



## **New NHS Test and Trace service**

The DHSC announced its [NHS Test and Trace](#) local outbreak control plans designed to help control the COVID-19 virus. The plans involve rapid testing at scale, integrated tracing to identify, alert and support, and using data to target approaches to flare ups, at a local and national level.

Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions. This could include household members, people with whom they have been in direct contact, or within 2 metres for more than 15 minutes. If those in isolation develop symptoms, they can book a test at [nhs.uk/coronavirus](https://nhs.uk/coronavirus) or by calling 119. If they test positive, they must continue to stay at home for 7 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period. Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly spreading the virus.

If someone who works in, or has recently visited, a health or social care setting such as a practice tests positive for coronavirus, their case will be escalated to local public health experts, who will liaise with the relevant setting to agree on the most appropriate action. If they were wearing PPE at the time of the contact, this will not count as a contact.

The NHS Test and Trace service, including 25,000 dedicated contact tracing staff working with Public Health England, will have the capacity to trace the contacts of 10,000 people who test positive for coronavirus per day and can be scaled up if needed. A FAQ document is attached giving further information.

## **Antibody testing**

NHSE/I has confirmed that the antibody test will now be available for practices to use when and if practices deem appropriate to help manage their patients. Where there is not a specific clinical indication for the test it may be offered to patients already having their blood taken and who wish to know whether they have been infected with COVID-19. There is no obligation for practices to do this. The NHS lab result will be available to the practice in the normal way and it is their responsibility to inform the patient of the result and that a positive test does not indicate immunity to COVID-19.

Details of plans to roll out testing to staff working across primary care that wish to have this will be available shortly.

## **New walk-to testing centre**

A new covid-19 walk-to testing facility has opened for people living within walking distance of the Bridge Street Community Centre, Rider Street, in the LS9 7BQ postcode area of Leeds. The centre is open to everyone in the area who is Covid symptomatic, lives within walking distance of the site and does not have access to a car. Tests are only available by pre-booking. A public information leaflet is [available here](#).

People who have access to a car and require a test should not use this service but can register for a test at the drive through facility (Temple Green) at [nhs.uk/coronavirus](https://nhs.uk/coronavirus) or by telephoning 119.

## **NHS Employers risk assessment guidance for BAME and other staff**

[NHS Employers has now published guidance](#) on risk assessment for NHS organisations on how to enhance their existing risk assessments particularly for at risk and vulnerable groups within their workforce due to COVID-19. This includes staff returning to work for the NHS, and existing team members who are potentially more at risk due to their race and ethnicity, age, weight, underlying health conditions, disability, or pregnancy and applies in all healthcare settings.

[Guidance has also been produced by the Health and Safety Executive \(HSE\)](#) that is intended to help organisations identify who is at risk of harm. It includes templates and examples that organisations can adopt, along with specific guidance. This guidance emphasises the legal obligation of employers to do a workplace assessment.

The [BMA has been lobbying government to take urgent steps to address the need to protect Black, Asian and minority ethnic \(BAME\) communities from COVID-19](#). The BMA had previously [written to Sir Simon Stevens](#) on the need for more practical advice, to practices, on risk assessment. Also read the [BMA guidance on risk assessments](#).

This follows on from the publication of [FOM Risk Reduction Framework for NHS staff at risk of COVID-19](#) that is now included in the further reference section of the NHS Employers guidance.

## **Immigration health surcharge for overseas healthcare workers**

We welcome the [announcement that the Government is going to scrap the immigration health surcharge for overseas healthcare workers](#). Chaand Nagpaul, BMA council chair, said: "This announcement is long overdue but is testament to the BMA's persistent lobbying for this surcharge, unfair to so many NHS workers from overseas, to be abolished. This is without a doubt a moral victory and brings huge relief to those facing bills of up to thousands of pounds – as well as the insult of having to pay for the very services they are working so hard to provide." Read the BMA statement [here](#)

## **Remote consultations for learning disability health checks**

Providing support to people with learning disabilities is an important part of general practice activity, which includes offering the opportunity for an annual health check. [NHSEI](#) have confirmed that, with regards to health checks for people with a learning disability, where this cannot be delivered safely face to face or where the patient has other medical conditions which require them to shield or socially isolate, the review could be conducted remotely. Decisions about the best way to conduct a health check should be made on an individual basis, taking in to account the challenges some patients might have with this. The BMA [toolkit for practices](#) now also includes an [FAQ for locum doctors working remotely](#).

