**Information Update**

**CORONAVIRUS**

**4th March 2020**

The ongoing outbreak of coronavirus has produced a plethora of advice, guidance, directives from various organisations and unsubstantiated rumours. Up until this point, the LMC has actively decided not to add to the growing number of e-mails in inboxes but there are now several issues that we feel are not being addressed and we wanted to provide a brief update. The guidance is broken down into 3 areas: National Guidance, Local clarification for practices and Issues that we have raised both locally and nationally which have yet to be resolved. I must emphasise that this advice is valid at the time of publication and you are advised to check for any updates.

**NATIONAL GUIDANCE**

This is a fast-moving scenario and we are not going to duplicate information as there is a risk of it being outdated. Our advice would be actively look at the [Gov.uk](https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response) webpage, which has links to all of the relevant guidance, at pre-determined times throughout the day and if there have been updates then initiate action. The numerous e-mails that organisations are sending could be transferred unread into a separate folder for future reference (and maybe a daily check) if required.

**LOCAL CLARIFICATION FOR PRACTICES**

* Med 3 Forms for asymptomatic patients\*. GPs should not be providing these as the patient is not ill. If employers are insisting on them then it is not the GPs responsibility.
* Reports/Med 3 Forms for patients choosing not to travel. Again, not the GPs responsibility. If a patient had booked to travel to any area where the FCO are advising either no travel or only essential travel, then the patient’s insurance company should pay out for any cancellation. If a patient chooses not to travel to other areas it is not the GPs responsibility to provide a report/Med 3.
* Sick Pay for staff\*. If a member of staff has symptoms and has followed the national guidance and obtained a Med 3 from their GP, then follow your practice sickness policy. Where there are no symptoms and the staff member has chosen to self-isolate you are under no obligation to pay sick pay. The grey area is where there are no symptoms, but the staff member has been advised by a healthcare professional to self-isolate. Although there is again no statutory obligation to pay them sick pay, as an employer who is trying to do the right thing in reducing the spread, you may choose to pay them sick pay.
* Suspension of Online Booking. While this is being looked at nationally, the decision to allow this currently rests with the CCG and DDCCG have indicated that at the present time they will not allow a blanket suspension for all practices. However, if you present them with a risk assessment to justify why you wish to suspend online booking, they have indicated they will consider these favourably on an individual basis (with no contractual comeback).
* Test Results. In line with the NHS Standard Contract (SC 12.1.3) *“the provider must notify the Service User (and, where appropriate, their Carer and/or Legal Guardian) of the results of all investigations and treatments promptly and in a readily understandable, functional, clinically appropriate and cost effective manner”*. It is therefore the responsibility of the provider conducting the test to notify the patient of the result (negative or positive) NOT the GP practice. DDCCG has raised this issue with CRH and agreed an amended procedure.
* Laptops for home working. The CCG do have a small pool of laptops that may be made available to GPs if they need to self-isolate.

**\***This advice may change once the legislation and detail is published following the announcement on 4th March 2020 that SSP will be paid from day one rather than day four.

**LOCAL/NATIONAL SUGGESTIONS/ISSUES YET TO BE RESOLVED**

The following are suggestions that we have made either locally or nationally and are being investigated. We will report any updates when we have any more information.

* Allow practices to suspend online booking to free up urgent capacity and increase opportunity for telephone triage
* Allow practices to suspend pre-bookable appointments and only offer "on the day" appointments to free up urgent capacity and increase opportunity for telephone triage
* Allow practices to claim for sick pay for locum cover from day one rather than after 14 days.
* Request the CCG to source and provide PPE to protect our workforce
* Suspend CQC Quality Visits to all practices to free up urgent capacity
* Suspend QoF/Assume 100% achievement to free up urgent capacity
* Suspend CQC visits / calls to free up clinicians to be at work seeing patients
* Suspend appraisals to free up clinicians to be at work seeing patients
* Suspend primary care 1/2 day training events to reduce exposure and free up urgent capacity
* Suspend non-critical LES / DES activity (Including PCN DES) to free up capacity

If practices have any other suggestions, please let us know and we will feed them into the system.