



Briefing for all Lincolnshire practices on Covid-19 Response

27th March 2020

- Daily briefing will be issued at 5pm
- Will include latest national guidance, local plans, updates on actions and answers to key questions
- General queries from practices should be emailed to lincsprimary.covid19@nhs.net
Responses will be provided in the daily briefing
- Clinical forum will be established from 19 March to provide guidance regarding clinical issues, please send these to the generic email. Feedback will be provided in the daily brief.
- Local escalation/issues to be raised directly with your regular primary care team
- Additional names for the daily briefing email should be sent to the generic email address above

In today's briefing:

1. Urgent for action
2. Normal Action
3. For Information
4. Communications
5. Digital
6. PPE
7. FAQs

1- Urgent for action

Faster Respiratory Diagnostic Pathway (FReD) will be suspended on Monday 30th March

- All suspected lung cancer referrals **MUST** be made by completing a 2WW Referral form and sending into ULHT via the E-Referral System (eRS)
- A revised 2WW referral form has been uploaded to System 1 and Emis and is available for use now, a copy is also attached below.
- For questions or enquiries you can contact Chris Mills via Christopher.mills@ulh.nhs.uk



Suspected Lung
Cancer 2WW Referral

2. Normal Action

Annual Leave

- Rules on carrying over annual leave to be relaxed to support key industries.
- Workers who have not taken all of their statutory annual leave entitlement due to COVID-19 will now be able to carry it over into the next 2 leave years.

<https://www.gov.uk/government/news/rules-on-carrying-over-annual-leave-to-be-relaxed-to-support-key-industries-during-covid-19>

[Rules on carrying over annual leave to be relaxed to support key industries during COVID-19](#)

Normal Action

Proposed changes to signing a Medical Certificate of Cause of Death

- The sections will only commence after the Minister has signed a commencement regulation.
- The General Register Office is engaging with the Government to commence the registration provisions as soon as possible.

We will advise you when these provisions can be used and wish to thank you for your assistance in these unprecedented times.



Lincolnshire
Registration Services-

Normal Action

Extended Hours

- The CCG would like to ensure that all available resources are maximised at this time. **We are therefore asking that a recommendation is made within your COVID-19 response business continuity plan about how to utilise extended hours capacity.**
- Please note, the funding attached to the PCN DES in 2020/21 will continue to be available to practices signing up. Income will therefore be protected as necessary to respond to COVID-19.

3.FOR INFORMATION

Covid -19 Primary Care Bulletin



26 March 2020

COVID-19: today's round-up for primary care

Dear primary care colleagues,

A template letter which was previously circulated to GP practices regarding vulnerable patients has been resent today. If you continue have any concerns, please email england.covid-highestrisk@nhs.net.

Last night, Keith Ridge, Chief Pharmaceutical Officer, and I (Ed) hosted a webinar where over 1,000 community pharmacists and pharmacy technicians joined. [The recording is now available online.](#)

You may have seen the [Kings College London](#) launched a [new App](#) this week which tracks symptoms related to COVID-19, allowing anyone to **self-report daily**.

Working with the Royal College of General Practitioners (RCGP) and the General Practitioners Committee (GPC) of the British Medical Association (BMA), we have [written to a number of GPs](#) to let them know how they can help support the GP workforce including letting people know how they can ask to be temporarily registered on the England Performers List. If you haven't heard from NHS England and NHS Improvement or from the General Medical Council but want to volunteer, please email the team at nhsi.medicalgp.returners@nhs.net. If you wish to **rejoin the GP workforce**, please complete the relevant form and return to england.erplists@nhs.net.

Our latest letter explains our ongoing work with NHSX to **accelerate the deployment of online and video consultation across GP practices**. This will support practices to triage patient contacts remotely and also to provide remote care for people during COVID-19. There are now procurement mechanisms in place for any commissioners or practices that don't have online consultation or video consultation products, and implementation support is being mobilised to help practices make changes. NHSX has published a [blog](#) focussed on video consultation particularly.

Whilst we are all working tirelessly to support our patients, a way of saying thank you from the public took place at 8pm tonight. Using [#ClapForOurCarers](#) on Twitter, the initiative encouraged people to give NHS staff and carers a round applause from their gardens, front doors, balconies and windows. Landmarks across the country lit up blue during the salute, including the Wembley Arch, the Principality Stadium, the Royal Albert Hall and Lincoln Cathedral. A number of media outlets, celebrities and influential voices on social media also took part.

