**COVID-19 update**

**27 March 2020**

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**PPE - please read about the recent changes**

**The supply of PPE is under immense pressure and all areas, including acute trusts are having to manage their stock extremely carefully.**

We are aware that practices and acute trusts are running low on supplies of PPE. We are also aware that PPE is being used inappropriately in some instances. We have described below the current guidance that **absolutely must be followed** if we are to be able to manage supplies across the system.

|  |  |
| --- | --- |
| **Scenario** | **PPE requirement** |
| **Assessment of a patient with suspected CV19** | Mask/apron/gloves/bare below the elbows. |
| **Cleaning after 30min settling of room** | Apron/gloves/bare below the elbows – NO MASK |
| **Please do not use PPE where it is not needed.  We need to protect our supplies** | |
| **Assessment of patients without respiratory symptoms** | No protection required |
| **Face to face discussion with a patient at >1m** | No protection required |
| **Seeing a walk in patient – not triaged** | Maintain distance >1m - No protection required – unless symptomatic – then see above. |
| **Greeting patients at front door** | Maintain distance >1m - No protection required |
| **Reception staff** | Maintain distance >1m - No protection required |
| **Wash hands and lower arms thoroughly with soap and water after assessment of any patient** | |

**Information from the Infection Control Team**

1.       If the patient is coughing – get them to put a mask on if they are able.  If not put a mask on yourself.

2.       CV19 is droplet spread.  It is highly unlikely you will catch it if you remove your PPE safely and wash your hands and arms before you touch your eyes and mouth.

3.       Clean down desk areas every two hours to minimise social spreading of the virus if you are working in a reception area / clinic room EVEN IF NO-ONE HAS SYMPTOMS.

4.       It is not thought the virus lives for long on clothes due to lack of moisture.  You may wish to bring a change of clothes to work to change into before going home.  Bag your

          clothes in plastic and machine wash when you get home.  Machine washing gets rid of the virus.

5.       If you wear PPE, remove it safely and wash your hands after every suspected patient the risk of transmission of CV19 is highly unlikely.

**Requests for supplies**

We can assure you that we have raised the supply issues regionally and nationally.  Today that we have been informed that the military will be co-ordinating any further supply and will be supplied on a ‘just in time’ basis.  There will therefore be a steady supply.  It therefore remains important that practices should continue follow the guidance so that stock can be replenished.

**Changes to the processing of referrals during the COVID-19 pandemic**

The Choice Office will no longer be able accept any routine ophthalmology referrals including those for cataracts. Urgent referrals can still be sent via the patient’s GP and very urgent directed to the hospital as per the usual process.  We suggest Optometrists ask patients to contact you when the coronavirus pandemic is over to discuss being referred then. We will let you know when the hospital is able to accept routine referrals again.  We would not advocate opticians or GP practices holding lists of patients who need to be re-referred.  This restriction also applies to all cataract referrals. Patients should be advised to ring yourselves in the first instance or their GP practice if their eye condition worsens for advice. Should you need to contact the Choice Office team please by email [VOYCCG.Choice@nhs.net](mailto:VOYCCG.Choice@nhs.net).

The Referral Support Service will no longer process any routine referrals as GPs have been asked not to refer routinely . 2WW and Urgent referrals should continue to be referred electronically via ICG to the RSS.  Should you need to contact the RSS team please do this by email at [VOYCCG.RSService@nhs.net](mailto:VOYCCG.RSService@nhs.net)

