

COVID-19 Update

Sheffield
LMC



11 June 2020

*****To All Represented Sheffield GPs & Practice Managers*****

Dear Colleagues

Face Coverings in Primary Care

On 5 June the Department of Health and Social Care (DHSC) [announced](#) that they were recommending staff should wear surgical masks in all secondary care settings and "All visitors and outpatients must wear face coverings at all times" from 15 June. It follows advice from SAGE that "...face coverings could help reduce transmission risk among those suffering from coronavirus but not showing symptoms." This advice also applies to public transport.

An NHS England (NHSE) [letter](#) to commissioners and practices on 9 June stated:

"As announced by the Secretary of State for Health and Social Care, from the 15 June, the recommendation will be that all staff in hospital wear a surgical face mask when not in PPE or in a part of the facility that is COVID-secure in line with the workplace definition set by the government. The guidance will also apply to other NHS healthcare settings, including primary care, and will be published this week by Public Health England".

Richard Vautrey, Chair of the General Practitioners Committee (GPC), stated that whilst all staff wearing facial coverings is a step in the right direction, it is crucial that patients also wear face covers during consultations, as they are told in hospitals.

We note the lack of reference in general practice guidance to the patient advice when attending hospitals, and strongly support the evidence from SAGE and the GPC's view that patients should be asked to wear facial coverings in all healthcare contacts to reduce infection risk from symptomatic and asymptomatic carriers.

COVID Related Expenses

Easter Weekend Overhead Expenses: We are disappointed that Sheffield CCG has declined to cover the costs of overhead expenses over the Easter weekend. We were initially optimistic at the start of the pandemic that Rishi Sunak, The Chancellor, said it will give the NHS "whatever it needs". There was to be a General Practice COVID Support Fund, proposed by NHSE. However, The Treasury has not approved this funding and is requiring general practices to produce evidence of all additional costs relating to the pandemic. It is, therefore, vitally important that practices take every measure to document extra expenses relating to the COVID pandemic to verify any claims.

QOF Payments: We are working closely with Sheffield CCG on the QOF analysis required by NHSE to evaluate practice payments between 2018/19 and 2019/20 achievements. As yet we have no central guidance on whether there will need to be further analysis for 2020/21 achievements, but want to ensure that funding pressures due to COVID do not adversely affect practice income.

Staff Risk Assessments for COVID

We are all aware this is part of the Standard Operating Procedure guidance for general practice during the pandemic. However, there is no validated tool to accurately assess risk, although we have some guidance from the DHSC on broad categories. It is important that all staff have a risk assessment from their health point of view and working environment.

The BMA has issued [guidance](#) on some of the current evidence and the non-peer reviewed risk stratification tools available. There is also a [risk reduction framework](#) to support organisations. This is particularly important for BAME staff in patient-facing roles.

Care Homes

We continue to seek reassurances from Sheffield CCG around obligations of other service providers to support Care Homes and the PCN DES.

We note with dismay the collapse of a large PCN in Lincolnshire due to the expected demands on their time for looking after 26 Care Homes.

As we have mentioned before we have been in a better position in Sheffield with our previous Locally Commissioned Service (LCS), but we recognise that Care Home provision is not just a general practice problem. These wrap-around services are essential to the safe and efficient provision of care to these Homes.

Verification of Death

Discussions have been held with Mr Urpeth, Interim Senior Coroner, regarding Death Management Process Cell guidance issued in April which states that, for verification purposes, it is not acceptable for a doctor to talk through, either by phone or video, verification of the fact of death with an untrained person.

Government guidance issued on 5 May states that in community settings verification of death is performed by professionals trained to do so in line with their employers' policies (for example medical practitioners, registered nurses or paramedics) or by others with remote clinical support.

Mr Urpeth has confirmed that the Death Management Process Cell has considered its guidance and the subsequent government guidance, and is unanimous in its view that the Cell's guidance should not be amended.

Branch Site Closures

Provision of care from some general practice sites has been altered due to COVID. This has been an essential part of the safe, rapid and effective response practices have made to ensure services can continue. Some may have been allocated as hot hubs or administrative sites. Whilst we continue to hear about the "New norm" in primary care it is important to recognise the pressures that will start to grow again on GP premises. With the expanding primary care work force employed under the Additional Roles Reimbursement Scheme (ARRS), the proposal to increase GP training places from approximately 3500 to 4000 next year, and the training schemes for physician associates, practice nurses and other staff, many premises will again become cramped at a time we need to maintain social distancing with staff colleagues, as well as outside the workplace.

Practices need to consider adequate accommodation for their staff as practice and PCN workforces enlarge and the gradual easing of lockdown has resulted in increasing workloads again.

DR ALASTAIR BRADLEY
Chair