A heartfelt thank you to you all too as we know that this continues to be challenging but are working hard with

our partners to support you in every way we can during this time. [NHS Employers have pulled together a range of support to help you and your teams stay physically and mentally well.](#)

Nikki and Ed



Dr Nikki Kanani
GP and Medical Director for Primary Care
NHS England and NHS Improvement



Ed Waller
Director for Primary Care Strategy and NHS
Contracts
NHS England and NHS Improvement

Additional information

There are a range of resources available for primary care staff on dedicated national and regional workspaces on [FutureNHS](#). These have been collated into one list to help primary care colleagues identify which workspaces are most relevant to them; including 'community services and aging well', 'Covid-19 workforce planning' and 'digital primary care'

Supporting staff to stay safe and well at work is a critical immediate priority, including through expansion of testing, and supply of PPE. An issue of protective kit commenced on 9 March 2020. If any general practice has concerns around the kit, please contact our National Supply Disruption line on 0800 915 9964 or email supplydisruption@nhs.uk who will be available to help, Monday to Friday 8am to 6pm.

We are [publishing this regular bulletin on our website](#). Please do encourage colleagues across primary care to [sign up](#) to receive the bulletin.

Dates for your diary

- [Establishing a total triage model using eConsult and how to set up virtual hubs webinar, 30 March 2020 at 11.30am](#): In response to COVID-19 all practices should move to a total triage model and utilise remote consultations wherever possible (online, phone and video) to protect patients and staff and minimise the risk of infection. Total triage means that every patient contacting the practice is first triaged before making an appointment. This one hour webinar will look at practical steps general practice should take to establish a total triage model using eConsult and how to set up and utilise virtual hubs. The webinar will be run by Dr Minal Bakhai, with guest speakers from eConsult and eHub Hurley.
- Our next **general practice webinar** is taking place on Thursday 2 April 2020. Join us from 5pm. We will share a link to the webinar as soon as we can.

Nikki and Ed's Link of the Day		
Primary Care Pathways		
Primary Care website	COVID-19 Advice	Subscribe

FOR INFORMATION
Safeguarding Vulnerable Patients
<ul style="list-style-type: none"> • Practical tips for safeguarding children, families & vulnerable adults • List of resources to put on practice homepage for patients.
 <p>Safeguarding Practical Tips and List</p>
https://elearning.rcgp.org.uk/pluginfile.php/149180/mod_resource/content/1/COVID-19%20and%20Safeguarding%20%285%29.pdf

FOR INFORMATION
Clarity Team Net- Covid-19
<ul style="list-style-type: none"> • National Resources and Advice- It is a quick link and updated daily.
https://teamnet.clarity.co.uk/Topics/Public/cd4537a2-d5f5-4e62-9ccb-ab8200b76a54

FOR INFORMATION
Outbreak Information
<ul style="list-style-type: none"> • Ashfiled Lodge, Sleaford, NG347DZ
Outbreak Details <ul style="list-style-type: none"> • Outbreak reported: Respiratory • Nature of symptoms: High Temperatures and cough • Outbreak start date: 17.03.20 • Number of symptomatic residents to date/ total number of residents: 8/18 • Number of symptomatic staff to date/ total number of staff: 1/25
Advice & Support <ul style="list-style-type: none"> • All IPC advice has been given. Affected residents isolated where possible. PHE to advise on whether swabbing required. Home closed to admissions. <p>We will continue to update you on a daily basis.</p>

FOR INFORMATION

Continuation of childhood immunisation services

Sent on behalf of Dr. Tim Davies FFPH - Consultant lead for screening and immunisation

- We have been made aware that, yesterday, Dr Hillary Jones, speaking on GMTV, made the statement that childhood immunisation services were ceasing - a statement which he has now corrected. Whilst formal guidance from NHSEI is not yet available we have been given strong indications that childhood immunisation services will remain a priority and should continue if at all possible. Once published, NHSEI will distribute the guidance to all providers.
- Clearly practices need to take steps to minimise the risk to both patients and staff but it is important that young children continue to receive their immunisations according to the schedule.

Prevention and management of post-immunisation fever

- Infant paracetamol and primary immunisations.
- Cause of fever following immunisation.



Prevention and
management of post-

FOR INFORMATION

Paracetamol supplies

- We have received a number of enquiries about continuing to offer MenB vaccination to babies when parents have been unable to obtain paracetamol for post-immunisation prophylaxis. Men B vaccination should proceed as usual.

