

Leeds LMC ViewPoint – Covid-19



The newsletter of Leeds Local Medical Committee Limited

27th March 2020

We have all seen radical changes to the way we work, our home and social life and to our nation in the last few days. The rapidly developing situation related to the spread of coronavirus and increasing numbers of patients needing treatment and support with COVID-19 will undoubtedly challenge us like never before. It will also cause understandable anxiety and concern as we seek to protect ourselves, our workforce and our families.

It is at times like this that we need to support one another as well as we can. Leeds LMC will continue to do what we can to do that during this crisis and beyond. We continue to be here for you so please do not hesitate to get in touch.

You will all be aware that, on Monday, the Prime Minister issued a [statement](#) introducing even [tougher measures on social distancing and said that people “must stay at home”](#) in order to protect the NHS and save lives, by reducing the spread of the infection. As both the [Prime Minister](#) and the Secretary of State for Health and Social Care have now both tested positive, and with England’s CMO Prof Chris Whitty also showing symptoms, the spread of infection is clear. It’s all the more important to use remote methods for consultations, to limit face to face contact with patients to the absolute minimum when clinically necessary, and then to use PPE at all times.

Vulnerable patients and social distancing

Following the announcement last week introducing new measures on [social distancing](#), advising those at increased risk of severe illness to be particularly stringent, the Chief Medical Officer for England has published [a letter defining those at high risk](#), which are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition and with particular chronic diseases – ie anyone eligible to get a flu immunisation as an adult each year on medical grounds.

The BMA have published joint guidance with the Royal College of GPs on *Vulnerable Patients – Role of General Practice during COVID-19*, which can be accessed on the [RCGP COVID-19 hub page](#).

Referrals from primary care to secondary care

On the 25th March NHS Leeds CCG announced that with immediate effect, practices should not refer any patients (including children) requiring a routine outpatient consultation or a routine diagnostic test to any Leeds providers including community and Independent Sector providers. We have been liaising with the CCG to ensure that this information is provided directly to patients, so they understand the situation and do not pressure practices in to making referrals that are not necessary at this critical time. Practices will be understandably concerned about the risk of not referring patients and we are seeking national guidance on this.

COVID Practice Support

The CCG has informed practices on some of the support they are able to make available during the COVID situation. The attached documents reiterate the position with regarding the local quality improvement scheme and also provides information about an interim payment to practices along with a request for 'additional' spend to be monitored on an ongoing basis.

PPE & Testing

We have been very concerned about lack of appropriate PPE for primary care providers and the problems practices are having in obtaining additional supplies. The BMA have been working to resolve this with NHS England and the Department of Health and Social Care. The BMA has [written to the prime minister](#) calling for this to be urgently resolved, in addition to demanding that testing be made available for healthcare workers, and Dr Richard Vautrey also raised this directly with the health minister, Jo Churchill MP. The BMA's serious concerns led national news bulletins on the 25th March.

As a result of this action steps are now being put in place to ensure practices can order and receive the PPE they require. The messaging on the helpline has now changed.

The National Supply Disruption Response was designed to deal with supply disruption in the event of no-deal Brexit and is now focussed around the distribution of PPE. Practices should have received the initial deliveries of PPE as an initial support response. Additional stock was then placed with distributors and wholesalers (such as Phoenix/ DCC Vital/ Williams) to enable GP practices to order through their BAU routes.

NHSEI and DHSC are working with the military to enable swift movement from pandemic stockpiles into distribution centres to fulfil demand.

For more immediate short term issues NSDR are able to issue 'pre-packed kits' with a minimum of (100 Type IIR facemasks; 100 aprons and 100 pairs of gloves) within 72 hours. **Primary care providers who raise requests for kits through NSDR must be able to make arrangements to receive emergency delivery of these 'pre-packed kits' outside of business hours.** They are focussed on providing swift responses to meet gaps until scheduled deliveries arrive; and until orders with wholesalers through BAU are back up and running. The National Supply Disruption Response 24/7 telephone helpline is [0800 915 9964](tel:08009159964).

