



## Beds & Herts LMC Ltd Weekly Update for Practices: Friday 19<sup>th</sup> June 2020

### 1) Antibody testing of staff

In last week's update we raised some concerns about practices registering staff as temporary residents in order to carry out antibody testing. Since then we have had further discussions within the LMC office and with others and have a number of other concerns about antibody testing. While realising that many practices and practice staff are keen to be tested to find out if they have an immune response, we think that practices should be aware of these concerns and consider the implications if they are planning to test their staff.

1. Registration of staff – neither the Immediately Necessary Treatment (INT) nor the temporary resident (TR) regulations are appropriate for carrying out a test on a member of staff. INT is for the treatment of someone “owing to an accident or emergency” in your area and TR is for someone who is in your area for more than 24 hours and less than 3 months and not being provided with essential services by another GP in the area. It is unlikely that the CCG is going to take any contractual action against a practice using one of these two methods, but it is nevertheless a breach of the regulations.
2. This is additional, unfunded work that does not fall under the GMS contract. In any other situation practices would object to being expected to do unfunded work. An important role of the LMC has always been to defend GPs and practices against unfunded work expectations. We are concerned that if practices do this without question for their staff, it will be harder to argue against the requirement for doing it for patients on request which we equally consider not to be a GMS service.
3. It is not clear whether this is Occupational Health work or Public Health screening/research. We think it is more the latter as it serves no useful OH purpose (employers cannot use the results to make decisions about their staff because they do not give definitive information about whether staff are immune or not). Public Health screening work or research would usually be commissioned and funded separately.
4. If this is Public Health research it's not clear if testing will be a one-off activity or whether practices will be asked to repeat the tests in order to determine how long an immune response continues.
5. If this is Public Health research we are concerned that the consent forms may not meet the requirements for research projects. We will ask CCGs to look into this point.
6. We are still not clear on the indemnity arrangements for this work. If it is OH, then this is not covered by the national indemnity scheme (CNSGP). We understand from the Nikki Kanani webinar on Thursday evening that NHSE is looking into this and will clarify today whether practices providing this are covered under the CNSGP, under the emergency COVID indemnity arrangements or if they will have to make arrangements with their own indemnity organisations.
7. In carrying out antibody testing for staff, employers must make sure they meet Data Protection requirements. The ICO has recently produced [guidance on this for employers on testing staff](#) and practices may need to check with their DPO that the requirements are being met.
8. There may be implications for life insurance and/or mortgage applications for people with a positive antibody test. See item 3 below.

The LMC is unable to advise practices as to whether or not they should do this work because we don't know what the implications will be. Like many things over the last few months, this is something that has come in quickly and without much clarity about the governance, leaving practices to work it out for themselves. We have seen situations in the past where

practices have acted in good faith on promises and assurances from the commissioners, only to then find that they fall foul later on. We would prefer to have written clarification on the above points before practices start on this.

## **2) Childhood Immunisations**

The childhood immunisations service delivered by the School Health Nurses which some practices across Beds & Herts have opted in to is due to end on the 31<sup>st</sup> July. The Child Health Information Service has started working on its exit plan to ensure a seamless transfer back to practices from the beginning of August. Patients who are due their immunisations at the beginning of August will receive their letters two weeks before and will be told to contact their practices to book appointments. If your practice has opted in to the service, but has continued to deliver some childhood immunisations where this has been more convenient for the parent/carer, please remember to notify CHIS as soon as possible (the same day or day after) so they can update their records to avoid calling the child again unnecessarily. If you are on SystemOne, updating your clinical system promptly will mean CHIS will receive this information, but if you are on EMIS or Vision please contact the CHIS team directly.

## **3) Implications for life insurance following antigen and antibody tests**

The BMA has published guidance for doctors on life insurance and income protection during the pandemic, following a number of doctors having raised concerns about the impact of COVID-19 on their application and how insurers are taking into account the results of antibody and antigen tests for the virus, and after some reports about doctors having their applications for insurance policies deferred as a result of COVID. Read the guidance [here](#).

## **4) Covid19 test results flow into GP records**

NHS Digital have now implemented a process to facilitate the flow of [Pillar 2 test results](#) from COVID-19 tests undertaken through national testing to GP systems. These will appear in a patient's record as a laboratory test result. The tests will have the requesting GP as G9999981 and GP Surname of COVIDpillar2; this will ensure they are clearly distinguishable from other test results. The BMA has been working closely with NHS Digital and system suppliers to minimise the action required from practices on any subsequent test results, by enabling bulk filing and automated uploads where possible for test results requested through channels outside of primary care.

