

# COVID-19 Update

Sheffield  
LMC



30 April 2020

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

Dear Colleagues

Another week of fluctuating activity with the COVID pandemic has passed. Last week we learned that Sheffield hospitals are coping, within their capacity, and are experiencing approximately 20-25 admissions per day with COVID. The picture locally and nationally is less positive in Care Homes. It is thought that a third of COVID deaths are now occurring in Care Homes. There have also been concerns raised about a rare inflammatory related condition in children, similar to Kawasaki's Disease. Most, but not all children, have tested positive for coronavirus. It is recommended that for children with symptoms of viral disease that are deteriorating or not recovering, then a specialist opinion should be sought.

## **Shielded Patient List (SPL)**

Although official guidance has not been updated yet, patients with splenectomy have been added to the SPL, as detailed in a recent [article](#) in GPonline.

NHS England's COVID-19 Primary Care bulletin dated 23 April 2020 contained the following statement:

*"We can confirm that splenectomy patients should be included in the Shielded Patient List. These patients were identified in the central searches carried out by NHS Digital and were contacted by letter by NHS England and NHS Improvement to recommend that they follow shielding advice. Any patient with splenectomy who has been taken off the SPL should be contacted to inform them of this error. NHS Digital will be able to identify these patients centrally from 29 April 2020 and will write to practices with this information."*

The RCGP module has also recommended patients with interstitial lung disease, some patients with bronchiectasis and those with pulmonary hypertension be added to the SPL. However, it is suggested secondary care would contact these patients. Renal dialysis patients are also included in the SPL but, again, this will be actioned by secondary care.

## **Secondary Care Referrals (again)**

We continue to receive notifications from practices that some referrals are being transferred back to primary care to re-refer once COVID has eased. Diagnostic cardiology services seem particularly afflicted by this misunderstanding, but other directorates are also affected. Both ourselves and Sheffield Clinical Commissioning Group (CCG) have had further contact with David Hughes, Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust (STHFT). He is aware of the problem and has confirmed again that STHFT are trying to ensure all referrals are held with STHFT and will be dealt with when possible. We understand national guidance is due later this week on this issue and, whilst there have been occasional problems with the system, we are grateful for David and STHFT accepting our stance. Many areas around the country have had less supportive secondary care services.

## **Attempted Resuscitation in Primary Care**

In relation to PPE when attempting resuscitation there have been conflicts of opinion between Public Health England (PHE) and the Resuscitation Council UK (RCUK). This relates to aerosol generating procedures and the level of PPE needed. The British Medical Association (BMA) has made a recommendation on RCUK advice:

### CPR

*We are aware of concerns that CPR is not classified as an Aerosol Generating Procedure (AGP) in Public Health England guidance.*

*Members of the BMA remain concerned that they are being asked to resuscitate patients without adequate protection due to a lack of national consensus on this issue.*

*The guidance from Resuscitation Council UK provides a clear process for both protecting patients and healthcare workers – treating CPR as an AGP.*

*This involves one staff member shocking the patient up to three times with a defibrillator, whilst wearing fluid resistant surgical mask, disposable apron, disposable gloves and disposable eye protection, giving others – if they are not already wearing it – time to put on full protective PPE; namely FFP3 respirator, disposable gown, disposable gloves and disposable eye protection.*

*Our position is that CPR should be reinstated to the list of aerosol generating procedures by PHE.*

RCUK have raised their concerns about PHE guidance on resuscitation which can be found [here](#).

## **Reuse of Medicines in a Care Home or Hospice**

The Department of Health and Social Care (DHSC) has published a new Standard Operating Procedure for EOLC medicine reuse in care homes and hospices. The [guidance](#) sets out criteria for when and how a medicine can be ‘reused’ in these settings.

This follows from continued pressure from the General Practitioners Committee (GPC) and BMA with the DHSC and Chief Pharmaceutical Officer’s team.

## **Changes to GP Connect and Summary Care Records**

These changes were announced last week as a temporary measure to support data sharing across the health care system. The [document](#) has the support of the GPC and the Royal College of General Practitioners (RCGP) and requires some actions from practices to implement. The purpose is to assist in the care of patients during the pandemic. It does not require changes to Data Sharing Agreements. Practices do not need to change any existing Data Sharing Agreements but should link their practice privacy notices to this [Supplementary Privacy Notice for Summary Care Records](#).

Please note:

*“The changes will remain in force during the period of the COVID-19 emergency period as set out in the Notice (unless extended or reduced) at which point systems will return to their current state unless alternative arrangements have been put in place before then.”*

## **Claims for Expenses During Easter weekend**

To assist practices in claiming additional costs during the COVID-19 emergency, the BMA, in conjunction with the Association of Independent Specialist Medical Accountants (AISMA), has prepared a template reimbursement claim form.

This can be used to claim the costs from Easter weekend, and any other additional costs that might arise which are agreed to be reimbursable.

The form covers both staff and non-staff costs and provides costings based on the national agreed reimbursements for Easter weekend. These are able to be amended if a local arrangement was more favourable.

The template and guidance for completing the form is available to download [here](#).

### **BMA Coronavirus Survey**

During the Coronavirus crisis the BMA will be tracking the experience and seeking the knowledge of doctors. Each survey will focus on some key issues, so the BMA can continue to campaign for improved working conditions for all doctors.

If you can spare the time, please complete this survey. It can be accessed [here](#).

Once again, we appreciate everything primary care is doing to support our patients and the wider healthcare system.

**DR ALASTAIR BRADLEY**  
**Chair**