

To all practices in SSLMCs

19th March 2020

Dear Colleagues

Further update on NHS response to Coronavirus pandemic planning

I am writing to highlight to all colleagues the latest NHS planning letter in response to the Coronavirus Pandemic, as enclosed, but also in particular to consider the implications of this guidance for General Practice. There are no easy answers as all GP colleagues and their practice staff cope with the professional and personal challenges associated with this unique national emergency; however, the leadership shown at a practice level by clinical and managerial colleagues is central to continuing to provide essential medical services for your patients.

Much of the NHS planning letter describes steps that hospitals will take to free up inpatient and critical care bed capacity, increase the amount of respiratory (including ventilatory) support facilities within hospitals, and maintain support to NHS staff.

There are however some specific measures for General Practice, or equally relevant to General Practice, which hopefully will assist all practices, which I have highlighted below: -

- 1 Removing unnecessary contractual and other burdens.** This includes
 - i) National contractual arrangements, such as QOF and DES workload; an announcement on this will be made imminently
 - ii) Locally Commissioned Services and Incentive Schemes: these have been suspended within Sussex [East and West Sussex, and Brighton and Hove] and Surrey Heartlands. The LMC is still awaiting confirmation of the same arrangements in SW London and Surrey Heath CCG and Farnham
 - iii) Regulatory burden: Routine CQC Inspections have been suspended; I hope NHS appraisal arrangements will also be suspended
- 2 Increasing the capacity for remote consultations as much as is possible:** this is dependent on adequate IT resources and these are not always available; CCGs have been told to maximise the delivery of such capacity to General Practice and advised financial constraint should not act as a barrier.

Colleagues should note however that the provision of essential General Practice will always include a requirement for clinically appropriate face-to-face consultations to be offered.

Local Medical Committees for
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It is also likely a significant proportion of hospital services, such as Outpatients or patient assessment following GP referral, will move to a remote consultation delivery

- 3 Colleagues should seek to maximise staff availability;** the NHS will prioritise targeted NHS staff Covid-19 testing capacity for symptomatic staff who would otherwise need to self-isolate.

There will clearly be clinical and administrative colleagues who are individually at higher risk; practices should try and redeploy such staff to lower risk roles, such as non-patient facing tasks or remote work.

If higher risk staff are required under Public Health Guidance to work from home, they should if possible, continue to undertake remote digital or telephone-based work.

In addition, colleagues should also maximise the efficiency of their premise use; the LMC would recommend that if this is the most effective option, branch surgeries should be closed: if colleagues do so, please email the LMC outlining why this has been done: the LMC will then contact your CCG supporting this decision.

The NHS is making special arrangements for recently retired doctors and final year medical and nursing students; further details are awaited

- 4 Postponement of all non-urgent elective operations:** this must be done by 15th April, but colleagues should assume local Hospital Trusts may commence this process immediately. Patients will be advised directly, but General Practice should be aware this process is occurring. This postponement is for an initial three months, but realistically is likely to be longer.

However, hospital maternity services, cancer treatment, and medical and surgical emergency care, should continue.

- 5 Discharge of current hospital patients:** hospitals are being asked to urgently discharge all hospital inpatients who are medically fit to leave, with the aim of freeing up to 15000 acute beds. This will involve new central funding to support community care services and beds for such patients: it is unlikely current General Practice services will be able to offer a significant contribution to the community medical services needs of this cohort of patients, although most such patients (in hospital for > 21 days) have their discharge delayed by social and community service provider constraints rather than medical needs
- 6 Identification of highest population risk groups:** further details are awaited but this may involve, for example, reference to current GP seasonal flu registers. Further guidance on the care needed by these groups is awaited.
- 7 Operational readiness:** all practices should review their Business Continuity Plans, and in particular consider how services can be managed with fewer staff, and maximising remote working. The MRHA CAS email address should be monitored.

If the current epidemic continues its predicted course GPs are likely to be faced with providing patient care outside their normal levels of competence, and specific GMC and BMA ethical guidance will be available which the LMC will circulate. I would also wish to emphasize that General Practitioners, as doctors, have an ethical and professional responsibility to continue to provide, and facilitate the provision of, patient care, even in the challenging professional and sometimes personal circumstances we are all now facing, without taking inappropriate risks

The LMC is aware , on the basis of enquiries it has received, of particular areas of concern remaining for colleagues: the pace of change means a "correct" response may not be available, but a response that ensures patients receive appropriate medical care and minimises the NHS workload of providing such care is likely to be the most appropriate course of action: this is paraphrased by the last sentences in this latest letter, ".....do also use your discretion to do the right thing in your particular circumstances. You will have our backing in doing so".

The LMC will continue to liaise with CCGs locally and seek to influence national debate; please therefore do continue to advise the LMC of any concerns or queries you have as if the LMC can address these that may assist all colleagues.

With best wishes

A handwritten signature in black ink, appearing to be 'JP', followed by a long horizontal line extending to the right.

Dr Julius Parker
Chief Executive