



COVID 19

YORLMC Advice and Guidance: 29 June 2020

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This update will unfortunately be fairly long and busy, due to the fact that I followed my own advice and took a week off. Those that may have cancelled holidays or not taken a step back since the start of the COVID pandemic, I'd strongly recommend that you consider taking some time to step back from the intensity of frontline work when possible.

Shielding – the [advice for shielding](#) has changed and will be eased from 6 July and relaxed further by 1 August. All patients should receive a [letter from NHSE](#) in the near future.

Antibody testing for staff is commencing in all areas, the indemnity related to phlebotomy has been covered by the clinical negligence service for COVID, however it remains the GPC view that the results should go directly to the staff member and not be shared with their employer. NHSE/I and GPC both agree that no members of staff should be registered as temporary residents to accomplish the antibody testing scheme, specifically because this is outwith of the GMS regulations.

Face coverings are now compulsory on public transport, any [request for exemptions](#) should be directed towards the transport provider and should not involve GPs.

PPE remains a concern for many practices, although we are now unable to make multiple orders per week. Instructions as to how to order can be found [here](#).

[New guidance](#) has been released regards to the use of pulse oximetry in patients with COVID infections.

Dexamethasone has been identified as useful in the treatment of severe COVID infections in secondary care only and has no place in primary care management. Supplies and stocks in the community are essential for the management of ongoing palliative care patients and should be managed wisely.

The Royal College of Rheumatology has released an update with regards to [management of musculoskeletal disease and steroid injections](#) during the COVID crisis.

The national alert level has been moved from 4 to 3, however practices should be aware that the NHS is still operating under a response to a level IV incident which has not yet been downgraded.

Items directly impacting on General Practice –

The office of National statistics is conducting a [national survey](#) using home testing for antibodies and swabs, which currently suggests patients should discuss the result with their own GP. This is not been discussed with GPC and is currently under further debate as to whether or not it has been set up appropriately. This is a research study and is not currently covered under GMS.

Details of the new to partnership scheme should be available this week, including who can claim and how to claim.

NHSmal has struck a deal with Microsoft to provide Office 365 on an ongoing basis meaning these tools are now readily available including Microsoft Teams going forwards.

The BMA and GPC have jointly written a paper asking the NHS to [trust GPs to lead](#) setting out a list of key principles for General Practice moving forwards, specifically increasing autonomy, reducing regulation, reducing bureaucracy, and maintaining the digital advances which have demonstrated such effective transformation in primary care.

The BMA ARM will take place on 15 September as a virtual conference. New motions will be submitted with regards to the main themes that have been challenging in the present year. There are discussions currently taking place as to how the England LMC conference will be held, but details should be available soon.

Revalidation for any doctor due before 16 March 2021 has been set back a year, appraisals will be reintroduced gradually as a light touch modified appraisal in the near future. However any doctor that has completed all the work and wishes undergo a formal appraisal will also have that option.

NHSE/I has published a letter with regards to [recommendations for risk assessments for all members of staff](#), and also stated that occupational health support should be available to practices where necessary. We will be working with our CCG colleagues to ensure the recommendations within this letter, particularly if necessary increased capacity in occupational health provision, are available where needed.

The BMA has published a list of the top 10 themes for innovation and improvements during the COVID crisis which is attached to this newsletter (**Attachment 1**).

NHSE/I are also interested in capturing innovation – please see the letter (**Attachment 2**).

We continue to have regular meetings between all partners in care with regards to how we can safely restart all referral pathways. We are well aware that there is a significant backlog as demonstrated in the [latest BMA survey](#). These discussions remain challenging for all partners in care; we are well aware of the existing backlog, some of [the current targets for treatment times](#), and the need to try and to rapidly introduce new systems with different technology and potentially some shifts in workload that may lead to further discussions on resource allocation. We currently enjoy good productive relationships with all partners in care but we do appreciate that in some instances individuals in all organisations may make personal decisions without considering the implications and as such if GPs have concerns with regards to any new pathways or transfer of work we would be grateful if you could notify the LMC as soon as possible so that we could address this.

The King's Fund has produced a useful brief summary of how [general practice is funded](#) and its contract supported, this would be particularly appropriate for any ST3 trainees who are about to qualify and is an easy read.

[Supporting coaching is been made available for leaders in primary care](#), and is available through self referral.

The Primary Care Women's Health Forum has released [guidance on LARC fitting](#) as COVID eases.

The BMA is to hold a [virtual conference](#) on 23 July titled "the healer in times of COVID", it is hoped that this will help to address the health and well-being of the medical workforce.

The BMA has issued [guidance with regards to domestic tourism](#) this year alongside a [public document](#) to try and support colleagues in those areas that may well become unexpectedly busy.

Two new sections have been added to the [GP standard operating procedure](#) in relation to outbreak management and the review of business continuity plans, and to cancer referrals including ongoing cancer treatment.

PCN update – GPC has been informed that NHSE are particularly interested in workforce figures and whether PCNs are starting to engage the additional roles as funded in this year's contract agreement, so are likely to ask for more frequent reporting with regards to engagement and employment in these roles. It is also been highlighted in discussions with NHSE and GPC that there are elements within the government that would like to reinvigorate investigations into improvements to access to general practice.

National support is being offered for virtual group consultations, please see **Attachment 3**.

The Cameron Fund is celebrating 50 years since its development, in these unusual times more than ever many of our colleagues sadly are in need of support in many ways. They've just produce their [spring newsletter](#), you may not be aware that you can contribute Cameron fund at no cost to yourself by choosing it as your preferred charity through the Amazon Smile program. None of us know when we may or may not need support, and this is the only charity that is purely for general practice. There's more detail about the Cameron Fund on the [YORLMC website](#).

Please visit the [wellbeing page](#) on the YORLMC website for more information about wellbeing resources, mentoring and pastoral support.

YORLMC remains ready to support practices with any queries and difficulties through this crisis, please ensure you get in touch when necessary.

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