To all practices S&S LMCs

surrey and sussex lmcs

20th April 2020

Dear Colleagues

LMC practice update

I am providing an update to all practices, again hopefully focusing on those issues most relevant to GP workload and practice management during the Covid19 emergency. I am also utilising queries sent to the LMC over the past week, which I hope will be more generally helpful to all practices.

1. Shielding

All practices should by now have completed Phase 3a of the shielding process, the identification and flagging of patients at the highest risk, from their own case load. This information is being extracted from NHS Digital from primary care data once a week.

It is likely practices will continue to hear from Consultant colleagues over the next few weeks, confirming additional patients. Consultants have been asked to send the 'shielding' letter directly to patients, **as well as** informing the patients GP practice of this coding.

There are a residual number of patients who self-identified via a Government website as appropriate for shielding; this should not now be available as an option, but practices will be sent what is likely to be a small number of patients to review their appropriateness for such high risk coding. This list should be sent to practices between 17 – 24 April. This is a clinical decision, not at a patient's preference, noting that patients may choose to follow shielding advice if they wish.

If you confirm any patients within this list, you should code them accordingly and send them the shielding letter.

Over the next few weeks, a small number of patients will develop clinical conditions that categorise them as at high risk; these patients should be added to the high-risk flag, or their Consultant may identify them in this way. If colleagues have any queries about shielded patients they can contact the NHS Digital Shielded Patients List Hub at splquery@nhs.net

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2. Bank Holiday Arrangements

The next Bank Holiday is Friday 8th May; NHS England is reviewing both the workload data from the two Easter Bank Holidays and their predictions of Covid19 case numbers in order to decide whether or not it is appropriate to ask GP practices to open on that day. A formal decision has not been made yet. The LMC is currently advising practices to plan for being open, in terms of discussions with staff, noting that most practices reported quiet days on both recent Bank Holidays.

Self-evidently the timing of the decision so close to Good Friday and announcement of reimbursement arrangements led to considerable confusion both for practices and CCGs, practices should have more notice this time. CCGs and the LMC are awaiting further advice on the method for national reimbursement and whether other local reimbursement arrangements will apply in addition.

3. NHS 111 and NHS 111 CCAS [Covid Clinical Assessment Service]

NHS 111 continues to operate but in addition NHS England are funding CCAS. This is an additional service designed to take workload away from practices.

As the LMC has noted, the GMS/PMS Regulations have been amended so that practices should make 1:500 list size appointments available for booking from NHS 111, rather than the 1:3000 list size originally agreed in the 2019/20 Contract. This is a temporary measure initially until 30th June. This is a mechanism to allow transfers to your 'worklist' from NHS 111 and CCAS. Patients are not told they have an appointment booked; instead they are told their GP practice will contact them but are not given a specific time. Current reports from practices indicate well under the potential maximum number of patients (based on 1:500) are being referred to practices

The CCAS is a clinically led service currently largely staffed by retired GPs who have returned to practice during the Covid emergency. This service receives Covid19 related calls from NHS 111 and following a phone discussion with the patient categorises them as follows:-

Cohort 1: Patient demonstrates severe symptoms. Requires treatment in hospital, and is likely to require an ambulance response

Cohort 3: Patient is showing mild symptoms and is advised regarding these, and to self-isolate at home. Patients will be asked to recontact NHS111 [on-line if possible] if their symptoms deteriorate. GP will be sent a post event message advising them of this CCAS contact.

CCAS can also:

- Send the patient to the GP practice 'worklist' for further practice action, although patients are not told they have a F2F appointment or given a specific time at which the practice will recontact them.

[**Cohort 2** patients are NHS 111 assessed patients that are sent to CCAS because they require further clinical assessment [**Cohort 2a**] or who have contacted 111 but are

identified as in a high risk category [**Cohort 2b**] and the practice will be sent a post event message advising them of the NHS 111 CCAS contact}

Outside Practice Core Hours patients can be transferred to the local OOHs provider. Depending on local arrangement CCAS may also be able to refer patients who need a F2F assessment directly to 'Hot Hub' sites, but this requires these to be operational and linked into local DoS [Directory of Service] information. This will not occur in all areas, nor is there a definite timescale for this.

