

**COVID-19 Clinical Assessment Service  
FREQUENTLY ASKED QUESTIONS**

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## 1. BACKGROUND TO THE COVID-19 CLINICAL ASSESSMENT SERVICE

### 1) What is the COVID-19 Clinical Assessment Service (CCAS)?

NHS 111 online is the first port of call for people with COVID-19 symptoms.

NHS 111 has been commissioned nationally to provide a dedicated COVID-19 response service to free practices to focus on managing those most at risk of complications from COVID-19.

The service uses a consistent algorithm to stream patients who used NHS 111 online and reported COVID-19 symptoms into the following cohorts:

- Cohort 1 – patient demonstrating severe symptoms, requires treatment in hospital and will likely require an ambulance response
- **Cohort 2a – symptomatic patients requiring further clinical assessment before final disposition is decided (these are referred to the COVID Clinical Assessment Service or CCAS)**
- Cohort 2b – patient exhibiting mild symptoms but has self-declared high at risk status, having received a letter from the NHS – a post-event message recording this contact will be sent to registered GP for information
- Cohort 3 – patient is showing mild symptoms and advised to self-isolate at home and to reassess via NHS 111 (online whenever possible) if symptoms deteriorate (GP informed via a post event message).

### 2) What is expected of me in my role at the CCAS?

Patients who are assessed under the CCAS will have already been assessed by an approved algorithm as set out above. The cohort directed to CCAS are those patients on the 2a pathway who need further clinical assessment to establish the most appropriate disposition. **Your role will be to undertake this clinical assessment over the phone.** This assessment will help to prevent unnecessary spread of COVID-19 and protect the valuable resources available within the NHS.

Where assessment is required, this will result in one of the following outcomes:

- reclassification as Cohort 1 – patient demonstrating severe symptoms, requires treatment in hospital and will likely require an ambulance response
- reclassified as Cohort 3 – patient is showing mild symptoms and advised to self-isolate at home and to reassess via NHS 111 (online whenever possible) if symptoms deteriorate (GP informed via a post-event message and call closed)
- requires proactive action from practice – e.g. telephone monitoring
- requires face-to-face assessment in primary care; message sent to appropriate service to arrange.

In a small number of cases, the patient cannot be managed remotely and requires face-to-face assessment by local primary care services. Patients in the last two categories will be transferred to general practice for follow-up.

### **3) Which GPs are being encouraged to work for CCAS?**

The main groups of GPs being “onboarded” or inducted to work in the CCAS are:

- Retired GPs returning to practice
- GPs currently working in general practice as partners or salaried GPs
- GPs currently working as GP locums on a self-employed basis

Contractual and payment arrangements vary depending on which category a GP is in. GP returners and sessional GPs will work for CCAS under a fixed-term zero-hours employment contract. GP Partners and salaried GPs currently working in general practice can choose to work for CCAS under either an employment contract and be paid directly, or an honorary contract, which will result in payment being made via the GP’s practice.

### **4) Why have I been directed to work remotely for the CCAS?**

Returners, GP locums and GPs increasing (or substituting) their current hours have been asked to join the COVID Clinical Assessment Service (CCAS), which supports NHS 111 in triaging patients who may need admission to hospital due to COVID-19. The service helps to minimise the number of patients contacting their practice for advice unless they have been triaged as requiring it and every clinician rostered makes a difference to the experience of patients waiting to be assessed.

### **5) Where will I be based?**

All individuals will be advising patients over the phone. For most individuals this will be by working remotely from home. However, some GPs - mainly those already working in General Practice who are supplementing or substituting their contracted hours to work for the CCAS - may prefer to take calls from their practice (but it is still remote working and not directly face to face work).

### **6) I am based outside of the UK. Can I work for the CCAS?**

No, unfortunately not. In order to support the 111 service a number of factors need to be in place. This would make working outside of the UK for the CCAS particularly difficult to support at this current time.

## 2. EMPLOYMENT CONTRACT AND PAY

*Please note that this chapter is divided into sections to reflect the different arrangements that apply to GPs working for the CCAS. Please ensure that you refer the sections that are relevant to your individual status.*

### i. GP RETURNERS

#### 7) Have I been accepted onto the GMC register?

You should have received confirmation that you have been accepted on to the GMC register. Please see the 'Pre-employment checks' section of the Onboarding and Induction Booklet for further information on GMC registration.

#### 8) Do I need to pay for my GMC registration?

You won't need to pay a fee to re-join the medical register.

