Statement from the 5 LMCs in Lancashire & Cumbria to all GPs

Your LMCs are working tirelessly behind the scenes supporting and advising practices in these extreme times. They are engaging with PCNs, CCGs, Secondary Care and NHSE to influence and ensure the voice of general practice is clearly heard and that primary care is protected and supported.

On Tuesday night the Chairs and Vice Chairs from all 5 LMCs met (virtually) to discuss issues of priority regarding the COVID 19 situation and its main implications for general practice. We spent a great deal of time debating key issues, comparing what was happening in different CCGs and challenging each other on local interpretations. At the end of this process a consensus emerged on a number of key issues as follows:

PPE

We acknowledge that this has been a major issue across the nation and there have been many examples locally of supplies not being delivered or being insufficient. This is slowly improving but, in our view, should not have happened at all.

We are also conscious that front line staff are extremely vulnerable to become infected if they do not have the right protective equipment. GPs and their staff should not put themselves at risk by interacting with patients without the appropriate protective equipment and procedures. In this current situation of "Total Triage" we envisage that the number of patients requiring a face to face interaction will be very small, of the order of 1 – 2 per 100 consultations. The simple adage "No PPE – No See" has been adopted in many areas and is one that needs to be considered by every clinician placed in a vulnerable position.

In these situations, it is our considered opinion that GPs and their clinical staff should follow PHE Guidance on the use of PPE to ensure it is available in situations where it is most needed. Currently this guidance is:

The recommended PPE ensemble for healthcare workers within a metre of a patient with possible or confirmed COVID-19 is:

- **Fluid repellent facemask**
- **Apron**
- **Gloves**
- **Eye protection**

Furthermore, we would advise that at this stage all patients and members of the public should be treated as potential COVID carriers.

It is an absolute priority that Hot sites, red hubs or whatever these are being called locally have the quantity and quality of PPE that they need. This also applies in situations where clinical staff decide that a home visit is necessary.

Equally as important as having the right PPE is wearing and taking it off in the correct manner. Attached to this bulletin is a separate document detailing how this should be done. Of particular note:

- Bare below elbows is recommended and regular washing of hands and forearms.
- Removal of the PPE is the time of most risk according to experts and especially important not to put hands near mouth at any time. Wash hands and forearms straight away after taking off PPE.

If any GP or practice has any issues over PPE, please do not hesitate to contact the LMC office.

Hot Sites and Home Visiting

There is much debate about how to configure services to respond to the challenge ahead of us, protect our staff and provide the best service we can in the circumstances. The situation is also changing rapidly in the light of experience. We are not advocating any particular model as this will need to be developed locally, taking into account geography, facilities and levels of collaboration. What the LMCs will do is support Primary Care Networks in the plans that they develop and give whatever assistance we can.

We do have access to protocols and guidance that are being developed across the country and are happy to share these as they become available if they are useful. We normally post these on our LMC web site.

It is evident that a major challenge will be to provide essential services in the community for those patients not able to be admitted to hospital or those discharged prematurely. A significant proportion of this work will be end of life care and we are gathering together good practice guidelines and treatment regimes that will be appropriate in these circumstances. Care homes will be particularly challenging.

The community care providers have a major role to play in this service and it is vitally important that PCNs have close working relationships with their community teams, including palliative care to provide a total MDT delivered service.

Secondary Care Interface

As secondary care is preparing for the increased demands they will face they have cancelled all routine referrals and requests for diagnostic tests. We are aware of inconsistencies in the way that this is being managed across Lancashire and Cumbria and are pressing for a clear and consistent approach. We do not believe that existing referrals should be passed back to general practice as there is a danger that patients will become lost to the system. Referrals should be held in the hospitals and specialist services where they have been received to be resurrected once this crisis is over. There also needs to be some consistency in what is deemed to be an urgent referral or request for a diagnostic test. We would welcome national guidance on this, which we believe is being prepared.

Funding

The face of general practice in terms of the range of services and contacts previously provided and funded has changed beyond recognition as a consequence of this pandemic and is likely to change further. Local health communities are sometimes getting into difficulty in reach agreement on what extra services can be developed and funded, such as the hot centres and acute visiting services and there is a danger that this can lead to delay.

We would encourage practices, PCNs and CCGs to reach agreement on a flexible approach to funding. Quite clearly there is an existing envelope of resources associated with primary care, not all of which is now being spent as originally intended. This situation will remain for the foreseeable future and the resource envelope needs to be protected and applied to the emerging service delivery models. Some of the initiatives will be using the existing workforce but deployed in a collaborative model rather than at individual practice level. This would not necessarily require additional resource.

Nevertheless, there will be extra costs associated with the ramping up of the primary care response and also extra costs in providing locum and other cover as staff go off sick, have to go into isolation, or are seconded to one of the new services. Practices and PCNs will need to keep records of such additional expense as a call on the COVID Fund established by the Government.

The Coronavirus Act 2020 s86 states:

(1) There is to be paid out of money provided by Parliament—

(a) any expenditure which is incurred by a Minister of the Crown, government department or other public authority by virtue of this Act,

(b) any increase attributable to this Act in the sums payable by virtue of any other Act out of money so provided, and

(c) any other expenditure which is incurred by a Minister of the Crown, government department or other public authority in connection with the making of payments, or the giving of financial assistance to a person (whether directly or indirectly), as a result of coronavirus or coronavirus disease.

The LMC interpretation is that if independent contractors “a person” have to employ additional staff to backfill those away from work due to shielding, self-isolation or social distancing then this expenditure would be reimbursed by NHSE/CCG (public authority).

Conclusion

These are trying times for all of us and service plans are being developed and then changed on a daily basis. We would like to pay tribute to all GPs who have, and will continue to rise to the challenge, either in service delivery, managing the practice or working at PCN level to establish robust arrangements to deal with the unfolding crisis.

We, the LMCs, are here for you and will give you whatever support we can.