

Leeds LMC Ltd – Coronavirus Guidance

1. Introduction

You will all be aware of the rapidly evolving situation with coronavirus and will no doubt have already been making some preparations and experiencing increased workload due to patient queries and the need for additional questioning about symptoms / travel history. Following an increased number of calls to the LMC we thought it would be worthwhile summarising some of the key resources / guidance, and list some of the things it may be wise for practices to start thinking about in terms of business continuity. These are designed to enable practices to maintain the provision of critical business functions in the face of disruption, as well as maintaining 'business as usual' for as long as possible. We appreciate there is a significant amount of unpredictability, anxiety and frustration about the situation. On the background of significant challenges in primary care currently due to capacity / workload issues, the exact impact this will have on your practices is uncertain. We are engaged in conversations nationally with the BMA, and locally with the CCGs and other partners, to try and ensure primary care and the wider system is as prepared as it can be. There are also both national and local conversations ongoing regarding what practice activities can be postponed if required. We are very happy to be contacted by practices with questions or concerns and we can then feed these into national or local conversations.

2. Phases of planning

Currently the country is still in the containment phase of the plan but it is likely plans will move to the delay phase imminently given that community transmission has now been demonstrated. Coronavirus has now been confirmed as a notifiable disease. It is anticipated that over the coming weeks 1000s of patients will need testing, and work is currently being done to set up pods to test and assess large numbers of patients. If we move to the mitigation phase due to rapidly increasing numbers of cases, it will be necessary to consider a variety of methods at practice / CCG level to maintain essential services.

3. Useful Resources

The guidance practices are to follow continues to be that from Public Health England accessible from their website below. There are various other useful resources listed which you may also find useful

PHE – Guidance for primary care <https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interimguidance-for-primary-care>

RCGP – Useful resources for practices including posters, template business continuity plan, and some practice action cards for various scenarios
<https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx>

BMA – Latest guidance
<https://www.bma.org.uk/collective-voice/policy-and-research/public-and-populationhealth/coronavirus-disease-2019>

GMC - GMC guidance regarding regulation in light of coronavirus

<https://www.nmc.org.uk/news/news-and-updates/how-we-will-continue-to-regulate-in-light-of-novelcoronavirus/>

Department of Health Guidance

www.gov.uk/government/collections/wuhan-novel-coronavirus

NHSE Guidance

<https://www.england.nhs.uk/coronavirus/primary-care/>

SOP for primary care

NHS England has published four Standard Operating Procedures for

<https://www.england.nhs.uk/publication/coronavirus-standard-operating-procedures-for-primary-care-settings/> general practice, optical practice, community pharmacy, primary dental care. These are linked to from their main COVID-19 webpage.

Department of Health action plan

<https://www.gov.uk/government/publications/coronavirus-action-plan>

NHS Site

nhs.uk/conditions/coronavirus-covid-19/

NHS 111 link to online coronavirus

<https://111.nhs.uk/covid-19>

Foreign Office

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

4. Business Continuity Plan – things to be thinking about now

It is advisable for practices, if they have not already done so, to start thinking about a coronavirus specific business continuity plan. This will naturally link in with and form part of the practice main business continuity plan. The RCGP have produced a template practice business continuity plan (follow RCGP link above – various resources are at the bottom of that page) Listed below are some of the things specific to coronavirus that would be worth consideration for a business continuity plan.

a) Communication

Patients

Clear messages to patients at this time are critical. Ensure you have updated your phone message to try and discourage patients presenting to the surgery. Provide links on your website to the latest guidance, and again advise patients not to present to the surgery, but to access 111 instead (online or on the phone). Consider sending a text message to registered patients. **Sample wording for all these examples is attached at appendix 1**

There are a variety of posters available which should be displayed prominently in your surgery. Appropriate messages on surgery screens may also help.

