

3rd April 2020

Please see a [letter](#) for your attention from Worcestershire LMC Chairman Dr Shaun Pike

GP COVID-19 preparedness update (England)

GPC England has published a [GP preparedness guide](#) to help guide practices to safely support delivery of health care within the current extremely challenging and pressurised environment. We have set out four key principles to work towards:

- Health Care Worker safety is paramount.
- By protecting health care workers we protect patients
- Do everything possible to reduce infection transmission
- Procedures and pathways should be evidence based

The guidance includes advice on proactive care, repeat prescribing, workforce planning, PPE, death certification and cremation forms.

Contract Changes (England)

Annual contract changes were made on 1 April 2020. Whilst most of the requirements have been suspended, funding guarantees have been provided. Global sum will increase to £93.46, and the new value of a QOF point will be £194.83. Other measures will also come in, but practices will rightly be focussing on COVID-19 issues rather than contractual requirements. [Read our guidance for practices.](#)

Primary Care Network DES guidance

The revised [PCN DES](#) commenced on 1 April 2020. Given that the climate and the pressures have changed significantly since the original specifications were agreed, the focus of the PCN DES is now to mainly support practices to increase their workforce and deal with the national emergency of novel coronavirus (COVID-19) and [many elements of the DES have been](#)

[suspended](#). GPC England has produced this short guidance to support practices to work together locally by navigating the DES in a straight forward manner. Read the guidance [here](#).

Death certification and Cremation Guidance

Following the introduction of [Coronavirus Act 2020](#), new measures have come in to manage and relax the processes around death certification and cremation. [NHS guidance](#) has now been published – this can also be found on the [death certification webpage](#) page alongside other relevant guidance for all four nations.

We now also have an update from our Coroner. Please follow this [link](#) to a message from the Chief Coroner for Worcestershire Mr Reid regarding the certification of death and cremations during the Covid-19 Crisis.

Identifying high risk patients (England)

We are aware that some of you have not yet been provided with the list of who your at risk patients are and we have escalated this to GPC. GPC has told us today that new lists are due to come out imminently.

As we reported last week, the [CMO has published a letter defining those](#) at high risk of contracting COVID-19, which communicated a need for General Practice to identify and write to group 4 patients.

We also published joint guidance with the [Royal College of GPs](#) on *Vulnerable Patients – Role of General Practice during COVID19*, which has now been withdrawn pending an update on the process for identifying and contacting patients in Group 4 (other high risk patients with complex / severe multimorbidity). We expect further formal guidance in terms of next steps for identification of group 4 patients to be communicated shortly.

Indemnity during COVID-19

There is a joint [letter](#) from the Department for Health and Social Care, NHS Resolution, and NHS England and NHS Improvement regarding clinical negligence indemnity in response to Coronavirus.

Difficult Decision Making

Please see below advice from the Lead for Ethics and Law at Manchester University. It is sound advice and worth taking note of:

There are a few things, from a medico-legal perspective, that you can do to protect yourself and your teams during the COVID crisis. I would recommend the following:

- Acknowledge where the care you are able to offer deviates from your usual high standard of care
- Make difficult decisions together. I would recommend this for all End of Life decision-making especially, but there will be other situations that will be shouldered more easily as a team too
- Capture in the notes the context within which you are making decisions, explaining how and why you are doing what you are doing
- wherever possible, explain to patients and families the constraints that you are working under and why you are having to make the decisions you are
- where there is uncertainty, and you choose not to escalate to hospital care, acknowledge that small risk eg presumed tension headache versus SAH and a decision not to refer up for imaging
- still attempt onward referral where clinical urgency requires it eg if a patient is collapsed or has an acute abdomen. If there is a delayed or altered response due to pressures elsewhere in the system, you have still tried to do your very best
- make it clear in the notes when your preferred options are not available, whether this is to do with community provision, medicines supplies or onward referral
- keep records that demonstrate the circumstances at that moment eg '12 hour wait for an ambulance' or 'no ICU beds in region'. It is easy to judge in retrospect without this context and
- most importantly, get up each morning knowing that you are human, and can only do your best

You can find information on our local Mentoring Scheme [here](#). The scheme has been repurposed to support you with difficult decision making and is a means of debriefing should you need it. It is available to GPs and PMs. Thank you to those of you who are making this scheme possible.

