To all practices in Surrey and Sussex LMCs

surrey and sussex lmcs

8th April 2020

Dear Colleagues

General Practice COVID-19 preparedness: Update

I am writing to try and summarise further updates in relation to Covid-19 preparedness in General Practice and again will focus on the contractual and regulatory implications of current plans for General Practice.

1. **Bank Holiday working for GP practices.** As I noted in my last letter, the Regulations have been amended, temporarily to allow Bank Holidays to be designated core working hours. Across Surrey and Sussex LMC are, this means the Good Friday [10th April] and Easter Monday [13th April] although I would recommend colleagues also provisionally plan for the May Bank Holiday [8th May].

   In response to queries about this the LMCs advice is:

   - 'opening' means delivering essential services in a way determined by both the GP and the patient, that is, in a clinically appropriate way. I feel I should advise colleagues to try and deliver a service equivalent to that delivered on other weekdays, given the unprecedented nature of the current situation. There is no need to individually notify patients of this change; notices on your website will be sufficient.

   - There are no local plans to request GP practices to open on the Easter Saturday or Sunday

   - Community Pharmacists will also be adjusting their opening times to reflect General Practice opening, as noted in my letter about pharmacy services earlier this week

   - In some areas of England OOHs services are being stood down for the core hours (8.00a.m – 6.30p.m) period of both Bank Holidays but the LMC has not been advised of any areas within the SSLMC Confederation area where this is occurring.

   - CCGs are trying to ensure other NHS practice support services, and patient services are also accessible during what would normally be Bank Holidays

   - Clearly it would be desirable to try and obtain volunteers amongst practice staff in the first instance

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- NHS England has promised a financial reimbursement for such opening; as soon as details are available the LMC will circulate this

2. **NHS 111 and CCAS [Covid-19 Clinical Assessment Service]:** All patients with symptoms of, or suspicions of Covid-19 are being diverted to NHS 111 on line; there are three outcomes of NHS 111 triage:

    a. **Cohort 1**: Severe symptoms, likely ambulance transfer to hospital for urgent admission

    b. **Cohort 2**: Further clinical assessment, via the CCAS [Covid-19 Clinical Assessment Service]

    c. **Cohort 3**: mild symptoms, self care advice and safety resting

    The CCAS is a remote only clinical assessment service that clinically triages patients again, into Cohorts 1, 2 or 3, (as above) or refers them to their General Practice [in core hours]. Practices should thus ensure 'worklist' appointment slots are available so patient can be booked. Such patients will not be given an appointment time; they will be told their practice will contact them and from there their GP will provide appropriate on-going management or, if necessary, arrange a F2F appointment , although depending on local arrangements this may not be at the practice, if another designated site (hot 'hub') is being used locally for this purpose.

    If patients contact the practice with symptoms of, or suspicions of , Covid-19, NHS England is asking practices NOT to redirect them to 111 because of the risk that potentially seriously ill patients will be stuck in limbo between the 111 Service and General Practice. Clearly this advice is only manageable if the significant majority of such patients do, as advised, contact 111 and 111 can cope with the volume of calls.

    GP practices will also shortly receive advice on the GP Connect services, which allows access to patient records from remote sites and is being utilised during the emergency period.

3. **Workforce Reporting Requests**: NHS England has asked practices to participate in a daily reporting mechanism for workforce; this has already begun in parts of London. One aim is to identify practices where staff testing would be most critically useful. The LMC recommends as brief as possible such reporting process which also includes a 'no significant change from yesterday' single response option.

4. **Furloughing of Staff**: GP practices should not furlough their staff; the relevant HMG guidance is below :-

    Public Sector Organisations:

    The government expects that the scheme will not be used by many public sector organisations, as most public sector employees are continuing to provide essential public services or contribute to the response to the coronavirus outbreak.

    Where employers receive public funding for staff costs, and that funding is continuing, we expect employers to use that money to continue to pay staff in the usual fashion – and

correspondingly not furlough them. This also applies to non-public sector employers who receive public funding for staff costs.

Organisations who are receiving public funding specifically to provide services necessary to respond to COVID-19 are not expected to furlough staff.

5. **PCN DES 2020/21:** The LMC has written separately to all practices regarding the PCN DES 2020/21; if practices do intend to opt out of this year's PCN DES; which the LMC is not recommending, for the reasons noted in my letter, I would ask the practice to contact both their CCG and the LMC as both organisations have an NHSE mandated role in resolving any implications that may arise from this decision

6. **SNOMED Codes for coronavirus:** Enclosed in Appendix A [the currently issued SNOMED codes for coronavirus]

7. **Referrals**: Two week rule referrals should continue to be made as usual; unfortunately the situation with regard to routine referrals has not been clarified with explicit national guidance and regrettably some Acute Trusts have made unilateral decisions (or at least without reference to the LMC) to return routine referrals.

   In the current circumstances GPs should make use of 'Advice and Guidance' support systems [or even direct phone calls!] with Consultant colleagues, but the LMC does not believe the appropriate solution is for referrals to be 'stacked' within General Practice. Clearly patients will expect to have routine treatments deferred and to be able to reconsult their GP should their symptoms alter along the lines of the safety netting the GP will have provided, but the LMC has argues a referral should be made and accepted within either a referral management centre or secondary care.

   I hope a consistent national guidance will emerge, which can then be coordinated by CCGs within 'their' Acute Trusts

8. **Financial Issues** From enquiries to the LMC I am aware the financial implications on practices remains one of the most pressing concerns; there has been considerable national and local progress on this in terms of reducing the contractual and regulatory burdens on practices whilst assuring continuing payments based on historic reimbursement.

   In addition all CCGs are developing vehicles for reimbursing practices the exceptional costs associated with their Covid-19 response; the detail of this does vary from CCG area but as common principles, CCGs are committed to supporting practices with their costs associated with:

   - PPE (but only to the level appropriate to the clinical situation as defined via Public Health England from 3rd April 2020)
   - Deep cleaning if necessary at any site or zone used
   - Additional waste disposal
   - Any new premises costs arising from using a site not currently reimbursed under the Premises Cost Directions [including service charges, rent and overheads]

There will be other costs associated with practices Covid-19 response: the LMC recommends Practice/Business Managers [who will not be undertaking QOF, audits or LCS related searches] should keep a comprehensive spreadsheet of costs incurred. These can be reviewed later as the LMC will identify a more comprehensive list of exemplar spend incurred by practices.

CCGs are also in various stages of offering an initial payment to GP practices to cover the increased costs already being incurred.

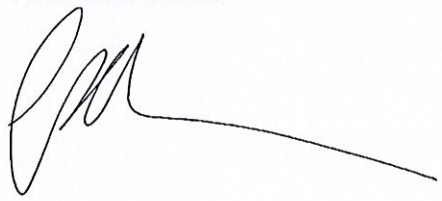
9. **Patient Registration**: Most CCG areas within the LMC Confederation have agreed with the LMC guidance to simplify the patient registration process; in addition the LMC is providing practices with a draft template notice to patients that practices may wish to use enclosed in Appendix B.

10. **Use of Practice Nurses in community settings:** A number of colleagues have contacted the LMC about this issue and the LMC is aware CCGs and NHS England are very concerned about the workload task of supporting patients at home who have essential F2F medical or nursing needs. The LMC is preparing guidance for practices regarding this issue.

11. **Death Certification and Cremation procedures**: separately the LMC will email documents relating to the changed rules applicable to death certification and cremation procedures

I hope this update is helpful; if colleagues have any queries please do not hesitate to contact the LMC.

With best wishes



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