



Update from the Consortium of Lancashire & Cumbria LMCs

Monday 20th April 2020

Coronavirus (COVID-19) update

PPE update

The BMA continues to put pressure on the Government to provide adequate PPE for all healthcare workers, which as shown by the results of their [survey](#), are still lacking and most doctors do not feel safely protected from COVID-19 where they work.

This situation comes despite repeated assurances by the government that additional stock is being delivered to practices, but many areas across the country are still lacking the necessary equipment. The BMA have raised this again with NHSE and Government ministers and have been told there now should be enough supplies available within the wholesale system. However, this does not yet match the experience of practices across the country.

NHSEI has now set up a [PPE supply page](#) which includes options available for primary care, via wholesalers that routinely supply to GPs or through Local Resilience Forums. Other systems are being rapidly tested.

Public Health England's [PPE guidance](#) 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 latest BMA guidance on PPE [here](#) and the [BMA calling for urgent supply of PPE](#).

Identifying high risk patients and shielding

As you will be aware, NHSEI and NHS Digital informed practices on how to complete the process of identifying patients at highest clinical risk. This was set out in the [CMO letter](#) and subsequent [NSHEI guidance](#), where practically possible, practices were asked to do this by the end of 14 April or soon thereafter.

Many practices will have already completed most of this work using previous data provided and may only have needed to check the most recent lists provided to them via system suppliers to ensure they are as accurate as possible. However, 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 or if patients develop new conditions that require them to shield. Find more information in this [letter from NHSEI and NHS Digital](#). If you have any questions, contact the NHS Digital Shielded Patients List Hub: splquery@nhs.net

The BMA have published [guidance for practices about steps to take about the list of shielded patients](#) and those that have self-identified through the Cabinet office site.

The Government's [COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable](#) has been updated.





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Testing of healthcare workers

The BMA continue to push for testing of GPs and their staff to be rolled out across the country as a matter of priority, following the NHSEI [advice](#) that staff in initial priority groups such as critical care and emergency departments would be tested first. The [NHSEI bulletin](#) advises that plans have been outlined on widening testing of COVID-19 for primary care staff and household members, this should now be available in testing sites across the country. Access to this is being coordinated by CCGs and practices are advised to contact their local lead if testing is required.

BMA COVID-19 contract for temporary engagements

The BMA has produced a [model contract with terms for the engagement of a GP providing temporary COVID-19 services](#). The model terms are intended to provide practices with the ability to flexibly employ additional GPs to deal with the demands of responding to COVID-19. It is aimed at locum GPs in order to provide access to employment benefits such as maintaining continuous coverage of death in service benefits while supporting COVID-19 services and access to the employer's occupational sick pay and annual leave entitlements.

NHS111 CCAS appointments

The latest [NHSEI preparedness letter \(14 April\)](#) highlights that the recent amendments to the GMS regulations, will increase the minimum number of appointments that practices must make available for 111 direct booking and all practices must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service.

The BMA have raised concerns with NHSEI and NHS Digital about these figures and the proposed process. They have clarified that there is a difference between the current NHS111 appointments, which were used to book into practice appointment systems for patients that do not have COVID-19 related symptoms, and the new national CCAS which is staffed by clinicians. This is intended to take the pressure off practices by dealing directly with many of their patients with COVID-19 related symptoms. The CCAS service is additional capacity to support practices and should reduce the number of patients the practice has to deal with directly.

Patients should not be told by CCAS that they will be phoned back at a particular time, as per the nominal appointment slot they may have been put in to. The appointment slots are a technical way of transferring patients from CCAS to the practice. It is for the practice to determine how they respond to the patients who have been transferred to them. Practices may, therefore, set up a separate triage list that they monitor during the day alongside whatever their normal arrangements are for managing patients who have contacted the practice directly.

JCVI statement on immunisation prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) has published a statement on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease during the COVID-19 outbreak. Read the full statement [here](#).





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Returning GPs

The GMC have now [granted temporary registration to retired doctors](#) so that they can return to practice and help with the coronavirus pandemic. However, due to overwhelming numbers who have applied to get involved, there have been delays to returners being added to the system after relicensing. The BMA are working with NHSEI and the government to encourage them to speed this process up as much as possible.

The BMA has published a [joint letter](#) with RCGP regarding returning GPs as well as [guidance for returners](#).

GP Induction and Refresher scheme and International GP Recruitment Scheme

As reported last week, [new regulations](#) have been published which enable medical practitioners who are not on the performers list to provide GP services during the pandemic. Those on the GP Induction and Refresher (I&R) or International GP Recruitment (IGPR) schemes, can use the Fast Track COVID-19 application process to seek approval to be added to the Performers List for the duration of the COVID-19 crisis.

Some doctors who had been pursuing the I&R and IGPR routes into general practice had been left unable to work due to the cancellation of the MCQ and Simulated Surgery Assessments.

The online application form can be accessed [here](#) while questions about the application process should be directed to the NHSE national team using england.ftc19@nhs.net. NHSE will be contacting all scheme applicants and inviting them to make a Fast Track application.

If a doctor decides to pursue this route, they must continue with their standard application alongside the Fast Track process. The evidence obtained during the COVID-19 period may be used to support full inclusion on the Performers List. While this may negate the need for any additional assessment or supervised placement, some doctors may be asked to complete the standard programme when the COVID-19 crisis period is over.

GP retention scheme

NHSEI has extended the relaxation of the maximum number of in-hour sessions retained GPs can conduct until further notice so they can contribute to the COVID-19 response. For the retained GPs due for their scheme annual review, CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

Retained GPs are encouraged to contact their HEE local scheme leads if they require any support.





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Dispensing delivery services

The letter on [Home delivery of medicines and appliances service during the COVID-19 outbreak](#) from the Chief Pharmaceutical Officer and NHSEI, outlines changes of essential services for dispensing doctors. Due to the [emergency changes to GMS contract regulations](#), from 9 April, community pharmacies and dispensing doctors provide a home delivery option service for shielding patients.

Referrals to secondary care

Following concerns GPCE has been raising about the risks to patients of practices not being able to make referrals when necessary, the recent [NHSEI Primary Care bulletin](#) advises that GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds. GPs should also continue to use specialist advice and guidance where available to inform management of patients whose care remains within primary care including those who are awaiting review in secondary care when appropriate. Further NHS guidance will be published advising secondary care to accept and hold clinical responsibility for GP referrals.

NHS staff absence tracker

NHSEI has launched a [new staff absence tracker service](#), which is a tool for staff and managers to report COVID-19 related absence from work and subsequent return to work. It will provide a source of national data on the absence rate in general practice that will allow them to better target support.

NHS Volunteer Responders: open to referrals from health professionals

NHSEI has published [guidance for health professionals](#) about the NHS Volunteer Responders programme and how to refer patients for support who are considered to be vulnerable and at risk.

Any member of practice staff, not just GPs, can make the referral, by using their nhs.net address. You can refer people who are at very high risk from coronavirus where no local support is available. You can continue to use your local schemes where they exist and please speak to your patients if in doubt about whether they require support.

Requests can be made via the [NHS Volunteer Responders referrers' portal](#) or by calling 0808 196 3382. Read more about how the referrals work [here](#)

Wellbeing

At times of crisis it is vital that we all look after our emotional as well as physical health. The LMC have the GP Support Scheme which is a free and confidential peer support service for all GPs across Lancashire and Cumbria. Please get in touch with [Maria](#) for more information.

PHE have launched a new campaign to support people to manage their mental wellbeing during the pandemic, using [Every Mind Matters self-care resources](#)

