

Pandemic Flu (H1N1) – Questions and Answers

13 September 2009

Current WHO status: Phase 6 UK Management Phase: OUTBREAK MANAGEMENT

The General Practitioners Committee continues to receive a number of queries relating to pandemic flu from GP practices and LMCs, and we have provided some answers and our advice below. The answers to some questions may change in the light of experience or evidence.

Note: This document will be regularly updated with answers to further queries as we receive them.

It is important to remember that the current strain of H1N1 continues to cause a mild illness in the vast majority of cases. In otherwise fit and healthy patients, treatment with Tamiflu is likely to only shorten the length of that illness by perhaps 1-2 days, perhaps reduce the likelihood of hospitalisation and will not otherwise affect the course of the illness.

Latest news:

The GPC is continuing negotiations with the health departments over the H1N1 vaccination programme and we will inform GPs of the outcome of those negotiations as soon as a decision has been reached.

The current joint BMA/GPC/DH guidance for GP practices is available at:

http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/panfluguiddec08.jsp

A new version of this guidance document is expected shortly so please visit the site regularly.

The **Health Protection Agency (HPA)** provides authoritative practical advice for investigating, managing and treating individuals with possible swine flu infection, which is updated regularly:

England and Northern Ireland - HPA:

<http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1242949541960?p=1242949541960>

Scotland - Health Protection Scotland (HPS): www.hps.scot.nhs.uk

Wales - National Public Health Services for Wales: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=719>

Royal College of General Practitioners - The RCGP produces regular updates and educational guidance how to prepare for a pandemic flu: http://www.rcgp.org.uk/clinical_and_research/pandemic_planning.aspx

Department of Health (DH) - Regular updates and publications are also available on the DH website: www.dh.gov.uk; a page of questions and answers is available here: http://www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/InformationandGuidance/Vaccinationprogramme/DH_104321

Clinical Assessment Tools are available for use during the phase of a pandemic when demand for clinical care will increase. They include a community assessment tool for adults, paediatric community assessment tool and adult hospital pathways: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100941

General Medical Council (GMC) - The GMC has produced 'Good Medical Practice: Responsibilities of doctors in a national pandemic' http://www.gmc-uk.org/guidance/news_consultation/medical_pandemic.asp

British Medical Journal (BMJ) – Learning module 'Influenza pandemics: What, when and how to prepare': <http://learning.bmj.com/learning/search-result.html?moduleId=6058079>

Medicines and Healthcare products Regulatory Authority (MHRA) – The MHRA has a dedicated page on their website where patients and health professionals may report adverse side effects for the antivirals Tamiflu and Relenza: <http://swineflu.mhra.gov.uk/>

If members have any further queries relating to operational issues, please contact the GPC secretariat, either Catharina Ohman-Smith (cohman-smith@bma.org.uk) or Marianne Simmonds (msimmonds@bma.org.uk).

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INCOMES, CONTRACTS AND FINANCE

The GPC is working with the DH (England) to produce a new Pandemic Flu SFE. Should the pandemic make it necessary, the Pandemic Flu SFE will be a national framework to temporarily replace the existing framework. The suspension of the contract will ensure that general practice income will not be adversely affected due to the diversion of GPs' efforts away for non-essential work. In practice this will mean that for a defined period of time, practices will be paid on the delivery of directed enhanced services and QOF judged by the achievement in the previous financial year. Local enhanced service income protection will be for local decisions by PCOs. Similar arrangements will apply in the Devolved Administrations.

If there is a significant increase in H1N1 cases during the autumn and winter months, there may be a requirement to move to 'command and control' arrangements as set out in the joint GPC/NHSE guidance http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/flupandemic0508.jsp.

Is it correct that practices cannot be forced to give up the SFE even if the PCO and LMC are agreeing it locally? Is it a truly active step taken by each practice on their own?

If a PCO and LMC agree to trigger the Pandemic SFE it will cover all GMS practices with a contract with that PCO. Practices that decide not to assist or accept command and control will operate under Pandemic SFE but will not receive additional support from PCO. Practices will still have the option to maintain autonomy.

What will happen if GMS Practices accept the SFE but don't receive sufficient support from their PCO?

