

LMC Update Email

24 April 2020

Dear colleagues

GP and practice COVID-19 toolkit (England)

GPC England has published a [toolkit for GPs and practices](#) which should hopefully answer many of the questions we have been getting on a large range of topics relating to COVID-19.

The toolkit covers: service provision, home visits and care homes, redeploying staff, working in hubs and furlough, indemnity, annual leave, dispensing and medications, locum doctors, primary care networks and has links to our updated guidance on returning doctors, IT, homeworking and remote consultations.

Any updated guidance or FAQs from us will be added to, or linked from, this toolkit so please do check it regularly for any new additions.

PPE

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 latest [snapshot survey](#) which shows that basic PPE continue to fail to reach large numbers of frontline doctors despite scores of factories ready and willing to make them, and that almost two-thirds of GPs (64 per cent) reported shortages or no eye protection at all.

This situation comes despite repeated assurances by the government that additional stock is being delivered to practices, but many areas across the country are still lacking the necessary equipment. NHS England's [PPE supply page](#) explains how primary care can access PPE.

We will continue to work hard to ensure that practices get the necessary PPE that they need to work safely.

Following the [PHE announcement](#) on Friday recommending to re-use PPE, we issued a statement condemning these new guidelines. Read our statement [here](#). This was reported by the [BMJ](#), [Sky news](#), [Newsnight](#) (from 14mins30 in), [The Times](#), [The Guardian](#), [ITV News](#) and the [Financial Times](#)

Testing of healthcare workers

We continue to push for testing of GPs and their staff to be rolled out across the country as a matter of priority and the BMA is calling for government to drastically improve access to, and availability of, Covid-19 testing facilities for healthcare workers – read the BMA statement [here](#)

This follows [NHSEI](#) advising last week about plans to extend testing of COVID-19 for primary care staff and household members, which should now be available in testing sites across the country. Access to this is being coordinated by CCGs and practices are advised to contact their local lead if testing is required or directly access appointment is via [GOV.UK](#). Read the government announcement [here](#)



Identifying high risk patients and shielding

We have published guidance for practices about steps to take about the list of shielded patients. Practices will have also received the names of patients that have self identified through the Cabinet Office site. Read the guidance [here](#)

Yesterday's [NHSEI primary care bulletin](#) explained that additional people have now been flagged to be at highest clinical risk, and that letters and text messages will be sent to this group starting today. It's likely that practices will now have already contacted all the people on their patient list who are shielding, but if not they should still do so. NHSEI also confirmed that splenectomy patients should be included in the Shielded Patient List.

Please also see attached slides with an update on shielded patients, which was part of the NHSEI webinar yesterday.

QOF year-end process

Some practices have raised concerns after seeing lower than normal QOF year-end actual achievement data. However this is before NHSEI have carried out the planned analysis in order to make a one-off adjustment for practices who earned less in 2019/20 than 2018/19 as a result of COVID-19 activities. More details will follow about final payments to be made.

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.

Read more about supporting sessional GPs in the COVID-19 crisis in this [blog](#) by Ben Molyneux, Chair of the Sessional GPs committee

Verification of death and cremation forms

BMA guidance for GPs has now been published on the BMA's [death certification and cremation webpage](#) which outlines the key issues, protocols and principles that should be considered during this time for verification of death, completing MCCDs and cremations forms. Read the guidance on [Verification of Death, Completion of Medical Certificates of Cause of Death and Cremation Forms](#)

We have worked jointly with the RCGP to produce guidance that can be accessed remotely by various people to assist clinicians in verifying death remotely. Access the [Guidance for Remote Verification of Expected Death Out of Hospital](#)

The [Cremation Medical Certificate \(form 4\)](#) has been updated to provide for a medical practitioner completing the form on their computer or other device to embed an electronic signature. This will enable the form to be sent via another person's email account, such as a medical administrator, without the form having to be first printed and signed.

Practice expenses for bank holidays (England)

With the support of the Association of Independent Specialist and Medical Accountants (AISMA) we have produced a template that practices in England can use to claim for the expense of opening as

normal on Bank Holidays. This includes staff expenses, salaried GPs, locum (up to maximum rate), partners, and an amount to cover daily non-staff expenses. Access the template [here](#)

NHS111 CCAS appointments update (England)

The [NHSEI preparedness letter](#) highlighted that all practices in England must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service. This replaces the previous requirement to make 1 in 3000 appointments available for NHS111. CCAS has been established to help reduce the pressure on practices by providing direct support for patients with suspected COVID-19. Patients directly booked by NHS 111 will not be given a specific appointment time but added to a practice list as these are not 'traditional' appointments. Practices should then deal with these patients based on their priority and need.

