

CLMC Bulletin 421 – 09.06.20

Mental health presentations

We are hearing from our colleagues in TEWV that they are seeing a large number of patients with significant self-harming behaviours. There are a mix of patients who were previously known to mental health services, and patients with a first mental health presentation. They are seeing very unusual, and more dangerous patterns of self-harming behaviours. Please be aware of this during your consultations - take the time to explore and document risk properly. All crisis teams are open to referrals if needed. You may find this a [useful blog on Psychological First Aid](#), to assist in your consultations.

BMA fifth tracker survey

Changes in ways of working

Over 2500 GPs responded to the fifth [BMA tracker survey](#) and the vast majority (85%) reported that the changes that they had made in the way that they were working had been very or somewhat effective at combatting the pandemic. As practices plan for the future, it is vitally important to learn the lessons from this experience over the last few months. Chief among these is that 88% of those responding want to maintain the greater use of remote consultations and 77% want to use video technology to a greater extent for clinical and MDT meetings in the future. However, to do this, practices need the necessary digital infrastructure to be reliable and robust, with over half of GPs highlighting problems with broadband speed, IT hardware and software not being good enough and insufficient training and support being available. It's vital therefore that NHSE/I and CCGs step up their programme of digital upgrades for practices, and increasingly for clinicians working remotely from home. You can see the [GP specific results from the survey here](#) and read a [blog](#) by Krishna Kasaraneni, GPC England Executive team member, with his reflections on the survey results.

Relaxation in regulatory activity, contract management and bureaucracy

Rapid changes to the way consultations are taking place should not be the only legacy of this current crisis. The survey shows that the significant relaxation in regulatory activity, contract management and bureaucracy has also been welcomed. 60% of GPs responding want to reduce the frequency appraisal in the future, 54% want to end or have fewer CQC inspections, and half of respondents want to QOF to remain suspended. Unsurprisingly 82% of GPs want to have less paperwork and bureaucracy to deal with in the future.

As part of the 20/21 GP contract agreement in England, the Government committed to review how it could reduce unnecessary bureaucracy impacting General Practice, and NHSE/I said it would take action to reduce the burden on practices and thereby free up valuable time for patient care. The BMA survey shows what could be possible, how important these reviews will be and how quickly they need to be completed, as despite the challenges they've faced, many GPs have felt more positive about the way they have been able to work over the last few months, with 66% of GPs experiencing a greater sense of team working and 55% feeling less burdened by bureaucracy. This is therefore something that should be built upon, not lost, as practices continue to respond to the challenges of the COVID pandemic.

Overall results

The BMA's fifth COVID tracker survey also shows that the demand from non-COVID patients is increasing, and that there is significant concern around ability to cope with this demand, and with a potential second peak of coronavirus. The [BMA has warned that this is not the time to be complacent around lockdown easing](#), and to reduce the risk of a second peak and avoid the loss of more lives to COVID-19, GPC are asking the Government to prioritise:

- A widescale and accurate approach to test, trace, isolate, support and follow-up with people with COVID-19 symptoms or those who have come into contact with people with symptoms.
- To take mitigating actions preventing the public and workers from contracting and spreading the virus while carrying out essential duties.
- Supporting the public in adhering to social distancing and infection control measures as restrictions are relaxed.

The survey also found that there are:

- supply issues with facemasks again

- increase in pressure to see patients without adequate protection, especially BAME doctors
- some positives from current way of working remotely and with less bureaucracy

Risk assessment guidance for BAME and other staff

At the beginning of April, the BMA called for a government investigation into the disproportionate impact of coronavirus infection on BAME healthcare workers and the community, and the [report by Public Health England has now been published](#). Two months later, GPC believe this report is a missed opportunity. They are very concerned that the report fails to mention the staggering higher proportion of BAME healthcare workers who have tragically died from COVID-19 or that whilst this has now been a well recognised problem for weeks, government has still not brought forward access to occupational health services or the necessary funding to support practices who have additional costs as result of trying to support and protect their staff following risk assessment. Read the BMA statement [here](#)

The updated BMA [resources on conducting COVID-19 risk assessments](#), specify 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 which older, BAME or pregnant doctors – as well as those with pre-existing conditions – might face.

Following the BMA letter a few weeks ago highlighting concerns about the risk to doctors from the BAME community and the need for more practical advice to practices on risk assessment, and the publication of the PHE report earlier this week, GPC have written to Sir Simon Stevens calling for urgent action to be taken to make available the promised COVID-19 fund, to support practices that following risk assessments need additional locum cover for face to face consultations and to provide immediate free access to an occupation health service for all those working in general practice.

