPE should include eye protection and should be worn for all contacts. All patients must be assumed to have [COVID-19 infection](#) and it is recommended that they should wear a mask during any face-to-face consultation. Read the [BMA statement in response to this](#).

Identifying high risk patients and shielding

As previously reported, the [CMO letter \(21 March\)](#) asked you to identify additional patients who may be known to your practice as being at highest clinical risk. NHSE/I then advised you disregard this and refer to the most [recent advice](#) provided. This has been further updated with a CAS message from NHSE/I and NHS Digital circulated to practices Friday 10 April describing the specific tasks you should try to do to complete this process and, where practically possible, to try to do this by the end of Tuesday 14 April. Practices are likely to have already completed most of this work using previous data provided to them and may only need to check the most recent lists provided to them via system suppliers to ensure they are as accurate as possible. Some of the work of keeping clinical records up to date will be an on-going task should further information about individual patients be provided by hospital specialists. Details can be found [here](#).

Please also see attached GPC checklist which you may find useful.

[The NHSEI letter on Caring for people at highest risk of COVID-19](#) also advises that, with regards to shielding, it is open to the practice to determine how to treat this group of patients. The letter states that practices should 'immediately review any ongoing care arrangements that you have with these highest risk patients. *Wherever possible, patient contact, triage and treatment should be delivered via phone, email or online.* However, if you decide that the patient needs to be seen in person, please arrange for your practice to contact them to organise a visit to the surgery, a hub or their home as appropriate.'

The Government has also published an [update on their shielding policy and implications for general practice](#). The letter provides further information regarding the management and shielding of patients who are at the highest risk of severe morbidity and mortality from COVID-19.

Standard operating procedures for general practice

The NHSE/I standard operation procedures for general practice has been updated since publication and the latest version 2.1 is [here](#).





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NHS 111 isolation notes

The NHS 111 Online service issues isolation notes to individuals with symptoms of COVID-19 or those having to self-isolate due to residing with someone with COVID-19 symptoms. Employers have received clear [guidance](#) that for all COVID-19 related illness they should accept the Isolation Note as medical evidence to support absence from work and not require employees to get a fit note from a GP.

If an employer asks for fit notes relating to non COVID-19 health conditions for payment of SSP or Occupational Sick Pay, GPs should complete a fit note in the normal way, scan this and email it to the patient, with due consideration of GDPR and with the necessary consent in place. Should an employer insist on a paper copy fit note, this can be posted to the patient.

Advance care planning

The BMA has issued a [joint statement](#) with the RCGP, CQC and the Care Provider Association, about the importance of continuing with advance care planning during the COVID-19 emergency. For those patients who are at greater risk of developing severe illness from coronavirus, discussions about their wishes and preferences regarding future care and treatment has taken on increased importance.

NHSEI has also published a letter from Professor Stephen Powis and Ruth May about [Maintaining standards and quality of care in pressurised circumstances](#).

Temporary arrangements for dispensing doctors during current COVID-19 crisis

[Regulation 61 of the Pharmaceutical Services Regulations](#) now applies, which means dispensing doctors can dispense to patients not on their list where a pharmacy is closed.

Request for GPs to support NHS111 CCAS

NHSEI have developed a national COVID-19 Clinical Assessment Service (CCAS) and are asking GPs for help with it. The service has been set up to manage patients who need to speak to a doctor after contacting NHS111 and support patients to care for themselves at home, as a result helping to relieve the growing pressure on practices. This is an important service that will help support practices particularly as case numbers increase in the coming weeks. They are seeking GPs who are on the Performers List and currently work as salaried or as a GP partner and who can offer to work remotely with shifts available 24/7. However, there is a concern around the low pay rates being offered which do not reflect the level of experience this group of doctors has, and the BMA have raised this with NHSEI.

DVLA medicals

The DVLA has confirmed that they have ceased requesting any form of medical examinations with effect from 24 March. If you have outstanding requests, you can refuse to do them and ask the patient to go back to the DVLA.