#### 9) Have I been accepted onto the National Performers List?

You should have received confirmation that you have been accepted on to the National Performers list as an Emergency Registered Practitioner (ERP) when you received the Onboarding and Induction Booklet.

If you haven't had your re-registration confirmed please contact the performers team on: <https://www.performer.england.nhs.uk/Help/ContactUs>

#### 10) The paperwork I have received so far refers to an Emergency Registered Practitioner (ERP). What is this?

The emergency legislative powers passed by the Government to help with the current coronavirus outbreak permit the emergency and temporary registration of health and social care professionals for the period of the crisis. This includes re-registering retired GPs with the GMC and adding them to the National Performers List. If you have retired, you will need to be an Emergency Registered Practitioner in order to be inducted and employed into your role in the CCAS.

#### 11) What happens to my registration once the Coronavirus crisis has subsided?

A six-month notice period will be given to staff and employers before these emergency measures will cease to apply. Staff and employers will therefore have six months' notice to readjust their working patterns.

Further information on the options for GPs who have returned to practice who may wish to remain working in the NHS will be published at a later date. Please note that if you wish to remain on the Performers List following the period of emergency you should also complete

the full application process by visiting <https://pcse.england.nhs.uk/services/performers-lists/>, if you have not already done so.

## **ii. GPs WORKING UNDER AN EMPLOYMENT CONTRACT**

### **12) What type of employment contract will I be given?**

You will be given a twelve month, fixed-term, zero-hours employment contract.

### **13) Which organisation will be my employer?**

South Central Ambulance Service Foundation Trust (SCAS) will be your employer for the purpose of the CCAS work. SCAS has been commissioned by NHS England and NHS Improvement to provide the CCAS service.

### **14) Will I need a Disclosure and Barring Service (DBS) Check?**

SCAS will decide whether it is necessary to action a new enhanced DBS check for you. Please refer to the 'Pre-employment checks' section of the 'Onboarding and Induction booklet' for further information.

### **15) What ID and other documentation do I need to provide and how do I send this across?**

ID and right to work checks will be completed using an online system known as Credentially – where you upload pictures of your ID documents online and book a video call with our team to verify your identity and right to work. IF a DBS check is also needed, we will collect all the required ID information also required for DBS using this process.

Please refer to the 'ID checks and verification' section of the Onboarding and Induction Booklet.

### **16) What if I am unable to complete an online ID check?**

If you have technical difficulties when uploading online, follow the instructions on-screen to ask for help or log a query.

If it is completely impossible for you to complete an online check, then GPs (by exception) can go to their local GP practice and ask them to scan and email copies to us. The email address for this is in your onboarding booklet.

### **17) How much annual leave will I get?**

The legal entitlement to annual leave is 20 days annual leave per leave year in addition to eight public holidays (pro rata for part time workers). The annual leave year runs from 1 April to 31 March.

Holiday pay entitlement is calculated on a zero hours contract (i.e. variable and not fixed hours) by applying an average hourly rate on the hours worked over a maximum 52 week period. Where there is not a 52 week period or if a worker has less than 52 weeks of pay, the average pay rate for the number of full weeks actually worked will be used. At the end of the contract, most workers will have their accrued holiday paid in their final termination pay.

### **18) How much sick leave will I get?**

You will be entitled to paid sick leave at up to a maximum of four weeks in aggregate during the fixed term of this Contract, subject to your compliance with our applicable policies relating to notification of absence and maintaining contact during sick leave. You will need to have worked a minimum of 4 sessions before you are eligible for sick pay. For the avoidance of doubt any entitlement to sick pay will cease on termination your contract.

### **19) I don't understand the holiday pay and sick pay – why is it not the same as my previous/other NHS contracts?**

The entitlement is based on the minimum legal requirements rather than the usual NHS arrangements – this is because it is a zero hours contract so will depend on the number of hours that you complete rather than on the basis of a full-time contract.

### **20) How often will I get paid?**

You will be paid monthly in arrears, subject to PAYE deductions and employee's pension contributions if applicable. For example, if you work a session in April you will be paid at the end of May.

### **21) When will the first pay date be?**

You will be paid on the 25th of the month for hours worked the previous month. Should the 25th fall on a weekend or bank holiday you will receive payment on the previous working day.

### **22) As a returning GP I would like to volunteer for CCAS and/or my local practice and do not want to be paid**

The CCAS role is for a paid fixed-term role and not a volunteer scheme.

