

**URGENT UPDATE – COVID-19 15th March 2020**

**Hello Everyone**

These are extraordinary times, over the coming months we face a challenge no Western society has faced outside war time. If the projections are correct thousands of our patients are going to contract COVD-19 and many may die. We are conscious you have been doing everything you can to prepare your practices, and at the same time responding to the demands of a usual NHS Winter crisis.

It may feel as if there has been a lack of direction from us in Primary Care, for this sincere apologies. In reality our activity has been hectic. The whole situation is very fast moving, and any guidance we might have sent you to at the beginning of last week would surely have changed by Friday if not by Wednesday.

With the clarification on diagnosis and wider announcements from London and Cardiff Bay, we now have some clarity. So we want to take you through some of the practicalities to get us through the next couple of weeks, and to start to plan for the next couple of months.

**National Guidance**

In Wales, as per the rest of the United Kingdom, we have moved from a containment to a delay phase. Community testing has been stopped. Testing for healthcare workers is likely to continue, details to follow when we have them.

The diagnostic criteria has been changed to no longer contain epidemiological factors and includes anyone with a persistent cough or high temperature should be considered possible COVID-19 and should self- isolate for 7 days. This provides quite a challenge in primary care potentially including the majority of our existing urgent care requests plus a further increase in volume.

Guidance is being regularly updated on both the Public Health Wales and Welsh Government websites. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection>

**GMS Contract Relaxation**

Some practices have already reviewed their commitments, cancelling routine appointments and non-essential services, employing a clinical triage first model. We feel this is appropriate.

On Friday 13th March the Minister for Health and Social Care in Wales confirmed some major changes to services. The full statement is attached and we draw your attention to item 9 on page 2 indicating the relaxation of contract and monitoring arrangements for Primary Care. The details of which we will share them as they become available. GPC Wales colleagues are an integral part of the negotiations.

**Personal Protective Equipment (PPE)**

You should now been in receipt of a consignment of recommended PPE, ordered by Primary Care in early February and Welsh Government sent last Wednesday. We are aware of some questions on the subject of face masks, the contents of your packs are in line with Public Health Wales guidance, Fluid Repellent Type 2 Masks. Resupply is being managed centrally via SSP and we will gain details of this over the next couple of days.

**IT**

With immediate effect our model of care is going to be triage focused; and over a period of weeks our provision potentially over a network or cluster basis. Our approach to IT is give you the tools to support this.

Within the Cwm Taf Clusters, prior to merger with Bridgend, *Vision Anywhere* has already been procured to support the transformation bid. We now plan to use this, if needed, to provide Read-Write access to patient records as part of our contingency plans. To do this, we need to have the data sharing agreements in place. For Rhondda, Merthyr and Cynon this process is nearly complete. There are still some practices to sign up in Taff Ely, please can we urge you to make this a top priority. The signed agreements need to be sent to INPS for the configuration work to be done. Unsurprisingly they are having requests from all over the county so we need to be on the front foot. Please discuss any queries arising with your Cluster Development Manager. For Bridgend Clusters the solution will be different and we will be working on this with equal priority.

We feel video consulting may provide some additional information when deciding if someone needs face to face assessment; or allow some carefully selected consultations to be entirely conducted by video. This might also augment remote support of community teams. In relation to transformation we have already been exploring video with NHS Digital (England) and NHS24 (Scotland); so we are delighted Welsh Government are to procure *Attend Anywhere* for Primary Care throughout Wales. *Attend Anywhere* is already in successful use in Scotland, where many of the challenges of rurality, poor broadband and limited 4G network coverage are similar to the South Wales Valleys. The initial rollout was indicated to be over 12 weeks. We feel this too long and an unnecessary delay which we are seeking to expedite.

This morning we have started to set up some *Whatsapp* groups for each Cluster and a group for Cluster Leads. These are intended to be a forum for exchange of ideas, mutual support and on occasion communication from the Primary Care Team. It is encouraging to see how many of you are contributing already, we hope this will remain a positive forum.

**Cluster Meetings**

We are suggesting Cluster Meetings might be best conducted on a virtual basis. You may wish to have a Cluster Meeting in relation to COVID-19 once a week initially and we may set up Cluster Leads / Primary Care Team meetings with a similar frequency.

**Service Delivery**

We appreciate that you are not going to be able to deliver the full range of services at the present time and the pressure on services is going to increase as we approach the peak of the epidemic.

Whilst most of the attention will be on COVID-19, today the greatest risk to health remains the usual range of conditions seen on a daily basis. There will be an ongoing need to assess, diagnose and treat symptoms which are either urgent or non-urgent but suspicious, and may need blood tests, imaging or referral (such as USC). Essential services in Dentistry and Optometry will similarly continue as well as valuable support of our community pharmacies. You may consider issuing batch prescriptions but please don’t increase quantities and risk jeopardising supply chains.

We know you will use your judgement to ensure the provision of essential services, such as but not limited to: child health surveillance; shared care and anticoagulation monitoring; and repeat prescribing.

Please be mindful that when choosing to reorganise, reduce or redirect services, this will have implications for patents and other parts of the system. Consider how collaboration within networks or clusters might allow services to continue. We urge you to share any such plans with us. One caveat to this being, as you might imagine, incoming communication is high and we are a small team but will endeavour to respond to you as quickly as we can.

**Final Remarks**

Thank you for your work to this point, it is not taken for granted. Some of you will be in, and most will have relatives in, the risk groups for complications of COVID-19. For you the coming months will be especially worrying. We see our role within the Primary Care Team to provide you all the support we possibly can, practical and advisory. We are, as you, working tirelessly, just sometimes not in a visible way. We know that you will continue as always to put your patients at centre or everything you do. We look to our Cluster Leads to provide leadership, support you and collaborate with us. We are confident that we are starting to put in place the necessary measures but there remains much to be done.

Kind regards

**David Miller Sarah Bradley**

Assistant Medical Director for Primary Care Head of Primary Care