

LMC Update Email

26 June 2020

Dear colleagues

Trust GPs to lead: learning from the response to COVID-19 within general practice in England

The results of our fifth and [sixth tracker survey](#) highlighted the scale of extra work being taken on by GPs during the pandemic, something that is continuing to increase. Our new report, [***Trust GPs to lead: learning from the response to COVID-19 within general practice in England***](#), which was published this week, explores how these demands can be managed both in the short and long term.

We set out five principles that must be addressed as part of learning the lessons of COVID-19 as follows:

- We must capitalise on the greater autonomy provided to general practice during the pandemic and incorporate the positive learning into new ways of working.
- There must be a significant reduction in the level of regulation within the system. The burden of regulation has previously fallen on all practices rather than focusing on appropriate support for the very small number of practices when this is required.
- There must be a significant reduction in the level of bureaucracy and duplication caused by information requests from Government departments, national regulators, commissioners, local providers of health services and many other organisations.
- It is essential to increase the level of digital and technological support for practices including a rapid rollout of appropriate, safe, reliable, robust and secure digital technology and consultation software (including video where appropriate) for practices to use.
- GPs should be empowered as clinical leaders in their communities, strengthening and resourcing the development of primary care networks and giving them the necessary flexibility to use available resources, workforce and partnerships within their area.

The report also sets out a range of solutions that will enable GPs and practices to manage the ongoing demands of responding to COVID-19, and looks at GPs being supported to continue delivering innovative patient-focused local services for both the short and long term. I have already had the opportunity to talk to the Health Minister, Jo Churchill MP, about our report and its recommendations.

Read our full BMA statement about the survey and the *Trust GPs to lead* report [here](#)

This was reported by [Pulse](#) and [GP Online](#)

BAME doctors not being given access to COVID-19 risk assessments

The BMA's [sixth tracker survey](#) also showed that more than a third of BAME doctors in the UK are still not being given access to potentially life-saving COVID-19 risk assessments. The survey also showed revealed that BAME doctors are still less likely to feel fully protected from coronavirus compared to their white colleagues (29% compared to 46%), and far more likely to often feel pressured into treating patients without the proper protective equipment⁴ (7% compared to 2.5%).

Read the BMA statement [here](#). This was reported by The [Daily Telegraph](#) and [GP online](#)



We updated our [guidance on risk assessments](#) last week to include two new sections for GP practices looking at the implications of risk assessments for practices and the risk assessment tools that are available to practices to use.

As Dr Farah Jameel, GPC England Executive Team member, has [stated](#): “This week, many doctors, including myself, were rightly disturbed by the results of the latest BMA survey. It found that more than a third of BAME doctors in the UK are still not being given access to potentially life-saving Covid-19 risk assessments – nearly two months after [NHS England issued recommendations that risk assessments](#) should be carried out for all staff as a precautionary measure. For white doctors, 42% said they haven’t had risk assessments yet. Every other healthcare worker in community and hospital trusts have access to an occupational health service that provides expert help, advice and support, but this most fundamental of services to support the workforce is something that has been denied to those working in general practice for decades. This pandemic has exposed how short-sighted this lack of provision is, and if the Westminster Government is going to learn anything from the last few months, then it must take swift steps to address this.”

In response to my letter to Simon Stevens earlier this month and our lobbying on these issues, NHSEI have issued a [letter](#) which sets out that CCGs should commission an occupational health service to support practices with this risk assessment process. This should be made freely available to practices as soon as possible through local OH capacity, or by commissioning more to complement existing OH services via this [Dynamic Purchasing Solution](#), if additional capacity or access outside normal working hours is needed. CCGs are asked to assure that this is happening comprehensively and speedily in their areas.

Need for robust digital systems and sustainable plans to manage GP workload

The latest [tracker survey](#) has shown a lack of robust IT systems and digital solutions to help secondary care colleagues complete necessary tasks, leading to work being transferred to general practice without sustainable services in place. At the same time, we are still facing intense resource shortages, with 80% of GPs surveyed saying they need an increased supply of face masks for staff.

Half of those responding to the survey said that they are having to provide care that would normally be delivered by secondary care colleagues and 81% said they have been asked to carry out new investigations and manage ongoing care, which would also usually be done in hospitals, further adding to GPs’ growing workload.

Due to reduced numbers of patients attending hospital, practices are being expected to perform blood tests for hospital outpatients, prescribe medication that would normally be given in secondary care, and at times complete tests before making a possible cancer referral, which could lead to delays in treatment. This needs rapid action to deliver long-term solutions to improve the interface between secondary and primary care, and make sure we have the digital infrastructure in place to stop unnecessary prescribing, duplication of workload and extending patient pathways. The NHS must be properly joined up and resourced at all times – not only in preparation for something as serious as COVID-19, but also for when the crisis has subsided

The importance of this was illustrated by a misjudged question at the final No 10 daily press briefing earlier this week. It is clear that clinicians in general practice, hospital and other services have all been under immense pressure throughout the last few months as we all played our part in responding to the COVID-19 pandemic and it’s now vital that we work together to develop improved care pathways that are sustainable and do not place unrealistic expectations on anyone. We will be working with our secondary care colleagues in the BMA on this and have also raised these issues with government ministers and NHS England and Improvement.