Returners guidance

The [RCGP has published guidance](#) for colleagues returning to the general practice workforce in response to COVID-19. The guidance aims to help returners identify the types of roles which are right for their own personal skills, abilities and preferences, and to provide a high-level guide on how to return to the workforce, including by directing returners to relevant guidance from government and other organisations.

This follows our [joint letter](#) with RCGP regarding returning GPs published last week and our own [guidance for returners](#).

The BMA is waiving membership fees for any retired doctors joining the BMA or any current retired members who are returning to work to support the fight against COVID-19, until 1 October 2020. You do not need to do anything to update your membership. If you have any questions please email membership@bma.org.uk

Recruitment of returning educators, academics and others to support HEE's educational functions

Health Education England (HEE) recognises that doctors in training have been asked to work in difficult and complex circumstances with great clinical pressure. HEE is seeking to help trainees by recruiting experienced medical educators, academics and others who are unable to take up or wish to supplement clinical work to provide personal and organisational professional support. HEE anticipate that up to 2000 experienced doctors will return, ensuring their skills and experience further strengthen the NHS clinical effort to protect lives during this pandemic.

HEE has identified a need for additional educational support for learners and local office education functions throughout all phases of the COVID-19 pandemic. Medical educators, academics and others with appropriate skills, who have been retired for up to 10 years, can support educational functions during the emergency by joining the scheme. This could be in addition to returning to clinical practice. This group will provide a new and essential national professional mentoring service to medical clinical and academic trainees and other clinicians and support for local medical education. The group will work remotely from home within current HEE local office structures and management but be linked nationally to share ideas and be mutually supportive. Find more information [here](#).

Death in Service benefits

The Scottish Government has announced a commitment to providing a comprehensive death in service package for all NHS workers, and the [BMA is demanding that full protections are put in place in the other UK nations](#) in a second letter to the Chancellor.

The Scottish Government's statement reads "The Health Secretary recognises how important the death in service benefit is to NHS staff, including bank nurses. That is why we have agreed with the principal health service unions, including the BMA, RCN and Unison, that all staff affected by COVID-19 as a result of providing frontline treatment for COVID-19 patients will receive the full lump sum and survivor's pension benefits available under the terms of the NHS pension scheme, this includes permanent and fixed-term staff who are not members of the pension scheme, NHS Bank and NHS Locum staff.". Read the BMA statement [here](#). This was reported by [GP online](#), [FT adviser](#) and [Pulse](#)

BMA Wales is also calling for full death in service benefits for NHS workers, urging the Welsh Government to follow Scotland's lead. Read the press statement [here](#)

Regulation 61 – temporary arrangements for dispensing doctors

Under regulation 61 (1) of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, NHS England "may require a dispensing doctor to provide pharmaceutical services ("temporary services") to patients to whom the dispensing doctor is not otherwise entitled to provide pharmaceutical services". This can only happen during an emergency and for the first time since their enactment, this has now been declared. As noted above these are temporary only and for a specified period, currently up until 1 July 2020.

However, NHS England is not required to automatically require a dispensing doctor to provide temporary services, even if the nearest pharmacy is closed. GPC has raised concerns with NHS England's national position that regulation 61 does not need to be implemented at present. We are receiving reports of problems caused by this stance locally and do not see why implementation should not happen. This is a view shared by the Dispensing Doctors Association and PSNC.

Community Drug Charts

There is no need for a practice to complete a community drug chart/medicine administration record (MAR Chart) as a prescription is all that is legally required for a nurse, care home worker or community worker to administer medication. It is sometimes misunderstood that a MAR chart is an instruction for the medication to be administered, whereas it ought to be regarded as a record that a medication has been given, with the instruction being provided by the information provided by the prescriber on the prescription and recorded by the dispenser on the original packet. We are concerned that some organisations that use MAR charts still use them inappropriately as an authority to administer, rather than as a record of that administration.