**Summary of Outpatient Services – Vale of York and North Yorkshire CCG providers**

**This information is correct as of the 27 March 2020 but may be subject to change at short notice.**  The latest information will be published at <https://www.valeofyorkccg.nhs.uk/coronavirus-covid-19-information/>.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Harrogate** | **South Tees** | **York** |
| **Comms sent to Practices** | **Yes** – 25/03/20 & 27/03/20 | **Yes –** 25/03/20 | **Yes –** 25/03/20 |
| **Advice & Guidance** | **Available (not all specialties)**  Available through the normal channels and where possible clinicians will respond within 48hrs as capacity allows.  We would ask this to be used only in the most complex cases where knowledge limit has been reached and expertise is required | **Available**  To be used for urgent/complex but non-life threatening problems, during pandemic not available for routine requests.  Response expected within 72hrs (resource permitting).  To note – a referral assessment  service is being set up to all the conversion of A&G request into a referral if needed | **Available**  Advice and Guidance remains open for GPs through normal channels.  The 48 hour turnaround may not be achieved due to resources. |
| **2WW / Other urgent (e.g. RACP)**  New referrals | **Refer as normal**  2ww referrals are being triaged then called and seen only if necessary | **Refer as normal**  Clinical review of referrals with telephone consultation undertaken ahead of any F2F appt. to ensure patients only attends when absolutely necessary | **Refer as normal**  Specialists may, after risk assessing, decide whether to downgrade referrals |
| Already booked | **Seen as normal** | **Seen as normal** | **Seen as normal** |
| **Routine referrals (Adult only)**  New referrals | **Referrals not processed (as of 26.03.20)**  Patient’s encouraged to re-present if condition changes / when pandemic as Trust’s/GPs to not hold referrals  Patient responsibility to re-attend. | **Referrals not processed (as of 25.03.20)**  Patient’s encouraged to re-present if condition changes / when pandemic as Trust’s/GPs to not hold referrals  Patient responsibility to re-attend. | **Referrals not processed (as of 25/03/20)**  Patient’s encouraged to re-present if condition changes / when pandemic as Trust’s/GPs to not hold referrals  Patient responsibility to re-attend  RSS will return referrals to GP practices if received. |
| Already booked (FA & FU) | Triaged by a consultant and either:   * Advice letter to GP and decline referral - with advice to re-refer if symptoms continue, worsen etc. Generic Trust letters to be sent to the patient and to GP telling them the referral has been cancelled (no new referrals can be kept in the system) – attached. * Telephone clinic with patient and discharge or plan tests etc. * See face to face if absolutely necessary   **Follow Ups**   * Deferred until COVID-19 over with patient kept pending in the system. Generic Trust letters to be sent to the patient and to the GP * Telephone clinic * Face to face appointment if absolutely necessary | Vast majority of non-urgent clinics already cancelled or switched to remote consultations already using telephone or video consulting  **PATIENTS ALREADY REFERRED FOR A NEW OUTPATIENT APPOINTMENT WHO HAVE AN APPOINTMENT**   * Where the referral was urgent, this will be processed and managed by the Trust and Independent Sector Provider * Where the referral was routine, Trusts and Independent Sector Providers will assess all referrals and either: * Proceed with the appointment via another no face to face method * Discharge the patient to primary care with advice and guidance * Contact all affected patients and advise that their appointment has been postponed and they will be contacted directly in the future by the Trust * For some patients after referral rejection, in the case of deterioration,  the advice and guidance route may be appropriate   **PATIENTS WHO HAVE BEEN REFERRED TO SECONDARY CARE WHO HAVE STILL NOT BOOKED AN APPOINTMENT THROUGH ERS**  Practices will be able to identify these patients through their eRS worklists, primary care may contact these patients to discuss what, if any, further action needs to be taken.  This action might include asking the patient to re-present or where necessary advice could be sought for patients with more complex or urgent needs | Face to Face appointments suspended for 3 months.  Specialist clinical teams will, where they can, review the need for patients to be seen and will decide if   * Safe to discharge with letter to patient and GP * Should be deferred an appointment to a face to face, telephone or video consultation in the future * PIFU (Patient initiated follow up) and discharged if needed after a defined (patient specific) period * Waiting list for a procedure / diagnostic |
| **Imaging / Radiology** | Non urgent imaging/diagnostics are also suspended,  Radiology is still available for telephone or e-mail advice. | Awaiting confirmation | **PLAIN FILMS** - all direct access to plain films is closed - GPs should send in electronic referrals.  Where imaging is needed patients will be booked into slots to reduce footfall and waiting in hospital.  **OTHER IMAGING** - Radiology are closing all routine imaging and referrals will be sent back to the referring clinician (in primary and secondary care) to decide if patients need the imaging now or at some time when the crisis is over |
| **Endoscopies** | Non-urgent endoscopies are suspended from today therefore no new referrals accepted  Emergency procedures continue (almost exclusively inpatients).  2WW referrals triaged by panel of endoscopists and either:   1. Telephone patient and provide advice. Follow up by telephone 2-3 months 2. FIT test and review result 3. Alternative radiological investigations if indicated   Urgent endoscopy if high risk of cancer | Awaiting confirmation | All non-urgent endoscopy and bowel screening stopping |