There should be a message added to the online booking system to advise patients not to book appointments if they have any coronavirus concerns. NHSE have recently advised triaging calls booked in this way to try and manage them on the phone or via video initially. They have stopped short of a complete ban on online booking, and sent the following letter to CCGs. This suggests practices can make individual appeals to the CCG if they feel their circumstances are such that they need a complete ban for online booking.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Commissioner-guidance-local-requests-to-suspend-online-booking_050320.pdf

The advice is still currently that patients should be directed to 111 online initially if they have concerns (or they can phone 111 if they wish to speak to someone).

Staff

The RCGP have produced 'practice action cards' (available at the above link) to support various staff members in their roles. Ensure your staff know how to manage patients on the phone and self-presenting to surgery. Consider whether ongoing use of the self-check-in screen is appropriate. Ensure all staff know how to isolate a patient, and what to do in the event of a possible case, including phoning an ambulance if that patient is unwell. Ensure all staff details including next of kin are up to date. Ensure all staff know of your business continuity plan.

b) Medications

Repeat prescriptions Practices may want to consider the workload related to Repeat Prescribing and how this could be moderated/addressed. NHSE have requested we do not convert patients to bulk prescribing, obviously doing so would reduce the throughput of prescriptions in the practice, but if on 28 days there has been a request to remain on this to avoid shortages. Practices may want to pre-issue prescriptions, work on automatic dispensing or look at other automatic systems for requesting and validating prescriptions to reduce demand on clinical time. This will be time-consuming to set up and practices need to decide if the investment in time setting up alternative systems is justified in the gain.

c) Premises

Identify a suitable room to isolate patients if required or assess patients. They should not wait in the waiting room and should immediately be moved to that room. Ensure the room has minimal equipment in it to make it easier to deep clean. Ensure PPE and cleaning equipment is readily available to decontaminate the room after use if needed. Consider whether separate equipment such as stethoscope / sats probe / thermometer etc should be available for use in that room alone. PPE is being delivered to practices this week – any used PPE should be disposed of in a separate clinical waste bin preferably located in the isolation room. Identify a toilet the patient can use that is for their use only. Provide information in that room for the patient, and where possible facilitate a phone being available in that room so the patient can speak directly to 111. It may be necessary to close the surgery temporarily to perform a deep clean. This would be on the advice of PHE colleagues. Consider what you could do in this situation to communicate that to patients / mitigate risk. Examples might include:

- o print lists of patients with appointments that day to contact

- o diverting your phone and adding a message for patients
- o putting up posters on the door of the surgery
- o identify another space separate to the surgery where it may be feasible to see some patients (such as another surgery)

Staff

Consider the roles of each staff member. Are there any roles that could be done from home / remotely. Are any staff dual trained?

Are laptops etc available for staff to use to enable remote working?

Is any additional equipment required such as IT equipment or additional mobile phones. Are there any staff members particularly vulnerable due to age / pre-existing conditions / close relatives being vulnerable?

Are there any members of staff that would be particularly adversely affected due to government measures such as shutting schools.

Which staff have holidays planned, and to where? Will it require anyone to self isolate subsequently (based on current guidance). Do any holidays need cancelling due to staff shortages?

If staff have to self isolate but remain well, can they work from home? What could they usefully do?

If numbers of infections circulating in the community rise significantly it may be necessary to limit patient contact for many staff. Can you protect as many staff as possible from direct patient contact to minimise risk to both them and patients? Have staff practiced cleaning / putting on PPE? Can some staff be moved to a back office to avoid patient facing work? How could you mitigate the effects of multiple staff members being off sick or needing to self isolate? Can neighbouring surgeries help?

IT / Equipment

If remote working will be needed do you have the necessary means to access the clinical system. How will you prioritise who needs to do this remotely, and what will need doing first? Have you got sufficient alcohol gels / soap / PPE etc. Are you familiar with how to divert practice phones if required? Do you need to purchase more mobile phones, and do these need to have Skype / WhatsApp installed on them so that you can do video consultations rather than face to face?

