



CALDERDALE LMC

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Monday 30th March 2020

To:
All General Practice Staff
Calderdale

First and foremost we want to express a big thank you to all of you. Working through these unprecedented times with constantly evolving changes in the past few weeks has been a challenging ask of everyone. This communication is sent with full support from Calderdale CCG and endorsed by each Primary Care Network Clinical Director as a combined message of support.

You only have to glance at the national picture to acknowledge that there is indeed heightened anxiety around COVID 19 and the risks to us as frontline workers. In Calderdale a COVID 19 Primary Care Group is working behind the scenes 24/7 to make sure we are all able to work as safely as possible minimising any risk for ourselves, staff, patients and the public.

What is critical if Calderdale as a whole is to maintain this aim of safety for all, is that across all our localities there is a common approach that ensures consistency in primary care services. All our staff need to be assured that wherever they are required to work, the principles and safeguards are consistent and in line with national guidance. This will ensure that should practices or PCNs need to work together if resources are scarce, this will be seamless and pose less risk for the health care workers and the patients.

Calderdale LMC is core to ensuring key information is collated, distributed and available in a timely manner and in a format that is accessible. We are also ensuring that this is compatible with national guidance provided by Public Health England, NHS England, the RCGP and supported by the BMA.

The following aims to address some of the key areas of concern that are currently being raised:



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FACE TO FACE SITES:

This model has been adopted in Calderdale after assessing risk factors, national guidance and many conversations through the Covid19 Primary Care Group.

Face to Face does NOT imply the site is for high risk patients who should be remotely managed, merely that everyone seen face to face poses some element of risk and by segregating and streamlining we are managing this risk effectively. Face to face sites will be further separated into high risk patients with respiratory symptoms, and lower risk patients who present with non covid symptoms who require a face to face consultation. The intention to work for consecutive days followed by a period of quarantine without face to face contact are to reduce the spread of the virus to patients or household contacts.

There will also be further face to face sites away from the acute site for routine well patients who require essential services such as childhood immunisations and antenatal care.

If all practices triage using the guidelines agreed and all clinicians follow this we should be able to minimise risk to everyone, especially frontline staff. This reduces the footfall into multiple sites and reduces exposure. Additionally this will allow for containment and proper decontamination at one site per PCN.

PPE:

We know this has been the area of most contention locally and nationally. We all have the standard national guidance but there are individual thoughts about the adequacy of the provision to date. It is the same PPE being used everywhere including A&E and home care apart from aerosol generating procedures that are predominantly required in secondary care.

A number of people have sourced additional PPE – Please make sure that if you do so you have enough guidance on its use as you could be at more risk with inappropriate use of PPE than using what is available and listed as Public Health Guidance.

We are clear that in all clinical settings there should be the posters detailing how to put on and take off equipment clearly displayed. These are available on our website, additionally all staff



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should be watching the video demonstrating correct donning and doffing procedures that is also available on the website.

We are expecting further guidance in the next few days that will aim to address the issues being raised nationally through the BMA from general practice. Until this further guidance is available we are supporting the current PHE guidance.

REMOTE PRACTICE SITES:

In all of this it is not to be forgotten that a majority of the work that feeds into delivering care to patients and keeping safe is done at the remote sites. Please make sure staff at these sites follow the same rules of social distancing and infection control. This will again ensure that all staff are kept as safe as they can be.

To conclude it is important that we reiterate the following key messages:

Commonality of approach across Calderdale will help deliver better care in these challenging times.

Keeping all staff safe is a priority and we are doing all we can to ensure this. There will be continual change as the situation evolves, but let us all work together as we have always done in Calderdale and support each other as we move through this period.

We must respect our colleagues and not put any individual at more risk than any other.

A large number of resources are available on our website. These include clinical, non-clinical and also support resources for your wellbeing.

Please keep safe and for all the latest guidance please go to our website:

www.calderdalelmc.com