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12<sup>th</sup> June 2020

## **Risk Assessment for BAME Doctors and Other Staff**

The BMA have expressed deep disappointment at the recent [Public Health England report](#) and its failure to look at the reasons behind the large number of deaths of BAME healthcare workers or offer any recommendation.

Following the [news](#) that a section of the PHE report was left unpublished last week, the BMA has called on the Government to urgently publish the full report on COVID-19 impact on BAME communities. Read the BMA statement [here](#).

The updated BMA [resource on conducting COVID-19 risk assessments](#) specifies 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.

## **BMA Statement on Wearing Face Masks (England & Wales)**

The BMA welcomed the announcements last week that [face coverings will be mandatory on public transport](#) in England from June 15 and that [face masks and coverings should be worn by all hospital staff and visitors](#), after they made a [statement](#) suggesting that this should include settings where social distancing is not possible.

However, the BMA believe this must be extended to all healthcare settings, including primary and social care. Whilst all practices have taken major steps to reduce face-to-face consultations, as the number of people attending surgeries increases again we should continue to encourage patients to wear a face-covering when attending a practice, which will help further protect staff and patients.

Having a consistent rule across all healthcare settings will also avoid confusion for the public and make life easier for the staff and healthcare workers who

will be trying to implement these safety measures. The continued concerns many have about the availability of medical masks in general practice and community settings must be addressed as a matter of urgency. GPC have called for clear guidance for the public about what type of covering they need and how to wear it. The latter is particularly important as [WHO updated its guidance on the use of face coverings in public](#), advising that those in vulnerable groups are now recommended a medical grade mask. Read the BMA statement [here](#).

### **Shielding (England)**

Following the government's updated [guidance which advises that shielded patients can now leave their home](#), and the letter from NHSE/I about the [NHS support to people who have been shielding](#), the BMA have now updated their [guidance on shielding](#) on the recent changes. This also includes guidance on removing patients from the list of patients at high risk of COVID-19.

The Royal College of Paediatrics and Child Health have update [their guidance for clinicians identifying children who are 'clinically extremely vulnerable' to severe COVID-19 infection](#).

### **Sustainable and Environmentally Friendly General Practice Report (England)**

GPC England has published a [report](#), developed with support from [Greener Practice](#) and Sheffield GPs Dr Aarti Bansal and Dr Mike Tomson, which looks at ways in which GP practices can develop, and can be helped to develop, environmentally responsible practices. One of the more positive consequences of the COVID-19 pandemic has been the dramatic reduction in carbon emissions and this demonstrates what can be achieved with specific actions. The NHS, including general practice, has a significant opportunity to make a difference for the long-term and this report highlights the current carbon footprint of general practice and includes a 10 point plan calling on Government and NHS policy makers to help ensure that the impact of health services on climate change is reversed. We would encourage all practices to use this to review what actions they could do, working with others in their area.

### **Minimising Nosocomial Infections in the NHS**

NHSE/I has sent out a [letter on](#) tackling infections acquired in the NHS, whether it involves staff, visitors or patients. The letter calls on all primary care contractors to take the following actions:

- To prepare for potential staff absence, providers should review their existing business continuity plans and take actions as required and make arrangements to maintain patient access to services.
- Providers should inform their commissioner when delivery of the full contracted service may be compromised by staff absence due to Test and Trace and work together to put business continuity arrangements in place.
- The provider should update information on patient accessible websites and update the impacted NHS 111 Directory of Services profiles.
- The commissioner will inform the Regional Incident Coordination Centre without delay and work with the provider to implement appropriate business continuity measures.

Note that the flowchart in the appendix on page 8 sets out the actions that providers need to take if there is an incident in general practice. If an incident should happen in general practice, it is important that the necessary funding is available, and this is being raised with NHSE/I.

### **Antibody Testing for Staff**

Some of the aspects to consider should practices choose to take on this work were outlined in last week's newsletter. For those practices who wish to provide antibody testing for their staff the CCG have now agreed to provide a GMS contract variation to the treatment room LIS. The LMC was able to suggest the contract variation as a possible solution to the indemnity issue earlier this week following discussion with the GPC. This will mean that those performing the phlebotomy will be indemnified under the CNSGP. There remains an issue however in that practices should not register staff as temporary residents as this would be in breach of the GMS regulations.

