CLMC Bulletin 420 – 02.06.20

SOP Version 3

The guidance and standard operating procedures for general practice in the context of COVID-19 have been updated and are available online. Please also see summary document provided with this email for your ease.

NHS Test and Trace services across the UK

The DHSC announced its NHS Test and Trace local outbreak control plans for England designed to help control the COVID-19 virus. The plans involve rapid testing at scale, integrated tracing to identify, alert and support, and using data to target approaches to flare ups, at a local and national level.

Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions. This could include household members, people with whom they have been in direct contact or within 2 metres for more than 15 minutes. If those in isolation develop symptoms, they can book a test at nhs.uk/coronavirus or by calling 119. If they test positive, they must continue to stay at home for 7 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period. Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly spreading the virus.

The GPC England Exec team have raised with NHSE/I the need for much greater clarity on the any implications for health care professionals of the Test and Trace system. They have now said that if someone who works in, or has recently visited, a health or social care setting such as a practice tests positive for coronavirus, their case will be escalated to local public health experts, who will liaise with the relevant setting to agree on the most appropriate action. If they were wearing PPE at the time of the contact, this will not count as a contact. This FAQ document may help.

The NHS Test and Trace service, including 25,000 dedicated contact tracing staff working with Public Health England, will have the capacity to trace the contacts of 10,000 people who test positive for coronavirus per day and can be scaled up if needed. The system is expected to have the capacity to carry out 200,000 tests a day. This includes 50 drive-through sites, more than 100 mobile testing units and 3 mega laboratories.

In the BMA press statement responding to the announcement that the system will launch in England from today, BMA public health medicine committee member and past chair Dr Penelope Toff said: ‘Having a robust test, track and trace system in place is vital to being able to effectively prevent a second wave of infection and to ensure that we can safely ease out of lockdown. What will be absolutely crucial is that the Government can implement this effectively with all the components in place, so it can run at capacity. Success will not just hinge on the availability of testing and delivering test results quickly but on rapid identification of contacts and support to enable them to self-isolate.’

In the BMJ it was reported that Venki Ramakrishnan, president of the Royal Society and DELVE (data evaluation and learning for viral epidemics) committee chair, said, “Countries that have managed to, at least temporarily, control their covid-19 epidemics have almost all enacted and maintained substantial testing and contact tracing efforts from early in their epidemics. Our report suggests that a test, trace, and isolate programme, if effectively delivered, can play an important part in bringing this pandemic under control but that it should not be considered a silver bullet.”

Antibody testing programme rollout for NHS staff and patients
NHSE/I has written to all health systems advising them to commence antibody testing as soon as their laboratory capacity permits. The antibody testing programme will provide information on the prevalence of COVID-19 in different regions of the country and help better understand how the disease spreads.

Each NHS region is coordinating its own arrangements to roll out antibody testing. This requires a venous blood test and will be processed through NHS pathology networks. The test will progressively be offered to NHS staff who want it, including those working on NHS premises but not directly employed by the NHS, working for the NHS but not on NHS premises, and those in primary, community and mental healthcare including community pharmacists. The likely staff groups to test first are in acute trusts in which prevalence has been highest.

NHSE/I has now confirmed that the antibody test will be available for practices to use as practices deem appropriate to help manage their patients. The NHS lab result will be available to the practice in the normal way and it is their responsibility to inform the patient of the result and that a positive test does not indicate immunity to COVID-19. Where there is not a specific clinical indication for the test it may be offered to patients having their blood taken for other reasons if they wish to know whether they have been infected with COVID-19. However, there is no obligation for practices to do this.

NHS Employers risk assessment guidance for BAME and other staff
NHS Employers has now published guidance on risk assessment for NHS organisations on how to enhance their existing risk assessments particularly for at risk and vulnerable groups within their workforce due to COVID-19. This includes staff returning to work for the NHS, and existing team members who are potentially more at risk due to their race and ethnicity, age, weight, underlying health conditions, disability, or pregnancy. NHS Employers have advised that employers take an inclusive approach and have described that the guidance is applicable, with appropriate local adaptations, in all healthcare settings. The guidance includes further resources to provide advice on supporting health and wellbeing, mitigating strategies and risk assessment discussions.

Guidance has also been produced by the Health and Safety Executive (HSE) that is intended to help organisations identify who is at risk of harm. It includes templates and examples that organisations can adopt, along with specific guidance. This guidance emphasises the legal obligation of employers to do a workplace assessment.

The BMA has been lobbying government to take urgent steps to address the need to protect Black, Asian and minority ethnic (BAME) communities from COVID-19, The BMA had previously written to Sir Simon Stevens on the need for more practical advice, to practices, on risk assessment. Also read the BMA guidance on risk assessments. This follows on from the publication of FOM Risk Reduction Framework for NHS staff at risk of COVID-19 that is now included in the further reference section of the NHS Employers guidance.

PPE Portal
The Government has announced that GPs and small care homes can register on the PPE Portal, a new online portal for ordering emergency personal protective equipment (PPE) from a central inventory, to supplement the wholesale supply route that already operates. The Department of Health and Social Care developed the portal in partnership with eBay UK, NHS Supply Chain, the Army, Clipper and Royal Mail.