**Primary care funding and costs clarification**

* 1. **Funding**

NHSE/I guidance states that GP practices should continue to be paid in 2020/21 the same rate as prior to the COVID-19 outbreak, including for the purposes of QOF, DES and LES payments.

We would like to reassure you that contract payments will continue to be made as usual.  Claims for rent, rates, water, maternity, sickness and PCN additional roles should submitted to the [voyccg.gpclaims@nhs.net](mailto:voyccg.gpclaims@nhs.net) inbox in the usual way.

Please see <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf> for more details on the specific funding streams.

* 1. **LES Services**

Per the latest guidance, unless LES services are considered to support the Covid-19 response they should now cease.  Funding should be maintained and redirected to the Covid-19 response and so payments will be made in April based upon quarter 3 submissions.  Please note that there is no requirement to submit any LES data via the portal in April.

**3. Reimbursement of revenue costs incurred relating to Covid-19**

**3.1 Allowable costs**

The latest guidance states that NHSE/I will reimburse any additional revenue costs as part of the wider finance agreement on Covid-19. Current guidance defines valid additional revenue costs as being genuine, reasonable additional marginal costs. Such costs include:

* Evidenced increases in staffing costs compared to baseline
* Increases in temporary staff cover due to sickness absence/caring responsibilities
* Payments to bank staff and sub-contractor staff to cover sickness /caring responsibilities
* Equipment needed including PPE and hand sanitiser
* Decontamination and transport
* Minor works (under £1k) if they can be delivered during the outbreak period

**3.2 Reporting**

All NHS commissioners must carefully record the costs incurred in responding to the outbreak and the CCG is required to report actual costs incurred to NHS England on a monthly basis.  Record keeping must meet the requirements of external audit, and public and Parliamentary scrutiny, and practices are asked to help in this regard.  On a weekly basis, each Practice must complete the attached return with details of any Covid-19 costs that have been incurred in line with the above categories and email to [voyccg.finance@nhs.net](mailto:voyccg.finance@nhs.net).  The deadline for the return is Friday for the week before.  It is important that this deadline is maintained in order to allow the CCG to recover all the costs incurred from NHS England.  Should you experience any difficulties meeting this deadline, please contact us on the above email as soon as possible.

**3.3 Payment on account of £0.30/head**

In order to help with practice cash flow, the CCG will be paying all practices an amount equivalent to £0.30 per head on account for Covid-19 related expenditure (as described above and including where practices wish to pool funds for, e.g. GP locum bank).  This payment will be made on Monday 30th March 2020 to the lead practice of each PCN.  A clear reconciliation of expenditure against this fund will be needed as described above.  The CCG expects this to be a one off payment in order to ease initial cash flow and if practice’s expenditure exceeds the allocated cash, invoicing as normal would resume.  Unused funds will be repayable.  Please retain copies of all invoices paid/evidence of costs incurred by the practice; this is essential to ensure that we can provide a full audit trail should we be required in the future.

**3.4 Additional costs**

The CCG has a duty to ensure that additional costs are genuine and reasonable.  Should you need to incur costs outside of the examples above, please email [voyccg.finance@nhs.net](mailto:voyccg.finance@nhs.net) with the details marking your email as ‘Request for Covid-19 approval’.  The CCG will review the request and determine if it can be reimbursed.  You will then receive an email response detailing if the request has been approved.  If approved please include the expenditure on your weekly return and submit an invoice as above.  Please be aware that any costs incurred outside the above list without CCG approval may not be reimbursed.