CCG coronavirus mailing list for primary care

The LMC are encouraging all our members to keep updated with the latest developments in the fast moving situation around COVID-19. We are working with colleagues from NHS Leeds CCG who have been providing helpful daily briefings for primary care, however we understand that a large number of you have not received these. Therefore we would encourage all who wish to be added to the CCG's primary care COVID-19 email distribution list to email Leedsccg.primarycare@nhs.net with 'I'd like to be added to the primary care COVID-19 distribution list'. Please do share this message with all your contacts.

Covid-19 - Remote consultations & homeworking

The BMA has published guidance to support doctors in any healthcare setting to conduct remote consultations during the pandemic. [Read the guidance >](#)

A new [BMJ article on remote consultations](#) provides a helpful summary on how to do these

as effectively as possible, and underlines the importance of reducing face-to-face physical consultations to an absolute minimum.

Workload prioritisation

GPC England have published joint guidance with the RCGP on *workload prioritisation for clinicians in general practice during COVID-19*. This should be read alongside GPC England's [own guidance on prioritisation](#) published last week, where we advise practices to prioritise the urgent needs of their patients and do so in a safe way that protects the workforce. As this is a rapidly developing situation it is possible that this guidance will need to be updated and we will inform you if that is necessary. Read the guidance on the [RCGP COVID-19 hubpage](#)

Digital Isolation Note

A digital isolation note created by the NHS and DWP is now available to provide patients with evidence for their employers that they have been advised to self-isolate due to coronavirus, either because they have symptoms or they live with someone who has symptoms, and so cannot work. The notes can be accessed through the [NHS website](#) and [NHS 111 online](#). After answering a few questions, an isolation note will be emailed to the user.

Coronavirus Act & Easter Opening Hours

The [emergency Coronavirus Act](#) has now become law. In addition emergency changes to GMS contract [regulations](#) have been made which are likely to lead to practices being required to be open on Good Friday and Easter Monday, as it is expected that this bank holiday period will coincide with a peak in activity. The BMA are working with NHSE/I on the details of this and will provide more information as soon as possible. The regulations also make provision to allow an increased number of bookings from NHS111 and provision for dispensing doctors and pharmacies to deliver medicines to patients.

Death Certification and Cremation Forms

The BMA are urgently speaking with the DHSC to clarify as quickly as possible what the new procedures will be following today's passing of the [Coronavirus Act 2020](#) for certifying deaths of patients. This will be updated as soon as these measures come into force.

Please see the attached letter Leeds LMC sent to the H M Coroner's Service on the 25th March re Covid-19 pandemic. You can read the response below from the Senior Coroner:

"I have no objection to the suggestion to reduce infection risks and speed up reporting and authorising procedures that video links will be used to complete cremation forms, provided that any suspicious or unusual aspects would trigger a reversion to the previous procedures. I would expect this arrangement to cease once the current emergency has passed.

In the hope it avoids unnecessary reporting of deaths to the Coroner let me also emphasise that deaths attributable to Covid 19 are not reportable to the Coroner as they are regarded as a natural cause of death, notwithstanding that they are reportable to Public Health England."

And when asked about the use of telephone and video consultations prior to death and then the completion of a death certificate he said:

“Yes I would regard a telephone/video consultation as sufficient. Similarly, if a GP’s advanced nurse practitioner had seen a patient in the course of treatment for a chronic condition, then their entry in the medical records may well constitute a consultation by the GP’s team for current purposes.”

Social Prescribing Link Workers COVID-19 Guidance

The National Association of Link Workers has published [Social prescribing link workers COVID-19 guidance](#) regarding what social prescribing link workers should be doing at this time, and the support that could be available from them

Engagement of locum GPs

As general practice continues to adapt and prioritise the delivery of services, we are aware that many practices with existing engagements with locum GPs are continuing as best as possible to honour these commitments and to find equitable arrangements for the division of work. During this stressful time it is important that the workforce continues to pull together and support each other. Where there is uncertainty over the ability to honour existing commitments, please continue to engage at the earliest possibility to find collaborative solutions.

