



# Londonwide LMCs

The professional voice of London general practice

## Mword Issue 53 - Dr Michelle Drage's latest update for GPs and practice teams on Covid-19

7 April 2020

Dear Colleague Many of us will have seen or heard about the NHSE revised SOP launched on Sunday evening. This new SOP sits much more in line with our own current Londonwide LMCs Living Guide. On that point we are in the process of revising and expanding our Living Guide to cover the growing list of issues raised by London practice teams. This will be uploaded to our main Covid-19 guidance page and will include updates on: staff furloughing; Coroner's issues; practice cleaning guidance; doctors returning to practice; oxygen monitoring; wellbeing support for clinicians; practice resilience support including a template spreadsheet to record additional Covid-related costs; revised guidance on operating a safe closed-door policy; the new Pandemic Multiagency Response Teams (PMARTs); and a set of FAQs which we will be updating on a rolling basis. We hope to have this with you on Thursday. I have two things to share with you in the meantime:

Good Friday and Easter Monday opening  
Patients with non-Covid-related conditions

1. Good Friday and Easter Monday opening NHS England's communication makes it clear that under the Emergency Regulations the Government expects practices to open as normal on the Friday and Monday of the Easter weekend (10th and 13th) and will likely make the same requirements for the May bank holidays (8th and 25th). Since this is a contractual requirement, quoting from the GP Contract it means a practice, during core opening hours, are expected to provide services that meet the "reasonable needs of patients", and "delivered in the manner determined by the Contractor's practice in discussion with the patient". The services currently expected through the NHS SOP, published on Sunday 5 April, are those we have described in our Safe Practice advice from MWord 51. Practising safely involves:

- operating a remote screening system;
- carrying out consultations remotely through video or phone wherever possible;
- only seeing patients face to face (in the surgery or through home visits) if initial assessment deems it essential;
- screening people prior to entry;
- minimising the time a person spends in practice;
- minimising the number of people the patient encounters;
- wearing PPE for all face-to-face consultations and making sure all staff adopt correct donning and doffing techniques.

With just three days to go there still remains a lack of clarity on funding of staff payments and costs. It is possible that any additional GP payments will be capped below the going rate, that reimbursement of other staff costs will be based on a normal hourly rate over and above that paid on a normal working day, and similarly for other costs reimbursements. And so until clarity is issued, we continue to advise you that it is important to keep a clear account of all additional costs associated with these Bank Holidays of normal opening, albeit with no guarantee that these will ever be fully recovered. To guide you, as far as we have been able to ascertain, there are a number of principles under which NHS England is operating:

At a system level, a 'normal service' should be delivered on Good Friday and Easter Monday.

Local decisions will need to be made about what the service looks like at locality level (getting a balance between practices and OOH providers etc). Additional funding will be provided for truly additional costs.

Saturday and Sunday will be treated as a normal weekend, although if CCGs wish to incentivise greater than normal then they are able to do so.

As soon as any further guidance is available, for example from the BMA, we will share it with you. 2. Patients with non-Covid-related conditions Thank you for your continued commitment to your patients, which has been critical to our response to the Covid-19 pandemic in London, albeit often unsung. I'm sure we all recognise that previous viral outbreaks have demonstrated that morbidity and mortality associated with reduced access to care can be of equal, if not greater, significance than the impact of the infection itself. Across London, attendances at emergency departments and two-week wait referrals have fallen significantly, with hospital colleagues are telling us that people, both with and without Covid-19 symptoms, are delaying accessing care leading to very poor outcomes for some, including children. This is partly a result of public anxiety, with people staying at home too long with symptoms as it's important we don't compound the problem inadvertently with our own messaging to patients. Where clinically necessary, patients should continue to be assessed physically, in the appropriate safe clinical setting, and whilst taking the required precautions - particularly where this could inform the diagnosis of an acute condition or risk of deterioration. As the virus spreads, our thoughts and prayers are with the Prime Minister, all our health and care colleagues, and everyone affected by the indiscriminate nature of Covid-19. As ever I welcome your feedback at [mword@lmc.org.uk](mailto:mword@lmc.org.uk), and know that my team of experts and leaders here at Londonwide LMCs will always be by your side. Keep well. Stay safe. With best wishes

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