**4. Capital costs incurred in relation to Covid-19**

Costs of capital, e.g. IT and telephony, major building works, etc. are reimbursed through a different route and the NHSE/I regional team, and co-ordinated through the CCG. All practices have been contacted and responded to this separately and we await the final confirmation of the outcome.

In anticipation of this we have already engaged with NECS to secure a significant number of laptops. These laptops will be set-up with access to clinical systems and NHSMail only, but will not by themselves give you access to your practice network and any files and folders on there. The latest indications from NECS are that these laptops will come in two waves:

220 to be delivered to them on or before the 31 March 2020.

200 to be delivered on or before the 20April 2020.

These dates are subject to any international supply chain changes.

It is likely that we will have between 50 and 75 ready for distribution each day for a few days from 1st April and we would like to propose that these are split on a PCN basis in proportion to the numbers you submitted as part of the capital return earlier this week. Please can each PCN provide the details of a single delivery point for NECS to [m.ash-mcmahon@nhs.net](mailto:m.ash-mcmahon@nhs.net) and [s.macey@nhs.net](mailto:s.macey@nhs.net) before the COP 30 March 2020 and then co-ordinate the onward distribution to practices following this as the devices arrive?

**5. PPE**

We have been made aware that some practices are having difficulty sourcing PPE.  A central issue of protective kit commenced on 9 March 2020.  If you have any concerns around the kit or if you are experiencing problems with the procurement of PPE, there is a dedicated line for you: 0800 915 9964 / Email: [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk).

**6. GPs and contact numbers**

We are required to collate information about which GPs are working for which practices.  Please email [stephanie.porter@nhs.net](mailto:stephanie.porter@nhs.net) with the names and GMC numbers of all the GPs working at your Practice.

We would also appreciate it if you could confirm the best contact number for your practice which bypasses the appointment system.  We sometimes struggle to get through to you and in the current climate this is increasingly important.  Please email [stephanie.porter@nhs.net](mailto:stephanie.porter@nhs.net) with the best contact number for your practice.

