

COVID-19 Update

Sheffield
LMC



9 April 2020

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

Dear Colleagues

Welcome to this week's LMC update during these exceptional times. We are aware of the rapidity with which GPs, practices and Networks have adopted new and alien ways of working, as well as collaborating in ways unimaginable a few months ago. We greatly appreciate all the effort everyone has put in to establishing robust mechanisms so we can support the patients who need us most at this time.

This is a rapidly changing landscape, but we hope the issues addressed remain pertinent. We will continue to monitor local and national debate to inform these updates, but if you have any relevant, pressing issues then please email Claire Clough, LMC Administrator via administrator@sheffieldlmc.org.uk and we will follow this up.

COVID19 Clinical Assessment Service (CCAS)

This service is set to run alongside NHS 111 and be staffed by returning, recently retired GPs, Locums, Salaried GPs and partners who have spare capacity. The service will be able to book into practice appointment slots, but these will not be face-to-face (F2F) appointments. The BMA comments that the number of slots (*"Recommend 20 slots between 8 and 6, this is based on pt. population of 8 to 10k so 1 appt per 1000 pts am and same for pm"*) is a recommendation for "worst-case scenario" and not a fixed number. They also note that the expectation is that these patients will be re-triaged by the practice to assess suitability for telephone advice, F2F or visit.

"Utilising NHS111 online as the first port of call for people feeling unwell with possible COVID-19 symptoms, rather than approaching their GP Practice NHS 111 has been commissioned nationally to provide a dedicated COVID-19 response service to free practices to focus on managing those most at risk of complications from COVID-19."

A consistent algorithm will be used to stream patients into the following cohorts:

- *Cohort 1 – patient demonstrating severe symptoms, requires treatment in hospital and will likely require an ambulance response.*
- *Cohort 2a – symptomatic patients requiring further clinical assessment before final disposition is decided (these are referred to the COVID Clinical Assessment Service or CCAS).*
- *Cohort 2b – patient exhibiting mild symptoms but has self-declared high at risk status, having received a letter from the NHS – a post-event message recording this contact will be sent to registered GP for information.*
- *Cohort 3 – patient is showing mild symptoms and advised to self-isolate at home and to reassess via NHS 111 (online whenever possible) if symptoms deteriorate (GP informed via a post event message)."*

We are still awaiting clarification from Sheffield Clinical Commissioning Group (CCG) on when they will have sufficient staffing levels for the service to commence. We are also making enquiries about the National Specification for visiting services during this crisis.

PPE: Message from Richard Vautrey, Chair, General Practitioners Committee (GPC)

*“We have been repeatedly raising the widely held concern about Public Health England’s PPE guidance. We have been working with the Academy of Medical Royal Colleges and others to encourage PHE and the UK Chief Medical Officers to bring the UK guidance in line with WHO standards. As a result of our pressure new Public Health England PPE guidance has now been published and includes advice for primary and community care providers. It is now explicit that in primary care PPE should include eye protection and PPE should be worn for all contacts. We have called on the Government to ensure rapid delivery of eye protection to all practices and they have committed to do this. **All patients must be assumed to have COVID-19 infection and it is now recommended that they should wear a mask during any face-to-face consultation.** In addition, scrupulous hand hygiene is vital for self-protection and Dr David Farren, a consultant in infection control, has produced guidance on this. An evidence-based review of PPE, including a comparison between disposable aprons and gowns, will be published in the next few days by a team led by Prof Trish Greenhalgh, an internationally recognised academic in primary health care and evidence-based medicine and we will consider their findings carefully as part of our on-going work to ensure GPs and their staff are as well protected as possible.”*

Easter Opening

You will be aware that Good Friday and Easter Monday will be normal opening hours for GP surgeries by way of amendment to the GMS contract:

“Variation of core hours while a disease is or in anticipation of a disease being imminently pandemic etc.