The practices involved should contact their LMC and GPC, which will discuss the matter with the PCO and the relevant department of health.

What will the command and control (C&C) arrangements mean for practices?

Negotiations at UK level on the detail of how the 'command and control' model will work in practice are still ongoing. Under this model it is not the intention that PCOs will dictate how GP practices will provide care to patients or manage their workload. PCOs will, however, be able to take an overview of the emerging situation and direct resources (such as GP locums) where they are most needed. Practices may, for example, be requested to work outside normal contracted hours or assist other practices. It is expected that PCOs and LMCs will reach agreement on the detail of how the C&C measures will be introduced for that area.

What will the C&C arrangements mean for PMS contract holders?

The GPC cannot negotiate for PMS contract holders. PMS practices should contact their PCO to find out what arrangements are being considered.

Will approval of the C&C measures need a majority/unanimous/ 2/3rds majority of all voting LMC members?

The usual decision making process of LMCs will apply.

Will suspension of normal work happen nationally or locally?

It is likely to be locally, PCO by PCO following a SHA/HB declaration. Because the original plan envisaged a rapid spread rather than the current slow spread this topic is under active review by the GPC and the NHS. It is important that PCOs agree with LMCs over when to do this, and that the person making the decision to suspend GMS has the authority to do so.

The decision to seek national agreement to suspend GMS in an area should be made at PCO level in agreement with the LMC. Suspension of GMS would affect all co-operating practices within the PCO area.

Will NHS income be guaranteed during the Pandemic?

Yes, NHS income will be guaranteed (but not private income) via the emergency SFE, both during the pandemic and recovery phase.

The agreement between NHSE and GPC is that in the event of a pandemic GP funding will be maintained at the same level as the same month in the previous year plus any DDRB rises during the pandemic phase and the recovery phase.

What happens if my practice does not enter in to a 'buddying-up' agreement with other practices?

Although practices are free to choose not enter in to buddying-up arrangements with other local practices, it is strongly recommended that they do so. Failure to buddy-up with other practices is likely to be viewed as a failure comply with the terms of the 'Costing methodology for GMS practice payments during an influenza pandemic' agreement between the BMA and NHS Employers. This agreement offers income protection to GP practices in the event of a flu pandemic. Below are the relevant clauses:

8. To be eligible for the income protection offered to practices under this agreement they must be:

Actively participating in the national and PCO response to the pandemic, or have made their resources available to the PCO.

Actively supporting their staff in line with any recommendations for good practice within general practice which may be agreed at a national level.

The full document can be found here: http://www.bma.org.uk/images/Pandemicflu_methodology_May2008_tcm41-173416.pdf

Is there an agreement to compensate for overtime worked by practice employed staff/salaried GP?

There is agreement that all extra expenses will be met. Therefore it is incumbent upon practices to inform PCOs of the need to work overtime and to start making accurate records of extra expenses (with reasons) now. GP principal time over 52.5 hours/week is expected to be remunerated at the average OOH hourly rate. (Note that it is for practices to sort out rates for part time principals).

Will extra expenses be reimbursed to practices in 'hot spot' areas?

The GPC is in discussions with the health departments about the arrangements to cover extra costs incurred for practices as a result of the pandemic flu. Until an agreement has been made on an emergency Statement of Financial Entitlements (SFE) to cover such reimbursements, we would urge affected practices to keep details and reasoning of actual expenses.

What is the mechanism for suspension of normal GP activity (including QOF) when the workload gets very high in hot spot areas?

GPC negotiators are having discussions with health departments on how practices in flu hot spots can best be supported and about the circumstances under which GMS, including QOF, might be suspended. Practices must do their best to treat the patients presenting with illness before carrying out more routine tasks related to QOF and Enhanced Services.

It is likely that at some point this year that work will be carried out under an emergency SFE, which will run to the end of the financial year at the very least. There is a clear agreement that income will be protected and the mechanisms to enact that are being worked on at the moment. The details of the emergency SFE to enable the suspension of QOF are currently being urgently discussed and we hope a decision will be made shortly.

The GPC will ensure that no practice - GMS or PMS – suffers financially because they are acting as government and patients expect doctors to act appropriately in an emergency situation.

