

## 1<sup>st</sup> APRIL 2020 FAQs from Webinar

### PPE

- **Any update on eye protection? Are there any other aprons in the pipeline as the ones we have don't seem to be fit for purpose? PPE - are practices buying their own stock from their current medical suppliers (if available)?** This has been a high priority and a separate supply chain has now been established. Registrations will start on 7<sup>th</sup> April and we will make sure you have the details. In the meantime continue to order through existing channels.
- **Having to report how much PPE used daily is going to be a pain.** We think this was a one off to establish the baseline while they introduce the new supply chain. We are monitoring the daily questionnaire to ensure it doesn't become too onerous and are looking at whether this needs to be daily or less frequently.
- **GP question- should full PPE be worn for all patient contacts and does this include face masks for patients. PHE sent a table out that contradicts no PPE no see.** We have knowingly taken a more robust stance than the national guidance and make no apology for that. Face masks for patients are not currently recommended but we await the updated guidance today.

### Testing

- **Any update about testing?** From yesterday's update: Testing kits are becoming available through the national testing programme and the Derbyshire COVID Response team are working on prioritisation within general practice. The team have also investigated and discounted the option of purchasing testing kits independently. This decision was made because of concerns about the test, not due to funding which had been sourced. Practices are advised NOT to purchase any kits themselves due to questions about their efficacy.

### Furlough/ staff sickness

- **Are we classed as a publicly funded employer with regard to furloughing staff - its a bit confusing?** You are right it is confusing, and our view is that furloughing cannot be applied to practice staff for 2 reasons – the funding for their employment comes from the government and there is still plenty of work for them. Our view is that if staff cannot work because they can't come into the practice and can't work from home then you can use backfill and reclaim that cost as a legitimate COVID-19 expense.

### Funding

- **Are we really going to get funding back for all the extra staff costs and additional equipment/ppe? Are locum costs being refunded as covid needed?** Yes, providing it is reasonable, since it is enshrined in the legislation - *The Coronavirus Act 2020 s86 states: (1) There is to be paid out of money provided by Parliament — (a) any expenditure which is incurred by a Minister of the Crown, government department or other public authority by virtue of this Act, (b) any increase attributable to this Act in the sums payable by virtue of any other Act out of money so provided, and (c) any other expenditure which is incurred by a Minister of the Crown, government department or other public authority in connection with the making of payments, or the giving of financial assistance to a person (whether directly or indirectly), as a result of coronavirus or coronavirus disease.* Our view is that this includes locum costs from day 1 and we are producing a proforma in conjunction with the CCG for you to keep a note of any additional expenses.



## IT

- **Any news regarding more lap tops being available for remote working?** See daily updates as the situation is changing. The CCG have currently have no laptops but are expecting a new delivery before the end of the week.
- **AwayFromMyDesk - this now seems imminent - will it provide access to systmone, albeit with no spine access? Will we be reimbursed for Away from my desk as we could not wait?** This has now been cleared for use and is being rolled out. My understanding is that it does allow access to S1 but not full functionality. You will need to check with CCG about funding.
- **Download Checkpoint you connect without adding the VPN number - connection is much better.** Useful tip and Checkpoint is now the preferred method of connection.

## Easter Opening

- **This generated the most questions and rather than list them all I will provide a summary.**
  - 0800-1830 on Good Friday and Easter Monday have been designated as core hours under the emergency legislation. This can only be used to make such changes while there is a declared pandemic so it will not become the norm. Depending on how long this goes on the 2 May BHs may also be declared as core hours. Easter Saturday and Sunday are not included so treat as any other weekend
  - The baseline for the service you need to provide is a “normal” working day, but given there is no normal at present the CCG have endorsed the delivery of the service on these days through a hub model if that is what practices/PCNs wish to do. Whether you need to open branch surgeries will need to be factored into those discussions.
  - Staffing will need to be managed locally as contracts of employment will vary. Obviously, agreement is preferable to imposition, but we will get some generic HR advice to help you navigate through this. Pay is also a practice matter and we are seeking clarification about the reimbursement of any enhanced pay,
  - Community pharmacies will be open but we are not sure yet whether this will be a weekday or weekend service. Similarly we are finding out what other services will be available (e.g. phlebotomy).

