

## CLMC Bulletin 422 – 16.06.20

### **Risk assessment for BAME doctors and other staff**

BMA coordinated a meeting with representatives from thirteen BAME, International Medical Graduate and faith-based medical organisations, to discuss the disproportionate impact of COVID-19 on BAME doctors and other healthcare workers. All expressed deep disappointment at the recent [Public Health England report](#) and its complete failure to look at the reasons behind the large number of deaths of BAME healthcare workers or offer any recommendation. As a result of the meeting the group has written a [joint letter to the Government](#) not only to express its disappointment in the recent PHE review, but to demand robust risk assessments, sufficient provision of PPE, and comprehensive data to be collected about occupational factors that may put healthcare workers at risk. This must be accompanied by work – immediately and in the longer-term – to end systemic discrimination and structural inequalities in the NHS and develop inclusive cultures where all doctors feel safe to raise concerns. Read the BMA statement about the meeting [here](#).

Following the [news](#) that a section of the PHE report was left unpublished last week, the BMA has called on the Government to urgently publish the full report on COVID-19 impact on BAME communities. Read the BMA statement [here](#).

The BMA has also published a [statement in support of the Black Lives Matter movement](#), reflecting on the inequality, racism and discrimination which Black and ethnic minority people continue to suffer in the US, the UK and around the world.

The updated BMA [resource on conducting COVID-19 risk assessments](#) specifies that all doctors should be able to have a COVID-19 risk assessment and sign posts practical actions that should be taken to avoid or mitigate the risks.

### **BMA statement on wearing face masks**

The BMA welcomed the announcements that [face coverings will be mandatory on public transport](#) in England from June 15 and that [face masks and coverings should be worn by all hospital staff and visitors](#), after they made a [statement](#) suggesting that this should include settings where social distancing is not possible.

However, the BMA believe this must be extended to all healthcare settings, including primary and social care. Whilst all practices have taken major steps to reduce face-to-face consultations, as the number of people attending surgeries increases again we should continue to encourage patients to wear a face-covering when attending a practice, which will help further protect staff and patients.

Having a consistent rule across all healthcare settings will also avoid confusion for the public and make life easier for the staff and healthcare workers who will be trying to implement these safety measures. The continued concerns many have about the availability of medical masks in general practice and community settings must be addressed as a matter of urgency and GPC have raised this directly with NHSE/I and government. GPC have also called for clear guidance for the public about what type of covering they need and how to wear it. The latter is particularly important as [WHO updated its guidance on the use of face coverings in public](#), advising that those in vulnerable groups are now recommended a medical grade mask. Read the BMA statement [here](#).

In response to this, Richard Vautrey, GPC, said to [Pulse](#): "The BMA is clear that the latest rules around face coverings and hospitals must be extended to cover all health and social care settings, including general practice. So this recommendation for all staff to wear masks is a step in the right direction and we await the guidance from Public Health England. However, it's crucial that patients also wear face coverings when attending practices, as they are being told to in hospitals, in order to help prevent the spread of Covid-19."

### **Shielding**

Following the government's updated [guidance which advises that shielded patients can now leave their home](#), and the letter from NHSE/I about the [NHS support to people who have been shielding](#), GPC have now updated their [guidance on shielding](#) on the recent changes. This also includes guidance on removing patients from the list of patients at high risk of COVID-19.

The Royal College of Paediatrics and Child Health have updated [their guidance for clinicians identifying children who are 'clinically extremely vulnerable' to severe COVID-19 infection](#).

### **Sustainable and environmentally friendly general practice report**

GPC England has published a [report](#), developed with support from [Greener Practice](#) and Sheffield GPs Dr Aarti Bansal and Dr Mike Tomson, which looks at ways in which GP practices can develop, and can be helped to develop, environmentally responsible practices. One of the more positive consequences of the COVID-19 pandemic has been the dramatic reduction in carbon emissions and this demonstrates what can be achieved with specific actions. The NHS, including general practice, has a significant opportunity to make a difference for the long-term and this report highlights the current carbon footprint of general practice and includes a 10 point plan calling on Government and NHS policy makers to help ensure that the impact of health services on climate change is reversed. The GPC would encourage all practices to use this to review what actions they could do, working with others in their area. You can read a comment piece in GP Online about the report [here](#)

### **A new normal - Doctors' lives post COVID-19**

The BMA's the [Doctor](#) magazine has published an article where doctors talk about their experiences at work and sets out the actions the BMA is taking to keep doctors safe and learn from the pandemic. A specific section looks at safeguarding doctors' rights and health, where it is highlighted that as the patient numbers in primary care start to return to previous levels, GPC are calling for secondary care referral pathways to be re-established. While continuing to use the digital technology so prevalent in lockdown, GPC want the pendulum to 'swing back a little', as general practice is built on long-term relationships and face-to-face contact. Read the article [here](#)

### **Minimising nosocomial infections in the NHS**

NHSE/I has sent out a [letter on](#) tackling infections acquired in the NHS, whether it involves staff, visitors or patients. The letter calls on all primary care contractors to take the following actions:

- To prepare for potential staff absence, providers should review their existing business continuity plans and take actions as required and make arrangements to maintain patient access to services.
- Providers should inform their commissioner when delivery of the full contracted service may be compromised by staff absence due to Test and Trace, and work together to put business continuity arrangements in place.
- The provider should update information on patient accessible websites and update the impacted NHS 111 Directory of Services profiles.
- The commissioner will inform the Regional Incident Coordination Centre without delay and work with the provider to implement appropriate business continuity measures.

