YORLMC is continuing to work at every level with Partners in care to ensure the smooth provision of patient services in a safe and robust manner that also protects the workforce in Primary Care. We continue to be amazed at the hard work and effort combined with flexibility that has allowed the dramatic changes in the operating model to take place and transform the delivery of safe, effective care.

Any issues or concerns should be reported via the CAT – on info@yorlmcltd.co.uk or via our morning sitrep report, so far we are coping well, but the peak of COVID 19 has not yet been reached and the next few weeks will be critical.

Ensure you stay safe and use every effort you can to protect staff both admin and criminal from potential infection. Stay safe.

“These are not normal times” – as the Prime Minister remains on ITU it may perhaps feel surreal that some Practices are actually quieter than usual. We wish him well and a speedy recovery he is an excellent example of how COVID will not discriminate in the harm it causes. Everything that has so far been done and continues to be put in place is about saving lives and reducing the toll COVID will have on our patients, particularly the most vulnerable. Guidance and information continues to flow at an astounding rate, hopefully this bulletin will distil some of it and highlight the essential parts.

A new [SOP for General Practice](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0133-COVID-19-Primary-Care-SOP-GP-practice_V2.1_6-April.pdf) has been published – we have issued joint guidance with the CCGs on this, essentially the main points are:-

*DO NOT redirect patients to 111 – please deal with them and close the case*

*Consider how you could work to deliver SEPARATE HOT AND COLD VISITING TEAMS particularly for shielded patients, guidance and models of care suggest visiting will increase significantly in the coming weeks.*

This should be read in association with the [GP preparedness guide](https://i.emlfiles4.com/cmpdoc/3/7/7/5/2/files/661402_general-practice-preparedness-guide-v1-03.04.20.pdf?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=11451481_GP%20ENEWSLETTER%20020420%20-%20COVID19%20-%20ENGLAND&dm_i=JVX,6TG0P,36IQY5,RAY8Y,1) from the BMA as the two in combination tell you what you should be doing and how.

Assessment of patients with potential COVID - [here](https://www.bmj.com/content/368/bmj.m1182/infographic)

The main focus this week will be Advanced Care Plans, (which vary from CCG to CCG), these should be patient specific, please ensure these are updated and appropriate for each of your vulnerable patients, this will fit in with palliative care guidance. High risk patients should have received [a letter from NHSE](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/at-risk-patient-letter-march-2020.pdf) – this was confirmed in Nikki Kanani’s [update 8/4/20](https://generalpracticebulletin.cmail19.com/t/ViewEmail/d/7C81FBDDE74C22E12540EF23F30FEDED/0E5299FB38D662B8DCCB6820C4466A74) which state letters are now in the post to patients, if added by a GP the practice should supply the letter. There is also an update on the guidance for shielding and FAQs. (Attachment 01)

YORLMC and the CCGs are about to issue guidance on Advanced Care planning and palliative care, this guidance will be extensive and comprehensive, please look to the CCG updates for this as it involves multiple attachments and we do not wish to overload clinciians with repeated copies of the same information, it is robust and very helpful.

NICE have issued [guidance](https://www.nice.org.uk/guidance/conditions-and-diseases/infections/covid19/products?Status=Published) on managing COVID 19 - A useful guide to suggested management.

Hot/Cold Hubs are being developed, these may need to work across practices, smaller practices will be challenged in how to keep staff safe, especially if vulnerable, and may need to consider collaborative plans for visiting and hot/cold sites. Even in hubs, footfall and direct physical contact should be minimised.

There will soon be a request to make more appointments available to NHS111 for direct booking – this has varied from area to area over the country depending on demand, but the commonest ratio seems to be 1 per 500 patients spread through the day (usually 1/1000 AM and PM), 111 is actually under more pressure than any other part of the system currently and may well need support in the coming weeks.

We have been working with the LPC and CCGs to determine how best to agree and secure the delivery of palliative care drugs, published this week by the CCG, please avoid supplying large quantities to preserve supplies.

PPE has been raised in meetings, the justification of suggesting it could be worn for all consultations is found in a letter from the Chief Medical Officer (Attachment 02) - the suggestion of using a mask for the patient has been discussed in webinars with NHSE and is advocated ifthe patient can tolerate them.

Advice re indemnity during the COVID 19 crisis (Attachment 03) – Essentially all NHS work is covered.

TESTING – Our CCGs are now rolling this out to Primary care, numbers are still restricted and they have agreed to utilise the LMC morning Sitrep survey monkey to identify those practices most in need and at risk. Testing will be for symptomatic family members where an asymptomatic clinician is starting self-isolation in days 1-3, it is not to detect infection in symptomatic staff.

IT IS VITAL YOU COMPLETE THE SURVEY IF YOU FEEL YOU NEED GPs TESTING AS THIS WILL BE USED TO PRIORITISE THOSE INVITED TO TEST, NUMBERS WILL REMAINS RESTRICTED FOR 1-2 WEEKS.

There are also plans to introduce drive through testing in Leeds, York and Gateshead, and postal testing in Bradford and Harrogate. These are not finalised when we know more, you will as well.