## Undertakers

- **Do undertakers have an emergency plan if their workload exceeds capacity?** We know that planning is going on and any impact on practices will be communicated once we have any details.

## Risk assessment for practice staff

- **Is there a risk assessment template for practice staff (and their families)?** I'll put on today's bulletin and website.

## Clinical Patient

- **Are there 'hot hubs' in Derby / Derbyshire where only potential covid-19 patients are seen?** These are being worked up within PCNs and the first ones are expected to open within days. We will raise the issue about priority access to ambulances for these sites.



- **What's happening with the home visiting service?** The CCG are in the process of commissioning a service with input from DHU and GPs
- **What guidance do we have if a patient arrests at the Practice with possible Covid?** We circulated a piece in the daily update on 30<sup>th</sup> March which states there is no emergency in a pandemic and No PPE No SEE. You must conduct a dynamic risk assessment but do not put yourselves at risk of becoming a victim.

### Vulnerable patients

- **A summary of the questions is "Clear guidance on these blinking High Risk letters would help".** We understand how frustrating this is particularly as the NHSE position for Group 4 patients changed from "practices to issue letters" to "hold as we will run central searches". That is still the advice. The issue of fitness to work is an occupational health issue between the patient and their employer NOT the GP.

### Contract

- **Has anyone read the full legislation changes to the GMS contract?** Yes. And the GMS/PMS changes are actually Regulation Statutory Instrument (rather than the actual Coronavirus Act). And there are only 3 things – Good Friday/Easter Monday core hours, you an't be issued with a contract breach as a result of changes to the service you deliver due to the pandemic and you are no longer required to provide direct access to booking appointments for NHS 111. (I know I need to get out more – but I'm not allowed!!!!)

### Quest

- **Do you know if QUEST is still going ahead, or if that's cancelled ie next week?** Cancelled from a DHU cover perspective. We advise only doing absolutely essential training needed to help with COVID-19.

### 25<sup>th</sup> MARCH 2020 FAQs (including from Webinar)

#### Testing

- **When will testing be available for HCW?** A high priority and a national issue – 3.5m kits have been purchased but still waiting on when this will be rolled out. A snapshot of 54 practices yesterday shows approx. 25% of the workforce are not able to work due to COVID-19 (either symptomatic or self-isolating for other reasons).
- **Are DHU swabbing vulnerable patients in care homes?** The current system involves testing only if 2 or more suspected cases in a home, but this is under review.
- **Some patients being signposting to GP for testing?** You will know testing is not available and the priority remains HCW testing. We will update as things change.

#### Extremely Vulnerable Patients

- **What do practices need to do about Category C Group 4 Highest risk patients?** The initial advice was that Groups 1-3 would be contacted centrally by NHSE but Group 4 would need to be identified by practices and contacted. HOWEVER, at 2:29pm on 26/03/2020 GPC issued the following: **Please do not undertake any activity until further guidance is communicated in this regard.** Please note, I have just taken an update from NHS D + NHS X, there is an intent for group 4 patients to be identified centrally. At this point in time, please await further formal guidance in terms of next steps for identification of group 4 patients.



- **How does the list of centrally notified patients come into practice?** Via flags on patient records. (I understand code is Y228a for S1).
- **Can practice override codes if GP feels patient should not be on extremely vulnerable list?** You may wish to investigate as the lists are centrally generated on set criteria and are based on coding within the record and if this is in error it should be corrected. However, the differences between shielding (extremely vulnerable) and self-isolation (High-risk, symptomatic and families) are not that great and I don't see a huge benefit from getting someone removed from this group.

#### Other services for patients

- **What is happening about referrals?** This is a fast moving situation and we are expecting a joined up process from both main hospital trusts either today (27/03) or Monday. In the meantime, continue with 2ww as usual, and for routine referrals use the principle of defer wherever possible and seek advice from the specialist if unsure.
- **What is happening about a home visiting service?** This is being worked up (with critical GP input) by all the stakeholders considering all the requirements (including blood tests for extremely vulnerable patients which has been mentioned by a number of practices).
- **Are other services (such as MIUs UCCs) still functioning?** As things are changing so rapidly all patients must contact any other services directly to seek advice before attending in person.
- **Do we still have to deliver extended hours and extended access?** The overriding principle is that practices should do what is clinically necessary with the available resources. The CCG have suspended the extended hours (delivered through the PCN DES) and have asked that if practices need to adapt/reduce/suspend extended hours hubs then please notify them. They have confirmed that income will be protected.