3A.— (1) In these Regulations, “core hours” means the period beginning at 8.00am and ending at 6.30pm on any day from Monday to Friday in circumstances where, in order to assist in the management of a serious or potentially serious risk to human health arising as a consequence of a disease being, or in anticipation of a disease being imminently—

- (a) pandemic; and*
- (b) a serious risk or potentially a serious risk to human health,*

the Board may with the agreement of the Secretary of State make an announcement to the effect that the core hours of contractors in the area specified in the announcement are to include Good Friday and bank holidays in the circumstances specified, and for the duration of the period specified, in the announcement.”

The funding arrangements for Bank Holiday working were finally signed off by government last night:

Where it is determined that a practice must open on Good Friday or Easter Monday, practices can seek reimbursement for additional staffing costs incurred on these days, in line with the respective rates as set out below. That includes:

- *Sessional GPs: up to a maximum of £250 a session or £500 per day;*
- *Overtime for salaried GPs in line with the individual’s contractual arrangements;*
- *Additional capacity from GP Partners to recognise up to two additional sessions on each of Good Friday and Easter Monday at a rate of £289 per session plus applicable employer National Insurance and pension costs;*
- *Overtime for non-GP practice staff in line with the individual’s contractual arrangements.*

Practices should discuss with their local commissioner the level of service required on bank holidays and agree in advance what additional staffing costs will be reimbursed.

Details of the General Practice COVID support fund will soon be shared, and additional expenses will be considered within this.

We are very disappointed with the funding and this is being discussed nationally. We have raised the funding issue locally with Sheffield CCG.

It is for **the practice** to decide how best to deliver their services to their patients “...in order to assist in the management of a ... pandemic”. We have sought reassurances from Sheffield CCG that other services, such as pharmacies, will be open in sufficient numbers and length of time to support practices.

Locum GPs: In-service Death Benefits

We are aware of concerns about locum GPs not being covered by in-service death benefits. Locum GPs are always a valuable resource to Sheffield practices and out of hours (OOH) providers, particularly at a time like this. We are trying to find a solution that might allow GP Locums to receive such benefits, for example, through zero-hour contracts. There is expected to be a National statement on this soon, but we have forwarded an example of a zero hours contract from elsewhere in England to Sheffield CCG and Primary Care Sheffield (PCS) to show how this might work. We will update you on any outcomes.

Primary Care Network (PCN) Directed Enhanced Service (DES)

We would just like to remind practices that the [PCN DES Contract Specifications](#) were published on 31 March and are a much reworked contract due to the current crisis. Whilst it is up to individual practices to decide, we would highlight that there is a significant amount of funding to support practices available through the DES whilst most “deliverables” have been postponed for at least 6 months. This will be reviewed by the GPC and NHSE again in October 2020.

There are a number of scenarios that a PCN must consider before completing the Network Contract Direct Enhanced Specification Participation Form 20/21 available [here](#).

MCCD and Cremation (Form 4)

There have been significant changes to both the completion of the MCCD and the cremation Form 4. We have had some issues from GPs raised with us around undertakers insisting on viewing the body after death. Sheffield City Council Bereavement Services has produced a short review of the legislation with local context. We hope you find the content and links helpful:

[https://www.sheffield-lmc.org.uk/website/IGP217/files/New%20Burial%20&%20Cremation%20Processes%20\(Sheffield%20Bereavement%20Services%208-4-20\).pdf](https://www.sheffield-lmc.org.uk/website/IGP217/files/New%20Burial%20&%20Cremation%20Processes%20(Sheffield%20Bereavement%20Services%208-4-20).pdf)

Testing for Frontline NHS Workers

The ramping up of testing for frontline NHS workers continues to be a well publicised national priority. Sheffield has started a community testing service, but there remain important issues about availability and the capacity to provide the service in the required numbers. There are also important issues to consider about the results which may not necessarily deliver a change in the returning workforce after self-isolation with symptoms. This clearly relates to the timing of testing and the availability of the result. It is also important to note the rate of false negatives in the testing which, in the presence of symptoms, may not provide anticipated assurances.

It is our recommendation above all to follow the national advice for all GPs and staff and to self-isolate when symptoms are exhibited as at present. We will continue to encourage discussions with commissioners about the testing strategy so we can best inform you how to engage with the service.

DR ALASTAIR BRADLEY
Chair