



## COVID 19

**YORLMC Advice and Guidance: 03.04.2020**

**From: Dr Brian McGregor, Medical Secretary/COVID-19 Lead, YORLMC Ltd**

Another week of shifting goalposts. Primary Care is moving to Hub working and slowly but inexorably the numbers are climbing.

We have had discussions about various models for the developing emergency but the ultimate issue is this is all new and we just don't know for certain, so understandably we need to prepare for the worst and hope for the best.

Consequently we have been working very closely with CCGs, STP/ICSSs, Acute Trusts, Community Pharmacy and Local Authorities, all of us are getting a national steer and often they are slightly different, but pragmatically we remain in close cohesion and on the same page.

General Practice continues to deliver and it feels a little like the calm before the storm, but the model has a doubling of COVID cases every 3 days and a peak in late April, that is the level of demand we need to be ready to meet.

### **Updates: -**

**New Contract/PCN DES** – Yes this is still going ahead, mainly to maintain funding flows to practices, it is not an automatic enrolment this year (planned for 2021), please tick the box to declare you wish to take place, guidance in **Attachment 01** – the first 6 months are purely dedicated to managing COVID, the ARRS will continue with some flexibility to try and attract staff to primary care.

### **COVID ISSUES: –**

**PPE** – [New guidance issued today](#). Essentially bare below the elbows, use eye protection and PPE for every interaction in primary care, including a mask for the patient. These will remain controversial, and not everyone will agree with them, but please ensure you have the eye protection now mandated, any issues with supply please get back to us.

**Staff/Family member testing** – This is not readily available due to supply issues with swabs and reagents, currently it is focused on key workers in demand areas, if there are particular issues we can make a case for testing, such as a practice about to fall over, but please do not routinely ask for testing as currently it is not easy to access.

**Enhanced Summary Care Record** – PLEASE consider switching this on as a default option to ensure those working across different sectors of the Health Service can be informed of a basic summary list and risks/comorbidities when attending the patient.

**MCCD** – details of changes from the Coronavirus act were included in the previous update, but an excellent pictograph tells you exactly what to do **Attachment 02**, just be careful how you move the body. Certificates can be emailed to [registrar@bradford.gov.uk](mailto:registrar@bradford.gov.uk) / [registrars.mccd@northyorks.gov.uk](mailto:registrars.mccd@northyorks.gov.uk) / [registrar@york.gov.uk](mailto:registrar@york.gov.uk) depending on the address of the patient PLEASE remember to also send details of the next of kin/Informant and they also can email if necessary or call the Registrar.

**Please DO NOT stockpile or bulk order palliative care medications**, this will threaten the supply chain – letter relating to this **Attachment 03**

**High Risk/Shielding patients** – further central searches have been run, letters went out Thursday, care for this vulnerable group will be the mainstay of GP work in the next few weeks, we need to integrate with volunteers who will provide social support and consider discussions about advance care planning and ensure all documentation in relation to ceilings of care are in place.

**Easter** – NHSE have now declared they expect Easter to be business as usual for Practices (i.e. to treat as a normal working day) Practices/PCNs may want to consider a discussion with OOH/CCG about the Saturday and Sunday, as these are predicted to be peak days. Work will be needed to ensure minimal duplication and same day urgent care demand is met.

**IT** – Nationally 9,500 laptops have been ordered and are in process. There are multiple other issues, relating to bandwidth, VPN tokens, system overload and access without tying up a desktop in the surgery, our IT supplier has changed to NECS and already there is a palpable improvement in the desire to sort things out and get them done.

**Furlough** – the opinion of BMA/GPC is that as Practice staff are state funded Furlough cannot be claimed.

**Locums** – A draft contract is under discussion but not yet finalised. This would be for CCGs to employ locums and secure death in service benefits.

**Returns** – 300 Doctors have volunteered in our region, work is ongoing as to how these will be supported to re-enter the workforce and where they could be most effectively and safely deployed. Many will work in the Clinical Assessment Service for 111 in a triage capacity.

**Death in Service** – a further issue is death in service for those who have withdrawn from the pension scheme for a variety of reasons – this is under discussion with DHSC with regards to options for offering protection.

**LMC Law updates** – **Attachment 04** is an updated list from LMC Law of frequently asked questions relating to HR and COVID-19 issues. **Attachment 05** is information has produced by the ICO for organisations including health and care practitioners and hopefully will provide some reassurance for practices during this challenging time. The information can also be found at:

<https://ico.org.uk/for-organisations/data-protection-and-coronavirus/>

As data controllers, practices should always remember that ultimate responsibility for sharing information will always fall to them and the approval of their DPO's or data protection leads should be sought.

## WELLBEING

Several issues have been raised this week, the BMA have published clear ethical guidance related to COVID, there is also a local group working to develop local guidance, the BMA guidance can be found [here](#), and some FAQs related to the current situation can be found [here](#).

Dr Ruth Bromley, lead for Ethics and Law in Manchester Medical School has shared some helpful advice:

- acknowledge where the care you are able to offer deviates from your usual high standard of care
- make difficult decisions together. I would recommend this for all End of Life decision-making especially, but there will be other situations that will be shouldered more easily as a team too
- capture in the notes the context within which you are making decisions, explaining how and why you are doing what you are doing
- wherever possible, explain to patients and families the constraints that you are working under and why you are having to make the decisions you are
- where there is uncertainty, and you choose not to escalate to hospital care, acknowledge that small risk eg presumed tension headache versus SAH and a decision not to refer up for imaging
- still attempt onward referral where clinical urgency requires it eg if a patient is collapsed or has an acute abdomen. If there is a delayed or altered response due to pressures elsewhere in the system, you have still tried to do your very best
- make it clear in the notes when your preferred options are not available, whether this is to do with community provision, medicines supplies or onward referral
- keep records that demonstrate the circumstances at that moment eg '12 hour wait for an ambulance' or 'no ICU beds in region'. It is easy to judge in retrospect without this context and
- most importantly, get up each morning knowing that you are human, and can only do your best

Red Whale have a raft of [support options](#) for GPs during the current crisis including 3 months free access to online learning modules – use code RWGIFT

If you want a single resource for all things COVID related – you could do a lot worse than [Primary Care Pathways](#) which has just about everything you could think of!

Take care, use the weekend to relax, spend time with the family and recover, the next few weeks are likely to be just as fast paced as the last two, and probably more challenging in a lot of other ways.

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