



Beds & Herts LMC Ltd

Update for Practices: Tuesday 23rd June 2020

1) PPE – face masks and coverings

As of last week, [face masks and coverings should be worn by all hospital staff and visitors](#). GPC has 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 last week 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.

We have been approached by some practices asking if they can charge patients or ask for a donation for providing face masks. The answer is no, because under the GMS regulations you must not demand or accept a fee from a patient either directly or through another party such as the PPG for the provision of any treatment or prescription. Requiring a patient to pay or accepting a donation from a patient for a facemask could be considered a fee for accessing the provision of treatment.

2) Exemption letters for wearing of face masks

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.

3) Letter from NHSE East of England about reducing risk of infection

Over the last few days, practices will have received four different emails via the East of England Primary Care Gateway regarding “**Guidance for primary care contractors on reducing risk of staff acquiring Covid-19 and the impacts on service delivery**”. You probably also received these again from your CCG and we know how confusing and irritating it is to receive information multiple times from different sources.

The first three of these emails related to the same letter from Rachel Webb, Director of Primary Care and Public Health and kept changing a sentence about antigen testing for asymptomatic staff. Originally the letter advised practices to arrange weekly antigen testing of asymptomatic staff, but this was then amended to say “as asymptomatic antigen testing becomes available, primary care contractors and services could consider if it is appropriate to use routine antigen testing to aid detection of asymptomatic staff.” Please note that this is guidance only and does not place any contractual obligations on practices.

The fourth email which was sent on 22nd June had a different letter from Rachel Webb but with the same title. In this letter, Rachel Webb advised you to update your business continuity plans and provided a checklist that you could choose to use to help you with this. CCGs will be required to report to NHSE East of England on whether or not practices are following this guidance, so it is possible that CCGs may ask practices to complete and return the checklist. Please note that it is clear

from Rachel Webb's letter that there is no requirement to complete the checklist and in line with your GMS contract the default timescale for providing any information requested by the CCG or NHSE remains 28 days.

4) 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](#).

5) Antibody testing of practice staff – the GPC view

The update below from GPC echoes what we wrote in our LMC update on Friday

"We 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 we have written to Sir Simon Stevens about. We 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. We 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. We have contacted NHSE/I and have been advised they have told CCGs that this is out with 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."

STOP PRESS – we have just been given the following update from GPC about indemnity for antibody testing:

This is probably PHE research activity and so falls outside of the scope of CNSGP. However, we now have confirmation from NHS Resolution and DHSC that indemnity cover will be provided by the Clinical Negligence Scheme for Coronavirus.

<https://resolution.nhs.uk/services/claims-management/clinical-schemes/clinical-negligence-scheme-for-coronavirus/>

6) Pensions guidance and update

The BMA has updated its guidance for [GPs about the annual allowance](#), following extensive lobbying, resulting in two important changes that affect the 19/20 and subsequent tax years.

As an emergency measure for 19/20, NHS England and the Welsh Government made a commitment to pay the annual allowance tax charges in full for eligible clinicians in the England and Wales NHS pension schemes. Doctors who were subject to an annual allowance tax charge should use the option

of the 'scheme pays' regulations to pay the tax due for 2019/20. From 2020/21 onwards the reduced Tapered Annual Allowance will only affect those with adjusted income of £240,000 and over. Read the full guidance [here](#).

The BMA has also won a court appeal against the Government's controversial changes to pensions rules introduced in April 2019, granting the Secretary of State for Health and Social Care the power to suspend pension payments to a doctors or NHS professionals charged with certain criminal offences, but not yet convicted. Read the BMA statement [here](#).

Beds & Herts LMC GP Pensions update webinar, Thursday 2nd July 18:30 - 19:30 **Final Chance to Book you place** for more information and to book [click here](#).

7) RCGP FREE Online Webinars for GPs

(Must be RCGP members to join. Please select links for more information and terms of registration)

- [GP Wellbeing: Put your oxygen mask on first](#), Thurs 25th June, 7.00 – 8.00pm
- [GP wellbeing for AiT's and First 5's: The spectrum of options](#), Thurs 25th June, 7.30 – 9.30pm
- [Making the most of technology: A guide to Zoom and Remote Consulting for LCARMS](#), Fri 26th June, 7.30 – 9.00pm
- [Out of sight, out of mind? Safeguarding adults during COVID-19](#), Tues 30th June, 7.00 – 8.15pm
- [Midlands COVID-19 GP Returner Support Webinar "Preparing for a second wave"](#), Weds 1st July, 1.00 – 2.30pm
- [Back to Better: Ensuring a focus on psychological health](#), Weds 1st July, 6.00 – 7.00pm
- [COVID 19: Young People and General Practice](#), Weds 1st July, 7.00 – 8.15pm
- [Wellbeing: Thriving in uncertain times](#), Fri 3rd July, 1.00 – 2.30pm

8) Primary Care Direct: Practice Manager's Huddle – Weds 15th July, 3.30pm

This is a national webinar led by James Davies (Amicus Healthcare) and Tracy Dell (Plane Trees Group Practice) discussing key and providing an opportunity for PM's to have a chat about how things are going for them in their localities. [Please select link for more information and how to register](#).

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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