### **Implications for Life Insurance following Antigen and Antibody Tests**

The BMA has published guidance for doctors on life insurance and income protection during the pandemic, following a number of doctors having raised concerns about the impact of COVID-19 on their application and how insurers are taking into account the results of antibody and antigen tests for the virus, and after some reports about doctors having their applications for insurance policies deferred as a result of COVID. Read the guidance [here](#).

There is no contractual obligation on practices to carry out staff testing or testing for patients at the current time.

## **Covid19 Pillar 2 Lab Results Flow into GP Records**

NHS Digital have now implemented a process to facilitate the flow of [Pillar 2 test results](#) from COVID-19 tests undertaken through national testing to GP systems. These will appear in a patient's record as a laboratory test result. The tests will have the requesting GP as G9999981 and GP Surname of COVIDpillar2; this will ensure they are clearly distinguishable from other test results.

GPC have been working closely with NHS Digital and system suppliers to minimise the action required from practices or any subsequent test results manually, enabling bulk filing and automated uploads where possible for test results requested through channels outside of primary care.

- These results do NOT need to be notified to PHE under the notifiable diseases requirement, this has already been done. This will also be clearly stated in the test result.
- NHS England advise that there is no clinical action required on receipt of these results.

See guidance from your supplier in efficiently managing these test results within your system.

## **Referral to Treatment (RTT) and Re-referral**

Some patients are declining a hospital procedure for COVID reasons and this is leading to concerns that they would they be discharged to primary care. In response, NHSE/I has referred to their document [Referral to treatment measurement and COVID-19](#), which states:

"If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; this should always be a clinical decision, based on the individual patient's best clinical interest."

## **Revalidation**

Due to the pandemic, the GMC initially moved revalidation dates by one year for those who were due to revalidate between 17 March and 30 September 2020. This week, [it has written to doctors due to revalidate between 1 October 2020 and 16 March 2021](#) to let them know that their dates will move by one year as well. In addition, the GMC has given Responsible Officers more flexibility to make revalidation recommendations at any time up to a doctor's new submission date.

## **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 90%. The DPN, which contains all relevant information on the extraction, is available [here](#). The next extract will take place on 18th June and any practices wishing to be included should register by 17th June.

## **Capturing Beneficial Innovation: Call for Examples (England)**

NHSE/I are looking at the beneficial changes across general practice, PCNs and community pharmacy as we move into the next phase of COVID-19. In particular they are looking for examples of innovation – clinical, operational and system based – to understand which should be kept and protected. If you want to contribute, the following [weblink](#) contains a short series of questions and there is more information in the attached letter. The deadline for comments is Thursday 25 June.

If you have any queries, please email: [england.capturinginnovation@nhs.net](mailto:england.capturinginnovation@nhs.net)

## **BMA COVID-19 Guidance**

The BMA continue to regularly update their [toolkit for GPs and practices](#). This week they have added a section on [high-risk patients and shielding arrangements](#). 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](#)

## **Trainees Returning to Practices**

GP trainees will be returning to practices to continue their training. How the trainee will work is for negotiation between the individual and the practice and training practices should now consider starting those discussions.

## **Flu Vaccinations**

It is recognised that practices will face significant challenges at a practice level in providing flu vaccinations this year for their patients. The LMC feel that a PCN approach to delivery would be sensible. Our CCG are supportive of this and recognise that additional resource will be required in light of the practical challenges faced in delivering this service. Clinical directors are considering how best to deliver this.

## **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.

We hope you have a lovely weekend and get some rest.

## **LMC Website**

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

[CCG GP Partnership Development Flyer](#)

[NHS Clinical Guidance on Immunisation Programmes during COVID-19](#)

[NHS Capturing Beneficial Innovation](#)

# WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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

## **MEMBERS OF THE WORCESTERSHIRE COMMITTEE**

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## **Practice Manager Representatives:**

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Lisa Luke, Representative R&B PM  
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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 – 9<sup>th</sup> July 2020  
Herefordshire – 17<sup>th</sup> June 2020