Until a decision to suspend QOF has been reached, practices in hot spot areas could make contact with their PCOs and point out the problems their practices are experiencing. Practices should also keep a note of the extra work load and expenses incurred as a result of the pandemic.

We would also like to remind practices to ensure that they have a 'buddy practice' that they can share some of the work load with (http://www.bma.org.uk/images/flupanprep_tcm41-180734.pdf).

If a pandemic has lasted several months and routine work has been suspended for a significant time, how are we expected to catch up?

The costing methodology agreement between NHSE and GPC (FLU_058_9) (http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/flupandemic0508.jsp) gives guidance on the issues arising due to a pandemic, covering the end of one QOF year and the beginning of another. Particularly where changes to QOF were to be introduced in the new year, practices will continue to receive funding based on the previous year irrespective of planned changes to QOF. It is expected that the recovery phase after the end of a pandemic will last many months and during that phase practices will have time to 'catch up'.

Will dispensing income be protected in the case of a pandemic?

Not explicitly, but we cannot envisage a situation where protection will be required.

Will private income (e.g. that earned from completing insurance reports) be protected during the pandemic?

No. Only NHS income will be protected.

VACCINATION PROGRAMME

It has been announced that over 11 million people will be targeted for H1N1 vaccination first. In light of their increased risk of infection, frontline health and social care workers will be vaccinated concurrently with the priority groups. Pharmacists and their clinical staff who have regular clinical contact with patients or who are directly involved in patient care, as part of their pharmacy practice, will also be eligible for the vaccine.

Priority groups, decided on the basis of advice from independent experts, are:

1. People aged over six months and under 65 years in current seasonal flu vaccine clinical at-risk groups (about 5 million people).
2. All pregnant women, subject to licensing conditions on trimesters (about 0.5 million people).
3. Household contacts of people with compromised immune systems e.g. people in regular close contact with patients on treatment for cancer (about 0.5 million people).
4. People aged 65 and over in the current seasonal flu vaccine clinical at-risk groups (about 3.5 million people). This does not include otherwise healthy over 65s, since they appear to have some natural immunity to the virus.

The vaccination programme is expected to begin some time in the Autumn, subject to the vaccine being licensed by the European Medicines Agency. The EMEA has strict processes in place for licensing pandemic vaccines. The vaccine will not be used until it is licensed.

When will a vaccine be available?

Manufacturers anticipate that licences may be granted in late September or October. Vaccination will commence as soon as possible once licences are granted. Further information can be found here: http://www.dh.gov.uk/en/News/Recentstories/DH_104295

Our current understanding is that vaccination will consist of two doses which need to be given 21 days apart. Information from the DH can be found here: <http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/InformationandGuidance/Vaccinationprogramme/index.htm>

Will there be a fee for the H1N1 vaccination?

Discussions are currently taking place on the involvement of practices in the vaccination programme. GPC will advise practices on the arrangements once discussions have been finalised.

How will the flu vaccine be administered and distributed?

The arrangements for the vaccination programme are being discussed with NHS Employers, and members will be informed as soon as a decision has been made. Guidance will be provided to help practices and LMCs.

What is best practice for storing vaccines?

Practices should have a dedicated purpose-designed medicines and vaccine refrigerator. Non-clinical material should not be stored in such refrigerators. Daily temperature logs should be kept and there should be a maximum-minimum thermometer in the fridge.

The actual storage environment for vaccine storage and utilisation depends upon the vaccine manufacturer's instructions, which must be followed.

OPERATIONAL ISSUES

Does the agreement on income protection, if practices make themselves available and assist with the PCO response to pandemic flu, include any implied participation in out of hours (OOH) arrangements?

It will not be compulsory to work OOH per se, but it may make sense to alter practice opening hours depending on the situation at the time. Part of the financial arrangements for practices is the acceptance of "direction of labour" and therefore a practice/GP may be asked NOT to work during a given day at the practice. They may instead be asked to work on the OOH service at some point in the 24 hour cycle.

How will the collapse of OOH services due to overwhelming demand for their services and staff shortages be prevented?

