



24<sup>th</sup> June 2020

Dear Colleague

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

### **PPE – face masks and coverings**

As of this week, [face masks and coverings should be worn by all hospital staff and visitors](#) and the BMA have been calling for this to be [extended to all healthcare settings](#), including primary care.

It is imperative that we do all we can to prevent the spread of infection, so that patients and visitors can attend practices without fear of contamination - the wearing of masks by staff and face coverings by the public will play a role in enabling this. With the UK chief medical officers reducing the [COVID-19 alert level](#) from four to three it is all the more important to do this to avoid a return to greater levels of virus circulation. It will also reduce the risk of a whole team within a practice being required to self-isolate should one member contract COVID-19. Read the BMA statement [here](#)

Practices should be aware of current guidance, which includes:

- Public Health England guidance on the [use of Personal Protective Equipment in primary care](#)
- Further Government advice on [working safely in non-hospital settings](#)

The PHE guidance recommends that those working in reception and communal areas who are unable to social distance, should wear a fluid repellent mask. The BMA believes patients should be encouraged to wear face coverings whenever they attend the practice (with practices continuing to triage arrangements to keep face-to-face contact to a minimum) and that staff should continue to be enabled to work remotely whenever possible, to create more space for social distancing. The BMA believes that CCGs and NHSE/I should also fund perspex screens wherever needed to protect staff and reception areas, reducing the potential for spread of infection.

### **Requests for face mask exemption letters**

Following the release of government guidance regarding the wearing of face masks in various public settings (including the circumstances where an individual might be exempt), practices are reporting increases in requests from patients for letters of exemption. The [government guidance on exemptions](#) suggests there is no requirement for evidence for exemption, therefore it should be sufficient for an individual to self-declare this. Practices are not required to provide letters of support for those who fall under the list of exemptions. The responsibility for issuing exemptions is with the transport provider, not GPs – see for example, this information from [First Bus](#) and [Arriva](#). Similarly, practices are under no obligation to provide letters of support for anyone who does not fall under the list of exemptions but considers them to have another reason to be exempted.

## **BMA risk assessment guidance for practices**

The BMA has updated its [guidance on risk assessments](#) to include two new sections for GP practices. The first section looks at the implications of risk assessments for practices – specifically what impact the adjustments required for high risk staff could have on practices, staff and patients. The mitigation that practices would need to do could include working from home or removal from areas that are considered hazardous, which could lead to a reduction in workforce and in activities that could affect patient safety, or an increased use of locum support and procurement of PPE, at a significant cost. This section also covers a number of suggestions of what commissioners can do to support negatively impacted practices. The second section sets out the risk assessment tools that are available to practices to use. Read the guidance [here](#)

## **Antibody testing of practice staff (England)**

The BMA are concerned at the significant variation in approaches across the country to the provision of antibody testing for practice staff. This is as a result of the failure of government and NHSE/I to make available an occupational health service to general practice staff, something the BMA have written to Sir Simon Stevens about. The BMA are aware that some CCGs are suggesting GP practices undertake antibody tests for their staff, using the temporary resident functionality of the clinical system to process the test. They have argued this will not be considered to be registering the individuals as temporary residents under contractual arrangements for primary medical care services but will be considered to be an 'NHS commissioned activity' and therefore falls within the CNSGP arrangements for practice indemnity. The BMA are seeking clarification from NHS Resolution on whether CNSGP will cover this activity if a practice decided to undertake these tests.

GPC England believes that it is wholly inappropriate to use the temporary residents mechanism to test staff and may be in breach of the GMS regulations. They have contacted NHSE/I and have been advised they have told CCGs that this is outwith the regulations and not practical for practices or their staff. Antibody testing for those working in general practice is not mandatory. If those working in general practice wish to have an antibody test, we believe the results should be provided directly to the individual having the test and should not require the involvement of the employer.

## **Indemnity Cover for Covid Related Activities**

There have been some questions asked about the indemnity cover for some Covid related activities outside the normal scope of General Practice. This includes the testing of Staff for Covid-19 antibodies which could be considered to be an occupational health service and therefore outside normal NHS provision. It is clear here <https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-coronavirus/> that any Covid-19 related activities such as testing for antibodies will be covered by CNSGP.

## **Appraisal update**

As reported last week, the [GMC has moved forward revalidation dates](#) for those due to revalidate between 1 October 2020 and 16 March 2021, for one year. NHSE/I have also confirmed in the attached letter that whilst appraisals remain on hold, the future of appraisals is still being discussed whilst they await the national decision confirming the date for recommencement of appraisals. The BMA continue to engage with the Responsible Officer network to agree a revised format for appraisal that they hope will be regarded as more formative and supportive.

## CQC inspections

GPC and BMA council member, Clare Gerada, has written to the CQC urging them not to resume inspections of practices as planned this autumn, but to defer for at least another 12 months. She urged the CQC to allow GPs healing time following the pandemic, including time to mourn lost colleagues and relatives, and warned that the alternative could lead to widespread burnout and early retirement among GPs.

The BMA have also raised concern about the planned resumption of CQC inspections directly with CQC as well as with government ministers and NHSE/I and will continue to lobby for changes to the current regulatory arrangements.

## Regulation of physician associates

The GMC has published an update about the regulation of physician associates (PA) and anaesthesia associates (AAs), as new legislation is expected to be introduced in the second half of 2021. Over the next year the GMC will be designing the processes and policies needed to regulate PAs and AAs. Read the full statement on the [GMC website](#)

They have also published a short survey asking for views on this process, in particular the questions focus on experience of working with PAs/AAs, their education and training, and views the GMC's professional guidance and how it could relate to PAs and AAs. You can feed in to the survey [here](#) (closing date is **29 June**).

## A thank you from HEE (Health Education England) to the GP community (England)

At the start of June the BMA asked you to consider assisting with HEE's national '[Choose GP](#)' recruitment campaign. This involved taking part in peer to peer conversations with doctors considering general practice as a career. HEE have since confirmed a very helpful increase in enquires from GPs willing to offer their time and assistance, and have asked the BMA to send a big "thank you" to you all for supporting the ongoing drive to expand the GP workforce.

## BMA COVID-19 guidance

The BMA continue to regularly update their [toolkit for GPs and practices](#), which should help to answer many of the questions we have been getting on a large range of topics relating to COVID-19. Last week we added a section on [high-risk patients and shielding arrangements](#). 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](#)

For further information, see the BMA's [COVID-19 Webpage](#) with all the latest guidance including links to the BMA's [COVID-19 ethical guidance](#) and [priorities for easing lockdown](#) published last week.

## Mental health and wellbeing

Read the BMA's report on the [mental health and wellbeing of the medical workforce](#), which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future.

The BMA continue to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of our Wellbeing [poster](#), please email [wellbeingsupport@bma.org.uk](mailto:wellbeingsupport@bma.org.uk)

### **Steroids for MSK/Rheumatology**

This is a useful guide to the use of steroids for MSK/Rheumatology, including advice re intra articular steroid injections (7 pages):

[https://www.rheumatology.org.uk/Portals/0/Documents/COVID-19/MSK\\_rheumatology\\_corticosteroid\\_guidance.pdf](https://www.rheumatology.org.uk/Portals/0/Documents/COVID-19/MSK_rheumatology_corticosteroid_guidance.pdf)

### **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