Practice Workload

Sick notes. Currently if patients have been advised to self isolate by 111 they can be emailed confirmation of this from 111 which should suffice for the employer. Travel insurance reports – The Foreign Office website gives guidance as to the countries and areas where travel is advised against. Patients do not need a letter from GPs when cancelling travel to these areas, and their insurance should cover this. If a patient chooses not to travel to an area deemed safe (i.e. not listed on the FO website see link above) then this is their choice and it is our view that GPs should not be providing letters in support of this. If either due to escalating demand or high levels of staff sickness it is no longer possible to continue as Business as Usual (BAU) what work would you postpone and how would this be communicated to patients. This is being discussed nationally and further guidance will be issued shortly. Examples may include:

- o Insurance reports / SAR requests
- o Routine blood tests for annual monitoring
- o Routine chronic disease reviews
- o QOF work – please note that QOF has not yet been suspended but conversations are taking place nationally

Consultations

Ensure clinicians know what to do if they realise mid consultation that the patient may be at risk of coronavirus. Limit face to face working to protect both staff and patients. Triage more calls – consider not seeing any patients with acute viral symptoms face to face unless there are serious concerns for their health such as elderly / comorbidities / breathless. If the situation escalates it is likely that it will be necessary to do the majority of work triaging initially to minimise face to face contact. How could your appointment system be adapted to triage everything initially? Do you have facilities to do online or video consultations? Triage all home visits, and only visit those where there are serious concerns for health. More triaging may result in more being prescribed based on history alone, and it may be necessary to take a pragmatic approach to antibiotic use. Can patients requiring assessment with viral symptoms be seen at a particular time of day, and can longer appointments be given to allow PPE to be used / cleaning afterwards If clinicians are working remotely, how can prescriptions be organised.

PCN Joint working

May be required if – lots staff off sick / premises closed / volume of work exceeds capability of one practice. Start conversations now about how this might work logistically. Can staff be shared in the event of significant absence? Do practices in a PCN have an up to date data sharing agreement? Indemnity – All work under an NHS contract is covered by CNSGP, so any sharing of workload will come under the same criteria as IA – and at present we see no difficulties with this, however, if sharing a case load GPs would be encouraged to seek confirmation from defence organisations that any additional cover will apply (e.g. Reputational/Coroner cover).

Contractual considerations

Practices may be concerned with regards to their contractual obligations in relation to moderating/changing services – we would suggest Practices should be pragmatic and safe in their behaviour and seek forgiveness rather than permission, i.e. if you feel on the grounds of safe practice you need to stop/alter something, we would suggest putting processes in place and then discuss the implications. Any concerns should be routed through the LMC Office, and we will look to turn these around in 24 hrs. Any IMMEDIATE concerns when the office is closed should be passed to Dr Brian McGregor, Medical Secretary via Text on 07508 015667.

5. Things to be thinking about now if not already done

Appoint a practice lead

Hold initial planning meeting

Let staff know what you have decided and ensure they are aware of the latest guidance Consider developing a risk register. This would identify the biggest risks to your practice and potentially help focus your thoughts to clarify how you can best mitigate against these.

6. FAQ document

This is an active document and answers to questions will be added as they arise

Appendix 1

Phone

This is “x” surgery – please listen carefully to the whole message – “If you are calling in relation to the current outbreak of Corona Virus, or are concerned you may have this infection, DO NOT COME TO THE SURGERY. DO NOT BOOK AN ONLINE APPOINTMENT TO BE SEEN.

Please remain at home and as a first action review the advice on NHS Choices and 111 online. If you are still unsure, please call and ask for a telephone triage appointment. One of our clinical staff will return the call.

Website – much the same as above but add in:-

“x” Surgery is working under increased strain and demand in relation to coronavirus and our staff are themselves at higher risk purely by the work they do. Please be considerate with any queries and where possible utilise other sources of information first line such the NHS Choices and NHS 111 online. If your query is not an immediate need, please consider whether it needs the Surgery to deal with at all and whether someone else may be able to help.

Text –

The surgery is limiting direct access due to the current corona crisis, if you have ANY Respiratory symptoms please ask for a telephone assessment first, DO NOT simply attend the surgery and put other patients at risk.