

**10<sup>th</sup> April 2020**

## **Good Friday and Easter Monday Reimbursement Rates**

NHS England have published the information regarding Good Friday and Easter Monday payment rates.

Where it is determined that a practice must open on Good Friday or Easter Monday, practices can seek reimbursement for additional staffing costs incurred on these days, in line with the respective rates as set out below. That includes:

- Sessional GPs: up to a maximum of £250 a session or £500 per day;
- Overtime for salaried GPs in line with the individual's contractual arrangements;
- Additional capacity from GP Partners to recognise up to two additional sessions on each of Good Friday and Easter Monday at a rate of £289 per session plus applicable employer National Insurance and pension costs;
- Overtime for non-GP practice staff in line with the individual's contractual arrangements.

The CCG will reimburse for Good Friday and Easter Monday each PCN, 3 sessions at both the Red and Amber sites (recognising practices are working more than 2 sessions). Please staff the Blue/Green sites sensibly depending on practice demand. Please submit your claims to: [hw.primarycare@nhs.net](mailto:hw.primarycare@nhs.net)

The NHSEI bulletin makes reference to "Practices should discuss with their local commissioner the level of service required on bank holidays and agree in advance what additional staffing costs will be reimbursed".

Please note that the CCG will not require a staffing plan from Practices, and it is assumed that Practices will have agreed within their PCN the appropriate level of staffing to deliver the current models of care.

Staffing costs incurred can be claimed in line with the guidance via the Covid-19 Claim Form available on Team Net.

## **PPE**

The BMA continues to put pressure on 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](#) they undertook last week, the majority of doctors do not feel safely protected from COVID-19 where they work.

Almost 90% of GPs in contact with COVID-19 infected patients reported either shortages or no access at all to eye protection, and 62% reported problems with supply of face masks. More than half of GPs who responded said they had had to buy their own face masks or eye protection, with only 2% saying they felt fully protected against the virus at work.

This unacceptable situation comes despite repeated assurances by the government that additional stock is being delivered to practices, and yet, as our survey demonstrates, these assurances are not being matched by a reliable supply of PPE to practices.

As a result of pressure from GPC and LMCs, Public Health England published [new PPE guidance](#) last week 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. We will continue to work hard to ensure that everyone gets the necessary PPE that they need to work safely. Read the [BMA statement in response to this](#)

The BMA has joined forces with other health and manufacturing unions in the [call for a manufacturing army to keep UK workers safe from virus harm](#). We 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.

## **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 that you disregard this and refer to the most [recent advice](#) provided. However this has now been further updated with a CAS message from NHSE/I and NHS Digital circulated to practices today describing the specific tasks they should try to do to complete this process and, where practically possible, to try to do this by the end of Tuesday 14 April. Some practices may 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 in the attached document and here [CEM COM 2020 016.pdf](#). Our CCG are supportive and realise that the timelines here are unrealistic so please just do what you can as we are aware that some practices are still to receive patient lists.

[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 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.

### **NHS 111 Isolation Notes**

The NHS 111 Online Get an Isolation Note 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 Statutory Sick Pay (SSP) or Occupational Sick Pay (OSP), GPs should complete a fit note in the normal way, scan this and then 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. GPs can issue fit notes for a clinically appropriate time, which can be up to 13 weeks within the first six months of a condition, in line with existing [guidance](#).

### **Advice on Death Certification**

Finally, we have clear [guidance](#) on death certification. This document was in the last newsletter however it was included as part of the GPC preparedness letter and may have passed you by. Everything you need to know is in this document and it is simple clear advice. We are however still in communication with our coroner around the issue of needing to see the patient after death in person where a GMC registered medical practitioner has not attended to the patient within the 28 days before death. It is possible for a coroner to issue a backing Form 100A in this scenario which would then allow the GP to complete the Cremation Form 4, and is accepted by the Medical Referee. We will provide further guidance when we have it.

### **GP Returners**

It appears that returning GPs are still being asked to go to practices and that there is not an online process as we were previously promised. If your practice should be approached to provide one of these ID checks, please have the returning GP contact [dhorton@nhs.net](mailto:dhorton@nhs.net). The CCG are working together with the Training Hub to guide these GPs through the appropriate ID check process, so that they don't need to come into the practices.

### **NICE Clinical Advice on Management of Covid19 Patients**

The guidance can be found [here](#).

### **HGV/PSV Medicals**

The DVLA have updated that they stopped requesting medicals as of 24 March. If practices have outstanding requests you can decline to do them and ask the patient to go back to the DVLA.

### **Remote Consultations**

Read about the rapid move to telemedicine in primary care, and some of the practical and ethical issues related to this, in the article '[The doctor will hear you now](#)'.

We have also updated our guidance on remote consultations which is available [here](#).

NHSE/I has published an [appendix to The Primary Care \(GP\) Digital Services Operating Model](#) to support remote working across general practice during the COVID-19 pandemic.

