

27th March 2020

Covid-19 Update from the Chair of the BMA

Please see a COVID-19 update from the BMA's Chair of Council, Chaand Nagpaul, [here](#).

High Risk Patients

By now you will have been notified of those patients most at risk from infection who are registered with your practice

<https://www.england.nhs.uk/coronavirus/publication/guidance-and-updates-for-gps-at-risk-patients/> and these patients will have been written to. There is scope for GPs to add to that list based on local knowledge in line with the guidance. However, please carefully consider who to add – the RCGP issued further guidance on this:

<https://www.rcgp.org.uk/-/media/Files/Policy/A-Zpolicy/>

Specialist consultants have also been written to advising them of next steps.

The action required by GPs includes:

- Reviewing their care plans, adapting them where needed or appropriate, including undertaking any essential follow-up. This should be done remotely where possible.
- Helping patients receive their medicine supplies regularly by helping them to arrange electronic repeat dispensing and enlisting the support of local resource (this could be co-ordinated through your social prescribing link worker or equivalent) and voluntary sector partners to collect and deliver.

Those people most at risk have been advised to access help by visiting www.gov.uk/coronavirus-extremely-vulnerable. You can refer people to receive the support of an NHS volunteer responder via

www.goodsamapp.org/nhs. We have had a fantastic response from the public and we strongly encourage you to use this service.

- Speaking to patients (remotely where possible) who have an urgent medical question relating to their health and/or pre-existing condition (they may also need to contact their specialist consultant directly).

Please also see below the latest update we have received on identification of vulnerable patients today:

Earlier this week we [wrote to you](#) regarding the process for identifying and supporting patients at highest clinical risk from coronavirus. We have received a number of questions about this process and are producing an FAQ document which aims to answer as many of those queries as possible. In the meantime, the information below covers some of the key issues that most of you have raised with us:

- All [patient letters](#) generated by the central process have now been distributed and should have been received via Royal Mail.
- In line with the letters from [Chief Medical Officer](#) (CMO) and [NHS England and NHS Improvement](#), all patients included in the CMO defined cohort that could be identified through centrally available data should have been flagged in practice IT systems.
- GPs should have received a report from their system supplier. This report can be run locally on your practice IT systems – you will not receive separate notice about this.
- If your practice have not yet got your patient flags, or report, please contact your IT system supplier and let us know immediately, via: England.covid-highestrisk@nhs.net Please do not send any lists of patients or other patient identifiable data to this email address
- We knew the data in the initial extract would not be complete due to the limitations of centrally available data. Next week, NHS Digital will update the original cohort and identify some additional patients based on GP data. Any additional patients identified will be flagged in GP systems in the same way as the original cohort and practices will have an updated report in their system.
- After this next update, we would like practices to review the list for accuracy and identify any additional patients who meet the CMO's original criteria but are not included amongst those identified. We will provide further details of how this should be done via GP system suppliers.
- As set out in the [CMO letter](#) and subsequent communications from Royal Colleges, there may be other patients, not included in the original CMO cohort, that GPs consider to be in the highest risk category and who should be advised to shield.

- **Please do not run searches to identify these cohorts at this stage. NHS Digital and ourselves will be in touch next week to confirm how this process can be streamlined for GPs.**
- In the meantime, please start to consider specific patients within your practice who may fall into this category of extremely vulnerable on medical grounds. We expect this to be small numbers; shielding will only be effective if we focus these most stringent protective measures on those at the highest clinical risk.

NHSEI Update

Please note following communication which went out in NHSEI newsletter today:

Earlier this week we [wrote to you](#) regarding the process for identifying and supporting patients at highest clinical risk from coronavirus. We have received a number of questions about this process and are producing an FAQ document which aims to answer as many of those queries as possible. In the meantime, the information below covers some of the key issues that most of you have raised with us:

- All [patient letters](#) generated by the central process have now been distributed and should have been received via Royal Mail.
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Digital isolation note

A digital isolation note created by the NHS and DWP is now available to provide patients with evidence for their employers that they have been advised to self-isolate due to coronavirus, either because they have symptoms or they live with someone who has symptoms, and so cannot work. The notes can be accessed through the [NHS website](#) and [NHS 111 online](#). After answering a few questions, an isolation note will be emailed to the user.

PPE

The BMA [wrote to the PM](#) last week calling for this to be urgently resolved, as well as demanding that testing be made available for HCWs. This week [BMA demanded answers](#) about PPE from the Government, and Chaand Nagpaul, BMA chair of council, made this [statement](#).

As a result of the pressure from GPC and LMCs, we have finally secured some action in delivering PPE to practices. The messaging on the helpline has now changed. The National Supply Disruption Response was designed to deal with supply disruption in the event of no-deal Brexit and is now focussed around the distribution of PPE. Additional stock, following the initial delivery a few weeks ago, has been placed with distributors and wholesalers (such as Phoenix/ DCC Vital/ Williams) to enable GP practices to order through their BAU routes.