It is possible for returning and locum GPs to volunteer their time to a local GP practice. Anyone 'engaged or permitted' by a Part 4 contractor (including volunteers) will be covered under the Clinical Negligence Scheme for General Practice (CNSGP) in respect of any activity connected with diagnosis, care or treatment of its patients. GP practices will need some means of identifying volunteers supporting general practice during the pandemic and

so a volunteer agreement should be used. As CNSGP only covers clinical negligence liabilities, any third-party liabilities involving volunteers should be covered by a GP practice's public liability insurance arrangements.

### **iii. GP PARTNERS AND SALARIED GPs WORKING UNDER AN HONORARY CONTRACT**

#### **23) What type of contract will I be given?**

GPs currently working in general practice who wish to also support the CCAS can choose to work under an employment contract or under an honorary contract with South Coast Ambulance Service Foundation Trust (SCAS). SCAS has been commissioned by NHS England/Improvement to provide the CCAS service.

The honorary contract will enable you to substitute sessions you are currently contracted to work within your practice to work for CCAS, or to undertake additional sessions for CCAS over and above your current contracted sessions.

#### **24) Will I need a Disclosure and Barring Service (DBS) Check?**

As a currently practising GP, we expect you to have a current and Valid DBS check in place which you are asked to confirm as part of the contractual agreement.

#### **25) How will I be paid?**

Your current practice will be reimbursed the appropriate amount due for the sessions that you have undertaken for CCAS (see section 2.iv for sessional rates).

#### **26) How often will I get paid?**

The practice will be paid via the contractual routes monthly in arrears, directly to the practice account in line with the normal monthly payment runs. NHS Pension Scheme Employer Contributions and National Insurance contributions will be added where applicable. The practice will then be responsible for onward payment to the GP under usual arrangements.

#### **27) Can I be paid independently of my GP Practice instead?**

In order to do this, you will need to follow a slightly different process and be engaged via a zero hours employment contract directly by SCAS. If you have already submitted an application through the GP Practice HR Form but would prefer to work for CCAS under an employment contract arrangement please email

[Covid19.GeneralPracticeSupport@nhs.net](mailto:Covid19.GeneralPracticeSupport@nhs.net) and we will identify your application and email you to arrange transfer.

In order to do this, you MUST be on the National Performer List, and we will not be able to progress your application until you are. Please contact the PL team at: [England.erplists@nhs.net](mailto:England.erplists@nhs.net)

### **28) Is it possible to switch to ERP route for payment of hours above the GMS contract? (New)**

Payments can be made via either the GP practice or the ERP route. It is not possible to use both at the same time.

iv. **ALL GPs**

### **29) What will I be paid?**

For each four-hour session that you have agreed with your CCAS manager to work, you will be paid at the rate of either:

- £200 for full sessions, or £50 per hour for part-sessions, worked between 08:00 and 18:30 on Monday to Friday; and
- £250 for full sessions, or £62.50 per hour for part-sessions, worked between 18:30 and 08:00 on Monday to Friday or on Saturdays, Sundays and bank holidays.

For any shift which overlaps the time periods above you will be paid at a split rate, reflecting the proportion of the shift which has been worked in each period.

### **30) The sessional/hourly rate is not the same as my previous/other pay as a GP**

The pay rate is as agreed with NHS England and NHS Improvement and is a standardised rate offered during this Pandemic for all individuals fulfilling this contract. The contractual arrangements are offered on a very flexible basis, such as working at home, supporting NHS111 callers without direct patient contact, at times that suit your personal arrangements. This has been taken into account when arriving at the rate indicated.

### **31) How will this work affect my pension?**

Please see the information on the NHS England and NHS Improvement website for the latest information:

<https://www.england.nhs.uk/coronavirus/returning-clinicians/faqs-doctors/pay-and-pensions/>

### **32) What about indemnity?**

Please see the information on the NHS Resolution website for the latest information:

<https://resolution.nhs.uk/wp-content/uploads/2020/03/Coronavirus-outbreak-indemnity-FAQs-3.pdf>

Clinical negligence indemnity will be automatic under the Clinical Negligence Scheme for Trusts (CNST) by virtue of your employment through this contract. It is recommended that you also have professional cover (for example, assistance with complaints, GMC investigations or inquests) in place. Medical Defence Organisations (MDOs) have committed to provide such medico-legal advice and support at no cost, to their retired members returning to assist with NHS response to coronavirus. Further information is available here <https://www.england.nhs.uk/coronavirus/returning-clinicians/faqs-doctors/indemnity/#where-do-i-go-for-more-advice-and-support-about-indemnity>

**33) I don't think I will want to work for the full term of the contract. How does the contract end and can I end the contract? (Amended)**

When you decide you no longer wish to offer your services for available shifts, the work will immediately cease (whether you have a fixed-term employment or honorary contract). We would also ask that you email [covid19.cas@nhs.net](mailto:covid19.cas@nhs.net) to notify us of your intention to withdraw from the service and so that any system access can be withdrawn and arrangements made to return I.T. equipment where appropriate.

