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29<sup>th</sup> May 2020

## **NHS Test and Trace Services across the UK**

The DHSC announced its [NHS Test and Trace](#) local outbreak control plans for England designed to help control the COVID-19 virus. The plans involve rapid testing at scale, integrated tracing to identify, alert and support, and using data to target approaches to flare ups, at a local and national level.

Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions. This could include household members, people with whom they have been in direct contact, or within 2 metres for more than 15 minutes. If those in isolation develop symptoms, they can book a test at [nhs.uk/coronavirus](https://nhs.uk/coronavirus) or by calling 119. If they test positive, they must continue to stay at home for 7 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period. Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly spreading the virus.

The GPC England Executive Team have raised with NHSE/I the need for much greater clarity on the any implications for health care professionals of the Test and Trace system. They have now said that if someone who works in, or has recently visited, a health or social care setting such as a practice tests positive for coronavirus, their case will be escalated to local public health experts, who will liaise with the relevant setting to agree on the most appropriate action. If they were wearing PPE at the time of the contact, this will not count as a contact. An FAQ document has been produced and is attached.

The NHS Test and Trace service, including 25,000 dedicated contact tracing staff working with Public Health England, will have the capacity to trace the

contacts of 10,000 people who test positive for coronavirus per day and can be scaled up if needed. The system is expected to have the capacity to carry out 200,000 tests a day. This includes 50 drive-through sites, more than 100 mobile testing units and 3 mega laboratories.

### **Antibody Testing Programme Rollout for NHS Staff and Patients**

[NHSE/I has written to all health systems advising them to commence antibody testing as soon as their laboratory capacity permits.](#) The antibody testing programme will provide information on the prevalence of COVID-19 in different regions of the country and help better understand how the disease spreads.

Each NHS region is coordinating its own arrangements to roll out antibody testing. This requires a venous blood test and will be processed through NHS pathology networks. The test will progressively be offered to NHS staff who want it, including those working on NHS premises but not directly employed by the NHS, working for the NHS but not on NHS premises, and those in primary, community and mental healthcare including community pharmacists. The likely staff groups to test first are in acute trusts in which prevalence has been highest.

NHSE/I has now confirmed that the antibody test will be available for practices to use from today as practices deem appropriate to help manage their patients. The NHS lab result will be available to the practice in the normal way and it is their responsibility to inform the patient of the result and that a positive test does not indicate immunity to COVID-19. Where there is not a specific clinical indication for the test it may be offered to patients having their blood taken for other reasons if they wish to know whether they have been infected with COVID-19. However, there is no obligation for practices to do this.

### **NHS Employers Risk Assessment Guidance for BAME and Other Staff**

[NHS Employers has now published guidance](#) on risk assessment for NHS organisations on how to enhance their existing risk assessments particularly for at risk and vulnerable groups within their workforce due to COVID-19. This includes staff returning to work for the NHS, and existing team members who are potentially more at risk due to their race and ethnicity, age, weight, underlying health conditions, disability, or pregnancy. NHS Employers have advised that employers take an inclusive approach and have described that the guidance is applicable, with appropriate local adaptations, in all healthcare settings. The guidance includes further resources to provide advice on supporting health and wellbeing, mitigating strategies and risk assessment discussions.

[Guidance has also been produced by the Health and Safety Executive \(HSE\)](#) that is intended to help organisations identify who is at risk of harm. It includes templates and examples that organisations can adopt, along with specific guidance. This guidance emphasises the legal obligation of employers to do a workplace assessment.

The BMA had previously [written to Sir Simon Stevens](#) on the need for more practical advice, to practices, on risk assessment. Also read the [BMA guidance on risk assessments](#).

This follows on from the publication of [FOM Risk Reduction Framework for NHS staff at risk of COVID-19](#) that is now included in the further reference section of the NHS Employers guidance.

### **PPE Portal**

Earlier this week the Government announced that [GPs and small care homes can register on the PPE Portal](#), a new online portal for ordering emergency personal protective equipment (PPE) from a central inventory, to supplement the wholesale supply route that already operates. The Department of Health and Social Care developed the portal in partnership with eBay UK, NHS Supply Chain, the Army, Clipper and Royal Mail.

### **GP Workforce Data Shows Further Fall in FTE GPs in England**

The number of fully qualified full-time equivalent GPs dropped by 2.5% from March 2019 to March 2020, the latest official figures show. The [report](#) released by NHS Digital this week shows there were 27,985 FTE GPs on 31 March 2020 - 712 fewer than 31 March 2019. The total number of GPs also decreased by 0.6%. The number of FTE GP partners fell by 5.4% in the year, with the number of salaried GPs increasing by 4.5%.

### **Appointments in General Practice in England**

NHS Digital are now releasing data on a weekly basis showing weekly counts of appointments and the first report can be found [here](#). It is broken down by appointment status, health care professional, mode and time between booking date and appointment date at national level and a weekly sum of the total scheduled duration of appointments (in minutes) at national level.

The data has a number of significant caveats, specifically that the information does not give a complete view of GP activity so should not be used to infer a view of workload. The data presented only contains information which was captured on the GP practice systems which limits the activity reported on and does not represent all work happening within a primary care setting or assess

the complexity of activity. It should also be noted that the duration data presented in this data release is scheduled duration, which is the planned length of time an appointment should take not the actual length of time it does take. i.e. the scheduled duration could be 8 minutes for an appointment but the actual duration may be 6 minutes. Or the scheduled duration could be 10 minutes but the actual duration is 12 minutes. This means that the data presented is not the actual amount of time practices spent on appointments but the amount of time practices planned to be spent on appointments. GPC England is meeting NHS Digital to discuss these significant flaws in recording. However practices should be aware that this information is being recorded and published and therefore should try to ensure that all patient contacts are appropriately recorded in clinical systems.