The updated [NHS Employers 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, was published last week.

Standard operating procedure for general practice in the context of COVID-19

The NHSE/I [Standing Operation Procedure for general practice](#) has been updated. This guidance recommends total triage arrangements should continue with remote consultations used whenever possible, provides guidance on the management of patients who are shielding, advises that staff should be risk assessed to identify those at increased risk of COVID-19 and, as capacity allows, suggests practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and long term condition health checks. Practices are reminded that the SOP is guidance only and not a contractual obligation. [Read the GPC summary of the SOP here.](#)

Shielding

Ruth May, Chief Nursing Officer in England, and Steve Powis, Medical Director at NHSE/I, have published a letter about the [NHS support to people who have been shielding](#), which confirms government's updated [guidance which advises that shielded patients can now leave their home](#), and also provides guidance on removing people from the list. DHSC will be sending out [this letter](#) next week to a small number of patients who have recently been removed from the list. GPC are concerned that although the letter provides more flexibility around seeing patients in clinical settings rather than home visits, and suggests the lead role can be done by a team, it does not recognise the workload or other implications for practices. They also believe many patients won't need this as they are already experts in managing their condition and know how to access continuity of care when necessary. GPC will raise their concerns about this with NHS England.

In response to the Government's announcement last weekend, GPC commented that it remained unclear whether shielded people were allowed to visit doctors' surgeries for routine medical treatment, which could be safer than making home visits, and that "We hadn't been informed directly about the new guidance. The strong advice had been that patients should receive all of their healthcare in their home setting wherever possible."

BMA statement on wearing face masks

Following the [announcement that face coverings will be made mandatory on public transport](#) in England from June 15, the Chaand Nagpaul, BMA council chair, welcomed the new measures but said that these changes need to come into effect now, rather than later in the month, and that face masks should also be worn in other settings where social distancing is not possible. Read the full BMA statement [here](#)

Electronic repeat dispensing (eRD)

NHSEI has sent a [letter to GPs and community pharmacists](#) about the temporary suspension of the requirement for patient consent to use of the electronic repeat dispensing (eRD) system, until 30 June 2020. If GP practices have not already received a list of patients receiving electronic prescriptions, they should request a list of their registered patients that the NHS Business Services Authority has identified as potentially being suitable for eRD, based on recent medication history. Practices can request this by emailing nhsbsa.epssupport@nhs.net

GP Recruitment

As part of the '[Choose GP](#)' campaign, on the GP National Recruitment office website and on [Facebook](#), Health Education England receives a lot of enquiries from doctors who are keen to be put in touch with a GP or trainee either in the area they live or with similar interests. The chance to have direct peer to peer conversations is invaluable to them. The service has been running for the last 4 years and has been proven to make all the difference between someone applying or not.

HEE keeps a list of volunteers who are happy to be contacted occasionally and willing to share experience and expertise – always with prior permission. If you are willing and able to do this contact gprecruitment@hee.nhs.uk with details including your name and contact details, practice name and which part of the country, how long you've been a GP or trainee, any special interests/expertise or opportunities you're pursuing or would like to as a GP (clinical and non-clinical) and the different settings you work in as well as practice and indicate whether you joined GP training from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

Briefing on role of contact tracing in outbreak control

[This briefing](#) from the BMA's Public health Medicine Committee (PHMC) covers the role of contact tracing in outbreak control and the PHMC position, in the context of the test and trace systems being rolled out. Please also see this [letter from Public Health England to Directors of Public Health](#) which is mentioned in the briefing.

A patient's guide to advanced care planning

The BMA has published an [information leaflet that practices can give to patients](#) who might want to think about how they would like to be treated and cared for in the future – including in the event of getting COVID-19. It explains what advance care planning is and covers different types of advance care planning. The leaflet is also available in the [home visits and care homes section in the GP practice toolkit](#).

Extension of Serious Shortage Protocol for fluoxetine 10mg tablets

Due to ongoing supply issues with fluoxetine 10mg tablets, the Serious Shortage Protocol currently in effect for fluoxetine 10mg tablets is being extended. The SSP was issued on 12 March 2020 with an initial end date of Friday 12 June. The SSP will now end on Friday 11 September. Read more on the [SSP page on the NHSBSA website](#).

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. 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](#).

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.

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

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](#)

GPC Sessional GP Bulletin

Read the latest sessional GPs update [here](#)

BMA Chair of Council Update

Read the latest update from the BMA Chair of Council [here](#).