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Testing for Health Care workers

The BMA continue to push for testing of GPs and their staff to be rolled out across the country, following the [announcement by the Government](#) that healthcare workers and those they live with will be first in line to be tested when necessary for COVID-19. Although the NHSE/I [letter about COVID-19 testing to support retention of NHS staff](#), advises that staff in initial priority groups such as critical care and emergency departments will be tested first, GPs and their staff should be a priority. Read the BMA statement in response to the announcement [here](#).

Remote consultations

The BMA have updated their guidance on remote consultations which is available [here](#). NHSE/I has also published an [appendix to The Primary Care \(GP\) Digital Services Operating Model](#) to support remote working across general practice during the COVID-19 pandemic.

GMC temporary registration expanded

The GMC has been asked to [grant temporary registration to additional doctors](#) under its emergency powers so that they are able to help with the coronavirus pandemic. An additional 18,800 UK-based doctors will be given temporary registration or have their licenses returned and will be able to work if they choose to. More information about signing up is available on the [COVID Clinical Assessment Service website](#).

Performers list changes

Currently, medical practitioners cannot provide GP services for the NHS unless they are on the GPs performers list. New regulations, to be published shortly, will change so that medical practitioners who are not GPs can provide such services without being on the performers list. This will create the flexibility for non-GPs who have a link to a designated body to be deployed in primary care for the duration of the emergency period, as required. These new arrangements will be removed at the end of the coronavirus emergency period. The GPC and RCGP are working with NHSE to produce guidance for practices on how these doctors may be safely deployed in primary care.

GPs on a devolved nation performers list can now make a 'Fast Track Covid-19' (FTC19) application to join the Performers List, and if approved will be included on the list for the period of the emergency. GPs can make the FTC19 application using an [online form](#). They can also email the national team at england.ftc19@nhs.net

COVID- 19 Cervical Screening Programme guidance for sample takers

The [national draft guidance](#) for providers of sample taking services within the cervical screening programme during the COVID-19 pandemic has been published and is attached. These are guidance notes to support the Screening and Immunisation guidance, which is yet to be published.





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Carrying over annual leave

The current national guidance on carry over of annual leave has been published as a result of the COVID-19 pandemic and can be seen [here](#).

These regulations do apply to GP Practices where it is not reasonably practical to take some or all of their annual leave due to them as a result of the coronavirus. As indicated, it may be carried forward and taken into the 2 leave years immediately following in respect of which it was due to them.

In terms of managing annual leave in the current circumstances it is advisable to take a collaborative and understanding approach with employees to ensure that annual leave arrangements are allocated and agreed in a sensitive and constructive manner that reflects service needs in the present circumstances and Practice needs in the longer term.

Please feel free to contact the LMC HR team if you have any further queries on the matter.

CQC position statement

We have been made aware that CQC have written to registered managers asking for a Regulation 16 death notification form to be submitted for every death due to suspected or confirmed COVID—19. We have looked into this and feel that this is misleading to practices. Please see attached LMC guidance.

Clinical negligence indemnity

The Department for Health and Social Care, NHS Resolution, and NHSE/I have written a letter with regards to the clinical negligence indemnity in response to Coronavirus. They have reassured healthcare professionals and others working in the NHS about the position in relation to indemnity for clinical negligence incidents. [Read the letter here.](#)

IR35 tax deferral

The Government recently published a raft of financial measures aimed at alleviating pressure on businesses and taxpayers due to COVID 19. Among these was the [1 year deferral](#) of the IR35 tax legislation (relating to contactors) to now be implemented in April 2021.

GP trainers and employment tribunals

Following issues raised by LMCs regarding possible GP trainer exposure to Employment tribunal risk, the GPC has worked with Health Education England (HEE) to address this. HEE has written to all GP trainers to provide reassurance. Please see attached letter.

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](#)

