**To all practices Surrey and Sussex LMCs**

19th March 2020

Dear Colleagues

**Maintaining Essential Services during these exceptional times**

The LMC has received numerous enquiries from colleagues in terms of maintaining patient services during these unprecedented times; this letter attempts to identify some principles I hope colleagues will find helpful when deciding on issues, noting that it is more about the principles under which you may make decisions, not replacing the individual clinical judgement you will need to use in each particular patients case.

The emphasis from both NHC England and CCGs, and other Regulatory Bodies [such as the GMC and CQC] is to suspend those normal or routine requirements that are professionally important or represent assurance in terms of public funding , but which are not required during this period of challenge. This is designed to free up both practice clinical and administrative resources: this is for two reasons; it is likely workload will rise, and, there are likely to be fewer colleagues available to undertake it. All contractual claiming will cease, but historic level payments will continue. Whilst some administrative tasks will need to continue, the financial assurance for practices is a continuing income [based on historic or agreed contractual payments] allowing practices to maintain their expenditure on staff, IT, and equipment. Practices should maintain records on any exceptional Covid-19 related spend they have opted to make, such as on IT, laptops, or telephony which facilitates remote working.

Practices need to maximise their workforce and I noted in an earlier letter this means they may do so by, for example:

* Considering closing branch premises, if this makes logistical sense
* Redeploying staff whose current role is reduced or not operational to currently required tasks
* Moving higher risk staff away from patient facing roles, either within the practice, or, ideally, to remote working from home
* Maximising home working

However, practices will need to maintain:

* A service that assesses patients who contact the practice who are ill or who believe themselves to be ill. This can be entirely remote, via telephone or video, which is both clinically appropriate, reduces risk and aligns with Public Health England isolation guidance encouraging reduced journeys and social interaction.
* There will also however by patients who cannot be safely diagnosed, and therefore, appropriately managed, without a face-to-face assessment, many of whom will not have Covid-19 suspicious symptoms. As GPs you need to be in a position to have made a reasonable diagnosis – but you are not infallible and disease-related symptoms evolve over time. Therefore, a clear safety netting process is key to managing your professional responsibilities and the patient’s expectations and is likely to reduce workload in the long run. You should also continue to make comprehensive notes, particularly of ‘red-flags’ treatment advice and follow-up advice.
* It is highly likely that over the next few weeks, as is already happening in some areas and practices, a hot/cold site/ hot/cold mobile car solution will become available: colleagues should support this approach, which minimises exposure and maximises limited resources. This should mean Covid-19 suspicious patients can be reviewed separately to other patients who need face-to-face assessment, giving assurance to both cohorts. It may be during this pandemic some GP practice sites will need to close completely.
* Administrative tasks: some administrative tasks still need to continue; the LMC will write separately regarding certification issues, once these are resolved nationally. Colleagues are strongly advised that any private charges, unless waived completely, are clearly and demonstrably made at unchanged levels from those in place prior to the pandemic.
* Continuing routine work, based on aggregate NHS guidance, colleagues should try to maintain face-to-face:
  + Childhood immunisation schedules
  + Post-natal checks (but combining these with the first immunisation clinic)
  + Contraceptive services requiring intervention
  + Smears if clinically indicated; low risk (based on history) routine smears can be deferred
  + High risk monitoring [e.g. INR, concurrent medication: lithium, DMARDs]
  + On-going treatment for cancer provided in the community, and also 2W referrals
  + Antenatal facilities [in discussion with midwifery services]

However, I am hoping more detailed contractual guidance will be available shortly

Colleagues should also accept, that unless the specific Regulations are waived, there may be exceptional administrative tasks [ such as HGV/PSV medicals] that should be undertaken for a wider community benefit; in addition, there will still be a need to maintain a level of safeguarding services and other support to vulnerable patients.

The BMA will be publishing ethical guidance which does emphasise:

* Providing ordinary standards of care is likely to be difficult
* Prioritisation decisions at peak periods of demand will be professionally challenging
* Decisions should be made which promote safe and effective patient care
* Keeping patients as informed as possible
* Reduction/cancellation of all non-urgent, non-essential services
* Appropriate use of remote consultations

Throughout this period I would also ask you all take time to ensure you support yourself and your working colleagues, as work pressures, and the nature of the decisions that will need to be made, may themselves be a source of stress for those often worried about their own circumstances and their friends and family.

I am also aware GP colleagues worry about facing possible Regulatory issues; the following links may be helpful on this point: -

Advice from the General Medical Council on its regulatory approach to doctors working during a pandemic can be found here: <https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice>

A joint letter to doctors from the CMOs of the four nations and the medical directors of NHSE and the GMC about support during a pandemic can be found here: <https://www.gmc-uk.org/news/news-archive/supporting-doctors-in-the-event-of-a-covid19-epidemic-in-the-uk>.

Please continue to contact the LMC with your queries; these are often helpful in addressing concerns common to all colleagues at present.

With best wishes



Dr Julius Parker

**Chief Executive**