## **New coronavirus life assurance scheme**

On 27 April a new life assurance scheme was introduced covering health and social care workers during the COVID-19 pandemic. Details of the scheme have now been published by NHS Business Service Authority - scheme rules including guidance for claimants and employers can be found [here](#). This payment is in addition to Death in Service (DiS) benefits linked to the pension schemes. We are aware of outstanding issues around DiS benefits, particularly for locum GPs, and continue to lobby on those.

## **NHS pension scheme death in service guidance**

Dr Krishan Aggarwal, BMA pensions committee deputy chair, has written a blog to provide guidance about the NHS pension scheme death in service arrangements and can be found [here](#).

## **Temporary residents and travelling patients**

GPC England has issued new guidance on the use of remote consultations as a way for practices across the country to support colleagues working in practices in tourist areas who may face a large increase in visitors this summer. Patients are now much more likely to contact their own practice by phone or video rather than having to temporarily register with another practice. Read the guidance [here](#)

### **Fit note requests**

The LMC is aware that during this time of national emergency there is a significant increase in demands being made at practices for fit notes. This is relatively straight forward for patients that are acutely or chronically unwell. However many requests are to cover patients that are not actually acutely/chronically unwell or on the shielded/clinically extremely vulnerable lists.

Patients making these requests should be directed to discuss this with their employers and employers should be making reasonable adjustments and appropriate risk assessments for their staff, with occupational health support when necessary. A fit note should not be required. It is not appropriate for a practice to issue a fit note in such circumstances and they should only do so if the patient has a recognised stress related problem as a result of their employer not being able to make the necessary social distancing requirements

### **Death verification and certification**

The DHSC have published [guidance](#) on verification of death which aims to clarify existing practice for the verification of death outside of hospitals and to provide a framework for safe verification of death in this coronavirus (COVID-19) emergency period. The guidance is linked on the BMA [website](#) and sits alongside their own guidance on this.

The CQC has published a [joint statement](#) with the General Medical Council and Healthcare Improvement Scotland about death certification during the COVID-19 pandemic. The statement is a reminder that prompt and accurate death certification is crucial, particularly during this emergency period. It also emphasises that all doctors must complete a medical certificate care of death (MCCD) as accurately as possible, citing what they believe to be the most likely cause of death.

Leeds LMC has been working with the CCG and others to clarify and adapt [a VoED process for the city](#). The process uses the BMA guidance and clarifies some existing arrangements as well as some additional ones in line with national guidance and local examples of good practice. This now includes the availability of a VoED pathway through Immedicare, the ability to use video conferencing facilities, the availability of virtual VoED training for nurses in nursing homes and the development of training for carers in residential homes who may support a nurse or a GP to verify an expected death.

Clinical judgment should be used whenever considering this important process but this should minimise the need for GPs to verify expected death and should provide a system that can be used beyond the current pandemic. The policy and process are [available here](#).

### **Domestic abuse during COVID-19: advice for NHS staff**

There has been a concerning increase in domestic abuse cases during the pandemic, and the Home Office have launched a national campaign to raise awareness of the support available. NHSEI has sent a [letter with advice for NHS staff on dealing with domestic abuse during pandemic](#), which lists a number of resources that may be useful for NHS staff in signposting to specific support teams.

The DHSC has also launched a [resource](#) that looks at how health professionals can support patients who are experiencing domestic abuse. The document helps health staff to identify potential victims, initiate sensitive routine enquiry, respond effectively to disclosures of abuse.

### **Restoration of cervical smear services**

NHSE/I and Public Health England have published guidance on the restoration of cervical smear services, following the advice to step up urgent services which includes screening. The document provides guidance to NHSEI regional public health commissioning teams to support conversations with providers of NHS Cervical Screening Programme services to ensure that they are restored in a consistent, safe way. Read the guidance [here](#)

### **CPR guidance for primary and community care**

The Resuscitation Council, together with the Royal College of GPs, have published guidance for healthcare workers (HCWs) who are performing cardiopulmonary resuscitation (CPR) in primary and community care setting. The guidance clarifies that as CPR is an aerosol generating procedure (AGP) in the context of COVID-19, AGP PPE is the safest option for HCWs when undertaking chest compressions and other resuscitation procedures on patients with suspected or confirmed COVID.