The agreement may be terminated at any time prior to its expiry and by either party giving one month's notice, save that during the month prior to the expiry of the contract, the required notice will not exceed the unexpired term of the contract.

**34) Who do I contact if I have any questions?**

A full list of topic-specific contacts as well as details of the contact centre for general queries can be found in the Onboarding and Induction Booklet. Please check to see if your question is covered in the FAQs before contacting the team, as they are experiencing a high volume of enquiries.

**35) Has my contract been endorsed by the British Medical Association? (new)**

The General Practitioners Committee (GPC) of the BMA have not endorsed the contract, but it agrees that this is an important service that will support practices in delivering care.

**36) How long should it take me to get through the onboarding/induction process and be ready to start my first shift? (new)**

Before being ready to start a first shift individuals will need to progress through ID checks, IT readiness and training requirements, with time required from the individual to complete these.

While it is possible to complete all of these steps within five working days and then be ready to start a first shift, the reality is that where, for example, a clinician needs to order a laptop, undertake training or there are queries relating to their paperwork, this process can take longer.

We have been working hard to iron out initial difficulties and make improvements within the on-boarding process with the result that we can see clinicians are moving through the

process more smoothly and quickly. To date, we have on-boarded more than 1500 clinicians with numbers increasing each day.

### **37) How long does a DBS check take? (new)**

For those with an existing valid DBS check or subscription to the DBS Update Service, this is reviewed and verified during the ID checking process. Where a new DBS check is required, the GP is asked to sign a waiver that allows them to start work immediately; and the enhanced DBS check will be returned within four to six weeks.

### **38) Can CCAS GPs now prescribe? (new)**

CCAS GPs at present would need to refer patients to their usual general practice to get a prescription, as the CCAS role is non-prescribing.

## **3. GETTING STARTED**

### **i. I.T. EQUIPMENT AND ACCESS**

*Further information on I.T. equipment and system access can be found in Section 8 of the Onboarding and Induction Booklet.*

### **39) Can I test all of the equipment prior to completing my first shift?**

Yes, you will have the opportunity to do this upon logging in for your first shift. One of the South Coast Ambulance Service support team will take all GPs through a training exercise using a dummy patient. This will help GPs to understand how the IT systems operate, so you can easily navigate the platforms on your own. This individual will be on call for you throughout your shift if you have any questions.

### **40) What happens if my equipment fails during a shift?**

You should contact the Clinical Navigator who is available to support with issues and queries during the shift. The contact details for the Clinical Navigator are made available at the start of each shift.

### **41) What systems will I be using?**

You will need to access the following systems:

1. [eLfH](#) to complete essential training.
2. [Senior Clinician Module](#) logins to complete this training.
3. [NHSmal](#) to log in to the relevant COVID-19-related systems.
4. [Adastra](#) to allow access to NHS111 systems to treat patients and capture patient data
5. [Cisco WebEx](#) is a telephony-based desktop app used to call patients.

Items 1 and 2 will be accessed only to complete training. You will use the other systems whilst you work.

**42) I have completed my HR form and now have been asked to click through a link to ‘Credentially’. What is this?**

Credentially is a web-based portal that supports remote ID verification checks.

Clicking through will start the process to verify your GMC, Performers List, Right to Work and ID verification. When you click this link, you will be asked to enter some details, including providing electronic copies of your identification. You will also be asked to book a video call that will allow our agents to verify your identity and right to work documents prior to your first shift with the CCAS. This is a legal requirement and we cannot book you on to shifts until this step is completed.

**43) I have received an email concerning an EMIS SRAS account. What should I do with this? (New)**

If you use equipment issued by the NHS, you will receive an email from SafeNet to register for an EMIS SRAS account. Please follow these instructions. If you use your own equipment you will not need this account. If you do receive this message, please ignore it.

**44) I have received an email regarding a smartcard and smartcard reader. What should I do with this? (New)**

If your role involves the need to use a smartcard and smartcard reader, you will in due course receive an email regarding this. When the email arrives, please follow the guidance in the email, replying to the email, supplying your postal address (to receive the equipment). The emails sent are governed by current stock levels so you may not receive an email immediately.

