



5th May 2020

Dear Colleague

Please see below for your information our latest updates during the Covid-19 pandemic:

Covid-19 Referral Special

[This special update is produced by Kent and Medway CCG](#) to provide information to help GP practices deal with referrals during the COVID-19 pandemic. We have tried to put all relevant information into one place and will try to update these documents on weekly or fortnightly basis as services or circumstances change. This update provides specific guidance about referral processes for different geographical areas and for different specialisms.

Supporting staff identified at increased risk from Covid-19

There have been an increased number of enquiries from practices that have staff that have been identified as being at increased risk from Covid-19 but are not identified as being in a shielded group. You can find guidance on this on the Kent LMC website, [here](#).

NHSEI letter to the profession on second phase of NHS response to COVID-19

[NHSEI has sent a letter](#) to NHS organisations setting out the second phase of NHS response to COVID-19. The letter outlined what practices have already been doing in proactively contacting their high-risk patients with ongoing care needs, including those in the 'shielding' cohort, to ensure they are accessing needed care and are receiving their medications. It highlighted that practices should continue to triage all patients, complete work on implementing digital and video consultations, and deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

With the nationally recognised increase in the number of deaths of patients in care homes there is now a greater and long overdue focus on the need to provide greater support for care homes. The letter suggested that one part of this response would be to bring forward key components of the Enhanced Care in Care Homes service, planned to begin in October. It was disappointing to see this expressed intention and the GPC were clear with government ministers and NHSEI that this approach was unacceptable. As a result, and following discussion with NHSEI and government, changes have been made which now stress the importance of supporting practices and other community providers to do what most are already doing, working hard to care for their patients in care homes. This new guidance can be found [here](#). It is now important that practices use this guidance, working with others in their area, including LMCs, to do what they can to support their local care homes at this critical time. Read the BMA's initial statement [here](#)

With regards to referrals to secondary care, NHS local systems and organisations are advised to step up non-COVID 19 urgent services as soon as possible over the next six weeks. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-COVID 19 levels. The GPC have been raising concerns about the variation in approaches being taken on this across the country and so NHS Digital has now produced [guidance](#) that

details the various features of the NHS e-referral service that can help referrals to be managed safely, triaged and processed according to clinical priority.

The letter also responds to the serious concerns raised by the [BMA in a letter sent to Sir Simon Stevens this week](#) about the need to take action in response to the emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis they recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly. Practices should consider how they can do this and take action to protect members of their team.

It should also be noted that potential new treatments for COVID-19 are being researched and many practices are being approached to take part in this. The letter was also referred to in the [NHSEI primary care bulletin \(29 April\)](#).

Contractual responsibilities of providing care during COVID-19 pandemic

The GPC have received several queries and concerns in the last few days from LMCs and others about the contractual responsibilities of providing care for patients with COVID-19. They have as a result taken legal advice on this.

It is clear that the care of patients within the community with, or suspected of having, COVID-19 is part of the provision of essential primary medical services and a requirement of the GMS contract. Practices not doing this, or if they have inadvertently taken steps whereby they have stopped providing care for these patients, including not seeing patients face to face in their practice (or another premises such as a hub if they have a contractual arrangement for this) or at home when it is clinically necessary to do so, would be breaching their contract.

In addition, it would also be very damaging for the profession as a whole at a time when the public is applauding the work done by general practice and others in the NHS and care services, if reports emerge of practices failing to provide necessary care to patients with COVID-19. This is particularly the case when the GPC are highlighting to government ministers and others the good work practices across the country are doing to support their vulnerable care home patients. LMCs will provide the necessary advice to practices should that be required.

Guidance on this matter is provided in the attached document, and the GPC have updated their [GP and practice toolkit](#).

PPE

The BMA continues to put pressure on Government to provide adequate and sufficient PPE for all healthcare workers, as was evident by the results of their latest [snapshot survey](#) which showed that basic PPE continue to fail to reach frontline doctors. The results of their tracker survey completed this week will be released over the next few days.

The BMA has [launched a 24/7 emergency support helpline](#) for doctors who find their PPE is inadequate and need urgent advice. Call the PPE hotline on 0300 123 1233 or use the **webchat** [>](#)

The BMA will continue to work hard to ensure that practices get the necessary PPE that they need to work safely. Read their latest FAQs: **[Refusing to treat where PPE is inadequate >](#)**

CPR should be reinstated to the list of aerosol generating procedures

The BMA has reviewed the guidance on Aerosol Generating Procedures (AGP) and agreed with the Resuscitation Council UK position that CPR is an AGP. This follows concerns that members

are being asked to resuscitate patients without adequate protection due to a lack of national consensus on this issue, in that CPR is not classified as an AGP in Public Health England guidance.

The [guidance from Resuscitation Council UK](#) provides a clear process for protecting patients and healthcare workers – treating CPR as an AGP. Read the BMA's guidance and statement [here](#)

Identifying high risk patients and shielding

Last week, [NHSEI](#) advised that additional people have been flagged to be at highest clinical risk, and letters and text messages are now being sent to this group. This has again be emphasised in the [letter from Sir Simon Stevens](#). If they have not already done so, practices are being asked to contact all the people on their patient list who are shielding as a follow-up to the letter. It's likely that most practices will have already done this.

The latest update on shielding in the [NHSEI primary care bulletin](#) (27 April) advised that renal dialysis patients should also be shielding. Where they have not already done so, renal units will get in touch with patients, send them a letter and add them to the Shielded Patient List via the regular trust submissions to NHS. It has also been confirmed that splenectomy patients should be included in the Shielded Patient List.

NHS Digital has published a [template letter](#) that GPs can use, if they wish, for patients who self-registered as 'highest risk' but do not in fact fall into the highest risk groups so do not need to be advised to shield. A link to this has also been added to the GPC's [guidance for practices about steps to take about the list of shielded patients](#).

The NHS.uk website was incorrect and has now been updated. See link under People at high risk (clinically vulnerable):

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>

Media

GP practices in England have spent an average of 26 hours a week reviewing whether patients should be shielding during the pandemic, according to a survey of the profession by [Pulse](#). In response to this I said: "Ensuring the list of shielding individuals is accurate is extremely important to ensure the most vulnerable in society are protected. It is a complex and timely process that does requires the input of GPs, patients and NHS England and Improvement, including clinical and non-clinical systems to ensure it is accurate and maintained. It is vital that NHSEI factors in the time needed for GPs to make adequate patient assessments so as to not add to the additional workload burden being placed on GPs at this time." This was also reported by [Management in Practice](#).

Self-referrals to the NHS Volunteer Responders scheme

People who feel they are vulnerable at home during the COVID-19 pandemic, and who would benefit from support from NHS Volunteer Responders, can now self-refer to the scheme rather than depending on their GP practices or other professionals to refer them.

The number for people to call to make a self-referral is **08081963646** – and you can share this with your patients (information regarding local arrangements can be found on Kent LMC's website [here](#))

The range of professionals who can now also refer people in for support with tasks like shopping, prescription deliveries, biological sample collections and transport to medical appointments has been expanded to include some charities, all emergency services staff, local councillors and MPs.

Coronavirus (COVID-19) is a notifiable disease

As [COVID-19 remain on the list of notifiable diseases](#), practices are reminded that all registered medical practitioners, including GPs, have a statutory duty to notify any clinically suspected cases of COVID-19. They should not wait for laboratory confirmation to notify the cases. Read more [here](#).

Reusing of medicines in a care home or hospice

Following pressure from the GPC and BMA, and working with the DHSC and Chief Pharmaceutical Officer's team, DHSC has now published the new [standard operating procedure for EOLC medicine reuse in care homes and hospices](#). The guidance sets out criteria for when and how to run a safe and effective medicines reuse scheme in a care home or hospice during the coronavirus outbreak.

GP Connect to provide access to patient data via the Summary Care Record (England)

During the pandemic additional patient data from primary care records will be made available to doctors, nurses and authorised professionals outside of primary care and the functionality of GP Connect will be temporarily expanded.

As part of the changes, GP Connect will now allow support GPs to treat patients outside of their registered practice by making patient records available to authorised individuals involved in the care of that patient. The changes will also enable remote organisations such as 111 to book appointments on behalf of patients as part of the COVID Clinical Assessment Service (CCAS).

Changes to the Summary Care Record (SCR) mean that where additional information is held on patients by GPs (medications, immunisations, care plan information and details of the management of long term conditions, significant medical history) and they have not opted out of having a SCR, this information will be made available via the SCR. This interim measure forgoes the requirement to get the explicit consent of a patient to share this information. Patients can still opt-out of either GP Connect or the SCR, or additional information being uploaded to the SCR, should they wish.

GP practices should have been contacted already with instructions on how to facilitate the measures above. More information can be found in the attached document and [here](#)

Performers List update (England)

The GPC have been informed by PCSE that the Performers List public facing website is currently being tested and is due to go live on Monday 4 May. The new website will be more interactive than the current site, and an individual can do a search and download the search into an excel file.

At the moment there is the capability to do a search by local office however, in two weeks there will also be the search field of CCG and an individual practice, therefore a practice or LMC could do a search and have a list of all the performers within their practice or CCGs that they cover. As this is the public site it will not provide any contact details or their GP type. GPs are encouraged, if they have not already done so, to log onto [PCSE online](#) and check their details.

CQC statement on its regulatory approach during COVID-19

CQC has developed an Emergency Support Framework to help it identify and respond to the increased risks to people, both to those with COVID-19 and those without it, whose treatment and care is being directly or indirectly affected by Covid-19. CQC will introduce this updated

regulatory approach from 4th May, sector by sector. Further information is contained in the [full CQC statement](#).

Webinars

Support for care home residents during pandemic

NHSE will be hosting a webinar to discuss the [guidance to primary care and community health to support care home residents during the pandemic](#). This will be held on [Thursday 7 May 2020, from 4.30pm](#). You can [submit your questions](#) in advance using this online form. You can also use this form to submit examples of working with care homes and other areas of good practice so that we can share learning with others.

Impact of Covid-19 on BAME communities

On **6 May 2020 at 6.30pm**, there will be a webinar to discuss ethnicity, COVID-19 and primary care. The webinar is for primary care colleagues to learn about the impact of COVID-19 on BAME communities and share practice tips and ways to support staff. [Register to join](#) and hear from Prerana Issar, NHS Chief People Officer; Dr Chaand Nagpaul, BMA Council Chair; Anne Marie Rafferty, RCN President; and Ravi Sharma, Director for England, Royal Pharmaceutical Society.

Kind regards

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the partnership model and meaningful collaboration*