Switching this system on may require additional IT support, either via your IT supplier or CCG and practices are likely to receive further emails about this. In addition, practices may also be asked to switch on 'GP Connect', which will allow other organisations, including CCAS and Hot Hubs, to see practice patient records directly. This is a temporary measure which is designed to reduce the number of patients referred to practices because the necessary information to make a management decision is not available.

Finally, although patients have been asked to contact NHS 111 [on-line for preference] if they have Covid19 suspicious symptoms, practices are asked not to refer patients to NHS 111 if they contact the practice and say they have not been able to get through to NHS 111, this is to avoid potentially seriously ill patients being in limbo without being able to obtain medical advice.

4. Complaints

NHS England has introduced a 'pause' in the management of complaints, although this is voluntary, and practices can still operate their normal complaints procedure and timetable if they wish.

The 'pause' means:

1. All patients should be aware they can still raise concerns or make a complaint
2. These should be acknowledged and logged, but patients should be advised they will not be further investigated for the next three months, unless,
3. They represent concerns which
   a) Present a significant risk to patient safety, including safeguarding issues
   b) Present an immediate issue of practitioner performance
4. Practice/colleagues can still seek advice from their Indemnity Organisation, LMC and NHS England/local Safeguarding Teams
5. The Ombudsman stopped accepting new complaints, and work on current open cases, on 26th March

5. Death Certification and Verification of Death

I apologise for the long delay in circulating this guidance to all colleagues. This has been caused by two major issues.

In relation to certification, the BMA has written to the Ministry of Justice to ask that: -

1 The definition of 'attending' a patient within 28 days of death is widened to include a telephone call; video consultations **are** currently acceptable but may be less utilised by elderly patients
2 Including not just medical practitioners but other listed members of a multidisciplinary team within the definition of those 'attending' a patient within 28 days of death
3 Accepting video consultation as an examination of the body after death where no-one has attended within 28 days prior to death, rather than requiring a physical attendance by a doctor.

At present no relaxation of these rules has been made.

In relation to verification of death, unfortunately many sensible and pragmatic local arrangements, some predating the current emergency, have been caught up in disputes between some Coroners in England about their acceptance of verification of death arrangements. English law does not stipulate that any particular person, or qualifications, are required to verify a death and there are training modules [such as via the RCN] which are designed to enable other registered healthcare professionals to do so. Locally therefore the LMCs advice is to follow local arrangements in place, but to document any verification you are informed about but do not undertake directly, in the patients notes, including the name and profession of the person who verified death. The LMC does not recommend that family members verify or are asked to verify death and that this should be done by a registered healthcare professional [such as a Nurse or Paramedic] if not undertaken by a doctor.

Dr Jerry Luke (jeremy.luke@sslmcs.co.uk) has been liaising with Coroners and Medical Examiners across Surrey and Sussex and I would encourage any colleague experiencing difficulties with either death certification, cremation or VOED [Verification of Expected Death] issues to contact him.

6. Referrals

Unfortunately, in the hiatus before national guidance, many local Acute Trusts unilaterally introduced arrangements in relation to GP referrals and access to local diagnostic arrangements. These may have been communicated to practices either directly from the hospital concerned or in some cases via your CCG, regrettably without, again in some cases, apparent challenge.

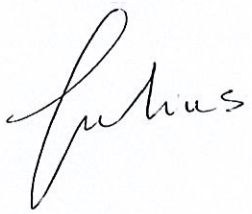
The LMC has consistently argues that GPs should continue to make routine patient referrals to secondary care whilst advising the patient that:

1 It is highly probable a delay in hospital assessment and/or treatment will occur, which patients are in any case expecting
2 The initial contact from the hospital Outpatient Department may be a phone call
3 Patients should consult if their current symptoms change ('safety-netting')

CCGs and the LMC understand specific NHS guidance is imminent which confirms the above.

In addition, GP colleagues should continue, if operating and locally available, to use 'Advice and Guidance' type services to access specialist support in terms of managing patients.

I hope this update is helpful



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