**ii. TRAINING AND CLINICAL SUPERVISION/SUPPORT**

*Further information on training can be found in Section 7 and Attachments 2-4 of the Onboarding and Induction Booklet.*

**45) Will I get paid for the training?**

*GP RETURNERS/SESSIONAL GPs* will be paid four hours to complete all the required training and you will be paid for this time at a rate of £200 in total. This will be paid the month after your first shift is undertaken and will be shown on your payslip as “training” e.g. if you did your training and first shift in March, you will be paid for both in April.

*GP PARTNERS/SALARIED GPs* will be paid for three hours training as they are not required to undertake the statutory and mandatory training (as it will already be in place for their existing work). The practice will be paid at a rate of £150 in total for the training in addition to other shifts worked by the GP.

**46) Is the training material relevant for current and returning doctors? (new)**

GP returners and sessional GPs will need to complete the full training (mandatory training as well as training specific to the CCAS role). GP partners/salaried GPs will only be required to do the CCAS training.

**47) I am a returning or a sessional GP, why do I have to complete mandatory training? (new)**

It is a requirement of the fixed term contract that GPs are compliant with mandatory training. As the host employer, SCAS need to evidence this, which is why you are asked to complete training and answer self-declaration questions confirming that you have done so.

**48) Who will be my clinical supervisor and what clinical supervision will I receive? (Amended)**

We are finalising the model of clinical supervision and support, but this is likely to include:

- Using information from call audits to inform service appraisal and offer thematic feedback.
- Where individual issues or concerns are identified, these are fed back to the clinical team who will discuss these with the individual clinician to share learning and to support development. (In the future, the intention is to enable an outcome-based assessment to identify appropriate use of dispositions, but this remains work in progress).
- Clinicians are able to request a discussion with a member of the SCASFT team to discuss specific cases or concerns and any service wide learning from this would be shared anonymously.
- Whilst on CCAS shift all ERPs can access advice and support from the SCAS team leads.
- Offering clinical expert Q&A sessions that supplement the technical Q&A sessions and provide a forum for peer learning.
- Uploading to the Future Collaboration Zone website and to e-Learning for Health resources that can support clinical development.
- Clinical governance oversight and support will be provided by dedicated GP IG leads.

**iii. SHIFTS AND ROSTERING****49) The contract suggests that I will be required to undertake shifts that I may not be able/willing to commit to?**

The contract is a fixed-term 12-month contract and is offered on the basis of zero hours. This means that you are not required to do any specific shifts or a minimum number of shifts each week. Once you are happy and cleared to work with the NHS111 service you will be able to self-roster onto shifts according to your availability. There is a huge requirement for shifts, so you will be able to select shifts that suit your own circumstances.

**50) The contract suggests that I will be required work outside of my home up to 30 miles away which I am not able/willing to commit to?**

The employment contract is for home-based NHS111 COVID-19 work and you should not be asked to work elsewhere. However, the COVID-19 situation is evolving and if in the unexpected and exceptional circumstance you are asked to work elsewhere, you have the right to decline this as the contract you have signed is a zero hours contract and you are not obliged to accept any shifts offered to you.

**51) How do I log on to the shift availability manager? (Amended)**

A new online rostering system called WORKSuite has been put in place to help you manage your shifts. You will receive an email which will invite you to join the system. If you don't receive the email or have difficulties with the system, please email [rosteringcovid19.cas@nhs.net](mailto:rosteringcovid19.cas@nhs.net).

**52) What happens if I roster onto a shift and then can't undertake it? (Amended)**

The WORKSuite online system will enable you to manage your shifts, including cancellations. If the cancellation is short notice (within an hour of anticipated start time), then the clinician should contact the rostering team directly to notify them, as well as changing their shift on the system.

If you have any difficulties, you should email [rosteringcovid19.cas@nhs.net](mailto:rosteringcovid19.cas@nhs.net).

(To note, your contract is a zero-hours contract so is based on your availability rather than requiring you to undertake a specific number of shifts each week).

**53) Can I swap a shift with someone?**

All changes to booked shifts will need to be notified to [rosteringcovid19.cas@nhs.net](mailto:rosteringcovid19.cas@nhs.net)

**54) Are the recordings of our conversations kept for medico-legal purposes?**

Yes, these will be kept.

**55) How long should I expect to spend on each consultation? (Amended)**

As with all consultations the time taken will vary and depend on the nature of the issue and the patients approach to the advice being provided. Typically, we would expect in the region of 16 consultations to take place within a four-hour shift, but this will vary and is dependent on the situation.

**56) Is there a facility to chat with other clinicians while I am on shift? (New)**

Yes, there is an instant chat function on the system used whilst on shift and mobile phone numbers of shift leaders are also made available.