

17<sup>th</sup> April 2020

## **PPE Update**

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

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. We will continue to work hard to ensure that everyone gets the necessary PPE that they need to work safely. Read the latest BMA guidance on PPE [here](#) and the [BMA calling for urgent supply of PPE](#).

## **Identifying High Risk Patients and Shielding**

The BMA has 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 today.

## **BMA COVID-19 Contract for Temporary Engagements**

The Sessional GP Committee, working with GPC and BMA Law, 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. In particular, 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.

### **GP Retention Scheme (England)**

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.

### **Cremation Form 4**

Following on from our last Newsletter, The Ministry of Justice has now published revised guidance on the Cremation Regulations which is available at

<https://www.gov.uk/government/collections/cremation-forms-and-guidance>

**Attendance of the patient in a given period of time prior to their death and viewing the body are not statutory requirements. A crematorium medical referee can accept a form Cremation 4 where neither of these two conditions has been fulfilled.** An example of this is given in the revised guidance to medical practitioners, in paragraph 25, regarding cases where the death was registered on the basis of a medical certificate of cause of death supported by a Coroner's form 100A:

25. In any care setting, a period of care where attendance took place during the 28 days prior to death will usually be enough. However, in exceptional circumstances it may be acceptable that the patient was last seen over a longer period, such as where the death was registered on the basis of a medical certificate cause of death supported by a Coroner's form 100A.

We have written to our coroner Mr Reid as we feel that use of the 100A form

at the current time will mean that GPs will not need to attend the patient after death in person in such circumstances.

### **No Requirement for Shielding Letter**

There already exists a [template](#) letter for those patients who are identified as needing to shield. However, there is nothing nationally for patients who have self identified themselves as needing to be shielded but who after a look through the notes do not require this approach. Please see attached a [template](#) of a letter that you may wish to use for these patients.

We hope that this will enable you to reassure any patients via your reception staff/care navigators that patients will receive a letter either way when the notes have been reviewed by the doctor and that this may save you some time. We have also added contact details for the NHS Volunteer Responders support scheme to the letter so that these patients can still access support should they need it.

### **Use of MARS Charts in Primary Care**

The communication below has now been sent to all District Nurses and community teams by the Health and Care Trust as a result of our efforts to stop requests to complete MARS charts. The electronic form for EOL prescribing is now in place and there is no need to provide a handwritten signature on the form.

*Medicine Administration Record Sheets (MARS) are frequently used by staff caring for patients in their own homes to record when doses of medication have been administered. GPs are often asked to complete a MARS chart when completing prescriptions for patients. This is unnecessary duplication of work as the prescription provides staff with authorisation to administer medication. It has been agreed across the Herefordshire and Worcestershire areas that GPs will only complete MARS sheets in the following circumstances:*

- *Prescriptions for insulin*
- *End of Life Care drugs (EOLC)*
- *IV antibiotics*

*Arrangements are being made to introduce electronic versions of record forms for the above circumstances, and these are available from w/c Tuesday 14<sup>th</sup> April 2020.*

*In other circumstances where GPs were requested to complete MARS sheets staff are to utilise the label instructions on the dispensed medicines as the patient specific directions and record the administration of medication on*

*appropriate, patient specific clinical records.*

### **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. This will provide important protection to children and other vulnerable groups and will also avoid increasing further the numbers of patients requiring health services because of vaccine-preventable diseases. Read the full statement [here](#).

### **Dispensing Delivery Services (England)**

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 in England. 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.

Community pharmacies and dispensing doctors have to ensure that medicines are delivered to people at high risk of complications from COVID-19 who are advised to isolate at home for 12 weeks and meet the 'shielding' criteria if these medicines cannot be collected and delivered by a family member, friend, carer or volunteer. The funding of these services will be in addition to the current contractual agreement for both pharmacies and dispensing doctors.

### **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, yesterday's [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 shortly advising secondary care to accept and hold clinical responsibility for GP referring.

### **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, for example if they have been asked to self-isolate and 'shield', if they are over 70 and have underlying health conditions, or if they are self-isolating and you consider them to be especially vulnerable. 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](#).

### **Understanding General Practice in Worcestershire**

An updated version of the Worcestershire SOP can be found [here](#).

### **Wellbeing**

At times of crisis it is also vital that we all look after our emotional as well as physical health and the BMA has a range of [wellbeing services](#) including 24/7 counselling, available to ALL doctors and medical students (not just BMA members).

If practices would like hard copies of the BMA Wellbeing [poster](#), with tips for doctors supporting each other during the crisis, please email [wellbeingsupport@bma.org.uk](mailto:wellbeingsupport@bma.org.uk).

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

There is extended mentoring support in place for members of your practice teams as we navigate the challenges of Covid-19.

Please find a flyer highlighting how you can access peer support during this time [here](#).

### **Cameron Fund**

The Cameron Fund is the GPs' own charity. It is the only medical benevolent fund that solely supports general practitioners and their dependents. They provide support to GPs and their families in times of financial need, whether through ill-health, disability, death or loss of employment. They help those who are already suffering from financial hardship and those who are facing it.

Whether you are a ST1, ST2 or GP Registrar on a recognised GP Training

Scheme; work as a salaried or locum GP; are a GP Partner or are now retired - if you are experiencing hardship due to a reduced income and are struggling with debts, please get in touch with them via email on: [info@cameronfund.org.uk](mailto:info@cameronfund.org.uk).

The LMC makes an annual donation to this very worthwhile fund, should you wish to consider a donation you can this via their website:-

<https://cafdonate.cafonline.org/1412#!/DonationDetails>

Do please try to get some well earned rest this weekend and stay safe.

### **LMC Website**

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

[Understanding GP in Worcestershire V2.2 100420](#)

[NHS Volunteer Responders Info for Primary Care](#)

[Pharmacy Delivery Service Letter 100420](#)

[Ibuprofen and Covid-19](#)

[WAHT Cancer Pathway Update 150420](#)

[Template Letter for Shielding Patients 170420](#)

[Not in the Shielding List Letter 170420](#)

[Worcs Swabbing Update 170420](#)

[Worcs Swabbing Collection Form V3.0](#)

# 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**

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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 – 23<sup>rd</sup> April 2020  
Herefordshire – 17<sup>th</sup> June 2020