#### IT

- **When will we get Away from my Desk and what is the functionality?** This has been promised for this week but to be fair to the CCG/NECS IT teams (who are working flat out) there has been a huge upsurge in requests and there are capacity issues with rolling it out. I'm not an IT specialist and my understanding is that you can access the clinical systems but you do not get full functionality (e.g. you can't issue prescriptions).
- **Can Accurx still be used for TPP/EMIS?** Yes. However, EMIs has an embedded video function and TPP are rolling out Airmid, which you may wish to consider. The CCG IT team are providing daily updates on the IT situation.
- **Who will provide require extra phone sets that we require for clinicians?** In the first instance we suggest contacting your phone provider.

#### Finance and HR

- **Will we be reimbursed for additional expenditure as a result of COVID-19, including covering locum costs?** The Practices are urged to keep records of any additional expenditure as a result of Coronavirus and the CCG have reiterated that all reasonable additional expenditure will be reimbursed. (We are seeking confirmation that this will include locum costs from day 1 rather than after 14 days as per the SFE). The CCG are working with NHSE to develop an agile process, including the provision of emergency funding if practices are having serious cash flow problems. To reassure practices the Coronavirus Act 2020 (which gained Royal Assent yesterday) contains the following provision 86 "There is to be paid out of money provided by Parliament (c) any other expenditure which is incurred by a Minister of the Crown, government department or other public authority in connection with the making of payments, or the giving of financial assistance to a person (whether directly or indirectly), as a result of coronavirus or coronavirus disease".



- **What should we be paying staff who are unable to work?** This question can be broken down into a number of categories:
  - 1) **Staff with symptoms.** Stay off work (See guidance). Staff paid sick pay in accordance with their employment contract. (N.B SSP can be claimed back from Day 1)
  - 2) **Staff self-isolating due to household member with symptoms.** Stay off work (See guidance). The current government guidance states *“Those who follow advice to stay at home and who cannot work as a result will be eligible for statutory sick pay (SSP), even if they are not themselves sick. Employers should use their discretion and respect the medical need to self-isolate in making decisions about sick pay.”* Which in plain language means it is practice discretion whether to pay SSP or pay in line with employment contract. If it becomes critical that practices need to backfill these staff, there is a possibility that these costs may be reimbursed (see above) but this has not yet been confirmed.
  - 3) **Staff self-isolating/shielding from high risk/extremely vulnerable groups.** If unable to work remotely see 2) above.
  - 4) **Staff unable to work due to childcare or caring for others (parents etc).** The government advice is *“Employees are entitled to time off work to help someone who depends on them (a ‘dependant’) in an unexpected event or emergency. This would apply to situations related to coronavirus (COVID-19). There’s no statutory right to pay for this time off, but some employers might offer pay depending on the contract or workplace policy.”* It should be noted that school age childcare should not be an issue since all staff in general practice as critical workers so are entitled to a school place if there is no other option. Pre-school measures are being put in place along similar lines. (see City and Council websites for details)

## PREVIOUS FAQs

### 18<sup>th</sup> MARCH 2020 FAQs (including those from PM webinar)

#### Treatment and Patients

- 1) **What do practices do with mobile self-isolating patients who need things such as monitoring bloods or xrays?** Unless urgent these should be deferred.
- 2) **Can we refer to hospital in an emergency/urgent case and should we be advising patient of any specific procedure?** Yes. If emergency call 999 as ambulance have procedures in place for conveyance. If urgent hospitals have assured us that GPs can still access the consultants for guidance.
- 3) **Will asymptomatic over 70-year olds who are social distancing be able to be seen in surgery.** Yes, with suitable protections in place to ensure they are seen in a “non-Covid-19 area”.
- 4) **Are we able to physically shut the surgery doors without breaching our contract? Are branch sites able to reduce opening hours due to staff constraints?** Yes. If you deem the circumstances to be unsafe for you to remain open (e.g. staffing levels just let the Covid team at CCG know and copy LMC in. There are plans for LMC to produce an urgent daily check in with PMs re staff levels, equipment needs etc so we can take this forward with the CCG.
- 5) **What should practices do about cervical screening?** We are developing a priority work matrix to assist with clinical decision making.
- 6) **Will practices be expected to open on bank holidays?** Not at the moment.
- 7) **If a pregnant lady is social distancing without symptoms, do their partners and family have to self-isolate as well?** No, unless they meet the case definitions themselves
- 8) **Do we suspend annual reviews for housebound patients?** Yes, unless clinically urgent.



