

CLMC Bulletin 423 – 23.06.20

Antibody testing of practice staff

All practices within Tees will have received an email from Tees Valley CCG (Primary Care Bulletin – Issue 119, Friday 19 June) outlining an agreed process that facilitates antibody testing for practice staff through federations. The process is the result of joint working across all 3 Federations, CLMC and the CCG. Please ensure you have read the detail in the body of the CLMC bulletin email (230620) and the CCG bulletin.

National antibody testing update

The GPC are concerned at the significant variation in approaches across the country to the provision of antibody testing for practice staff. This is as a result of the failure of government and NHSE/I to make available an occupational health service to general practice staff, something they have written to Sir Simon Stevens about. Some CCGs are suggesting GP practices undertake antibody tests for their staff, using the temporary resident functionality of the clinical system to process the test. They have argued this will not be considered to be registering the individuals as temporary residents under contractual arrangements for primary medical care services but will be considered to be an 'NHS commissioned activity' and, therefore, falls within the CNSGP arrangements for practice indemnity. Confirmation has now been received from NHR and DHSC that whilst this is probably PHE research activity and so falls outside of the scope of CNSGP, indemnity cover will be provided by CNSC ([Clinical Negligence Scheme for Coronavirus](#)).

GPC England believes that it is wholly inappropriate to use the temporary resident mechanism to test staff and may be in breach of the GMS regulations. They have contacted NHSE/I and have been advised NHSE/I have told CCGs that this is outwith the regulations and not practical for practices or their staff. Antibody testing for those working in general practice is not mandatory. If those working in general practice wish to have an antibody test, GPC believe the results should be provided directly to the individual having the test and should not require the involvement of the employer.

The [Independent](#) reported on the [BMA statement](#) about reports that some healthcare workers have had applications for insurance deferred on the basis of a positive COVID-19 antibody test. The BMA has written to the Association of British Insurers to seek urgent clarification on this issue and have produced [guidance](#) on this.

North East Schools Covid-19 FAQs

These [FAQs](#), provided by the Directors of Public Health in the North East, has been developed for the purpose of summarising, and directing to, key national guidance documents and public health advice. Whilst it is intended to support schools with some of the practical concerns and queries they may have, as they start to welcome more of their pupils back we felt that practices may find it helpful to have sight of the information that has been communicated to schools, especially if you are receiving specific queries from teachers, parents and carers. Each local authority area has used this alongside other broader communications with schools.

BMA risk assessment guidance for practices

The BMA has updated its [guidance on risk assessments](#) to include two new sections for GP practices. The first section looks at the implications of risk assessments for practices – specifically what impact the adjustments required for high risk staff could have on practices, staff and patients. The mitigation that practices would need to do could include working from home or removal from areas that are considered hazardous, which could lead to a reduction in workforce and in activities that could affect patient safety, or an increased use of locum support and procurement of PPE, at a significant cost. This section also covers a number of suggestions of what commissioners can do to support negatively impacted practices. The second section sets out the risk assessment tools that are available to practices to use. Read the guidance [here](#)

PPE – face masks and coverings

[Face masks and coverings should now be worn by all hospital staff and visitors](#) and the BMA have been calling for this to be [extended to all healthcare settings](#), including primary care.

It is imperative that we do all we can to prevent the spread of infection, so that patients and visitors can attend practices without fear of contamination - the wearing of masks by staff and face coverings by the public will play a role in enabling this. With the UK chief medical officers reducing the [COVID-19 alert level](#) from four to three it is all the more important to do this to avoid a return to greater levels of virus circulation. It will also reduce the risk of a whole team within a practice being required to self-isolate should one member contract COVID-19. Read the BMA statement [here](#)

Practices should be aware of current guidance, which includes:

- Public Health England guidance on the [use of Personal Protective Equipment in primary care](#)
- Further Government advice on [working safely in non-hospital settings](#)

The PHE guidance recommends that those working in reception and communal areas who are unable to social distance, should wear a fluid repellent mask. We believe patients should be encouraged to wear face coverings whenever they attend the practice (with practices continuing to triage arrangements to keep face-to-face contact to a minimum) and that staff should continue to be enabled to work remotely whenever possible, to create more space for social distancing. GPC believe that CCGs and NHSE/I should also fund perspex screens wherever needed to protect staff and reception areas, reducing the potential for spread of infection.

Following the release of government guidance regarding the wearing of face masks in various public settings (including the circumstances where an individual might be exempt), practices are reporting increases in requests from patients for letters of exemption. The [government guidance on exemptions](#) suggests there is no requirement for evidence for exemption, therefore it should be sufficient for an individual to self-declare this. Practices are not required to provide letters of support for those who fall under the list of exemptions. The responsibility for issuing exemptions is with the transport provider, not GPs – see for example, this information from [First Bus](#) and [Arriva](#). Similarly, practices are under no obligation to provide letters of support for anyone who does not fall under the list of exemptions but considers them to have another reason to be exempted.