### **Repository for GP Data**

The Joint GP IT Committee sent a letter to NHS Digital affirming their support for a temporary centralised repository for GP data sitting with NHS Digital. This interim measure would ensure a consistent approach to data handling and negate the need for individual practices to respond to requests for data

to be used for Covid19 planning and research. The committee is expecting to receive detailed plans on how this measure will function shortly.

### **Carrying over Annual Leave**

Government has announced [that rules on carrying over annual leave to be relaxed to support key industries during COVID-19](#), which appears to suggest that practices as employers do have an obligation to follow it. The BMA legal department has confirmed that the annual leave entitlements through the Working Time (Coronavirus) (Amendment) Regulations 2020 (SI 2020/365) do indeed apply to GP practices. Therefore annual leave should be allowed to carry over into future years. However, the wording of the regulations is quite broad.

However, at present the law does not say that people are unable to take holiday because of the impact of coronavirus, therefore employees will be expected to take annual leave in the normal way unless it is not reasonably practicable for them to do so, for example because of COVID-related obligations.

### **Temporary Arrangements for Dispensing Doctors During Durrent 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.

### **GP Trainers and Employment Tribunals**

Following issues raised by LMCs regarding possible GP trainer exposure to Employment tribunal risk, GPC England has worked with Health Education England (HEE) to address the issue. HEE has written to all GP trainers to provide reassurance. The letter, which is attached, states:

“HEE has considered the question of GP trainers who may face claims relating to employment and equality actions in an Employment Tribunal. Recognising that such claims are not within normal insurance cover, HEE has determined that it will manage and meet the legal costs and any settlement or damages arising on the basis that it is vicariously liable for the actions of GPs and their staff.

This means that it will bear the liability in the same way as it does for its employees and officers, acting in accordance with its guidance and in fulfilment of their obligations to HEE. HEE will therefore decide the conduct of such cases liaising with the employer and GPs involved.”

### **Standard operating procedures for general practice**

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

### **Swab Testing for GPs**

This is now underway locally. Please see an [updates](#) on how to access this and a [test referral form](#).

### **MARS Charts**

Please see our position on [MARS Charts](#). Our LMC view has been shared with the Health and Care Trust and CCG who support us and work is underway to ensure we have an electronic process in place for EOL and insulin prescribing. We are hopeful that this will be in place by the end of next week.

### **LMC Website**

The following guidance has been added to the LMC website [www.worclmc.co.uk](http://www.worclmc.co.uk) this week:

[Guidance and standard operating procedures General practice in the context of coronavirus \(COVID-19\)](#)

[NHS Covid SOP Summary](#)

[Use of DNACPR following rapid NICE guidance](#)

[Tripartite Indemnity Letter](#)

[Guidance on Death Certification published on 31 March 2020](#)

[NICE Guideline on Managing suspected or confirmed pneumonia in adults](#)

[NHS Coronavirus Act – excess death provisions: information and guidance for medical practitioners](#)

[CCG EPS Interim Information Notice to Accommodate Covid-19 Working Practice](#)

[CCG Preferred Procedure for Providing Depot Injections of Medroxyprogesterone During Covid-19 Pandemic](#)

[Worcestershire Primary Care Swab Collection Form](#)

[Worcestershire Primary Care Swab Information 060420](#)

[CCG Prescription requests for Chroloquine and Hydroxychloroquine](#)

[Community Drug Charts and Medication Administration Record \(MAR\) Charts – LMC Position Statement](#)

[PHE/NHS Recommended PPE for primary, outpatient and community care](#)

[A visual guide to safe PPE](#)

[Worcestershire Primary Care Guide Covid-19 Treatment Pathway](#)

[Understanding General Practice in Worcestershire from 23.03.20](#)

[Worcestershire Covid Management Service - CMS Standard Operating Procedure V6.0](#)

[Herefordshire General Practice During Covid-19](#)

[H&W Pharmacy Easter Opening Times](#)

[CPR SOP](#)

[Combined Redditch SOP for Covid](#)

[WAHT Patient Swab Process](#)

[Easter Opening Hours for GP Practices](#)

[PCN DES Registration Letter 100420](#)

[NHS CSP Guidance for Sample Taking](#)

[NHS Professional Standards: Suspension of Appraisal and Revalidation FAQs](#)

[Heath Education England GP trainers and Employment Tribunals](#)



# WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

**Registered office: St Stephens Surgery, Adelaide Street, Redditch, Worcs B97 4AL  
Tel. 01527 65082**

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**

**CHAIRMAN:** Dr Shaun Pike  
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Dr S Pike

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Dr S Morton  
Dr J Rayner

**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

## **Practice Manager Representatives:**

Helen Garfield, Representative WF PM  
Lisa Luke, Representative R&B PM  
Meryl Foster, Representative SW PM



## **MEMBERS OF THE HEREFORDSHIRE COMMITTEE**

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### **Representatives:**

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 – 30<sup>th</sup> April 2020  
Herefordshire – tbc