The extra work and lack of support, on top of the challenge of the pandemic, is also likely to explain why 31% of doctors surveyed feel as though they are currently suffering from a form of depression, anxiety, stress, burnout, emotional distress, or other mental health condition, and that it's been worse while working during COVID-19.

Read the full BMA statement about the survey and the Trust GPs to lead report [here](#).

Shielding update

The [Government has announced](#) that from Monday 6 July, the advisory guidance for clinically extremely vulnerable people who are currently shielding from coronavirus, will be eased, and that they will be able to gather in groups of up to 6 people outdoors and form a 'support bubble' with another household. The guidance will be relaxed further in August, should the reduction in viral prevalence continue. In relation to this the Government in England has informed practices that it will [write](#) to those on the shielded list to make them aware of the updated guidance. Read the [Government's guidance on shielding](#) for patients.

The NHS will continue to maintain the Shielded Patient List in order to enable targeted advice and support to those who are most vulnerable should that be required in the future. Practices should therefore continue to add or remove patients from this list as is clinically appropriate. In addition, we are talking to NHSEI about research being done that could refine the identification of those who are most at risk and would benefit from shielding should that be necessary.

Indemnity arrangements for NHS Primary Care staff undertaking COVID-19 antibody tests

NHSE/I has now confirmed that where primary care staff undertaking COVID-19 antibody tests are not covered for this activity under their existing indemnity/insurance arrangements, they will be indemnified under the [Clinical Negligence Scheme for Coronavirus \(CNSC\)](#) which was established in accordance with new powers from the Coronavirus Act 2020. NHS Resolution has added an [FAQ](#) which states:

Where you are appropriately trained and competent to undertake this activity, and you are not covered for this activity under your existing indemnity/insurance arrangements, you will be indemnified under the Clinical Negligence Scheme for Coronavirus (CNSC). The CNSC has been established by NHS Resolution to meet liabilities arising from the special healthcare arrangements being put in place in response to the coronavirus outbreak.

Antibody testing undertaken in NHS trusts will be covered under the Clinical Negligence Scheme for Trusts. Further information on the rollout of the antibody testing programme is set out in NHSE/I letter on 25 May 2020.

Read all the FAQs on the Clinical Negligence Scheme for Coronavirus [here](#)

Temporary resident registration for antibody testing (England)

GPC England continues to be clear that it is wholly inappropriate to use the temporary residents mechanism to offer antibody testing for staff and that to do this may be in breach of the GMS regulations. NHSE/I agree with us that this is outwith the regulations and not practical for practices or their staff. Antibody testing for those working in general practice is not mandatory. If those working in general practice wish to have an antibody test, we believe the results should, as is happening in some areas of the country, be provided directly to the individual having the test and should not require the involvement of the employer.

GP Standard Operating Procedure updated

NHSE/I have added two new sections to the [GP Standard Operating Procedure](#) and updated it with some additional information and links for ease of access. The updated sections are on:

1. Outbreak management in the context of COVID-19 – with a recommendation to review business continuity plans.
2. Suspected or diagnosed cancers, including ongoing cancer treatment – information on referral into secondary care.

The Healer in times of COVID: supporting each other through adversity

The BMA and NHS Practitioner Health are holding a [virtual conference](#) on Thursday 23 July 2020, 12.30 - 3.30pm to address the health and wellbeing of the health care workforce in the context of COVID-19. Chaired by leading experts, the conference will explore the impact of pandemics on the mental health and wellbeing of health care staff. By discussing the global impacts of the pandemic, and bringing together a vibrant community of professionals, we will share lessons learned and collaborate to build a vision moving forward post-COVID-19.

Join expert speakers and panellists including Professor Neil Greenberg, Dr Michael Myers and Anna Soubry. Register your place at this free event [here](#).

BMA issues holiday guidance ahead of domestic tourism return

Following the [guidance](#) issued by GPC England about the support practices can continue to offer their patients when travelling on holiday this year in order to support colleagues in tourist areas, the BMA has today issued further advice and public health information for the public. This comes just days after pictures of a crowded Bournemouth beach raised concerns over social distancing. The BMA's public messaging campaign¹ urges people to:

Don't travel if you're ill, or have any symptoms of COVID-19 (e.g. cough, high temperature, loss of smell or taste)

- Have a plan for self-isolation if you, or anybody in your 'bubble', develops symptoms or are told to do so by the official NHS Test and Trace service. You will likely be required to self-isolate for 14 days.
- If you take medicines prescribed by your doctor, make sure you have enough with you to last for your time away
- Practise good social distancing and hand washing while you are away from home
- Wear a face covering whenever you are mixing with others outside your 'bubble' and cannot social distance, particularly when you are indoors.

To read more about the principles [see PDF here](#)

BMA COVID-19 guidance

We continue to regularly update our [toolkit for GPs and practices](#), which should help to answer many of the questions we have been getting 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.

Mental health and wellbeing

The BMA's latest [tracker survey](#) revealed high levels of exhaustion and stress amongst doctors. The BMA continues 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. For hard copies of our Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

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.

Other COVID 19 resources

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

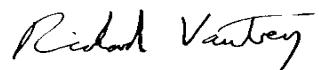
[NHSE/I primary care bulletins](#)

[NICE resources](#)

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

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee