

In this Bulletin:

- NHS England Primary Care COVID-19 Hub
- Restarting GP Services
- Faulty Face Masks Recall
- Update on Shielding
- Impact of COVID on Mental Health
- The Role of Advice and Guidance Services in the NHS Response to COVID-19
- PHSO Reopened its Complaints Process
- PHE Alert – PPE and Heat: risk of heat stress
- New to Partnership Payment Scheme (N2PP)
- Latest CQC Mythbusters – Consent for minor surgery
- 2020 GP Patient Survey (GPPS) to be published on 9 July 2020
- Digital Update
- PRINCIPLE Trial
- Primary Care Bulletins and Webinars
- Flu Campaign

NHS England Primary Care COVID-19 Hub

A central [hub](#) is available for all NHSE documents and guidance for primary care relating to COVID-19, including:

- Guidance documents and resources
- Standard Operating Procedures
- Letters to GPs, Pharmacists, Dentists & Optometrists

Restarting GP Services

NHS England is sending out a letter next week about restarting services, including QOF, setting out the parameters of the COVID Fund, and covering the precise arrangements for income protection of the previous weeks.

Faulty Face Masks Recall

Last Friday the Department of Health (DoH) was made aware of the recall of faulty masks (not a CAS alert). It was identified that this affected stock provided to wholesalers in March and made these wholesalers aware. The wholesalers identified customers who had received these masks and contacted them with instructions to destroy remaining stock. The main GP wholesalers are Williams and Phoenix Medical.

Williams identified 1600 customers and have had responses from 180 to confirm that they still hold stock. No data has been received yet from Phoenix. Customers will require replacement, and this is DoHs intention. A credit would not be appropriate as the costs of the stock issued in March would have been much lower than the cost to provide equivalent replacement now. The DoH is working with wholesalers to gauge the scale (and evidence required) of replacement.

NHS England is waiting for an evidence guide and review from PHE on face masks and face coverings in general.

Update on Shielding

Changes were announced last week and will come into effect in two stages:

1. Monday 6 July – clinically extremely vulnerable people can spend time outdoors with up to 6 people, minimise contact by maintaining strict social distancing. Social distancing in the household can be relaxed
2. Saturday 1 August – clinically extremely vulnerable people can go to work, or to the shops, as long as they are able to maintain social distancing

Shielding is extended to the end of July, and the HSE has [guidance](#) on COVID compliance.

Shielding – Children and Young People

Not all those previously identified as clinically vulnerable should be part of this group, there are 90,000 on the shielded patient list and NHS England would like to reduce this to 10,000. Compared to adults, children are very low risk of serious complications from COVID. The benefits of getting children back out into society and back to school far outweigh any small risks to children from the virus.

The Royal College of Paediatrics and Child Health (RCPCH) has published [guidance](#) on which paediatric patient groups they think should be defined as clinically extremely vulnerable and split them into two groups:

1. Conditions that are considered high risk & should continue to shield
2. This group will be encouraged over the school holidays to have case by case discussions with secondary care and remove them from the list

Next Steps and Actions for Primary Care

The NHS will continue to maintain the Shielded Patient List going forwards. It will no longer be possible for patients to register for government support from 17 July. The NHS will inform of any changes to the process for maintaining the Shielded List.

Development of Risk Stratification Approach

NHS Digital has been collecting data over the last 3 months to identify a group of clinical conditions that were considered likely to increase an individual's risk of severe illness following infection with COVID-19. A predictive risk model will link health records to COVID data for each risk factor. More information will be provided over the summer as this work progresses. NHS Digital aims to have a program embedded in GP clinical systems by September, to run stratification searches, adding flags to patient records with a view to generating new shielded patients list and other patients who may be at risk.

Impact of COVID on Mental Health

The pandemic is having a strong impact on people's mental health, and we are expecting a surge in demand for mental health care across all ages. It is not only the direct impact of COVID-19 and lockdown that will affect mental health, but also complex grief from bereavement and job loss/financial hardship. Clear evidence that

adults and older adults with existing severe mental illnesses, children and young people, NHS workers and those who have been in ICU are amongst the hardest hit.

There are some groups that are already more vulnerable such as BAME communities, people living alone e.g. older adults with mental health problems and dementia, the 'digitally excluded', those with learning disabilities or autism. The impact on mental health will be significant and prolonged. This impact will be felt in mental health services but also other NHS (e.g. maternity, post-ICU and primary care) and non-NHS services (e.g. social care, education).

Primary care should support patients with mental health problems during COVID-19 as follows:

- GP SOP states "Patients should be referred as usual to mental health services"
- For people of all ages, but especially children and young people, especially since referral routes via schools was not available
- Proactive physical health checks for people with Severe Mental Illness (SMI) remain critical
- Practices to work proactively with secondary mental health care services to identify which individuals on the SMI register are due a physical check
- Where face to face checks are not possible complete elements remotely where practicable

The Role of Advice and Guidance Services in the NHS Response to COVID-19

It provides a secure rapid digital communication channel and allows that rapid sharing of patient data including images, ECGs, and treatment plans. It is enabled through NHS e-Referral Service (e-RS) and allows a GP to seek advice from a specialist prior to or instead of referrals, enabling a patient's care to be managed locally. It reduces the number of unnecessary outpatient appointments and improves the interface between primary and secondary care through better enabled communication between GPs and consultants. It is a directly bookable service for referrals.

There is an [Advice and guidance toolkit for the NHS e-Referral Service \(e-RS\)](#) which explains how it uses advice and guidance to support the NHS long term plan to use digital technology to redesign clinical pathways and reduce unnecessary hospital referrals.

Benefits for GPs:

- Rapid access to specialist advice for individual patients
- Increased coordination in working between primary and secondary care
- Improved knowledge and expertise to support future management of patients
- Increased opportunities to inform CPD
- Reduced risk of re-directed / rejected / unnecessary referrals into secondary care

Benefits for Patients:

- Improved access to services
- Reduced waiting times and unnecessary hospital appointments
- Improved patient experience
- Reduced patient journeys, transport costs

Parliamentary and Health Service Ombudsman (PHSO) Complaints Process

The PHSO paused its work on NHS complaints at the beginning of the COVID-19 pandemic to help frontline staff deal with the demands during the peak of the pandemic. However, it has now reopened its complaints process for new complaints and progressing existing ones.

The PHSO is mindful that the NHS is still dealing with the coronavirus pandemic and we recognise that many of its resources are also stretched, so they will consider extending timeframes for requests for case papers/comments on provisional views/other documentation and information. Their 12-month time limit will continue to apply; however, they will consider delays caused by the pandemic. If a health complaint went out of time between 26 March and 30 June 2020 when they were not accepting new health complaints, they will give the complainant until 1 September 2020 to bring their complaint to them.

Practices who have completed the local complaints process and are issuing a final decision should use the following paragraph from 1 July 2020:

'If you are not happy with our final response to your complaint and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman. The Ombudsman makes final decisions on complaints that have not been resolved by the NHS, government departments and some other public organisations. The service is free for everyone. To take a complaint to the Ombudsman, go to www.ombudsman.org.uk/making-complaint or call 0345 015 4033. It is important that you make the complaint as soon as you receive our final response as there are time limits for the Ombudsman to investigate complaints'. There is more information on their website about [Coronavirus: Information for complaint handling teams](#).

PHE Alert – PPE and Heat: Risk of Heat Stress

PHE Alert ref: [CEM/CMO/2020/027](#) issued on 23 June 2020 highlights that wearing personal protective equipment (PPE) in warm or hot environments increases the risk of heat stress. Assess the risk of overheating in the workplace and consider appropriate control measures as follows:

- Control the temperature of clinical environments
- Enable staff to stay cool and well hydrated
- Offer more frequent breaks
- Increase the frequency of PPE changes
- Consult the [Heatwave Plan for England](#)
- Sign up to receive PHE/Met Office heat-health [alerts](#) so that you know when high temperatures are forecast
- Read the QCS Heatwave Policy and Procedure

New to Partnership Payment Scheme

The New to Partnership Payment Scheme (N2PP) provides an opportunity for eligible health care professionals to become a partner at a GP practice and in return receive up to £20,000 plus a contribution towards on-costs of up to £4,000 (for a full time participant). The funding is available to support establishments as a partner, as well as up to £3,000 in a training fund to develop non-clinical partnership skills. To participate in the scheme, applicants will be required to submit an application form and supplementary evidence to NHS England and meet the eligibility criteria.

Eligible roles are General Practitioners, Nurses (including Advanced Nurse Practitioners), Pharmacists, Pharmacy Technicians, Physiotherapists, Paramedics, Midwives, Dietitians, Podiatrists, Occupational Therapists, Mental Health Practitioners working in general practice. NHS England is also working on including Practice Managers.

A guide to the scheme, frequently asked questions and the application form can be found on the NHS England [website](#).

Latest CQC Mythbusters

49: Consent for minor surgery in GP surgeries – This latest Nigel's Surgery mythbuster, updated 1 July 2020, has been updated to link to the BMA's [consent toolkit for doctors](#) which provides the key legal and ethical considerations needed to take into account when seeking consent for treatment or research, and signposts to other sources of support and information.

2020 GP Patient Survey (GPPS)

The 2020 GP Patient Survey (GPPS) will be published at 9.30am on Thursday 9 July 2020. The findings will be published at www.gp-patient.co.uk by Ipsos MORI.

Digital Update

NHS Digital has been improving internet connections in care homes and improving how they can request medication.

Microsoft 365 is available and Microsoft Teams is having a benefit for remote working and meetings. The whole suite is available to general practice and a webinar on how to configure and use it will be available in the next few weeks.

For any IT queries email digitalprimarycareengland@nhsx.nhs.uk.

PRINCIPLE Trial Calling GPs and Primary Care Professionals

PRINCIPLE, a national NIHR Urgent Public Health Prioritised trial, is evaluating possible treatments for COVID-19 in primary care. The trial is endorsed by the CMOs of all four nations, who have asked for doctors to make every effort to enrol patients. It is available to every eligible person throughout the UK, as patients can also now be recruited centrally. For more information go to <https://www.phctrials.ox.ac.uk>.

Primary Care Bulletins and Webinars

Sign up to the regular [bulletins](#) for regular updates covering the whole of primary care. Bulletins are published twice a week on Tuesdays and Fridays. Webinars will be held monthly on the first Thursday of each month. The next webinar will be on Thursday 6 August at 5pm.

Flu Campaign

NHS England is still waiting from Public Health England for guidance about this year's flu campaign.