FOR INFORMATION

MHRA services during the Coronavirus (COVID-19) response

- MHRA are currently prioritising enquiries relating to COVID-19 and there may be some delay in responding to general enquiries but if you have any questions please email info@mhra.gov.uk
- Please see [guidance on COVID-19 for all of MHRA's latest information](#)

FOR INFORMATION

Guidance and updates for GPs: At-risk patients

The Guidance in the link below includes:

- At risk patient letter
- At risk patient letter (easy read)
- Letter to GPs from Chief Medical Officer re: management and shielding of patients at highest risk
- Letter to GPs re: caring for people at highest risk during COVID-19 incident

<https://www.england.nhs.uk/coronavirus/publication/guidance-and-updates-for-gps-at-risk-patients/>

Enquiries to: england.covid-highestrisk@nhs.net

FOR INFORMATION

Telephone Assessment of patients under 12 years and aged 12 and over

- All patients contacting Urgent/Primary Care should be triaged by a Clinician prior to booking an appointment.
- It is anticipated that the majority of patients will not require a F2F appointment and should be assessed and managed remotely.
- A detailed telephone triage system for under 12 years with C19 symptoms and non-symptoms is included with a link to RCPCH.



Assessment
Algorithm for patient



Assessment
Algorithm for patient

FOR INFORMATION

Pharmacy Update

The pharmacy cell have updated information on:

- 28 Day Repeat Prescriptions
- Electronic Repeat Dispensing (eRD)
- Inhaler Shortages
- Prescribing advice on asthma and COPD
- Paracetamol



270320 Pharmacy
Group COVID19 Cor

FOR INFORMATION**Red Whale**

Red Whale is a company dedicated to the training and education of primary care clinicians. The company also provide weekly bite sized updates focusing on important issues within primary care.

NEW! What are the key changes?

- New standard operating procedures for primary care, including managing patient flows.
- New guidance for the most vulnerable.
- Drug dilemmas: inhaled corticosteroids and COVID-19 (plus ACE/ARBs and NSAIDs and COVID-19).
- How to manage the usual primary care work – what can and can't be stopped.
- Appraisal, revalidation and performance.

https://www.gp-update.co.uk/updates?focus=740#upd_update_nid_740

4. Communications

Update from Tesco on NHS Shopping Hours

- The first few NHS protected sessions have been for want of better words – too successful!
- The store has been packed during these hours potentially making it even more difficult and risky to shop.
- This offer will continue but they wanted to offer practical advice.
- **The quietest times to shop at the moment are in the evenings, after 17:00.**
- **There will not be a difference in available stock in the evenings.**

Communications

Community Support in Lincs East

- A list of local community support for the East Lindsey area.



Community Support
in East Lincs.docx

5.DIGITAL

IT Update – remote working

- There are 150 lap tops in stock , 56 have been distributed in the last 2 days.
 - A programme of delivery based for 2 days ahead has been developed – this is based on current understanding of urgency.
 - Information from the daily SitRep report, will be used to enable up to reprioritise based on need.
 - Most Lap tops can be rotated but it is important that everyone logs on for the first time within the practice so that they are set up on the lap top. If you need any advice on this please contact Steve Pitwell.
 - The exceptions are where practices aren't on the coin when IT will need to come and make some adjustments.
 - There are a further 200 lap tops on order – currently delivery time 2 – 3 weeks.
 - In addition to new laps tops the team are working on :
Using desk tops – may require some movement across practices
Arrangements for people to use their own devices at home
Arrangements to reduce reliance on VPN
- Steve Pitwell, Ben Fawcett and Ollie Webb are leading the IT deployment on behalf of the CCG. They are in regular contact with Arden and Gem. They are also closely monitoring the situation for the Primary Care Cell and will escalate any issues that need resolution. Should you have any queries or require support please contact them directly.
 - Contact details: Stephen.Pitwell@ULH.nhs.uk, ollie.webb@nhs.net , ben.fawcett@nhs.net

5.DIGITAL

Calls to IT Service Desk

- Over the last 2 weeks the Arden & GEM IT service desk has received an unprecedented volume calls from customers requiring support in response to COVID-19 in addition to the usual traffic.
- The telephones are most busy between 08:00-11:00 and the wait times during this peak period have been in excess of 10 minutes at some points.
- We would advise avoiding calling between these times if your request is non-urgent.
- Other routes for contacting the service desk are via the self-service portal or email, and we would encourage you to utilise these where possible especially if the query is non-urgent.
- We would like to thank you for your continued patience and support through these extremely busy times.
- The following document provides information on using the self-service portal.