- These results do NOT need to be notified to PHE under the notifiable diseases requirement, this has already been done. This will also be clearly stated in the test result.
- NHS England advise that there is no clinical action required on receipt of these results. See guidance from your supplier in efficiently managing these test results within your system.

## **5) Revalidation and Appraisal**

Due to the pandemic, the GMC initially moved revalidation dates by one year for those who were due to revalidate between 17 March and 30 September 2020. This week, [it has written to doctors due to revalidate between 1 October 2020 and 16 March 2021](#) to let them know that their dates will move by one year as well. In addition, the GMC has given Responsible Officers more flexibility to make revalidation recommendations at any time up to a doctor's new submission date.

Regarding appraisal, we understand that GPC is in discussion with the Responsible Officer network and appraisal leads about a very slimmed down version of appraisal that MIGHT restart in October. Nothing has been agreed yet.

## 6) Referral to treatment (RTT) and re-referral

Some patients are declining a hospital procedure for COVID reasons and this is leading to concerns that they would be discharged to primary care. In response, NHSE/I has referred to their document [Referral to treatment measurement and COVID-19](#), which states:

“If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; this should always be a clinical decision, based on the individual patient’s best clinical interest.”

## 7) Hertfordshire and West Essex ICS Training Hub Enhanced GP Fellowship Programme

We are looking for dynamic, resourceful, and creative GPs with leadership aspirations who are looking to develop a range of skills working across primary, secondary, and education settings to join us. If you want to develop your clinical, education and leadership potential then we want to hear from you. [View here for more information and how to apply](#).

## 8) LMC GP Pensions Update Webinar **\*Final Chance to Book\***

Date: Thursday 2<sup>nd</sup> July

Time: 18:30 - 19:30

Charge: £10

Format: Webinar covering the following:

- 1995/2008/2015 Schemes and peripheral benefits
- Annual Allowance / Tapered Annual Allowance – impact of the recent changes, options available, deadlines for Scheme Pays
- Lifetime Allowance – implications of exceeding, protection, options available
- 24 Hour Retirement – the requirements outlining the recent suspension of 16hour limits, why, when and how
- The impact of reduced income for some, the mortgage payment holiday and the deferral of income tax.

[Register here](#)

**Please note:**

*Places are limited. Registering does not guarantee your place.*

## 9) Primary Care Direct: PCN Workforce Summit, Tuesday 7<sup>th</sup> July, 4.30 – 6.30pm

Our online Workforce Summit, hosted by Tracy Dell (Plane Trees Group Practice), brings together General Practice experts including Agencia, Capsticks, BHP Chartered Accountants, The Pharmacist Hub, Yorkshire Medical Marketing, Hood & Wolf and Conexus Healthcare to discuss all things PCN Workforce. The **Summit** is split into three sessions so you can 'dip in, dip out' of the areas which you are interested in. [View here for more information and how to book](#).

## 10) RCGP Free Online Webinars

(These are organised by the RCGP and available to members only. Please select links for more information and terms of registration)

- [COVID-19 – The Patient Journey From Rehabilitation to Recovery](#), Tuesday 23<sup>rd</sup> June, 7 – 8.15pm
- [Put your oxygen mask on first](#), Thursday 25<sup>th</sup> June, 7 - 8pm
- [Making the most of technology: A guide to Zoom and Remote Consulting](#), Friday 26<sup>th</sup> June, 7.30 – 9pm
- [COVID-19: A lifestyle disease and the vital role GPs have in beating it](#), Saturday 27<sup>th</sup> June, 10 – 4.30pm
- [COVID 19: Young People and General Practice](#), Wednesday 1<sup>st</sup> July, 7 – 9.15pm
- [Thriving in uncertain times](#), Friday 3<sup>rd</sup> July, 1 – 2.30pm

## 11) Be a Nurse Mentor

We are currently recruiting experienced nurses in Bedfordshire, Luton, Milton Keynes, Herts and West Essex to mentor newly qualified nurses on the New to Practice Fellowship Programme.

Nurse mentors will be required to offer mentees 6 hours of mentoring across a year. This is in addition to your main role and should be delivered outside your normal working requirements.

Managed by Beds & Herts LMC, in partnership with BLMK ICS Training Hub and Herts & West Essex Training Hub.

### Be a Nurse Mentor in Bedfordshire, Luton & Milton Keynes

[View here for more information and how to apply](#)

### Be a Nurse Mentor in Herts & West Essex

[View here for more information and how to apply](#)



If you have missed any of our regular bulletins for practices, please visit the [Weekly Updates](#) section of our website.

If you are a Locum and would like to receive mailings and updates from Beds & Herts LMC Ltd please click here to complete the [online form](#) with your details and we can add you to our database.

Wellbeing for GPs: [Visit our webpage.](#)

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