However, it is recognised that this may not always be achievable in a primary or community care setting depending on the availability of PPE. In the absence of AGP PPE, non AGP PPE if available for clinical care, must be worn as a minimum for resuscitation events. Read the guidance [here](#).

### **Preparing for flu immunisation 2020/21**

NHSEI has published the [annual flu letter for the 2020/21 programme](#). It is recognised that delivering the flu immunisation programme is likely to be more challenging this year because of the impact of COVID-19. NHSEI will publish further guidance nearer the planned start of the programme in September 2020, but in the meantime, practices should continue to plan for the programme as usual. The letter sets out which groups are eligible for flu vaccination (same as last year but different vaccinations for different groups) and how to prepare for this autumn's vaccination campaign.

### **Improving vaccine uptake**

The JCVI recently published a [statement](#) on the importance of maintaining immunisation services to reduce the risk of vaccine-preventable disease during the COVID-19 outbreak. Following this, [NHSEI](#) has advised that it may be necessary for CCGs and PCNs to facilitate the transfer of locally held vaccine stock from one provider to another to ensure the continued delivery of immunisation programmes. In addition, MHRA has confirmed that it will not prevent the transfer of locally held vaccine stock from the NHS routine immunisation services during the pandemic.

Leeds LMC supports the [NHSEI campaign to encourage uptake of immunisations](#) that was launched this month. Practices should do what they can to encourage all those eligible for vaccinations, particularly children and vulnerable adults, to get protected as no one wants an outbreak of another infection against which we have effective vaccinations.

### **Making the most of digital systems**

NHS England's Digital Primary Care team would like to offer practices additional support to help you maximise the use of digital tools. The offer is fully funded and will be tailored to meet your specific needs. The key areas of work include online and video consultation/ remote working; electronic prescriptions service; GP Connect; business process change / workflow re-design and understanding practice needs; and supporting a tailored approach in the use of digital tools. This is designed to ensure you, as a practice, are making best use of digital and are set up for further work in future with other local NHS providers.

Please see the [letter](#) and [presentation](#) which outline the offer. Expressions of interest can be made by completing [this form](#) and returning it to [leedscqg.primarycare@nhs.net](mailto:leedscqg.primarycare@nhs.net) by **5pm on Monday 8 June**. If you have any questions please email [juliette.martin@nhs.net](mailto:juliette.martin@nhs.net)

### **NHS Digital national GP data extraction to support COVID-19 planning and research**

Registration among practices nationally for the tactical GPES extraction for planning and research related to COVID-19 has now reached 84%. The DPN, which contains all relevant information on the extraction, is available [here](#). NHSD has asked that all practices register their participation by 27 May before the first fortnightly extract takes place. A supplementary transparency notice aimed at patients has now been [uploaded here](#) which GPs can utilise should they wish.

### **NHS staff offers**

Leeds CCG's daily bulletin has included information about offers available to NHS staff. [This list](#) includes all of the offers that NHSE/I have been able to confirm across supermarkets, food, transport and other miscellaneous items. Some of these require you to register with an NHS email address. Ordinarily, these should only be used for work, and it is not recommended that when signing up to one of these services that you use your NHSmail password for any discounts or offers.

### **LMC Buying Group May Update**

Please see link to [Update](#) The LMC Buying Group have some great offers from their approved suppliers in this edition. Medical Consumables supplier, MidMeds has a great update for member practices.

### **The Cameron Fund Newsletter – Spring/Summer 2020**

Please share the attached Cameron Fund's latest newsletter within your practice.

In the meantime, please signpost any GPs to the Cameron Fund, if you think they are in financial hardship - especially during this difficult time.

### **Experience of Covid-19 - Blog**

Paul Garner, professor of infectious diseases at Liverpool School of Tropical Medicine, discusses his experience of having covid-19 [Blog](#)

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## **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.

- CPWY update - NHS Digital work and EPS
- Daily CCG Leeds Coronavirus primary care 3pm briefing

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## **COMINGS AND GOINGS**

Please note change in Partnership at Laurel Bank Surgery effective from the 1<sup>st</sup> May 2020. Dr Claire Samuel has retired and replaced with Dr Adele Cutting.