Retired doctors and returning on performers list

Last week, the [GMC](#) wrote to the doctors who have retired in the last three years to ask if they would be willing to return to practice to provide support during the pandemic. This week the BMA have written [a joint letter](#) with NHSE/I and the Royal College of GPs, to GPs specifically to let them know how they can help if they would like to, including letting people know how they can ask to be temporarily registered on the Performers List.

The MDOs have waived their fees for retired doctors returning to work – read more on their websites:

[Medical Protection](#)

[Medical Defence Union](#)

[MDDUS](#)

Remote access solution

NHS Leeds CCG and Leeds City Council have been working on a system to allow practice staff to access their practice PC (including clinical systems and files) from their own home computers. Please see the [latest guidance](#) and a request for you to compile a list of users that need a remote access account.

Community Pharmacy West Yorkshire on Pharmacy opening & ways of working

Please see the message below from the Chief Executive Officer at Community Pharmacy West Yorkshire. Leeds LMC suggest that practices liaise with their local pharmacies to find out their current situations:

Like General Practice, some Community Pharmacies are beginning to work in different ways this week to help protect their teams, patients and the public – largely in response to huge increasing workload of walk-in patients, minor illness, access to medicines (prescription & OTC), and picking up additional workload. This may include:

- Limiting the number of people within the pharmacy at the same time
- Sectioning the pharmacy to encourage social distancing (at least 2 metres) for people coming into the pharmacy with floor markings (using tape) or barriers (if possible)
- Using a hatch (mainly for out of hours pharmacies) for pick up and drop offs

Pharmacies will remain open wherever possible, but you may see that some are now having to reduce the hours during which they can admit members of the public ie closed door working. This is to ensure that pharmacy teams have time for cleaning, to safely deal with high volumes of work and allow time for teams to briefly recover before going again.

On 22nd March 2020, NHSE&I updated its [COVID-19 Standard Operating Procedure \(SOP\) for community pharmacies](#), giving pharmacies some flexibility in the hours in which they need to open to the public:

- Pharmacies may close their doors to the public for up to 2.5 hours a day, including lunch.
- Community pharmacies are expected to be open to the public between 10am-12 noon and 2pm-4pm as a minimum (if these are contracted core or supplementary hours).
- Similarly, 100 hours pharmacies should be open from 10am–12pm and 2pm–6pm as a minimum.

No notification to NHSE&I is required for opening hours flexibility (closed-door working).

There may be longer closures for deep cleans or workforce shortages. In addition, some community pharmacies situated in other premises, for example, GP practices, supermarkets and shopping arcades may have other reasonable cause to close, due to circumstances beyond their control.

In these situations, pharmacies will endeavour to make arrangements with one or more community pharmacies situated in the same area, inform local GP practices and the NHS England Regional Team.

[National guidance for community pharmacy](#) has been published which addresses opening hours, responsible pharmacist and unplanned (emergency) closures and CPWY will be signposting pharmacy contractors this alongside the updated NHS [COVID-19 community pharmacy SOP](#) (revised 22nd March 2020).

These are unprecedented times and exceptional measures may be required to ensure patient and public safety, as well as the safety and welfare of the pharmacy team.

QOF calculations 2019/20 and 2020/21

NHSE/I has published a [letter](#) confirming that calculations for QOF 2019/20 will be made as usual, and will be analysed to understand the impact of Covid-19. This letter also committed that NHSE/I will ensure that all GP practices in 2020/21 continue to be paid at the same rates.

Medication advice during the COVID-19 pandemic

UCL Hospital's Medicines Information Service have put together a list of useful links that outline the significant number of guidelines produced to support medication advice for patients. The document is attached.

BMA ethical guidance on COVID-19

The BMA has now published ethical guidance on COVID-19 – access it [here](#). The RCGP will be bringing out further, primary care specific guidance shortly and the BMA will be bringing out more detailed guidance once the CMO has issued its guidance on prioritisation and triage.