### Cleaning Practice

- 1) **When do we deep clean as we don't know when seeing the patient if they are COVID or not?** The PHE guidance is [here](#).

### Remote working and IT

- 1) **Do we have any timescales re remote working?** Daily updates in CCG bulletin
- 2) **MJOG is also really slow at the moment I assume due to overuse? Is there funding available for MJOG as some practices cannot contact patients as a whole. We have systm1 text messages but extremely slow and time consuming to send - MJOG would be a great addition. Accurx - can this be funded by the CCG to send messages to groups of patients as MJOG can't cope at the moment with the number of campaigns we are sending out?** A group of questions. In summary the systems are slow as use has understandably increased (and there was a systemwide problem with SystmOne on 18<sup>th</sup> March). Any requests for additional functionality/hardware should be sent through to the CCG (Claire Hilton). Funding will not be an issue.
- 3) **Would it be possible for the IT to allow staff to take home the desktop computers we have in practice?** A good suggestion. CCG/NECs looking at technical feasibility.
- 4) **IG question, how does this apply with GP's remote working, doing telephone triage?** Take a pragmatic and sensible approach. Everyone understands the principles but the ICO have acknowledged that Data Protection cannot be allowed to hinder patient care. There may be further provisions in the emergency legislation (expected 19/03/20)

### Equipment/waste

- 1) **Oxygen availability?** Is being reviewed by CCG. In the meantime, the LMC Buying Group's emergency oxygen supplier is Baywater Healthcare. POC Call Steve at 0845 602 0776.
- 2) **Do we have any guidelines on how often staff should change PPE equipment? We are operating a respiratory centre and changing PPE between each patient but we are using a lot of masks every day?** CCG are coordinating a local update to clarify. The PHE guidance is [here](#).
- 3) **Are out of date face masks safe to use?** NHSE have issued assurance that the masks that were distributed with original 2016 dates on them have been tested and are fit for purpose. The wider question about the correct PPE is being urgently addressed.
- 4) **How is everyone dealing with clinical waste that has come from a dirty room where a patient potentially has coronavirus? Is double bagging sufficient?** CCG has sent out guidance on this matter and PHE guidance also covers it.

### HR/ Personnel

- 1) **A group of questions about Staff SSP when self-isolating. Is there any guidance around pay for school closures? Annual Leave, Unpaid etc. Are we expecting any national guidance about staff having to cancel annual leave?** Practices already have HR policies and where possible these should be followed. If non-symptomatic but self-isolating look at all options, voluntary annual leave (paid or unpaid) as this may improve long term resilience of practice, work from home (where possible) and if all other options are exhausted we suggest you use the provisions of your sickness policy. There have been promises that self-isolation will be treated as sickness for purposes of SSP but no detail as yet.
- 2) **As of now can staff who are in the vulnerable group work if social distancing?** The government advice is open to some interpretation (at the moment). Our view is that these individuals should not be seeing patients and wherever possible should not be in the practice but if there is a need, you need to consider social distancing measures within the practice (Non-COVID-19 zones etc).





### Medical staffing

- 1) **Can Retired GPs with lapsed registration do paperwork & triage on the phone?** They will be able to, more detail on the process to be published in emergency legislation.
- 2) **Are Nurse revalidation also suspended?** We will find out!
- 3) **If medical students are helping out in practice, do we need to look at our own policies, insurances etc?** Any NHS clinical work will be covered by CNSGP. Other insurance (H&S, Employee etc) should already be in place but you might want to check.
- 4) **We have an ex Health Visitor/Nurse who is a patient who has contacted us to help if she can - not currently revalidated but can she deliver medication to vulnerable people who are self-isolating assuming risk measures in place - No DBS etc?** Apply common sense and if the individual is well known you could use before DBS etc.
- 5) **As a result of loss of staff because of self-isolation etc, how will joint working be organised given the lack of time and the difficulties to get this sorted?** Local cooperation will be key and GP leadership is working on support. Nationally, regulations will be eased to help facilitate this.