If the employer of the community or care home nurse or worker requires any additional documentation then the responsibility for completing that resides with the organisation whose staff are using it, compiled from the information provided by the prescriber, and completed by staff trained in the process. The drugs themselves should be given according to the prescription as recorded on the original packet, with only the fact that it was given (or not) entered on the MAR chart. Access the GPC prescribing guidance [here](#)

GP Connect to provide access to patient data via the Summary Care Record (England)

To better enable the ability of the service to respond to COVID-19, additional patient data from primary care records will be made available to doctors, nurses and authorised professionals outside of primary care. The Joint GP IT Committee has indicated their support for this as an interim measure to help manage increased and complex demand during the current period. The letter of support is attached and also included in the guidance that has been issued [here](#)

Letter to NHSX raising concerns over COPI regulations (England)

GPC England has written the attached letter to NHSX to seek assurances on the misuse of COPI regulations to request GP data. We have had several queries from GPs concerned that they are being asked to provide data to projects that do not have approval from the Secretary of State or requests that fall outside of those areas covered by the regulations. While we appreciate the importance of sharing relevant clinical data at this time, requests to extract data which put the trust in the patient-doctor relationship in jeopardy or risk exposing GPs to liability must not be made.

Temporary removal of the routine DV medical

The government has announced the temporary removal of the routine DV medical for bus and lorry drivers. Under the new scheme, drivers will be able to receive a temporary 1-year licence, providing they do not have any medical conditions that affect their driving and their current licence expires in 2020, and they do not have to provide further medical evidence. Read full details [here](#).

BMA COVID-19 webpage and guidance

[The BMA COVID-19 webpage](#) is updated daily with guidance and links to official information:

- [NHS England guidance for primary care](#)
- [Health Protection Scotland guidance](#) for primary and secondary care
- [Public Health Wales updates](#)
- [Public Health Agency Northern Ireland latest information](#)

The BMA has published [ethical guidance on COVID-19](#).

If BMA members have any specific concerns or issues related to COVID-19 please contact the BMA's advisers on 0300 123 1233 and support@bma.org.uk.

Individual coaching support for primary care staff

NHSEI and RCGP have developed individual coaching support service for clinical and non-clinical primary care staff which is available by video link or telephone with highly trained, experienced coaches. The aim is that this will provide staff with opportunities to process experiences, develop coping skills, deal with difficult conversations and develop strategies for self-management in difficult circumstances. Primary care staff can register and book individual coaching [here](#). This service complements the wider range of health and wellbeing resources launched at www.people.nhs.uk.

Wellbeing

At times of crisis it is vital that we all look after our emotional as well as physical health, which is clear from the recent [BMA survey](#) which showed that almost half of UK doctors suffering from burnout, depression or anxiety. The BMA offers [wellbeing services](#), including 24/7 counselling, for your emotional health.

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

NHSEI health and wellbeing offer for NHS staff

NHSEI have launched a package of support for NHS staff this includes:

- A [suite of free guides and apps](#) offering support via guided meditation, tools to reduce anxiety and help with sleep problems.
- A [wellbeing support helpline](#) (including coaching, bereavement care, mental health and financial help) on 0300 131 7000, or alternatively, you can text FRONTLINE to 85258 for support 24/7.
- [Wellbeing webinars](#), including further details on the national NHSE/I offer. The sessions will be held every Wednesday between 4pm and 5pm. Previous sessions are recorded.

Other COVID 19 resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I daily primary care bulletins on COVID-19](#)

[NHSE/I COVID-19 webinars](#)

[COVID-19 Google Drive resource](#)

[Primary Care Pathways COVID-19 resource centre](#)

[NICE resources on COVID-19](#)

Condolences

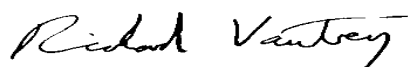
We would like to offer our condolences and pay tribute to all the GPs and others working in primary care who have died as a result of COVID-19. This week we have been informed of the deaths of Dr Craig Wakeham, a GP and longstanding member of Dorset LMC, and Dr Krishan Arora, who was a GP in Croydon. In addition, Dr Eddie Josse, who was a former member of the BMA's GP committee in the 1990s and previously a GP in Bounds Green, North London has also died. They will all be sadly missed and we wish to offer our sincere condolences to their family and friends.

See this week's GP bulletin [here](#)

See the latest Sessional GPs newsletter [here](#)

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee