8th June 2020

Dear Colleague

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

## Kent LMC Position on Covid-19 Antibody Testing

In summary Kent LMCs view is that GPs should feel no obligation to request Covid-19 antibody tests.

On 22nd May 2020 the government announced that clinicians could perform Covid-19 antibody testing if they considered it appropriate.

On 25th May Pauline Phillip and Prof Stephen Powis wrote to inform that Covid-19 antibody testing 'should be offered to NHS Staff who want it'. The letter went on to say testing could be used 'for routine management of patients as appropriate' and that 'it may be offered to patient who are having blood taken for another reason if not clinically appropriate'.

The Covid-19 antibody test only confirms that an individual has had the virus. Current research suggests that this does not demonstrate lifelong immunity and should not be used to alter behaviour in any respect. The testing of NHS staff may demonstrate that their PPE has been effective. This is an occupational health or health and safety issue and is the concern of the employer and not the GP. As the test does not alter the management of the patient it can be argued that there is no indication for performing it.

To offer the Covid-19 antibody test to patients already having blood tests for another reason requires counselling, recorded consent and explanation of the result. This constitutes a screening or epidemiological research programme. Other screening programmes are funded by National enhanced services or target payments and research supported by grants and led by relevant organisations and educational institutions . This issue has been raised with the General Practitioners Committee nationally. The potential additional workload this represents is substantial and currently unresourced.

Kent LMC will support all GPs who decline to offer Covid-19 antibody testing.

## Rejection of 2WW referrals by Secondary Care

There have been some instances of 2ww referrals being rejected by secondary care. This link https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/cancer-alliance-information-on-managing-cancer-referrals-19-march-2020.pdf is the recent guidance sent to colleagues on how to manage 2ww referrals in the current situation. It states that 2ww referrals can only be downgraded or rejected following a conversation with the referrer (or colleague eg duty doctor if they are not on duty).

In our opinion if a secondary care clinical recommends to downgrade a referral they should be responsible for any medico-legal implications of this. GPs should ask that they put their advice in writing so there is clear audit trail of the advice. The secondary care clinician should also be informing the patient directly of this change in management plan.

Please be aware that if GPs accept a referral downgrade or rejection they also accept the medico-legal responsibility. If any 2ww referrals are rejected without this conversation occurring please send the details to the office with patient identifiers removed and we will raise it with the appropriate trust.

The document is short and readable and contains other useful guidance that our colleagues should be following. It also states that patients should not be discharged due to Covid19 related delays. It is worth a read.

## Sit Rep

We encourage practices to respond to the Sit Rep to raise any unresolved issues they are experiencing at the current time, even if they have been raised previously.

Please make sure that one person from each practice completes the weekly sitrep using the following link: https://www.surveymonkey.co.uk/r/62MD2B7 by 11am every Thursday.

## Risk assessment guidance for BAME and other staff

At the beginning of April, the BMA called for a government investigation into the disproportionate impact of coronavirus infection on BAME healthcare workers and the community, and the report by Public Health England has now been published. Two months later, the BMA believes this report is a missed opportunity. The BMA are very concerned that the report fails to mention the staggering higher proportion of BAME healthcare workers who have tragically died from COVID-19 or that whilst this has now been a well recognised problem for weeks, government has still not brought forward access to occupational health services or the necessary funding to support practices who have additional costs as result of trying to support and protect their staff following risk assessment. Read the BMA statement here

The updated BMA resources on conducting COVID-19 risk assessments, specify that all doctors should be able to have a COVID-19 risk assessment and sign posts practical actions that should be taken to avoid or mitigate the risks which older, BAME or pregnant doctors – as well as those with pre-existing conditions – might face.

Following the BMA letter a few weeks ago highlighting our concerns about the risk to doctors from the BAME community and the need for more practical advice to practices on risk assessment, and the publication of the PHE report earlier this week, I have written to Sir Simon Stevens today calling for urgent action to be taken to make available the promised COVID-19 fund, to support practices that following risk assessments need additional locum cover for face to face consultations and to provide immediate free access to an occupation health service for all those working in general practice.

The updated NHS Employers guidance on risk assessment for NHS organisations on how to enhance their existing risk assessments particularly for at risk and vulnerable groups within their workforce due to COVID-19, was published last week.

## Standard Operating Procedure for general practice in the context of COVID-19 (England)

As reported last week, the NHSE/I Standing Operation Procedure for general practice has been updated. This guidance recommends total triage arrangements should continue with remote consultations used whenever possible, provides guidance on the management of patients who are shielding, advises that staff should be risk assessed to identify those at increased risk of COVID-19 and, as capacity allows, suggests practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and long term condition health checks. Practices are reminded that the SOP is guidance only and not a contractual obligation. Read the BMA's summary of the SOP in the attached document.

The changes from the previous SOP centre around:

- shielded patients
- restoration of routine work

## Shielding

Ruth May, Chief Nursing Officer in England, and Steve Powis, Medical Director at NHSE/I, have published a letter about the NHS support to people who have been shielding, which confirms government's updated guidance which advises that shielded patients can now leave their home, and also provides guidance on removing people from the list. DHSC will be sending out letter next week to a small number of patients who have recently been removed from the list and a copy is attached. The BMA is concerned that although the letter provides more flexibility around seeing patients in clinical settings rather than home visits, and suggests the lead role can be done by a team, it does not recognise the workload or other implications for practices. They also believe many patients won't need this as they are already experts in managing their condition and know how to access continuity of care when necessary. They will raise concerns about this with NHS England.

In response to the Government's announcement last weekend, Richard Vautrey commented that it remained unclear whether shielded people were allowed to visit doctors' surgeries for routine medical treatment, which could be safer than making home visits, and that he"hadn't been informed directly about the new guidance. The strong advice had been that patients should receive all of their healthcare in their home setting wherever possible." This was reported by the Guardian and GPonline

## Electronic repeat dispensing (eDR) - England

NHSEI has sent a letter to GPs and community pharmacists about the temporary suspension of the requirement for patient consent to use of the electronic repeat dispensing (eRD) system, until 30 June 2020. If GP practices have not already received a list of patients receiving electronic prescriptions, they should request a list of their registered patients that the NHS Business Services Authority has identified as potentially being suitable for eRD, based on recent medication history. Practices can request this by emailing nhsbsa.epssupport@nhs.net

## GP Recruitment (England)

As part of the 'Choose GP' campaign, on the GP National Recruitment office website and on Facebook, Health Education England receives a lot of enquiries from doctors who are keen to be put in touch with a GP or trainee either in the area they live or with similar interests. The chance to have direct peer to peer conversations is invaluable to them. The service has

been running for the last 4 years and has been proven to make all the difference between someone applying or not.

HEE keeps a list of volunteers who are happy to be contacted occasionally and willing to share experience and expertise – always with prior permission. If you are willing and able to do this contact gprecruitment@hee.nhs.uk with details including your name and contact details, practice name and which part of the country, how long you've been a GP or trainee, any special interests/expertise or opportunities you're pursuing or would like to as a GP (clinical and non-clinical) and the different settings you work in as well as practice and indicate whether you joined GP training from foundation year (or equivalent), trained and worked in another area first or switched to GP training from another specialty training programme.

## Briefing on role of contact tracing in outbreak control

The attached briefing from the BMA's Public health Medicine Committee (PHMC) covers the role of contact tracing in outbreak control and the PHMC position, in the context of the test and trace systems being rolled out in England, with links to information on the systems in the devolved nations. Please also see attached a letter from Public Health England to Directors of Public Health which is mentioned in the briefing.

## A patient's guide to advanced care planning

The BMA has published an information leaflet that practices can give to patients who might want to think about how they would like to be treated and cared for in the future – including in the event of getting COVID-19. It explains what advance care planning is and covers different types of advance care planning. The leaflet is also available in the home visits and care homes section in the GP practice toolkit.

## BMA COVID-19 guidance

The BMA continue to regularly update the **toolkit for GPs and practices,** which should help to answer many of the questions on a large range of topics relating to COVID-19. There is also guidance on the following topics:

- Model terms of engagement for a GP providing temporary COVID-19 services
- Terms and conditions for sessional GPs

## Other COVID-19 Resources

BMJ – news and resources
RCGP COVID-19 information
NHSE/I primary care bulletins
NICE resources

Kind regards
The Kent Local Medical Committee