COVID-19 Update

Sheffield LMC

2 April 2020

*****To All Represented Sheffield GPs & Practice Managers*****

Dear Colleagues

At this time of change and immense pressure on general practice I would like to update you on some of our concerns relating to the coronavirus outbreak and how we are addressing these on your behalf.

Personal Protective Equipment (PPE)

We are aware that there are different messages coming from The World Health Organisation, Public Health England (PHE), Sheffield CCG and Sheffield Teaching Hospitals (STH). It is quite clear that all organisations and the UK Government recognise the "asymptomatic carrier" of coronavirus. With a paucity of testing we are unaware of the true scale of coronavirus cases in the community. As such, we would recommend minimising patient contact to essential health care needs only, and there is much documentation as to what this means.

We would also recommend that, considering any patient is a potential vector, all patient contact should be in a minimum of facemask, gloves and apron and consideration should be given to a facemask for the patient. The potential "asymptomatic carrier" extends to staff so, apart from social distancing at work, we would encourage all healthcare staff to wear gloves, especially when sharing keyboards.

Strict cleaning guidelines on hand washing, disinfecting keyboards and other medical equipment should be followed rigorously as well as following the guidance on room cleaning.

As you will have seen this week from our submission to PHE, we do not feel their guidance is sufficiently robust to protect our workforce and have pushed for recommended PPE equipment to be above the standard already suggested.

Staff Testing

This is an essential part of identifying staff with symptoms who may be coronavirus positive. However, we consider the timescales are over-restrictive using the 48 hour window to request a test. We recognise that this will allow some staff to return to work earlier than the 7 day isolation if they are symptomatic.

No test is 100% accurate and we will continue to miss the "asymptomatic carrier" in the workforce. We recognise that the rate limiting steps are supply of tests and reagent as well as lab testing facilities, but we are about to hit the peak of this crisis and would recommend routine and repeat testing of staff in primary care if initially negative. Only in this way can we truly protect the patients we are mandated to look after.

IT

With a massive reduction in face to face (F2F) consultations and self-isolation resulting in home working there has been a need for rapid development of IT support to implement these changes. Many of us have struggled with the installation and use of Wi-Fi in our surgeries, but the working from home solutions have been confusing and lacking in clarity.

We are particularly grateful to Jez McCole for developing a home solution and seeking approval centrally for this system. This was on the back of Sheffield CCG not recommending already available solutions such as LogMeIn and Away From My Desk. To this end we supported Jez and others for their tireless endeavours. We are, therefore, disappointed that Sheffield CCG, who initially supported this solution, have changed their mind.

These actions, alongside delays in receiving CCG approved computers with card readers, lack of bandwidth and lack of VPN tokens means practices are struggling with this essential new way of working.

PCNs and Hot Hubs

The role of general practice has changed significantly in the last 3 weeks and there has been a lot of discussion around PCNs creating resilience for practices and developing hot hubs.

Hot hubs may not be an ideal solution and many, such as Professor Trish Greenhalgh[1], have reasoned against them. At a time of social distancing and isolating contacts it is counter-intuitive to have suspected coronavirus positive patients visiting our sites. There are issues with travel and transport to and from these sites with further risk of spreading disease when contamination is key.

There are many pathways developed to allow remote / video assessment of patients and indications of when patients may need hospital admission, with the appropriate pathway to admission identified by Sheffield CCG.

That is not to say that PCNs should not be developing resilience plans. Smaller practices are clearly at risk of staff shortages due to illness or self-isolation and developing plans to allow all practices within a network to access a hub model for their patient care is sensible. Infected premises that require a period of cleaning may mean other arrangements are required. Administrative staff shortages can be covered by collaborative working arrangements but, where possible, continuity of care with a patient's own GP should continue even if from a different site.

Referrals to STH

We have had a number of queries raised about STH's policy on GP referrals. You should all have received the response we obtained from David Hughes and hope this clarifies the duty of GPs to still refer if they consider it clinically appropriate.

Whilst we recognise that demands are changing rapidly it is important to understand what is best for our staff and our patients and, ultimately, local decision-making is key to implementing this. There are further discussions at city-wide level to plan social care, home nursing care and potential "field hospitals" such as Nightingale in London.

Sheffield LMC will continue to raise issues regularly with commissioners on your behalf and if new issues arise, please contact the LMC Office via chair@sheffieldlmc.org.uk

1 https://www.hsj.co.uk/covid-19-community-hubs-could-become-lightning-rods-for-contagion-warns-expert/7027285.article

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