Note that the flowchart in the appendix on page 8 sets out the actions that providers need to take if there is an incident in general practice. If an incident should happen in general practice, it is important that the necessary funding is available, and GPC will raise this issue with NHSE/I.

### **Implications for life insurance following antigen and antibody tests**

The BMA has published guidance for doctors on life insurance and income protection during the pandemic, following a number of doctors having raised concerns about the impact of COVID-19 on their application and how insurers are taking into account the results of antibody and antigen tests for the virus, and after some reports about doctors having their applications for insurance policies deferred as a result of COVID. Read the guidance [here](#)

### **Antibody testing**

The Daily Mail and [Pulse](#) reported that NHS England has said that any patient can ask their GP for antibody test when having a blood test for another reason. In response to this GPC said there was no obligation to offer antibody testing and that this could increase inappropriate attendance at surgeries. GPs would use their clinical judgement to decide whether to offer patients COVID -19 antibody tests.

### **Covid19 Pillar 2 lab results flow into GP records**

NHS Digital have now implemented a process to facilitate the flow of [Pillar 2 test results](#) from COVID-19 tests undertaken through national testing to GP systems. These will appear in a patient's record as a laboratory test result. The tests will have the requesting GP as G9999981 and GP Surname of COVIDpillar2; this will ensure they are clearly distinguishable from other test results.

GPC have been working closely with NHS Digital and system suppliers to minimise the action required from practices or any subsequent test results manually, enabling bulk filing and automated uploads where possible for test results requested through channels outside of primary care.

- These results do NOT need to be notified to PHE under the notifiable diseases requirement, this has already been done. This will also be clearly stated in the test result.
- NHS England advise that there is no clinical action required on receipt of these results.

See guidance from your supplier in efficiently managing these test results within your system.

### **Referral to treatment (RTT) and re-referral**

Some patients are declining a hospital procedure for COVID reasons and this is leading to concerns that they would they be discharged to primary care. In response, NHSE/I has referred to their document [Referral to treatment measurement and COVID-19](#), which states:

"If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; this should always be a clinical decision, based on the individual patient's best clinical interest."

Richard Vautrey, GPC, spoke to [BBC's Look North](#) to discuss how COVID-19 has impacted referrals and delivery of other services. He said: "The NHS has geared itself up to respond to the real and unprecedented challenges of coronavirus and it's done remarkably well at trying to do that, but that's taken key staff away from other services, making it difficult to provide these in a safe way and avoid the risk of infecting people going to hospital or other venues in order to get necessary investigations. So it's understandable why we've had to do this but we now really need to redouble our efforts to ensure that those patients who need investigations and who need treatments get them as quickly as possible."

### **Revalidation**

Due to the pandemic, the GMC initially moved revalidation dates by one year for those who were due to revalidate between 17 March and 30 September 2020. This week, [it has written to doctors due to revalidate between 1 October 2020 and 16 March 2021](#) to let them know that their dates will move by one year as well. In addition, the GMC has given Responsible Officers more flexibility to make revalidation recommendations at any time up to a doctor's new submission date.

### **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 90%. The DPN, which contains all relevant information on the extraction, is available [here](#). The next extract will take place on 18th June and any practices wishing to be included should register by 17th June.

### **Capturing beneficial innovation: call for examples**

NHSE/I are looking at the beneficial changes across general practice, PCNs and community pharmacy as we move into the next phase of COVID-19. In particular they are looking for examples of innovation – clinical, operational and system based – to understand which should be kept and protected. If you want to contribute, the following [weblink](#) contains a short series of questions. The deadline for comments is Thursday 25 June.

If you have any queries, please email: [england.capturinginnovation@nhs.net](mailto:england.capturinginnovation@nhs.net)

### **BMA COVID-19 guidance**

GPC continue to regularly update our [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. This week they have added a section on [high-risk patients and shielding arrangements](#). There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#) published last week.

### **Mental health and wellbeing**

The latest [tracker survey](#) also showed the personal impact of the pandemic on doctors' mental health and wellbeing, with increased stress, anxiety and emotional exhaustion in recent months. T

You can read the BMA's report on the [mental health and wellbeing of the medical workforce](#), which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

The BMA continue to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of their Wellbeing [poster](#), please email [wellbeingsupport@bma.org.uk](mailto:wellbeingsupport@bma.org.uk)

### **Individual coaching support for primary care staff**

At the end of April, NHSE/I and RCGP launched a [remote coaching support service](#) for clinical and non-clinical primary care staff, to provide staff the opportunity to process experiences, develop coping skills, deal with difficult conversations and develop strategies for self-management in difficult circumstances.

This service has now been evaluated by the Institute for Employment Studies (IES), which found that the majority of those responding had a positive outcome from using the service; that they felt listened to and supported by the coach, and that they were able to move forward after the call. Primary care staff can register and book individual coaching [here](#).

### **Other COVID 19 resources**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

### **GPC GP Bulletin**

See this week's GP bulletin [here](#)