### Extended Access Contract obligations

- 1) **Are practices still expected to deliver extended hours & extended access?** CCG have stated a pragmatic approach. Make sensible decisions based on clinical need and resource availability (not least staff capacity) rather than worrying about contractual obligations/

### Funding Issues

- 1) **What about the deep cleans - we are being charge £80 + vat for each clean, we can't sustain it. we also need full gowns in practice/ scrubs, is this being provided? How do we claim expenses back - specifically for extra staff costs, equipment, scrubs etc? How are the CCG planning to support practices financially as our activity decreases and delivery of our LES and Des are reduced? When & how will we receive COVID-19 funding?** Government have announced that GP funding will be protected and additional costs attributable to COVID-19 will be met. We also understand the cash flow implications and are working up a funding process with the CCG.

### Non urgent work

- 1) **Plans to suspend the PCN development work? Although working with our neighbouring practices the PCN requirements are additional, unwanted pressure.** As you say the principle of working together is more crucial than ever and the PCN DES funding will be protected. The "contractual ask" from practices for 20/21 can be put on hold to focus on clinical need.

### HCW testing

- 1) **Alongside the plan to look at testing healthcare workers with COVID symptoms is this likely to be extended to household members with symptoms to try and reduce the need for staff to have to self-isolate for 14 days?** The whole issue of testing is one of the highest priorities and we are monitoring national developments closely.

### 17<sup>th</sup> March 2020

- 1) **Should the practice be issuing Med 3 Forms for 14 Day or 12 week (high risk patient) Self-Isolation?** The Department for Work and Pensions promised an alternative online solution on 10<sup>th</sup> March but this has still not happened. DDLMC view is that practices should not be



doing this as it takes staff away from frontline duties and we will support any practice refusing to do these until the national guidance catches up with reality. We have added a letter (Please add link to attached letter) to the resources which practices might wish to use to notify patients that they will not be issuing Med 3s for employees or school children.

- 2) **Should the practice be writing medical reports for people who have chosen to cancel holidays?** No. This is non contractual and a travel company asking for a report places no obligation on the practices to do so.
- 3) **Should we be switching to longer repeat prescriptions?** No. If large numbers of patients switch from 28 day to 84 day repeats there is a real risk that the supply chain will collapse. Encourage patients to use online ordering and EPS.
- 4) **Can EPS be rolled out to hubs?** We are pressing the CCG and NECs for a solution as hub working may become more prevalent as more practice staff are affected by the new 14-day family self-isolation guidance.
- 5) **Can the current reported 4 day turnaround to get remote working tokens from NECs be speeded up?** We have raised this as a matter of urgency with the CCG and NECs and hope this can be wrapped up with the other IT issues that the CCG reported on yesterday.
- 6) **Is there a template risk assessment form for practices to use for staff?** We have uploaded a [World Health Organisation](#) template to our resources area.
- 7) **Can the posters on the LMC Resources hub be translated into other languages?** Polish, Punjabi and Romanian version of the posters we shared yesterday are coming very soon. If there are any other languages that would be useful please let us know. Please be aware these may go out of date quickly with updated government advice.
- 8) **Can we suspend NHS 111 direct online bookings?** Yes. In the same way you have suspended online bookings we advise practices to not make any appointments available for NHS111 direct bookings.
- 9) **Should pregnant staff be at work?** As being pregnant has now been added to the high - risk group we would advise practices to encourage pregnant staff to self-isolate and work from home if possible.
- 10) **What should practices do with booked routine appointments?** Practices may wish to call all their pre-booked routine appointments and triage to see if they need to be seen. If the clinical judgement is that patients do need to be seen the practice should then screen patients and any that are symptomatic should be seen in a separate part of the practice with PPE.