GP pressures

The GPC recently published [analysis](#) of the latest data release from NHS England, which revealed the far-reaching impact of COVID-19 on patient behaviour and NHS activity in April and May. The monthly number of GP-made referrals has dropped, waiting times for treatment are now increasing (on average) by a week every week, and A&E demand is at its lowest on record. These changes reflect a large backlog of care needs that have accumulated beyond the focus on COVID-19 and inability of practices to make routine referrals since March. Even though the waiting list has dropped due to the lack of referrals, it will likely balloon in future months. Read more on the GPC [website](#).

Shielding

The [Health Service Journal](#) reported that 'shielding' programme for those at highest risk from coronavirus would be dropped at the end of July. We expect an announcement about the government's actual intentions shortly. [GP Online](#) also reported on this story, to which GPC commented: 'GP practices have undertaken a huge amount of work over the last few months to support their patients who are shielding and this continues to mean many additional consultations on a daily basis as practices try to respond to the concerns these patients and their families have. That's why it's imperative that clear information is given to both patients and practices to both reduce the need for patients to contact their GP in the first place and also to provide practices with the necessary information to be able to advise patients when they do contact the practice. Any changes to shielding guidance should only be made in line with falls in COVID-19 infection rates and with clear information provided by Government to patients and timely information to GP practices.'

Pensions guidance and update

The BMA has updated its guidance for [GPs about the annual allowance](#), following extensive lobbying, resulting in two important changes that affect the 19/20 and subsequent tax years.

As an emergency measure for 19/20, NHS England and the Welsh Government made a commitment to pay the annual allowance tax charges in full for eligible clinicians in the England and Wales NHS pension schemes. Doctors who were subject to an annual allowance tax charge should use the option of the 'scheme pays' regulations to pay the tax due for 2019/20. From 2020/21 onwards the reduced Tapered Annual Allowance will only affect those with adjusted income of £240,000 and over. Read the full guidance [here](#).

The BMA has also won a court appeal against the Government's controversial changes to pensions rules introduced in April 2019, granting the Secretary of State for Health and Social Care the power to suspend pension payments to a doctors or NHS professionals charged with certain criminal offences, but not yet convicted. Read the BMA statement [here](#)

PCN DES

[NHS England](#) has announced that 98 per cent of practices have chosen to participate in the Primary Care Networks (PCN) for 2020/21. With 1,250 PCNs across England this is the same number as last year. The focus for PCNs and practices remain in dealing with COVID-19, but will also now be in expanding the workforce to relieve the workforce pressures for GPs, as the latest [workforce data](#) clearly showed. The DES remains modified including the investment and impact fund (IIF) having been replaced by the PCN support fund until at least October, with funding protected. It is for the PCN to decide how this funding is used. Read more about the PCN DES in the GPC [GP practice toolkit](#).

Appraisal update

The [GMC has moved forward revalidation dates](#) for those due to revalidate between 1 October 2020 and 16 March 2021, for one year. NHSE/I have also confirmed in [this letter](#) that whilst appraisals remain on hold, the future of appraisals is still being discussed whilst they await the national decision confirming the date for recommencement of appraisals. GPC continue to engage with the Responsible Officer network to agree a revised format for appraisal that we hope will be regarded as more formative and supportive.

CQC inspections

GPC and BMA council member, Clare Gerada, has written to the CQC urging them not to resume inspections of practices as planned this autumn, but to defer for at least another 12 months. She urged the CQC to allow GPs healing time following the pandemic, including time to mourn lost colleagues and relatives, and warned that the alternative could lead to widespread burnout and early retirement among GPs. In response to this Richard Vautrey, GPC Chairman, said that the reduction in bureaucracy since the start of lockdown had given practices the space to innovate and dedicate more time to patients. "GPC has long called for an overhaul of inspection processes, and now is the precise time for that as we all reflect on learning from this crisis". GPC have also raised their concern about the planned resumption of CQC inspections directly with CQC as well as with government ministers and NHSE/I and will continue to lobby for changes to the current regulatory arrangements.

Regulation of physician associates

The GMC has published an update about the regulation of physician associates (PA) and anaesthesia associates (AAs), as new legislation is expected to be introduced in the second half of 2021. Over the next year the GMC will be designing the processes and policies needed to regulate PAs and AAs. Read the full statement on the [GMC website](#)

They have also published a short survey asking for views on this process, in particular the questions focus on experience of working with PAs/AAs, their education and training, and views the GMC's professional guidance and how it could relate to PAs and AAs. You can feed in to the survey [here](#) (closing date is 29 June).

BMA COVID-19 guidance

The BMA continue to regularly 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. Last week they 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

CLMC continue to offer [wellbeing services via Validium](#) for all staff/health care professionals (including locums) working within a practice within Tees Valley. We understand that a number of staff have accessed this confidential service and it has been well received. It will remain in place until at least 1 April 2021.

The BMA's report on the [mental health and wellbeing of the medical workforce](#) 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

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](#)