IT Self-Service
Portal.docx

6.PPE
<p>Update from the CCG- Health Protection team Lincs CCG</p> <p>Please be aware that all organisations are experiencing difficulties in ordering PPE (including the CCG).</p> <p>We want to do our best to support practices, to ensure that staff are not left in a position that puts them at risk.</p> <p>The following guidelines may be helpful:</p> <ul style="list-style-type: none"> • PPE is only needed where a clinician is providing direct care or assessment within 2 metres of a symptomatic patient (ie: coughing or raised temperature). • Symptomatic patients should not be coming into the practice. The triage process should allow for symptomatic patients to be offered a telephone or video appointment. • If a symptomatic/positive patient needs a face to face assessment for another health condition, this should be booked for the end of the day when non-essential staff can be sent home before the patient arrives, or a home visit arranged). The clinician seeing the patient (within 2 meters) will need to wear the following PPE: Gloves, Apron, and Fluid repellent surgical face mask.
<p>Further national guidance regarding the use of PPE is expected in the next 48 hours – we will circulate this as soon as it is received or update you if this changes</p> <p>Attached are the current guidelines https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p> <p>Please work in accordance with these guidelines otherwise there is a risk that there won't be sufficient to support future needs</p> <p>We have been asked about using welding masks / 3D printing masks – these are not suitable and won't meet safety standards</p> <p>The logistics cell within the Lincolnshire Resilience Forum is responsible for co-ordinating supplies including PPE. We have asked for clarity regarding the process and will send this out as soon as we have it.</p> <p>If you are in urgent need of PPE – that is have insufficient supplies to last the next 48 hours, please contact your locality lead , send an email to the generic email - lincsprimary.covid19@nhs.net or fill in the online google form link and submit this to the CCG Primary Care Cell.</p> <p>This is not an order form but will alert us to the fact that you have limited PPE and we can ask our other provider organisations if they are able to share some supplies.</p>
<p>Contact Details</p> <ul style="list-style-type: none"> • Practices to contact Jennie Clements for any queries regarding PPE – Mobile: 07790397037 - E-Mail: Jennie.Clements1@nhs.net • Please find the link to an online form which practices need to submit if they are running low on stock. <p>https://docs.google.com/forms/d/e/1FAIpQLSf106q3smjUxyeEtVN1eoldNVZaQd3O8wS0I0iCA7RH4jK9A/viewform?usp=sf_link</p>

7.FAQ's

27th March 2020

HOW AND WHEN DO WE USE PPE?

In suspected cases that meet case definition, then face to face assessment in primary care (including out of hours centres and GP hubs) must be avoided if possible. If contact is unavoidable with confirmed or suspected cases then the appropriate PPE should be worn at all times. In addition, we recommend that a universal approach is taken wearing PPE for patients with new onset symptoms. It is critical that PPE is used correctly as per the following guidance alongside hand washing before and after patient contact.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

All PPE should be:

- Compliant with the relevant BS/EN standards
- Located close to the point of use
- Stored to prevent contamination in a clean/dry area until required for use
- Single use only
- Changed immediately after each patient and/or following completion of a procedure or task
- Disposed of after use into the correct waste stream

Who needs what PPE?

Clinical staff need disposable aprons, gloves and fluid-resistant surgical masks. (Gowns and eye protection are required if doing an **aerosol-generating procedure***: in primary care, this means CPR and manual ventilation, but nebuliser use is NOT on the list).

- Cleaners need disposable gloves and aprons.
- Reception staff do **NOT** need PPE.

***Aerosol-generating procedures (AGPs)**

Aerosols generated by medical procedures are one route for the transmission of the COVID-19 virus. The following procedures are considered to be potentially infectious AGPs:

- Intubation, extubation and related procedures;
- Tracheotomy/tracheostomy procedures;
- Manual ventilation;
- Open suctioning;
- Bronchoscopy;
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP);
- Surgery and post-mortem procedures in which high-speed devices are used;
- High-frequency oscillating ventilation (HFOV);
- High-flow Nasal Oxygen (HFNO)
- Induction of sputum (see glossary);
- Some dental procedures (e.g. high speed drilling).

For patients with suspected/confirmed COVID-19, any of these potentially infectious AGPs should

only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedure should be present. A disposable, fluid repellent surgical gown, gloves, eye protection and a FFP3 respirator should be worn by those undertaking the procedure and those in the room. Certain other procedures/equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk. Procedures in this category include:

- administration of pressurised humidified oxygen;
- administration of medication via nebulisation.

Note: During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

Face masks

Face masks for general patient assessment only need to be Fluid Resistant Surgical mask types. Higher levels of protection FFP-3 masks are used for aerosol generating procedures and need to be fit tested ideally. It is not anticipated that these will be needed in most general practice situations.