**Useful resources**

* Healthwatch is building up a lengthy list of links to information about coronavirus, and its effects on different health conditions and on a variety of other topics, plus updates regarding organisations in North Yorkshire. <https://healthwatchnorthyorkshire.co.uk/coronavirus-links/>
* The CCG publishes public facing information on its website and social media channels.  The web link is <https://www.valeofyorkccg.nhs.uk/coronavirus-covid-19-information/>
* The link to the CCG’s clinical updates is available on RSS at <https://www.valeofyorkccg.nhs.uk/rss/home/infections-and-microbiology/covid-19/>
* NHS England’s latest bulletin summarises many national resources. Go to <https://www.england.nhs.uk/email-bulletins/general-practice-bulletin/>
* The dedicated NHS England and NHS Improvement COVID-19 web page is <https://www.england.nhs.uk/coronavirus/primary-care>.
* The RCGP website has links to useful resources: <https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx>
* GP Rammya Mathew in Islington shares a suite of resources at <https://drive.google.com/drive/folders/19nzcxWxCXD2DBFVsG3JiwJHskP1oLRWa> Thank you Dr Paula Evans!
* National Autistic Society – guidance and helpline for parents’, young people and staff: [https://www.autism.org.uk/services/nas-schools/vanguard/news/2020/march/coronavirus-(covid-19)-advice.aspx](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.autism.org.uk%2Fservices%2Fnas-schools%2Fvanguard%2Fnews%2F2020%2Fmarch%2Fcoronavirus-(covid-19)-advice.aspx&data=02%7C01%7CAAllard%40ncb.org.uk%7C7d078078e21d4611dba808d7cb45bcbd%7Cadc87355e29c4519954f95e35c776178%7C0%7C0%7C637201372684920098&sdata=X0p0IpfwmQXowcaQVRflamskU%2FNmdKpAYqUIn6RYxjI%3D&reserved=0)
* Mencap - Easy Read guide to Coronavirus: [https://www.mencap.org.uk/sites/default/files/2020-03/Information%20about%20Coronavirus%20ER%20SS2.pdf](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mencap.org.uk%2Fsites%2Fdefault%2Ffiles%2F2020-03%2FInformation%2520about%2520Coronavirus%2520ER%2520SS2.pdf&data=02%7C01%7CAAllard%40ncb.org.uk%7C7d078078e21d4611dba808d7cb45bcbd%7Cadc87355e29c4519954f95e35c776178%7C0%7C0%7C637201372684920098&sdata=S5Q3Tzb8p6P6AOsa%2BeDPP8PQceazwG2xEK6T65DQ%2Fng%3D&reserved=0)
* Young Minds - Talking to your child about Coronavirus and 10 tips from their Parents Helpline to support family wellbeing: [https://youngminds.org.uk/blog/talking-to-your-child-about-coronavirus/](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoungminds.org.uk%2Fblog%2Ftalking-to-your-child-about-coronavirus%2F&data=02%7C01%7CAAllard%40ncb.org.uk%7C7d078078e21d4611dba808d7cb45bcbd%7Cadc87355e29c4519954f95e35c776178%7C0%7C0%7C637201372684930090&sdata=hCT6wVcFSacio7qNOvk6eX8YRRm0uKSOa4QvPTitEMg%3D&reserved=0)
* Carers UK - Guidance for carers: [https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.carersuk.org%2Fhelp-and-advice%2Fhealth%2Flooking-after-your-health%2Fcoronavirus-covid-19&data=02%7C01%7CAAllard%40ncb.org.uk%7C7d078078e21d4611dba808d7cb45bcbd%7Cadc87355e29c4519954f95e35c776178%7C0%7C0%7C637201372684940084&sdata=RPeTq3k0bpsI1zGIjDqchzAvM%2F7CO2FZ16o%2BrlK4Kns%3D&reserved=0)
* Covibook – an interactive resource designed to support and reassure children aged 7 and under, designed to help children explain and draw the emotions that they might be experiencing during the pandemic: [https://www.mindheart.co/descargables](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.mindheart.co%2Fdescargables&data=02%7C01%7CAAllard%40ncb.org.uk%7C7d078078e21d4611dba808d7cb45bcbd%7Cadc87355e29c4519954f95e35c776178%7C0%7C0%7C637201372684940084&sdata=H2glY%2Bfie1Tk3b6lnXcKEmKtZs%2Bf%2BCSQIydH2LaaCgI%3D&reserved=0)
* Free training GPCPD.com- If you are not currently a GPCPD member, go to[gpcpd.com/login\_register](https://redwhale-gpupdate.cmail20.com/t/d-l-mjidjkl-yhjidluru-y/) and enter the activation code **RWGIFT**. If you are already a GPCPD member, go to [gpcpd.com/my-account](https://redwhale-gpupdate.cmail20.com/t/d-l-mjidjkl-yhjidluru-j/), choose the ‘Manage your membership/subscriptions’ and enter **RWGIFT** into the ‘Top up and upgrade codes’ box. For step-by-step video instructions of how to redeem the code go to [www.gpcpd.com/activate-your-code](https://redwhale-gpupdate.cmail20.com/t/d-l-mjidjkl-yhjidluru-t/).
* Free training Headspace - Three months free access to Headspace is now available for NHS workers. Email [Health@headspace.com](mailto:Health@headspace.com) for registration information.
* Free training COVID-19 e-learning programme-Health Education England e-Learning for Healthcare (HEE e-LfH) has created an [e-learning programme in response to the Coronavirus (COVID-19) global pandemic](https://www.e-lfh.org.uk/free-open-access-to-covid-19-e-learning-programme-for-entire-uk-health-and-care-workforce/) that is free to access for the UK health and care workforce, including those working in the NHS, the independent sector and social care.  The programme currently includes limited resources, but more content will be added in the coming days and weeks.

Thank you

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**My emails are written in Arial, point 12 font and in black. Where possible I use plain English. I also work flexibly and send emails out of hours – either early in the morning or late at night. Unless an urgent response is specified please reply at a time that suits you.**