NHSEI and DHSC are working with the military to enable swift movement from pandemic stockpiles into distribution centres to fulfil demand.

For more immediate short term issues NSDR are able to issue 'pre-packed kits' with a minimum of (100 Type IIR facemasks; 100 aprons and 100 pairs of gloves) within 72 hours. **Primary care providers who raise requests for kits through NSDR must to be able to make arrangements to receive emergency delivery of these 'pre-packed kits' outside of**

business hours. They are focussed on providing swift responses to meet gaps until scheduled deliveries arrive; and until orders with wholesalers through BAU are back up and running. The National Supply Disruption Response 24/7 telephone helpline is [0800 915 9964](tel:08009159964).

We are also expecting an NHS-wide statement on PPE from the CMO to be published imminently.

Two main issues were addressed in the NHSE webinar this afternoon:

Supply chain issues

- Military involved and supporting parallel supply chains, operational by Monday
- Dedicated Covid PPE supply chain and specific contact line
- Practices need to be able to receive stocks outside business hours if required
- There will be a 24hr hotline for emergency small scale deliveries
- Hand gels will be delivered by same supply chain and major production increase underway

PPE Guidance

- Aerosol generating procedures are considered high risk and require FFP3 masks and fit-testing
- All other contacts apparently just require normal surgical masks
- Aerosol generating procedures require high pressure and predominating these occurs in hospital, aerosols can stay in the air for up to 30 mins hence greater infectivity, whereas coughing produces droplets which fall to surfaces immediately, therefore as we see the latter in GP then surgical masks for patient/clinician are thought to be sufficient - we are told 95% effective compared with 99% effective. Thus the national advice is that for all patient contacts within 1 metre face masks should be worn as risk is from droplet spread.
- Throat examinations produce droplet rather than aerosol spread so masks need to be worn with addition of visor/glasses

Emergency access to GP Connect capabilities

Arrangements have now been made for practices to request emergency access to GP Connect capabilities, that can be used if a practice has to close due to the Coronavirus outbreak and patients are being treated at another practice which uses a different IT system. Read the [NHSD guidance here](#).

NHS regulations – amendments relating to primary care during a

pandemic (England)

The [NHS Regulations amendments relating to the provision of Primary Care Services during a Pandemic 2020](#) have now been published. The amendments include:

- provision to allow for opening on bank holidays and Easter weekend
- provision to prevent remedial action in the event of a breach
- provision to allow an increased number of bookings from NHS111
- provision for dispensing doctors and pharmacies to delivery medicines to patients

Emergency COVID-19 bill and Easter opening hours

The [Emergency COVID-19 Act](#) has now become law. In addition [emergency changes to GMS contract regulations](#) published yesterday, require practices to be open on Good Friday and Easter Monday, as it is expected that this bank holiday period will coincide with a peak in activity. We are working with NHSE/I about the details of this and will provide more information as soon as possible.

Death Certification and Cremation Forms

GPC are liaising with the DHSC to clarify as quickly as possible what the new procedures will be following yesterday's passing of the [Coronavirus Act 2020](#) for certifying death and cremations. NHS England and MOJ guidance is imminent. In lieu of this the General Register Officer has issued a letter with guidance on the measures which can be found [here](#).

We have attached [interim guidance](#) from the Ministry of Justice with regard to changes around death certification and cremation forms. Please do read this as it is a great summary of the changes you can expect now that the Coronavirus Bill has passed.

Please also see the message below from our Registration and Coroner Service Manager:

If you have not already done so, please can you begin scanning all MCCD's for deaths occurring in Worcestershire to the email address detailed below. Please can you scan both sides of the form ensuring the information is clear, especially the cause of death and the name of the doctor signing.

We also need to have the GMC number of the doctor and a contact number for them or a direct number for the surgery should we have any questions.

You must then retain the original MCCD until such times as we request that they are sent to us.

For your information, the form we give to families to arrange the funeral will be sent directly to the funeral director.

Should you have any questions, please do not hesitate to get in touch

EMAIL ADDRESS FOR ALL MCCD's

RegistrationCoronerF@worcestershire.gov.uk

Workload prioritisation

The BMA have published joint guidance with the RCGP on *workload prioritisation for clinicians in general practice during COVID-19*. This should be read alongside our [own guidance on prioritisation](#) published last week, where we advise practices to prioritise the urgent needs of their patients and do so in a safe way that protects the workforce. As this is a rapidly developing situation it is possible that this guidance will need to be updated and we will inform you if that is necessary. Read the guidance on the [RCGP COVID-19 hubpage](#).

Retired doctors and returning on performers list

Last week, the [GMC](#) wrote to the doctors who have retired in the last three years to ask if they would be willing to return to practice to provide support during the pandemic. This week they have written [a joint letter](#) with NHSE/I and the Royal College of GPs, to GPs specifically to let them know how they can help if they would like to, including letting people know how they can ask to be temporarily registered on the Performers List.