We have attached some useful information on total triage models and online consultations which we think is useful.

PPE

LMCs and GPC have been repeatedly raising the widely held concern about Public Health England's PPE guidance. GPC have been working with the Academy of Medical Royal Colleges and others to encourage PHE and the UK Chief Medical Officers to bring the UK guidance in line with [WHO standards](#). As a result of the pressure [new Public Health England PPE guidance](#) has now been published, and includes advice for primary and community care providers. It is now explicit that in primary care PPE should include eye protection and PPE should be worn for all contacts. We have called on the Government to ensure rapid delivery of eye protection to all practices and

they have committed to do this. All patients must be assumed to have COVID-19 infection and it is now recommended that they should wear a mask during any face-to-face consultation. In addition, scrupulous hand hygiene is vital for self-protection and Dr David Farren, a consultant in infection control, has produced [guidance](#) on this.

As you know we have been able to source and supply FFP2 masks for red site use. Thanks to SW Healthcare who have now distributed this across all PCNs. This is **above** the level of protection recommended and supplies also include eyewear. We are grateful to the CCG who have agreed to reimburse the money taken from LMC reserve funds for this purpose.

Repurposing Industry

Yesterday the BMA and other [health and manufacturing unions joined forces in the call for a manufacturing army to keep UK workers safe from virus harm](#). They called for Government to unleash a national effort to produce the protective equipment millions of key workers desperately need to keep safe during the health crisis. They were joined by industry federations ADS Group and the British Printing Industries Federation who said that manufacturing capacity currently furloughed or underutilised should be repurposed amongst the UK's world leading manufacturers to produce the PPE kit desperately needed by our NHS, social care providers and other front-line workers across UK industry.

Testing

Following the announcement by the Government about testing HCWs, the NHSEI [letter to CCGs about COVID-19 testing to support retention of NHS staff](#), advises that, in the first instance, staff in initial priority groups such as critical care, EDs and ambulance services, who are unable to work will be tested. This will then be rolled out more widely. Read the BMA statement [here](#).

Easter Opening Hours

The [emergency changes to GMS contract regulations](#) published last week, 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 in many parts of the country. It is disappointing that, with just a week to go, funding arrangements have not yet been made for this in England, although NHSE/I have committed that practices will not suffer financial detriment as a result of opening each day. GPC have been clear that is [necessary](#) to support practices properly.

LMC Website

The following guidance has been added to the LMC website

www.worcslmc.co.uk during the recently:

[NHS ADVICE ON HOW TO ESTABLISH A REMOTE 'TOTAL TRIAGE' MODEL IN GENERAL PRACTICE USING ONLINE CONSULTATIONS](#)

[CCG GP PREPAREDNESS LETTER 270320](#)

[CEM CMO – INDEMNITY](#)

[COVID-19 GUIDANCE OF PPE 020420](#)

[NHS COVID-19: PPE GUIDANCE UPDATE 02.04.2020](#)

[JOINT LETTER: CLINICAL NEGLIGENCE INDEMNITY IN RESPONSE TO CORONAVIRUS](#)

[COVID-19 PPE POSTER](#)

[MESSAGE FROM THE CHIEF CORONER WORCESTERSHIRE 030420](#)

[DEATH CERTIFICATE COVID-19 FLOWCHART](#)

[VULNERABLE PATIENTS FAQS PATIENTS](#)

[VULNERABLE PATIENTS FAQS CLINICIANS](#)

[LPC UPDATE 030420](#)

[RETIRED GP RETURNING TO PRACTICE](#)

[SUPPLY ISSUES UPDATE 030420](#)

[REMOTE REVIEW OF LONG TERM CONDITIONS](#)

[CCG EASTER OPENING LETTER 030420](#)

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.

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All 20 practices are represented at Committee Meetings

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

The next LMC meetings will be:

Worcestershire – 30th April 2020
Herefordshire – tbc