Wishing Dr Rachael Kay, GP Partner Colton Mill and The Grange Medical Centres well as she goes on Maternity Leave from 26<sup>th</sup> May.

Dr Veronica Millner is leaving Garforth Medical Practice at the end of June. All the partners and staff would like to wish her well for the future.

Windmill Health Centre in Seacroft, Leeds would like to welcome Dr Aidan Bartholomew as a GP Partner. Dr Aidan Bartholomew originally joined in January 2019 as a salaried GP and on 1<sup>st</sup> May 2020 made the transition to partner.

Andy Grimshaw, will be leaving his role as Practice Manager at Shadwell Medical Centre at the end of May 2020 to join another Practice. Bev Knight will be taking over as Practice Manager from the 1<sup>st</sup> of June 2020.

## ***PRACTICE VACANCIES AT.....***

### **General Practitioner – Leigh View Medical practice - 6-8 sessions per week**

We are looking for a highly motivated GP to join our medical practice on the Leeds/Wakefield border. We are seeking an individual who is able to provide 6-8 sessions per week for continuity of care for our patients. At present we are flexible with working arrangements and would consider a minimum of 6 sessions and could accommodate 8 sessions per week. We could potentially accommodate flexible working hours. There may be partnership opportunities in the future.

Our practice operates out of a single site in purpose built modern premises in the pleasant residential area of Tingley/East Ardsley near Leeds. We sit between the M1 and M62 motorways, making the area popular with commuters and our practice easy to get to. Our patients primarily favour Wakefield referral routes, though we sit officially within the Leeds boundaries. The practice is part of Leeds Clinical Commissioning Group.

We have a dedicated team of administration staff and nursing colleagues and have engaged in many enhanced services and new projects, working closely with practices in the Morley neighbourhood. We feel that we have a reputation for delivering an efficient and quality service and we encourage continuity of care. Patients have a named GP and each GP has their own personal list. Our attached staff team who work in-house include the Midwives, Podiatrist, Ultrasound and Physio and we have space for accommodating further services over the coming years.

The list size is around 16 500 patients, with no nursing homes in our catchment area, although we do cover a few specialist learning disability homes. There is a total of 10 GPs - 7 partners and 3 salaried GPs. We have a wide range of skills and experience and would be happy to accommodate for GPs with specialist interests. We are experienced in teaching and used to be a training practice, although we currently do not have GP registrars. We are happy to support and mentor newly qualified GPs.

We try to keep paperwork to a minimum and have a team of administrative staff who will type letters, code and action routine letters and complete forms on your behalf. We also have a dedicated prescriptions clerk who deals with the majority of repeat scripts, TTOs and queries to help reduce the time spent dealing with prescriptions. We try to be as fair as possible with sharing work out – you will not be expected to take on any additional work without prior agreement, and the partners will share out the visits equally amongst all the doctors on the day.

On average there are 1-2 visits per doctor each day.

On average GPs are on call once every 2 weeks.

We do offer extended hours appointments, but you are not expected to take part if you do not want to.

We meet for coffee every morning after surgery to have a catch up and an informal chat. There is a weekly clinical meeting every Thursday morning.

We offer a competitive salary and employment terms based around BMA guidance depending on skills and experience. Feel free to contact us for an informal visit or if you would like more information.

Please contact:

Victoria Allen – Practice Manager on 07766236212 or via Email: [vallen1@nhs.net](mailto:vallen1@nhs.net)

### **Crossley Street Surgery, Wetherby**

2 x Salaried GPs wanted for 6 – 8 sessions

Competitive salary - Indemnity paid.

6 weeks holiday and 1 week study leave pro rata.

Practice mentorship scheme and annual in-house appraisal.

Regular in house clinical meetings

Development of special interests and involvement in GP training.

Semi-rural, PMS, SystmOne, practice of 11,700 patients working from modern purpose built premises.

Training practice - 2 trainees, and wide multidisciplinary team including, Pharmacist and in-house pharmacy.

Progressive practice working with New Models of Care, close working within the Wetherby PCN.

The Practice holds two contracts for local prisons for GP services and all GPs participate in clinics on a pro rata basis

For application pack please contact [anita.hampson@nhs.net](mailto:anita.hampson@nhs.net) or telephone 01937-543200.

Informal visits welcome.

<http://www.crossleystreetsurgery.co.uk>

CLOSING DATE Friday 26<sup>th</sup> June 2020

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