### **Principles of Safe Video Consulting in General Practice**

NHSEI have published updated guidance on the [principles of safe video consulting in general practice during COVID-19](#).

### **NHS Digital National GP Data Extraction to Support COVID-19 Planning and Research**

Registration among practices for the tactical GPES extraction for planning and research related to COVID-19 has now reached 84% (the figures reported today). The DPN, which contains all relevant information on the extraction, is available here. NHSD has asked that all practices register their participation by 27 May before the first fortnightly extract takes place. A supplementary transparency notice aimed at patients has now been [uploaded here](#) which GPs can utilise should they wish.

### **District Valuer Services**

GPC met with NHSE/I last week for an update on the Premises Review, and to clarify expectations regarding engagement and consultation as more of the review workstreams get underway. NHSE/I advised that it has suspended physical inspections of Primary Care Premises by District Valuer Services (DVS) in light of COVID-19, and that valuations will now take place via desktop review. DVS will be in touch with instructing CCG or local NHS England teams to confirm arrangements on a case by case basis.

### **Supply of Additional Direct Oral Anticoagulants (DOACs)**

NHSE/I has published [guidance on the supply of additional DOACs](#) (direct oral anticoagulants) during COVID-19 to support patients currently prescribed warfarin being prescribed a DOAC instead, where this is clinically appropriate.

## **Worcestershire Issues**

### **Worcestershire Acute Hospitals Trust**

#### **USS Referrals:**

This week, many of you have received a direct request from the radiology department at WAHT asking you to review all of your recent USS and more recently MRI requests for patients and to complete a spreadsheet to indicate whether the referral is still required, should be prioritised or should be cancelled. Unfortunately, this request was not agreed with wider general practice or the LMC and although we appreciated the tone of the letter we do not agree that this was the right approach to take. An agreed process will be discussed and agreed next week therefore please do not to complete these spreadsheets at this point.

We are keen to support our secondary care colleagues and we think it is entirely appropriate to flag to the radiology department any patients who you feel are deteriorating and require more urgent assessment. We also appreciate the issues facing the acute trust in re-establishing services and are keen to support that process whilst being mindful that any transfer of work to general practice should be resourced and appropriate.

#### **Endoscopy Procedures:**

Concerns have been raised about access to 2WW referrals for Upper GI endoscopy and some practices report being told that all of these referrals are being held on a waiting list. We have escalated those concerns on your behalf and have received this response:

#### **Upper GI Endoscopy**

- We have continued to provide an emergency endoscopy service
- All 2ww patient are triaged by two consultants
- Those prioritised as highest risk are being scoped
- Those of low risk are on a list and the patients are sent a letter explaining this to them
- Some patients are telephoned as part of the triage and decision making
- Some referrals are returned to the referrer with a request for more information to help with the triage

Please continue to report any quality or patient safety concerns via Datix and if you have any problems accessing this please use this email address to log cases [ccg.qualityfeedback2ccg@nhs.net](mailto:ccg.qualityfeedback2ccg@nhs.net). This will enable us to identify any issues early on.

## **Share with the Group**

This week we have attached a local approach to addressing QOF reviews virtually. We have decided to share this with you and you may use it or adapt it for your own use. Many thanks to the WFHP for providing it. If any other practice/PCN would like to share a way of working that you think is of value and might benefit others, do let us know. The LMC do not endorse any one approach but we know how innovative Worcestershire general practice can be and the more we can share the good things we are doing, the easier our lives will be and the better the quality of care for our patients. Let's stop reinventing the wheel and work together when we can.

## **Wellbeing Support for Worcestershire and Herefordshire**

### **Air and Share Group For all GPs**

As GPs we are increasingly working outside our comfort zone, carrying out more remote consultations and having to balance risks. Although many practices are providing excellent peer support, some of you may be feeling isolated, working predominantly from home, working as locums or you may just be missing 'chats over coffee'.

You are invited you to an "Air and Share' virtual group. If you feel like a supportive chat with colleagues either at home or in the office to share the ups and downs of the present situation and find out how other people are managing the challenges, then please join them. Please see a [flyer](#) for the event.

The groups will comprise of up to 6 doctors with a local mentor facilitator, lasting about an hour at a time to suit you.

### **Mentoring**

There is extended local 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](#). More information about [wellbeing](#) support can be found on the LMC website.

### **BMA**

As part of Mental Health Awareness Week this week, the BMA has published a report on the [mental health and wellbeing of the medical workforce - now and](#)

[beyond COVID-19](#), which sets out ten recommendations to be addressed to protect staff now and in the future. Read more [here](#).

The BMA continue to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, regardless of BMA membership, as well as their partners and dependents, on 0330 123 1245.

Have a lovely weekend and enjoy the beautiful weather!

### **LMC Website**

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

[NHS DOACs Briefing](#)

[NHSE Test and Trace Strategy Q&A](#)



# 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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## **Representatives:**

**BROMSGROVE:** Dr D Pryke  
Dr K Hollier

**REDDITCH:** Dr I Haines  
Dr S Pike

**WYRE FOREST:** Dr M Davis  
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

## **Practice Manager Representatives:**

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



**Co-opted Rep:** Dr R Williams  
**Non Principals:** Dr W Safdar

## **MEMBERS OF THE HEREFORDSHIRE COMMITTEE**

**CHAIRMAN:** Dr Nigel Fraser  
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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 – 11<sup>th</sup> June 2020  
Herefordshire – 17<sup>th</sup> June 2020