



COVID 19

YORLMC Advice and Guidance: 20.3.20

From: Dr Brian McGregor, Medical Secretary/COVID-19 Lead, YORLMC Ltd

We are well aware that everyone is being flooded with communications and will endeavour to minimise the number, however, that will mean they will be comprehensive.

Please be assured the LMC and CCGs are completely on the same page currently in regard to the response to the current challenges and our joint approach will be to support practices in whatever way we can.

The next few months will be unprecedented in our lifetimes, and will challenge us all as professionals and as a system, we need to ensure we act in cohesion and with unity, it is also vital we continue to support and care for each other, to ensure we can care for others.

Below is a summary of guidance and advice that has been published this week, this is changing daily in some cases, if anyone needs clarification please contact the LMC and we will reply as soon as possible.

Some of the below is disjointed but it has been collated from multiple sources and represents issues and advice from the last week.

The following documents are attached:

- Enc 001 - Richard Vautrey's letter to the profession
- Enc 002 - NHS Update - Ed Waller and Nikki Kanani, and notes from follow on webinar
- Enc 003 - Letter from Prof Powis to ROs and MDs 19 March 2020
- Enc 004 – RCN appointment risk assessment
- Enc 005 – med3 letter

Key points

- Total Triage Advocated – please consider a move to this if not already providing it for your patients. This is about clearing capacity and dealing with patient expectations.
- Consider “Hot” clinics/sites – this could be done on a branch or PCN basis, to concentrate risk and allow separation of staff at higher risk
- Provide as much care remotely as possible – point patients to online resources if possible
- Consider how you manage very high-risk patients.
- Consider reviewing resilience across sites districts.
- 1.5 million patients nationally have been identified by a data search as being particularly high risk. These will be contacted individually by NHSE and we would encourage practices to start

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considering how they will ensure services are maintained and what support could be offered to this particular group.

To review

- Stock orders for flu 20/21
- CQC inspections cancelled
- Appraisals suspended – unless exceptional circumstances – those not done to be marked “approved missed”, cancelled, NOT postponed. (*letter attached at Enc 0003 refers*)
- Funding streams guaranteed
- Threats of contract breaches lifted for stopping non-essential work
- Stop private work – consider the same for non-urgent bureaucracy (insurance reports/forms, DWP, shotguns, etc)
- QOF payments guaranteed for 19/20 (best of current or 2018/19 outcome) and 20/21 (though process not yet agreed for 20/21).
- DSQS suspended - income protected
- IIF from this year’s contract to be moved to a COVID payment
- PCN DES services specifications suspended to Oct – funding still available on signing from April. Practices should still look to early diagnosis and referral of cancer, Care homes specification continues as per February agreement. Full flexibility of all aspects of ARRS.

We have attached a useful RCN document at Enc 004 to use in reducing your nursing workload and throughput also.

MED 3s – There is work ongoing with the DWP re a national solution for this – please do NOT currently issue MED 3s for those self-isolating or social distancing – consider utilising the template letter attached at Enc 005. (Copied with permission from Londonwide LMCs)

Please DO NOT inform patients you are “closed” or “not seeing patients” – this has been reported. There is a world of difference between a “closed” practice and a practice that is manned and working and offering a full range of essential services to its patients albeit via a novel system of total triage and face to face in a controlled fashion for the safety of both e patients and the staff.

Below is a table of work that could be delayed/stopped it is an individual decision of each practice as to what and how they work, but we would strongly recommend reducing all non-essential work as demand related to COVID 19 is predicted to rise sharply in the next few weeks.