Pensions

For over 18 months the BMA has been raising significant concerns over the impact of punitive annual allowance tax charges facing senior doctors across the NHS. The announcement from the Chancellor in the Budget Statement of an increase in the threshold income of all workers to £200,000 (or £240,000 adjusted income) demonstrates that the Government has listened to our compelling evidence. However, it is not everything that we have asked for. We fundamentally believe that the annual allowance is unsuited to defined benefit schemes such as the NHS and many doctors with incomes far below the new threshold income will face tax bills as a result of exceeding the standard annual allowance, which remains set at £40,000. However, the fact that Government has committed to significant taxation reform demonstrates that our campaigning has been effective and delivered an outcome that will help the majority of doctors.

Separately NHSE/I have, after persistent pressure from GPC England, written to all GP contract holders and performers of primary medical services under GMS, PMS and APMS contracts (including Type 1 and Type 2 Medical Practitioners and Freelance GP Locums). The letter gives eligible clinicians assurance that they can undertake any combination of clinical roles for the NHS during the 2019/20 tax year without suffering any financial loss as a result of the annual allowance pensions tax, subject to using the Scheme Pays mechanism. This includes any additional work related to the response to coronavirus. It is important that you understand how pension taxation affects you. You can find information and guidance on the [BMA website](#) and the letter to GPs is attached and please circulate this widely.

The BMA will be considering their full response to the Government's announcement and raising those issues on your behalf that remain unresolved. For GPs it is essential that information about their pension is provided in a much timelier manner so they have the confidence that they will not be penalised for doing more work.

Submission of estimates of pensionable earnings

NHS England have advised that a proportion of practices have still to submit the mandatory 'NHS Pensions - Estimate of GP and non-GP Provider NHS Pensionable Profits/Pay: 2020/21' forms. As the 1 March 2020 deadline for submission has passed, practices are advised to complete this as soon as possible. PCSE have been advised by NHS Pensions from April 2020 to deduct the contributions at the 14.5% maximum tiered rate regardless of previous contribution rates if they do not have the estimate. This will impact on practices resulting in the higher deductions being made. Forms are available from the NHSBSA [website](#) and via PCSE [online](#)

PCN guidance (England)

An updated version of the [PCN handbook](#), taking into account the 2020/21 contract agreement, has now been published, as has the first PCN scenario, based on a four practice PCN in the South West, [here](#) (in the PCN section). Further real-life PCN scenarios will be published in due course. Full details about PCN DES arrangements for 2020/21 will be published next week.

NHSmil for locums in England

We are pleased that [NHSmil for locums in England](#) is now an option for all GP locums. Benefits of having an NHSmil include being able to share patient data with NHS colleagues and allowing locum GPs to be added to local distribution lists such as those run by CCGs. This will enable locum GPs to keep up to date on local, regional and national

issues. If you are a GP locum in England, you can now apply for an NHSmail account by completing this [form](#).

Change to support for NHSmail and Smartcards

From 1 April 2020, the NHSmail and RA Smartcard support will be changing to The Health Informatics Service (THIS). The Support Desk can be reached on 0845 1272600 or via email theservicedesk@this.nhs.uk

Other IT support numbers for Emis /SystemOne are [available here](#) (see IT support contact information).

GENERAL INFORMATION DISTRIBUTED TO PRACTICES THIS MONTH

Listed below is the information the LMC has sent to Practices recently. If for any reason you would like another copy and/or further information, please contact us.

- Regular COVID-19 updates
- Pension annual allowance tax charge
- CCG Clinical Chair election
- 3 months free access to headspace for NHS workers
- Northern Interbranch Group Meeting Mercure Parkway Hotel 7/3/20 - Study day

VACANCIES

Primary Care GP Clinical Lead for Rapid Diagnostics (ACE Vague Symptoms Pathway) St James' University Hospital

Please see the attached link for a primary care champion for the ACE project. Seeking innovative, resilient decision makers who are keen to broaden their knowledge in diagnostic pathways for patients presenting with vague but concerning symptoms.

<https://www.jobs.nhs.uk/xi/vacancy/915996559>