CLMC still hold some PPE and this is available to practices and any care homes/community services you work alongside. We have a number of donated glasses (we have provided some to care homes but are happy to circulate more if you get in touch), aprons, gloves and some of the brightly colours face masks for children’s clinics (for use over the appropriate PPE or to provide to parents. All of these are available free of charge to practices, care homes and PCN/practice associated community providers. We also have some of the visors available to purchase. Please email any requests for any of the above to Jackie.jameson@nhs.net

Protection of the public's health and the most vulnerable must be an 'absolute priority' as lockdown eases

Responding to the announcement that the Government in England will move forward with the next stage of easing the lockdown, BMA council chair Dr Chaand Nagpaul said "the protection of the public's health must be the absolute priority in easing lockdown with a health-driven strategy that does not result in the spread of infection or risk a spike in cases...given what we now know about who is the most susceptible to Covid-19, it is crucial that this strategy adequately protects the most vulnerable and at-risk in society and that the public adheres to the new social distancing measure". He also commented that "the new test and trace system is central to the easing of lockdown and as such, the Government must ensure that it has the capacity to meet demand. Additionally, local authorities and PHE units, many of whom are already overwhelmed, must have the resources and ability to respond to Covid-19 outbreaks at a local level in an agile and effective way".

Principles of safe video consulting in general practice

NHSEI have published updated guidance on the principles of safe video consulting in general practice during COVID-19.

NHS Digital national GP data extraction to support COVID-19 planning and research

Registration among practices for the tactical GPES extraction for planning and research related to COVID-19 has now reached 84% (the figures reported today). A supplementary transparency notice aimed at patients has now been uploaded here which GPs can utilise should they wish.

GP and practice COVID-19 toolkit

GPC continue to update their toolkit for GPs and practices, which should help to answer many of the questions we have been getting on a large range of topics relating to COVID-19. They have now added some information on home working and distribution of high-risk work in the service provision section of the toolkit.

A chance to press the reset button in general practice

COVID-19 has changed the way GPs work and presents an opportunity to pull general practice out of the administrative nightmare many struggled with before the crisis unfolded – read the article by Leicestershire GP Mayur Lakhani here and an article by East London GP Farzana Hussein here.

District valuer services

GPC met with NHSE/I last week for an update on the Premises Review, and to clarify expectations regarding engagement and consultation as more of the review workstreams get underway. NHSE/I advised that it has suspended physical inspections of Primary Care Premises by District Valuer Services (DVS) in light of COVID-19, and that valuations will now take place via desktop review. DVS will be in touch with instructing CCG or local NHS England teams to confirm arrangements on a case by case basis.

Temporary residents and travelling patients

GPC have issued new guidance on the use of remote consultations by practices as a way of supporting other practices in tourist areas who would normally have to deal with temporary patients visiting area this summer. Patients are now much more likely to contact their own practice by phone or video rather than having to temporarily register with another practice. Read the guidance here

GP workforce data shows further fall in FTE GPs in England

The number of fully qualified full-time equivalent GPs dropped by 2.5% from March 2019 to March 2020, the latest official figures show. The report released by NHS Digital this week shows there were 27,985 FTE GPs on 31 March 2020 - 712 fewer than 31 March 2019. The total number of GPs also decreased by 0.6%. The number of FTE GP partners fell by 5.4% in the year, with the number of salaried GPs increasing by 4.5%.

Dr Krishna Kasaraneni, BMA GP committee executive team workforce lead, said: 'These figures continue to show a worrying decline in the number of full-time equivalent GPs and GP partners specifically over the last year. In recent months, general practice has rallied around in the face of the Covid-19 pandemic, working innovatively to continue providing care to patients, and proving the true value of holistic, person-centred care delivered within communities. In a post-Covid world it is imperative that this work is not forgotten and that this value is truly recognised, to ensure this foundation of the NHS is given the freedom and resources it needs to provide high quality care to patients.'

Appointments in General Practice in England

NHS Digital are now releasing data on a weekly basis showing weekly counts of appointments and the first report can be found here. It is broken down by appointment status, health care professional, mode and time between booking date and appointment date at national level and a weekly sum of the total scheduled duration of appointments (in minutes) at national level.

The data has a number of significant caveats, specifically that the information does not give a complete view of GP activity so should not be used to infer a view of workload. The data presented only contains information which was captured on the GP practice systems which limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity. It should also be noted that the duration data presented in this data release is scheduled duration, which is the planned length of time an appointment should take not the actual length of time it does take. i.e. the scheduled duration could be 8 minutes for an appointment but it the actual duration may be 6 minutes. Or the scheduled duration could be 10 minutes but the actual duration is 12 minutes. This means that the data presented is not the actual amount of time practices spent on appointments but the amount of time practices planned to be spent on appointments. GPC England is meeting NHS Digital to discuss these significant flaws in recording. However practices should be aware that this information is being recorded and published and therefore should try to ensure that all patient contacts are appropriately recorded in clinical systems.

General practice research

You may wish to see the QResearch News Update for Spring 2020. This covers a wide range of activities and research projects using data uploaded from GP practices.

Supply of additional Direct Oral Anticoagulants (DOACs)

NHSE/I has published guidance on the supply of additional DOACs (direct oral anticoagulants) during COVID-19 to support patients currently prescribed warfarin being prescribed a DOAC instead, where this is clinically appropriate.

GPC GP Bulletin

See the last GPC GP bulletin here