PCOs will employ all available locum GPs during a pandemic period (section 4.10.4 of 'Preparing for pandemic influenza - Guidance for GP practices') http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/panfluguiddec08.jsp. It will not be the responsibility of GP practices to directly employ locums (section 4.14.4). The PCO will collect and act upon data collected from practices and buddying-up groups in order to allocate locum doctors as necessary throughout the PCO area (section 5.7.4). It is intended that this will also avoid the collapse of OOH organisations.

To enable round-the-clock medical services, buddying-up clusters of GP practices may be asked to bolster OOH services (section 8.1.8). It is likely that 'normal' surgery times will differ during a pandemic - for example, a set number of hours of work per week may be imposed for in- and out-of-hours staff. Such alteration will be subject to discussion between the buddying-up group, PCO and LMC.

What is the situation of income guarantee with respect to LESs?

The *principle* of the agreement is that there should be no loss of income. Given the multitude of local variations of LESs, it would be impractical to negotiate a national agreement encompassing LES income protection. LMCs should enter into discussions with PCOs locally to decide how to use LESs funding to resource practice work related to pandemic flu.

If you have examples of flu pandemic planning LESs and are prepared to share them with GPC please contact Marianne Simmonds (msimmonds@bma.org.uk) or info.gpc@bma.org.uk. The GPC keeps a database of LESs which have been shared with us.

Where can ethical guidance pertaining to dealing with a pandemic be obtained?

The DH has issued a guidance document, 'Responding to pandemic influenza: The ethical framework for policy and planning', available to download at:
http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_080751

The BMA Ethics department has not issued separate guidance, but worked with the DH in developing the above document which is now being used across government.

Other emergencies

GPs are reminded that with the massive workload and the volume of flu related illness it can be very easy to forget that other urgent and emergency conditions can coexist with flu, and that flu can mimic other emergencies, leading to missed or delayed diagnosis of non-flu serious medical emergencies or urgencies.

When will the training of trainee GPs be suspended?

This will be a national decision. A flu pandemic will affect the training of GP trainees. Not least, their trainers and educators will be needed to deliver clinical care and will not have the time to simultaneously carry out their educational role. The knowledge and skills of GP trainees will be required to cope with the pandemic, and the length of their training period may well be affected. It is envisaged that all training rotational post changes will be suspended during a pandemic,

both inside and outside hospital. A COGPED guidance paper on swine flu and GP trainees has recently been disseminated through the Deaneries to GP trainees and trainers.

What will happen with regard to annual leave - are PCOs able to cancel all leave and make me work through my holiday?

Annual leave for all healthcare staff is likely to be reviewed if the pandemic escalates. When practices are working under PCO direction (command and control) GPs may be asked to cancel annual leave (and should be compensated by PCOs/HMG if insurance companies will not pay).

However, at the current stage, holidays should not be cancelled as GPs need their periods of rest to carry on the service through the winter period. Practices need to cope as best they can and ensure that they have adequate cover.

DIAGNOSIS / INVESTIGATION

Swabbing in primary care is no longer necessary unless there are special reasons to do so (e.g. control of infection in hospitals) or as part of 'spotter' surveillance schemes.

Swabbing is longer compulsory and cases of H1N1 flu may instead be determined by clinical diagnosis.

In England the National Pandemic Flu Service will continue to provide antiviral treatment to all symptomatic patients, whereas the prophylactic use of antivirals will cease. GPs in the Devolved Administrations should check with their LMC on current arrangements for treatment of swine flu cases. The English GMS regulations have been amended to include free provision of antivirals to the patient and these are non-chargeable by the GP.

Should practice staff work solely with infected or non-infected patients in order to minimise the risk of contracting the virus?

One of the recognised professional hazards of being a doctor or other health care professional is the increased risk, compared to ordinary members of the public, of contracting a transmissible disease. It is as much a professional duty not to deny patients care simply because of the increased risk of infection as it is to minimise risks to oneself and ones' colleagues by appropriate use of measures to minimise such increased risks.

Operationally it will make sense in handling pandemic if one doctor/team in a practice deals solely with all suspected cases wherever possible in a dedicated segregated area. Later on in the pandemic, in the absence of a vaccine it would make sense if the "pandemic suspects team" were to be comprised of those who had recovered from the pandemic.