What is the efficacy of standard face masks compared to respirator masks in preventing COVID-type respiratory illnesses in primary care staff? - <https://www.cebm.net/covid-19/what-is-the-efficacy-of-standard-face-masks-compared-to-respirator-masks-in-preventing-covid-type-respiratory-illnesses-in-primary-care-staff/> - Centre for Evidence-Based Medicine

Once worn masks should not be touched and should be changed if they become damp or damaged. Staff who have recovered from COVID-19 MUST still use PPE and take all necessary infection control measures.

All staff should know how to put on and remove PPE, and how to dispose of it, and must do this before leaving the contaminated area

Instructions on how to put on and remove PPE are available here:

<https://www.gov.uk/government/publications/wu-han-novel-coronavirus-infection-prevention-and-control>.

If PPE is used on a home visit, it must be removed at the house and then DOUBLE bagged while being transported back to the surgery for disposal. Ensure that `home visit` bags have necessary additional PPE and clinical waste bags, in case a patient with suspected coronavirus is identified on a home visit and requires emergency care.

Letter to the secretary of state on PPE 25 March 2020:

The Royal College of General Practitioners has written to the secretary of state about the ongoing issues with personal protective equipment in general practice. They have told the government that GPs need urgent clarity around how and when to use PPE if they are to retain the confidence that they are working safely. They continue to raise these issues directly with ministers and NHSE

<https://www.rcgp.org.uk/covid-19/-/media/DF275B7640AC44AE8A90BB7C4D1CCAE4.ashx>

- NHSEI have now taken over the supply chain and distribution supported by the military.
- Now moved to a push model and distributing to all organisations.
- Very important for all organisations to adopt the guidance, and ensure that we are not misusing PPE and using stocks up faster than necessary.
- Clarification on the use of PPE will be coming out in 48hrs.

If a practice has concerns about the availability of PPE, contact: NHS National Supply Disruption (supplydisruption-service@nhsbsa.nhs.uk, 0800 915 9964, Monday to Friday 08:00–18:00).

CCG orders for PPE are also being delayed / cancelled. We will use our escalation process but cannot guarantee deliveries at this time

Is there an emergency contact for PHE?

There is not a designated emergency number to use. The number for any COVID related queries is 0344 2254524 0900-1700pm

If a member of clinical staff has symptoms can they be swabbed?

The current testing priority remains critically unwell patients. However, NHSE/I are actively looking at which other testing labs can be used for COVID 19 testing and are working closely with DHSC and PHE colleagues to address supply chain constraints and increase testing capacity. We are aiming reach 10,000 tests a day for the beginning of April and 25,000 in the weeks following that and will open up testing capacity for staff as soon as possible.

Due to demand can a move to issuing scripts 10 days before due instead of 7 be considered?

This query has been discussed with the pharmacy team who are happy for this to be implemented.

Should practices be continuing with Community Surgical Scheme/Physiotherapy?

The following information has been sent to AQP providers of the Community Surgical Scheme and the MSK Pain Assessment and Treatment Service.

Community Surgical Scheme (CSS)

In line with the Simon Stevens letter 17 March it is expected, by no later than 15 April 2020, and ideally sooner, all non-urgent elective operations will have ceased and that only those operations that are considered by the treating clinician to be clinically urgent should go ahead. All providers of the service have received a letter from AGEM Contracting.

MSK Pain Assessment and Treatment Service (PATS) (email sent to all providers)

Providers have been advised to manage referrals in the following way

- All urgent referrals should have a telephone triage to rule out any red flags, initial assessment can be carried out at the same time, any follow ups required consider virtual appointment. Contact to GP if prescribed pain medication or urgent diagnostic is required

- Routine Referrals –
 - All routine referrals that are already booked should have a telephone triage initial assessment
 - Any follow ups already booked in the next two weeks, make contact with the patient to offer virtual appointment. If the patient does not want this they need to be advised an appointment will be booked at a later date. You will then need to contact the patient and confirm they still need an appointment at a later date.
 - Any follow ups not already booked advise patient an appointment will be booked at a later date. You will then need to contact the patient and confirm they still need an appointment, I would expect that to be after Covid-19 starts to be controlled.
- There is to be no group sessions
- Patients are not to be discharged from a pathway unless it has been confirmed they no longer need therapy.
- Patients are not to be asked to contact their GP unless for prescribed medication or for urgent diagnostics.

Are the pathology lab collections going to still take place?

Yes, path lab collections are still taking place currently. We will ensure that you are updated if this situation should change

What advice is available to patients for whom English is not their first language?

There is translating guidance available in many different languages:

<https://www.doctorsoftheworld.org.uk/coronavirus-information/#>

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

