BMA House
Tavistock Square
London WC1H 9JP

BMA

To all GP practices in England (electronically)

19 March 2020

Dear colleagues,

We are clearly moving into an unprecedented period for general practice, the wider NHS and care service, and for our patients. Practices, out-of-hours providers, walk-in centres and many other NHS organisations are already working extremely hard as they do their best to respond to the needs and understandable anxieties of their patients.

It is wholly understandable that we will also be anxious for the safety of our families and friends, our colleagues at work and for ourselves. I have no doubt that we will do the best we can to maintain and deliver services to our patients, but this is going to be very difficult and will mean us working in very different ways.

Following today's letter from NHS England to general practice, outlining measures being put in place for primary care preparedness, GPC England is providing the guidance below to all practices on what they can do now operationally to manage the escalating situation.

This is provided as a guide, but practices should use their clinical and professional judgement and based on their local context to ensure services provided are appropriate for patients, while protecting practice staff. NHS England's letter commits that CCGs are expected not to take remedial action under the contract where practices change their service delivery in order to manage the COVID-19 situation.

Minimise footfall

In order to prevent spread of COVID-19 infection and reduce demand on practices, there are several measures practices can take to reduce footfall. These include:

- Move to total triage for all patient contacts
- All routine appointments (provided by all healthcare staff) to be converted into telephone triage appointments or remote assessment (could be online via forms/video), with appropriate follow-up provided at the practice if clinically required
- Convert all online booking slots into online bookable slots for telephone triage where possible. If not possible, disable the functionality and triage through another route
- All fit notes/letters/request forms for investigations etc should be sent electronically. Failing that, they will need to be posted to the patient. Patients must not be encouraged to pick them up from the practice. Evidence for COVID-19-related absence from work will be provided by NHS 111 or should be waived by the employer.

Chief executive officer: Tom Grinyer

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- Electronic Prescribing should be the default method of providing prescriptions. Patients who do not have a nominated pharmacy should be asked to do this. If rarely paper is required, then it must be collected by the pharmacy. Pharmacies to limit visits to the practice and arrange set visiting time
- Electronic repeat dispensing should be increased, and practices should not be prescribing more than would normally be prescribed, limited to monthly dispensing (this might seem perverse but will assist with medication supply)
- Any patients with long term conditions that are concerned about a deterioration in their condition to contact the surgery for telephone or online/digital assessment
- Practices will need to work together and may consider establishing locality hot, cold, respiratory and remote advice hubs. For example, a hub for those who need ongoing routine care, a hub for those with symptoms that may indicate COVID infection and who require care in the community, a hub for patients who might be more likely to contract COVID due to underlying conditions, and a non-patient facing hub to provide remote advice (particularly for at-risk staff).

Practices, whilst trying to meet the needs of their patients, should also protect their workforce. All those carrying out face-to-face consultations should have appropriate PPE. No face-to-face consultation should take place with potentially COVID-infected patients if there is no adequate PPE. We are working with NHS England and other stakeholders to get the necessary PPE to primary care providers as soon as possible.

Activities to stop

We advise that all non-urgent work be postponed until further notice. This might include:

- Travel advice and travel vaccinations
- New patient reviews
- Over 75 health checks
- Minor Surgery
- Clinical reviews of frailty
- Friends and Family tests
- Engagement with PPGs
- Phlebotomy (non-essential to be suspended)
- Dispensing Services Quality Scheme to stop (with funding protected)
- Dispensing list cleansing
- Routine medication reviews (essential ones to be conducted by phone)
- All other non-urgent provision (DESs and LISs/LESs) to be postponed until further notice. Funding will be protected for practices
- Audit and assurance activities
- Data collection requests (unless considered essential to support the Covid-19 efforts)
- All other routine nurse appointments will be subject to telephone triage by our nurses
- Appraisal and Revalidation
- All routine CQC inspections and annual telephone reviews (already enacted)
- All non-essential paperwork

QOF

- Care that is clinically necessary, relevant and possible, should be delivered, primarily by telephone or digital consultation
- Guaranteed income for 2019/20. Payments will be protected and made in line with best of 2018/19 or 2019/20 achievements

- NHS England has committed that QOF income for practices for 2020/21 will be protected and information will be provided as soon as possible.

PCN DES

- All payments will be protected and will be made in line with the contract agreement
- Recruit the expanded workforce you need using ARRS funds
- Some clinical director responsibilities may be delegated to others (including non-clinicians) as appropriate
- The Investment and Impact Fund will not be implemented for at least six months, with the funding retained and provided to PCNs for them to use as they see fit
- Whilst NHSEI have stated that the cancer service specification will begin in April, and the SMR and care home specifications could commence in October, work associated with these have no time limits or targets and should be delayed to focus on COVID-19. GPC England believes it will be necessary to suspend these service specifications for 2020/21.
- Extended hours funding will continue but practices should work flexibly in response to the current COVID-19 situation.

Practices should prioritise COVID-related care first

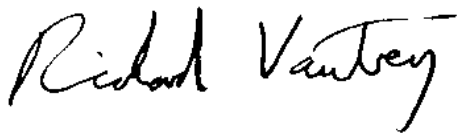
Activities to continue

- Essential services as determined clinically relevant by the practice and based on the available workforce, capacity and PPE
- Immunisations for children, influenza and pneumococcal infection

As is currently the case, all staff are covered by the full CNSGP indemnity scheme

During this very difficult period, it is more important than ever to support, help and look out for one another. Please remember that the BMA's wellbeing support services can provide support and your local medical committee is always available to help and support you, and please keep up to date with the latest information on the BMA's COVID-19 Hub.

Yours sincerely,



Dr Richard Vautrey
Chair BMA GP (England) Committee