Will pregnant women be assessed the same as everyone else or will they need to see their GP in the same way as children under 1yr old?

They will need to be seen by GP in same way as under-1s.

Although pregnancy brings a higher risk of complications, pregnant patients are advised to continue normal activities such as going to work, travelling on public transport, attending events and family gatherings, but should try to avoid people known to have swine flu and observe good hand hygiene. If pregnant patients think they have swine flu they should contact their GP for further advice.

See also the DH documents 'Pandemic flu: managing demand and capacity in health care organisations (surge)' guidance:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098769

and 'Pandemic influenza: recommendations on the use of antiviral medicines for pregnant women, women who are breastfeeding and children under the age of one year':

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_100361

PERSONAL PROTECTIVE EQUIPMENT AND GP/PRACTICE STAFF SAFETY

What is the advice for pregnant health care professionals?

The GPC is in discussions with the RCGP and DH over what guidance should be given to pregnant health care professionals in the event of a pandemic flu. In the meantime, we would urge all health care professionals, in particular

those at higher risk to infection (such as pregnant women) to follow infection control procedures and take sufficient precautions to protect themselves, such as using face mask and proper hand hygiene.

Employers should ensure that staff who are pregnant are not placed in situations where they could be exposed to H1N1 and should instead carry out 'low risk' work. Further guidance on this topic is expected shortly.

Guidance on preparing maternity services already exists on the DH website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091737

Note that this guidance is likely to be revised in the light of experience.

Employers have a duty of care to employees to make their work as safe as reasonably possible, which would include ensuring that they were not deliberately put in a situation where they could be exposed to H1N1. The employee also needs to have agreed terms and conditions with the practice, to ensure that they are not in breach of their contract.

What types of masks should be worn? When should masks be used? Who should use them?

For all general purposes when dealing with influenza-infected individuals, surgical-type moisture-repellent face masks are recommended for encounters within 1 metre distance of the patient's face. Reception staff may therefore avoid the need for mask-wearing by remaining behind a counter. It is quite likely that any mask which provides a barrier to large droplets would be effective, but the surgical-type face masks are those recommended by DH infection control experts. The only occasion on which a higher-specification mask is recommended is for 'aerosol-generating procedures'. These are produced by high-pressure waves used to atomise or propel infected liquids. In hospital practice, this includes tracheal intubation, bronchoscopy and tracheal toilet using high suction - when performed on patients with current influenza infection. Examples in General Practice would be uncommon - but airway toilet for a tracheostomised patient with active flu infection might be one - or possibly changing an ostomy bag in a patient with flu and watery diarrhoea. The relevant mask would be a FFP3 dust-mist, mask-type respirator properly and closely applied.

Who is responsible for the distribution of masks?

The GPC believes that the provision of specialist PPE (Personal Protective Equipment) for these procedures is a PCO responsibility.

On what basis is the quantum of masks allocated?

This is a joint issue for the NHS logistically, following advice from the health departments and HPA.

LOCUMS

Will locum GPs be eligible for death in service (DiS) benefits during a pandemic?

Ian Dalton, DH National Director for NHS Flu Resilience, has written to all PCT Chief Executives in England with suggested ways in which locum GPs would be eligible for DiS benefits during a pandemic. A similar letter by Graeme Dickson, Director of the Primary and Community Care Directorate has been sent to all Health Boards in Scotland. For more details of this and GPC guidance, see the following link:

http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/fludeathinservice.jsp

What will the pay rates for locums be during a pandemic?

The GPC and NHSE have agreed a payment rate for locums during a pandemic, which will be set at the normal hourly rate for the local OOH service as averaged over the previous three months.

Is it the practice's or the PCO's responsibility to arrange for locums to cover for sick doctors during a pandemic?

When the introduction of the flu SFE is announced in a PCO area, practices should no longer employ locum GPs unless a practice has already arranged to engage the services of a locum, for example to cover maternity absence. Locum GPs will be employed by PCOs at the local OOH sessional rate. It is important that this contractual arrangement occurs as it will ensure that locum GPs are entitled to death in service benefits.