The MDOs have waived their fees for retired doctors returning to work – read more on their websites:

[Medical Protection](#)

[Medical Defence Union](#)

[MDDUS](#)

The problem of returning doctors being directed to attend practices to validate their documents, highlighted by practices, has now been resolved. The BMA has agreed with the Home Office that this will be done virtually with the doctors concerned using a video link to show any required documents. There is no need to do this via practices any longer. If a GP presents at your practice please give them this information.

Remote consultations and homeworking

The BMA has published [guidance to support doctors in any healthcare setting to conduct remote consultations during the pandemic](#).

A new [BMJ article on remote consultations](#) provides a very helpful summary

on how to do these as effectively as possible and also underlines the importance of reducing face-to-face physical consultations to an absolute minimum.

QOF calculations in England 2019/20 and 2020/21

NHSE/I has published a [letter](#) confirming that calculations for QOF 2019/20 will be made as usual, and will be analysed to understand the impact of Covid-19. This letter also committed that NHSE/I will ensure that all GP practices in 2020/21 continue to be paid at the same rates.

State Backed Indemnity Scheme

A letter regarding the State-backed clinical negligence scheme for general practice (CNSGP) has been released.

The letter relates solely to business as usual activities. Indemnity arrangements in relation Covid-19 are covered in other specific communications. NHS Resolution have also published further information with regard to indemnity during the Covid-19 pandemic responses <https://resolution.nhs.uk/2020/03/19/covid-19-and-business-continuity>. The letter can be found on the LMC website - see below.

Wellbeing

Many of you will have to make some difficult decisions in the coming weeks and may understandably struggle with this. Indeed our new way of working may be challenging for many of you. Please do make use of the [mentoring service](#) which has been repurposed and is now there to aid difficult decision making and is a way to "debrief" should you need it. It is available to all GP and PMs. Please see some Ethics [FAQs](#) from the BMA which may be of use.

An Update from the LPC

I was able to have a useful conversation with Fiona Lowe Chief Operating Officer of Worcestershire and Herefordshire LPC. She has some useful information on how pharmacies are coping and what we might expect for our patients. There is a link below to a summary of the discussion which I hope is helpful.

Referrals Advice from the Acute Trust

Please see attached WAHT Activity report which states what we can expect from the Acute Trust in terms of referrals, Advice and Guidance and Outpatient appointments.

Engagement of locum GPs

As general practice continues to adapt and prioritise the delivery of services in relation to coronavirus, we are aware that many practices with existing

engagements with locum GPs are continuing as best as possible to honour these commitments and to find equitable arrangements for the division of work. During this stressful time it is important that the workforce continues to pull together and support each other. Where there is uncertainty over the ability to honour existing commitments, please continue to engage at the earliest possibility to find collaborative solutions.

Guidance for employers on COVID-19 Job Retention Scheme

[Guidance for employers on the Coronavirus Job Retention Scheme](#) has now been published. It is designed to support employers whose operations have been severely affected by COVID-19, however it states that public sector and publicly-funded will generally not be eligible for the scheme.

Medication and specialist advice during the COVID-19 pandemic

UCL Hospital's Medicines Information Service have put together a list of useful links that outline the significant number of guidelines produced to support medication advice for patients. The document can be found [here](#).

BMA ethical guidance on COVID-19

The BMA has now published ethical guidance on COVID-19 - access it [here](#). The RCGP will be bringing out further, primary care specific guidance shortly and the BMA will be bringing out more detailed guidance once the CMO has issued its guidance on prioritisation and triage.

Please do get some rest this weekend. Remember that we face the challenges ahead together. This has been evidenced this week by the collaboration and innovation of all of our GP Providers in their various forms. Long may that continue.

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk during the recently:

[Mentoring Poster](#)

[GP Preparedness Letter 27.03.2020](#)

[Joint Statement from APCC, Cremation Society, FBCA, ICCM Coronavirus Act 2020 \(Commencement No. 1\) Regulations 2020](#)

[Occupational Health Advice for Employers for Pregnant Women](#)

[Covid-19 - Facts about Ethics](#)

[GP Returners Scheme](#)

[Pharmacy Update](#)

[BMA PPE Update](#)

[CHIEF CORONER GUIDANCE – COVID-19 26th March 2020](#)

[COVID-19: Managing the COVID-19 pandemic in care homes](#)

[CCG Practice Reimbursements Costs](#)

[CCG Practice Claim Form](#)

[Guidance for the care of the deceased with suspected/confirmed Covid19](#)

[DVLA Guidance re Coronavirus](#)

[GPCE - PCN DES Guidance 2020](#)

[Death Certification Flowchart 2020](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

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WYCHAVON: Dr D Herold
Dr J Rankin
Dr R Kinsman

MALVERN: Dr P Bunyan
Dr B Fisher

WORCESTER: Dr F Martin
Dr C Whyte
Dr R Benney

Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Dr E Shantsila (North)
Dr K Wiltshire (South)
First5 Rep: Dr M Venables
Co-opted Rep: Dr R Williams
Non Principals: Dr W Safdar

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All 20 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 30th April 2020
Herefordshire – tbc