

5th June 2020

BMA Fifth Tracker Survey

Changes in Ways of Working

Over 2500 GPs responded to the fifth [BMA tracker survey](#) and the vast majority (85%) reported that the changes that they had made in the way that they were working had been very or somewhat effective at combatting the pandemic. As practices plan for the future, it is vitally important to learn the lessons from this experience over of the last few months. Chief among these is that 88% of those responding want to maintain the greater use of remote consultations and 77% want to use video technology to a greater extent for clinical and MDT meetings in the future.

Relaxation in Regulatory Activity, Contract Management and Bureaucracy

The survey shows that the significant relaxation in regulatory activity, contract management and bureaucracy has also been welcomed. Unsurprisingly 82% of GPs want to have less paperwork and bureaucracy to deal with in the future.

As part of the 20/21 GP contract agreement in England, the Government committed to review how it could reduce unnecessary bureaucracy impacting General Practice, and NHSE/I said it would take action to reduce the burden on practices and thereby free up valuable time for patient care. The BMA survey shows what could be possible, how important these reviews will be and how quickly they need to be completed, as despite the challenges they've faced, many GPs have felt more positive about the way they have been able to work over the last few months, with 66% of GPs experiencing a greater sense of team working and 55% feeling less burdened by bureaucracy. This

is therefore something that should be built upon, not lost, as practices continue to respond to the challenges of the COVID pandemic.

Overall Results

The survey also shows that the demand from non-COVID patients is increasing, and that there is significant concern around ability to cope with this demand, and with a potential second peak of coronavirus. The [BMA has warned that this is not the time to be complacent around lockdown easing](#).

Covid Antibody Testing

There is no contractual obligation on practices to carry out antibody testing for their own staff. The CCG have responsibility for organising testing for staff in GP surgeries. In Birmingham this has been arranged through their hospitals. Some practices may choose to offer this service. It is important that any practice choosing to take on this work considers the following points:

- There is no clinical negligence cover for this work under CNSGP.
- Phlebotomy is a low risk activity but is not without risk.
- There is no proof of lasting immunity if antibodies are present so the purpose of carrying out the test is unclear.
- There is a risk of staff assuming lasting immunity and relaxing use of PPE as they may feel safer.
- There is no attached funding for this for practices.
- Staff members are not registered at the practice where they work in most cases.

You will also be aware that the covid antibody test may now 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**. Practices should consider whether it is wise to perform this test when we remain unclear about how to communicate the result to patients and what protection having a positive result might offer a patient, if any.

Risk Assessment Guidance for BAME and Other Staff

At the beginning of April, the BMA called for a government investigation into the disproportionate impact of coronavirus infection on BAME healthcare workers and the community, and the [report by Public Health England has now been published](#). Two months later, many believe this report is a missed opportunity. The report fails to mention the staggering higher proportion of BAME healthcare workers who have tragically died from COVID-19 or that whilst this has now been a well recognised problem for weeks, government

has still not brought forward access to occupational health services or the necessary funding to support practices who have additional costs as result of trying to support and protect their staff following risk assessment. Read the BMA statement [here](#).

The updated BMA [resources on conducting COVID-19 risk assessments](#), specify that all doctors should be able to have a COVID-19 risk assessment and sign posts practical actions that should be taken to avoid or mitigate the risks which older, BAME or pregnant doctors – as well as those with pre-existing conditions – might face.

Richard Vautrey has written to Sir Simon Stevens today calling for urgent action to be taken to make available the promised COVID-19 fund, to support practices that following risk assessments need additional locum cover for face to face consultations and to provide immediate free access to an occupation health service for all those working in general practice.

Standard Operating Procedure for General Practice in the Context of COVID-19 (England)

The NHSE/I [Standing Operation Procedure for General Practice](#) has been updated. This guidance recommends total triage arrangements should continue with remote consultations used whenever possible, provides guidance on the management of patients who are shielding, advises that staff should be risk assessed to identify those at increased risk of COVID-19 and, as capacity allows, suggests practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and long term condition health checks. Practices are reminded that the SOP is guidance only and not a contractual obligation. Read a summary of the SOP in the attached document.

Briefing on Role of Contact Tracing in Outbreak Control

The attached briefing from the BMA's Public health Medicine Committee (PHMC) covers the role of contact tracing in outbreak control and the PHMC position, in the context of the test and trace systems being rolled out in England, with links to information on the systems in the devolved nations.

Shielding

Ruth May, Chief Nursing Officer in England, and Steve Powis, Medical Director at NHSE/I, have published a letter about the [NHS support to people who have been shielding](#), which confirms government's updated [guidance which advises that shielded patients can now leave their home](#), and also provides guidance on removing people from the list. DHSC will be sending out letter next week

to a small number of patients who have recently been removed from the list and a copy is attached. Although the letter provides more flexibility around seeing patients in clinical settings rather than home visits, and suggests the lead role can be done by a team, it does not recognise the workload or other implications for practices.

Electronic Repeat Dispensing (eDR) – England

NHSEI has sent a [letter to GPs and community pharmacists](#) about the temporary suspension of the requirement for patient consent to use of the electronic repeat dispensing (eRD) system, until 30 June 2020. If GP practices have not already received a list of patients receiving electronic prescriptions, they should request a list of their registered patients that the NHS Business Services Authority has identified as potentially being suitable for eRD, based on recent medication history. Practices can request this by emailing nhsbsa.epssupport@nhs.net.

GP Recruitment

As part of the '[Choose GP](#)' campaign, on the GP National Recruitment office website and on [Facebook](#), Health Education England receives a lot of enquiries from doctors who are keen to be put in touch with a GP or trainee either in the area they live or with similar interests. The chance to have direct peer to peer conversations is invaluable to them. The service has been running for the last 4 years and has been proven to make all the difference between someone applying or not.

HEE keeps a list of volunteers who are happy to be contacted occasionally and willing to share experience and expertise – always with prior permission. If you are willing and able to do this contact gprecruitment@hee.nhs.uk with details including your name and contact details, practice name and which part of the country, how long you've been a GP or trainee, any special interests/expertise or opportunities you're pursuing or would like to as a GP (clinical and non-clinical) and the different settings you work in as well as practice and indicate whether you joined GP training from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

A Patient's Guide to Advanced Care Planning

The BMA has published an [information leaflet that practices can give to patients](#) who might want to think about how they would like to be treated and cared for in the future – including in the event of getting COVID-19. It explains what advance care planning is and covers different types of advance care planning.

COVID-19 Guidance

The BMA continue to regularly update their **toolkit for GPs and practices**, which should help to answer many of the questions you may have on a large range of topics relating to COVID-19. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)

For further information, see the BMA's **COVID-19 Webpage** with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#) published last week.

Wellbeing Support for Worcestershire and Herefordshire

Air and Share Group For all GPs

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 do join them. Please see a [flyer](#) for the event.

The groups will comprise of up to six 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.

Mental Health and Wellbeing

The latest [tracker survey](#) also showed the personal impact of the pandemic on doctors' mental health and wellbeing, with increased stress, anxiety and emotional exhaustion in recent months.

Read the BMA's report on the [mental health and wellbeing of the medical workforce](#), which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

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

LMC Website

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

[Shiny Minds App Flyer](#)

[Updated BMA Standard Operating Procedure](#)

[National Shielding Service Letter 050620](#)

[Public Health Strategies to Control an Outbreak – contract tracing](#)

[GPC England Summary SOP](#)

[Results of BMA Covid-19 Tracker – Primary Care](#)

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 – 11th June 2020
Herefordshire – 17th June 2020