What is the trigger that will mean that the PCO will provide a locum to cover the practice, and who will pay for the locum?

In a command and control situation, the PCO will allocate locums according to need, and practices will not pay except in a situation where a locum is covering maternity or long term sickness and where the arrangements were already in place.

How will PCOs command locums that are already in contract with practices, or does it mean they will only be able to command those locums that don't yet have a job?

PCOs will employ those locums who are not under contract with a practice and advise them of where they wish them to work.

Sessional GPs within a practice will be asked by the practice to participate in the command and control.

ANTIVIRALS

It has been decided that in England the National Pandemic Flu Service will offer antiviral medication to all those who have contracted H1N1. However, it remains a matter for GPs' clinical discretion to decide whether antivirals should be prescribed in individual cases.

Expert advice emphasises the high importance of treatment with antivirals of those in the higher risk groups.

Special antiviral vouchers have been distributed by the DH to PCTs, which will be used to prescribe the antivirals Tamiflu and Relenza free of charge from antiviral distribution centres.

Under 13s - In England, vouchers must be used to authorise antiviral medication for all patients under 13 years.

Over 13s, in surgery – In England, GPs should use the right hand (blank) side of annotated FP10 forms in order to authorise antiviral medication. It is essential that the FP10 forms carry annotation, and the blank side is endorsed with the letters 'ACP' (for Antiviral Collection Point).

Over 13s, away from surgery – On home visits, GPs should use antiviral vouchers to authorise antiviral medication.

A joint GPC/RCGP/DH letter explaining this has been sent to all PCTs to disseminate to GPs: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/DH_104491

How are GPs supposed to prescribe a prophylactic course of Tamiflu or Relenza?

GPs should use FP10 forms, annotated on the blank side of the form with 'ACP', for the prescribing of prophylactic antivirals.

Can Oseltamivir solution be used for adults and children who are not able to swallow capsules?

No, GPs should NOT prescribe the solution to children over 1, which must be limited for use in children under 1, as otherwise we will run out of the solution. Children or adults who are not able to swallow capsules are asked to empty the contents of the capsules onto something palatable, such as a sweet sugary solution.

Are there limitations on the provision to patients of second courses of antiviral medication?

No – as there is a chance that some patients may have taken antivirals prophylactically or have been issued with them despite not being infected with the H1N1 virus.

What is the assessment process for patients with HIV?

Patients who are HIV positive should be assessed by a doctor prior to treatment with antivirals.

Can a PCO insist on using a GP surgery as an antiviral distribution centre?

All antiviral supplies will be held and issued through PCO antiviral collection points (ACPs) which have to meet certain criteria. If the sole occupant of PCO-owned premises is a GP practice, it would be highly inappropriate for it to be used as

an ACP. However, if the PCO-owned premises are multi-purpose (e.g. large health centre), then it is unlikely that this should or could be prevented.

We would advise practices that believe that their premises have been inappropriately designated as ACPs to:

Check your tenancy agreement / lease
Consult your practice lawyer
Speak to the LMC (LMCs to contact GPC for further advice).

Can patients get private prescriptions of Tamiflu or access them from a private company?

NHS GPs cannot offer NHS or private prescriptions to patients who would like to take them abroad, e.g. on holiday.

Antivirals are available for cases which fulfil current health departments' advice and GPs should follow local arrangements for the prescription and dispensing of antivirals. For sound professional reasons, we strongly believe that antivirals should only be offered to those whose clinical condition warrants it.

Currently, there are no antivirals in the retail or wholesale pharmaceutical chain in the UK. However, prior to the current pandemic, there were some private companies which managed to source antivirals for their occupational health services to provide to their employees. Patients should always check with private companies as to the provenance of the antiviral on offer. Other than these supplies, antivirals are only available from overseas and via the internet, which is outwith UK government control. The import of such drugs, even for personal use, also requires a licence, and the quality of internet supplies cannot be vouched for.

If Tamiflu is at all effective why is it being used for mild cases and not keeping it for the possible more serious illness in the autumn/winter?

During the management phase, Tamiflu is only being issued to cases of and at-risk direct contacts of proven flu.