IMPORTANT – We are seeing Nationally more young children presenting with serious illness later in the disease process, please be aware COVID is usually mild in very young children and we should be careful to try and exclude all other potential causes of their symptoms when triaging – the attached guide is form Wessex LMCs but please be aware and ensure young children are assessed with this in mind. (ATTACHMENT 07)

EASTER – all practices have been asked to open as usual on Good Friday and Easter Monday, despite asking for a negotiation, the funding related to this has been imposed centrally by NHSE, (so CCGs will not have had sight of, nor been involved in its development) the GPC view is this is probably inadequate, and undervalues the contribution particularly of locums and partners, and seems incongruous at a time when they would want to engage the profession rather than develop disharmony. Each of the devolved nations has a more generous and appropriate funding mechanism, this is an NHS England issue. There should be scope to ensure additional costs related to additional provision during the COVID crisis can be claimed and reimbursed.

One feature of COVID that is difficult to unpick how to assess the deterioration in week 2 and respond appropriately, ATTACHMENT 09 shows the National secondary care pathway for dertermining escalation – not validated in primary care, but be aware of activities of daily living, exercise tolerance and SOB on minimal exercise – have a reasonable but low threshold to admit where concerned, one striking feature is the need to admit earlier than we usually would consider it with borderline sats.

Returning Doctors – The GMC initially re-licenced 3 years of Retired Doctors, this has quietly been increased to 6 years, they are trying to encourage them to work in the NHS111 COVID Clinical Assessment Service – many would prefer to work in their old practices, and this is possible, but persistence is needed once on the performers list it is easier. The total for our Region is likely to be 40-50, the numbers quoted nationally appears to be the numbers of licences reactivated (not the number actively seeking work).

DVLA – Stopped sending medical requests on 24/3/20, we await definitive confirmation of extension of licences, Taxi medicals are related to Local Authorities – any requests should be redirected to the Local Authority with a request for consideration for an extension.

CCGs are exploring the options for locum employment to retain death in service benefits.

Tier 2 visas have been automatically extended for a year.

Please look out for Ethical Guidance from the local ethics committee, based on Advanced Care Planning and palliative care in the community, this will cover a number of scenarios and challenging situations, and is the first in a series of local guidance documents.

A useful repository of all things COVID relating to primary care can be found [here](https://primarycarepathways.co.uk/covid19), we have found this easy to use and navigate.

Tom Yerburgh, Chair of Gloucs LMC has developed guidance on long term conditions remote monitoring which may be of use as the total triage model continues. (ATTACHMENT 04)

Guidance re smears – essentially delay routine smears by a year, annual smears by 3 months. (ATTACHMENT 06)

I have attached a spreadsheet of issues raised (and some of their solutions) from GPC (ATTACHMENT 08) there will not be a further spreadsheet, but unanswered issues will continue to be pressed.

The CCGs LPC and YORLMC are about to issue joint guidance on access to palliative care drugs, seeking a pragmatic approach to avoiding stockpiling and waste of EOL medication. (ATTACHMENT 10a and 10b)

Wellbeing

Some work is starting on Compassion Circles to assist in wellbeing – led by Professor Mike Holmes from Haxby, if invited, please take the opportunity to consider a new avenue of support and reflection in a small group as this service develops.

Carol Twomey has asked us to share a list of avenues of wellbeing support (ATTACHMENT 05)

It is important to acknowledge that a lot of us are feeling fearful and anxious. We have had to

move to a new way of working within a rapid timescale, caring for our patients whilst trying

to keep on top of guidance, which is changing daily, sometimes hourly. Please look at our

website [www.YORLMCltd.co.uk](https://www.yorlmcltd.co.uk/wellbeing) for resources to help support yourselves and colleagues during this time, as well as signposting to organisations which may be helpful if you are feeling overwhelmed. Many of us are also caregivers and an important point of contact for family and friends who are worried. This can be hard to balance but try and have some allotted time to ‘switch off’ from doctor mode.

Below are some important principles to keep in mind:

• Beware of exhaustion and how this affects decision making. This includes recognising where we have reached our capacity for one day; there are only so many hours to do everything in and a lot of things can wait until tomorrow.

• Maintain physical health as much as possible. This might mean starting the day with some exercise

or setting aside some scheduled time in the week for an exercise you enjoy. There are lots of online

options available to explore.

• Maintain mental health. Check in with each other, acknowledge when you are struggling and recognise your personal triggers. As either a practice or PCN consider planning regular times not just on an adhoc basis.

• Share the workload or concerns between colleagues. Your PCN networks or neighbouring practices may have valuable experience to share or be happy to discuss complicated cases which may have had

secondary care input. This is particularly important if you are a single-handed practice.

• Use your PCN or other informal networks as emotional support for colleagues. Find out if there is a group such as a WhatsApp group or list server which you can join.

Covid-19 resources hub

The Primary Care Training Centre has a useful Covid-19 resources hub which is updated several times a week. The website also features blogs from primary care clinicians sharing their experiences of working during the current pandemic. You can also follow and interact with the training centre on social media.

https://www.primarycaretraining.co.uk/resources/covid-19/

Twitter: @PrimaryCareTC

Facebook: @PrimaryCareTraining