<u>KEEP</u> (prior COVID triage/SMS essential)	<u>OPTION TO CANCEL</u> (COVID triage/SMS essential)
<ul style="list-style-type: none"> • Essential hospital bloods inc chemo/dmards • Blood tests where clinically necessary from GPs • INR • Zoladex and other cancer injections • Childhood imms clinic • Depot contraceptive injection – • Flu / pneumonia jabs • Wound dressings (CCG specific policies may apply) • Removal of stitches 	<ul style="list-style-type: none"> • Smears (Must be within a year) • Ear syringing • Hearing tests • Pill reviews- (via telephone) • HRT reviews (via telephone) • NHS health checks • ABPI 24 hr BP/ECG • Learning disability reviews • Minor Ops • Travel vaccinations • New patient reviews

<ul style="list-style-type: none"> • End of Life reviews 	<ul style="list-style-type: none"> • QOF reviews • Routine medication reviews • Frailty reviews • Friends and family test • PPGs • List cleansing • PCN CD can delegate functions • Local LESs except care homes • Local audit/data collections •
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YORLMC will be commencing a short daily survey monkey to determine the impact on the workforce of COVID 19 self isolation and management. This will assist in finding areas of risk and allow early intervention and support to be offered, please consider completing this to facilitate any help available. Healthcare testing is coming, there have been issues with sourcing reagents and lab authorisation, but it should begin very shortly.

Laptops for home working are being configured and will be available by early April.

AccuRx (internet consulting – can be done from a mobile phone if bandwidth poor) has been commissioned and is being rolled out

PPE – controversial at best, there are significant debates and discussions at national level, the LMC and GPC are well aware UK guidance does not match some other countries, we are asking for gowns/visors, but currently there is a limited supply which is leading to difficulties in maintaining stocks, even in ITU with proven cases.

National document hyperlinks/ Signposting to Useful Information

NHSE guidance for healthcare professionals (including webinars) can be found on our website: www.england.nhs.uk/coronavirus/primary-care/

On-line consultation guidance here: www.england.nhs.uk/wpcontent/uploads/2019/09/online-consultations-summary-tocolkit-for-practices-dec2019.pdf

Latest updates from PHE as of 17 March 2020:
<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

Latest update from NHSE/I as of 17 March 2020
<https://www.england.nhs.uk/coronavirus/>

Links to public health advice posters
<https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5016>

National Daily update: <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

Royal Society of GPs <https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx>

Health Protection Scotland <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

If you have any huge desire to learn more scientifically and gain CPD points for a non-existent appraisal, you might want to check out <https://portal.e-lfh.org.uk/Component/Details/604722> an e-lfh module on Coronavirus, which includes a couple of handy modules to upskill/re-skill yourself in ventilation as well – may come in handy in months to come.....

Health and Wellbeing

YORLMC has worked hard over the last 18 months to develop a suite of wellbeing and support tools for GPs and Practices, in the last week every practice has turned their service delivery upside down and produced completely new pathways of care whilst coping with a developing national crisis that has had significant impact on local services and local practices.

Standards have been maintained and the flexibility and agility of the Partnership model cannot be denied. Practices should be congratulated for the manner and achievement that has already been achieved.

This will be a marathon, not a sprint, and will be an ongoing situation for many months to come, some of which will no doubt lead to emotional strain and difficulty for many of our patients but also our colleagues, peers and staff, that for those in partnership are an extended family. It is difficult not to be concerned and anxious as to what may happen and the demands that will come our way, alongside what will no doubt be some difficult days with heartbreaking decisions.

PLEASE take care of yourself and those you work with, consider how people are presenting, think about breaks, taking on board food and water, look at the pressures each of us is working under, consider what may be happening outside the practice, and ensure we support and care for the primary care community. We need to work in unison and as a single coherent force to support our practices and staff to allow them to deliver the best possible care to patients.

Our resources are available here - <https://www.yorlmc.co.uk/wellbeing> pastoral care is available if needed, we have introduced an on call system for the LMC, and widened the number of senior members available if needed. We can provide targeted wellbeing and resilience support if needed, consider what you can introduce on a local basis to help with this (mindfulness, meditation, having better conversations, etc). Be inclusive, be kind, and be careful.