What is the situation with service personnel presenting to general practice for antivirals?

1. A serviceman registered with an NHS GP, for whatever reason, should be dealt with through the normal NHS channels.
2. Service personnel registered with service medical establishments should procure their antivirals through their service medical establishment and the relevant PCT will secure antiviral supply for service medical establishment requirements. This will not involve NHS GPs.
3. Service personnel registered with a service medical establishment but taken ill away from base should be dealt with through the usual NHS temporary resident arrangements, including, if necessary, procurement of antivirals through the usual NHS routes.

Can overseas visitors to the UK obtain antiviral medication?

The process of obtaining treatment for H1N1 for non-UK residents is the same as that for residents.

Can it be legal for Flu Line call handlers to provide access to a prescription only medicine?

The arrangements have been made to allow for this in the new Regulations (The National Health Service (Prescribing and Charging Amendments Relating to Pandemic Influenza) Regulations 2009).

Will my prescribing budget be affected by antiviral prescription?

No, the prescribing of antivirals will not affect your prescribing budget.

INDEMNITY

Has the issue of indemnity for GPs during a pandemic been resolved?

The vast majority of GPs have insured or discretionary indemnity through a medical defence organisation (MDO), and their normal indemnity entitlements will be available during a pandemic while they are carrying out their ordinary duties as GPs. The MDOs have confirmed that GPs working in any primary care role in their usual place of work or in a position to which they have been transferred would continue to receive full protection of the MDOs.

It would be up to the individual GP's clinical judgement to determine how best to provide their professional services in unusual or difficult conditions and their indemnity would not be affected. All other benefits of membership of an MDO would also be available in the usual way if any other medico-legal problems arose e.g. advice and assistance with GMC complaints, disciplinary investigations etc.

However, GPs transferred to non-primary care roles will be subject to NHSLA indemnity. In such situations, GPs should be provided with written evidence by their contracting body confirming that they have been commissioned to provide services on its behalf. GPs must also continue to remain members of their ordinary MDO.

It is envisaged that PCOs will act as the employer for all available freelance locum GPs during a flu pandemic. This will preserve their indemnity at a time when they will be working at maximum flexibility, possibly moving frequently between practices. The BMA is continuing to push to ensure that all locum GPs have pay protection should they become ill as a result of working for the NHS during a pandemic. This includes death in service benefits for a locum GP's dependants should they die as a result of H1N1.

GPs who have any questions about indemnity during a pandemic should contact their MDO.

What happens if part time GPs (employed or a locum) are required to work for more hours than usual because of the flu pandemic?

GPs who need to work for a greater number of hours than that for which they currently hold indemnity must contact their MDO. The MPS and MDU have confirmed that in some cases, either because it would be for such a short time or because there would only be a slight increase in hours, there may be no increase in subscription fee, although this would depend on what the doctors in question were going to do. If there was any need for an increase in subscription, it would be arranged on a pro rata basis for the duration of the pandemic, so that members could then revert to their usual subscription once when they returned to their usual working hours.

If the PCO offers honorary contracts for the duration of the pandemic, would this extend to crown indemnity?

GPs working in any role which is not a primary care role will be covered by crown indemnity arrangements.

What are the GMC registration and indemnity arrangements for retired doctors who volunteer to work during a pandemic?

Under current regulations, retired doctors who are still on the GMC register, i.e. have not taken voluntary erasure themselves or been erased, are able to practise as a fully registered medical practitioner. Retired doctors not registered with the GMC may, subject to them meeting the provisions of the legislation, be registered with the GMC for the duration of the pandemic. Legislation with a sunset clause will be laid before parliament immediately as such an emergency is declared and will be triggered by that declaration. Such registration may be subject to conditions relevant to the emergency. Temporary registration in an emergency will not attract a fee.

Indemnity will be provided by the PCO with whom the retired doctor will have an honorary contract and they will therefore be covered under NHSLA indemnity. Any negligence claims made against retired doctors working under an honorary contract to a PCO will be defended by the PCO, insofar as the doctor was acting in the course of their honorary employment. For this reason, practices should not employ retired GPs themselves, as they will be liable for provision of their indemnity. Retired doctors should let the medical defence organisations of which they were previously a member know what they are doing.

The BMA website provides information on the deployment of retired doctors during a flu pandemic:

http://www.bma.org.uk/health_promotion_ethics/influenza/pandemicinfluenzadatabase.jsp

You can read statements on indemnity in the event of a pandemic from the Medical Defence Organisations via the links below:

Medical Protection Society (MDS)

<http://www.medicalprotection.org/uk/response-documents/Policy-position-on-pandemic-flu-and-indemnity>

Medical Defence Union (MDU)

http://www.the-mdu.com/section_GPs_and_primary_care_professionals/topnav_Advice_centre_1/hidden_Article.asp?articleID=1995&contentType=Advice%20article&articleTitle=Pandemic+flu+and+indemnity+

Medical & Dental Defence Union of Scotland (MDDUS)

<http://www.mddus.com/mddus/news-and-events/news/june-2009/gp-indemnity-in-flu-pandemic.aspx>

IT AND INFRASTRUCTURE

Should PCOs be arranging for HCPs to be able to log on at any practice in their cluster?

Yes, and this will also require practices to make relevant preparation as part of Business Continuity Management. For information on business continuity planning, see http://www.bma.org.uk/health_promotion_ethics/influenza/panflugp/flupanprep.jsp

Should GPs be allowed remote access to their practice computer, e.g. to enable working from home to care for family member with H1N1?

Many PCOs already have arrangements for remote working and we believe that it would be helpful for all PCOs to organise for smart cards and to set up a remote log-in service for IT systems so GPs can log into their buddy practices' patients notes from their own surgeries and from their homes.

SICKNESS CERTIFICATION

Will the self certification period be extended beyond the usual seven days?

The BMA has been calling for an extension of the sickness certification period and this is currently under consideration.

Some employers are asking for sick notes from Day 1, despite the 7 day self-certification period.

There has been no change in the usual arrangements for the provision of sick notes. Employers cannot be above law in asking for a sick note from day 1 of illness. Sickness certification is still valid for 7 days. If employees request a sick note to cover illness of less than 7 days GPs can refuse to do so as this is not part of their NHS work. If a GP agrees to provide a private sick note, the employees should ask for the payment from employers.

Are GPs obliged to give out 'fitness to fly' notes?

No, GPs will not have to give out fitness to fly notes.

Airlines have made their staff aware of the swine flu situation and have given them broad instructions on how to spot possible symptoms. This is standard practice - they issued similar guidance during the SARs incident. If their staff have concerns, they can refer the passenger to their onsite medical service - Medlink - who will then assess, in cooperation with the patient, their fitness to fly. If they are not regarded as fit, they won't be allowed to fly and will be asked to ring the NHS flu line or go online to the symptom checker and then follow the normal advice for people who suspect they have swine flu.

Holiday insurance cancellation certificates

The Association of British Insurers have stated that they will accept the submission of the antiviral authorisation number and the label from the Tamiflu packet as evidence of a patient having had flu.

OTHER

Should staff be allowed paid time off to look after relatives/children if a) the cared for has flu b) if usual care arrangements break down?

All employees have a statutory entitlement to reasonable time off work without pay to deal with an emergency involving a dependant. The definition of dependant is very wide and this employment right has the potential to create massive

problems if the pandemic really takes hold either now or in the autumn/winter when the emergency may not be as quickly or easily solved as in more normal times. Reasonable time to sort out the emergency may well be extended in these extraordinary circumstances.

There is some useful guidance on dependant leave at;

<http://www.businesslink.gov.uk/bdotg/action/detail?r.11=1073858787&r.13=1080898069&r.lc=en&type=RESOURCES&itemId=1080914311&r.12=1080898061&r.s=sc>

Can the BMA provide statistics relating to the H1N1 pandemic?

No, as a professional organisation and trade union, the provision of such information does not fall under the BMA's expertise. However, statistical information is being collected and analysed by each nation's health protection agency', Department of Health [link to <http://www.dh.gov.uk/en/index.htm>] and the World Health Organisation [link to <http://www.who.int/csr/disease/swineflu/en/index.html>].