LINCOLNSHIRE LOCAL MEDICAL COMMITTEE

Covid-19 Frequently Asked Questions

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Lincolnshire LMC Secretariat with input from the LMC Committee

FIRST PUBLISHED
15th April 2020

UPDATED
12th June 2020
(Information correct at date of update)

Index

NON-CLINICAL FAQs

Finance

How will finance streams to our practice be maintained?

QOF/CQRS

To support practices with Covid-19, there were three changes to the year-end process for QOF 2019/20:

- practices will be auto-enrolled in the QOF 2020/2021 extract if they have not participated
- manual indicators will be automatically populated to "Yes" for practices who have not submitted their manual indicators
- GP practices will not be required to declare any achievement payments for QOF 2019/2020 - they will be automatically declared and approved within the CQRS system

Payments

- No practice will be paid less than the previous financial year due to undertaking Covid-19 related activity
- Some practices may be paid more than the previous financial year if their achievement in FY2019/20 was higher
- Advice awaited on payments for FY2020/21 however assurances are in place that no practice should be financially disadvantaged due to Covid-19.
- QOF balancing payments for FY2019/20 will be paid in May.

QI Indicators

- The GPC have confirmed that practices do not currently need to work on QI Indicators as QOF still remains suspended.

LES & DES

- All payments will be protected and will be made in line with the contract
- The quarter 1 payment for FY2020/21 (April-June 2020) will be based on the average of what was actually delivered in Q1-3 for FY2019/20.

Local Authority Payments UPDATED 12/06/2020

- Government directive has been issued to local authorities that practices should continue to be paid as normal for services when service delivery is disrupted or temporarily suspended until at least the end of June
- Payments bases on previous achievement
- https://www.gov.uk/government/publications/procurement-policy-note-0220-supplier-relief-due-to-covid-19

Additional Practice Payments UPDATED 12/06/2020

*"**Finances:** the CCG will cover any reasonable additional costs incurred by practices/PCNs in responding to COVID-19. We will operate a high trust policy and would ask practices/PCNs to inform us of equipment and resources they have purchased and the cost incurred so it can be properly logged. To enable this we have devised a simple claims process which will enable practices to be reimbursed via Exeter payments following receipt of the monthly claim, this will be in line with current processing dates. If claiming through your PCN, payment will be made via your nominated payee or federation. This should keep admin time for practices to a minimum, we would ask that practices incurring the cost initially, retain any invoices or backup documents to support queries should they arise"*

Reimbursement claim form

Practices/PCNs are asked to complete the attached claim form for reimbursement of additional costs in relation to COVID-19. For any additional help or support please contact linda.brining@nhs.net

Lincs CCG Covid-19 Primary Care Claim Fc

If unable to open embedded document: See Appendix A1 to download the claim form.

Bank Holiday Payments

- The rate of reimbursement for practices from the 8 May Bank Holiday will remain at 37p per weighted patient. If practices incur any additional costs then practices should submit a claim form for these.
- Originally the CCG proposed a lower rate of reimbursement as only a reduced service was required; however following discussions the rate will be maintained at 37p.

- If practices incur any additional costs in excess of the 37p per patient, then practices should submit a claim form for these.
- Practices will not be required to open on the late May Bank Holiday, Monday 25th May 2020.

PCSS/AQP

PCSS/AQP premises accreditation certificates:

- Due to the current COVID-19 situation, a 6 month extension is being added onto any PCSS/AQP premises accreditation certificates that are due to expire this year.

Staffing/HR

Furloughing

Are practice staff able to be furloughed?

- *"The government expects that the scheme will not be used by public sector organisations, as the majority of public sector employees are continuing to provide essential public services or contribute to the response to the coronavirus outbreak. Where employers receive public funding for staff costs, and that funding is continuing, we expect employers to use that money to continue to pay staff in the usual fashion – and correspondingly not furlough them"*
- *"This also applies to non-public sector employers who receive public funding for staff costs. Organisations who are receiving public funding specifically to provide services necessary to respond to COVID-19 are not expected to furlough staff."*

Annual Leave

How much annual leave can staff carry over?

- The regulations will allow up to 4 weeks of unused leave to be carried into the next 2 leave years, easing the requirements on practices to ensure that workers take statutory amount of annual leave in any one year.
- Although the NHS has currently suspended all planned leave, practices should review this on a pragmatic basis, especially were staff are at risk of burnout.

Appraisal & Revalidation

Will GP appraisals & revalidation still take place?

- All appraisals in the next 6 months will not go ahead
- The GMC are reallocating Revalidation dates for the same period and will notify GPs of their new date
- Link to Professional Standards: Suspension of appraisal and revalidation during Covid-19 Pandemic: Frequently Asked Questions

LMC Training & Events

When will LMC training course & events restart?

- All scheduled face to face LMC training & events have been cancelled
- Immunisation **Update** Webinars are now available to book. Go to https://www.lincslmc.co.uk/events . We are still working to organise **introductory** courses.
- The final Lincolnshire LMC COVID-19 FAQ Webinar session is Thursday 28th May. To book a place go to the LMC Website Training & Events Page
- Due to COVID-19 and social distancing restrictions, the 2020 Practice Manager's Conference

that was due to take place in September has had to be postponed.

Will my team get their Flu Immunisation Update before the 2020/21 season starts?

- Yes, all immunisation updates are now available via the LMC Website. These are updates only and are not suitable for people who have not already completed the full two day introductory training.

How do we fulfil our CPR training requirements during Covid-19?

- CQC guidance states that
  - "all staff, including non-clinical, should undergo regular training in adult and child resuscitation appropriate to their role.
  - For example, clinical staff should be able to:
    - recognise cardiorespiratory arrest
    - call for help
    - start cardiopulmonary resuscitation (CPR) with defibrillation as appropriate
    - receive **annual training** updates that include assessment
    - You must retain documentary evidence of completed and approved resuscitation training.
    - There is no specific requirement for what training should look like; **practices can tailor it to local needs**.
- Thus practices can decide what training their staff receive, this can be; online, face-to-face, or scenario-based
- During Covid-19 it may be more practical for CPR training to be online, such as; e-Learning for Health, or Resuscitation Council Lifesaver

Testing

Testing for Practice Staff and Household Members

Booking a test

- Practice staff or their household members need to use the self-referral portal at https://self-referral.test-for-coronavirus.service.gov.uk/
- Sometimes appointments are offered at the nearest site to the employees address – this may not be a Lincolnshire site, depending on the postcode entered.

See Appendix A2

Test & Trace SECTIONADDED 12/06/2020

Do practice staff have to self-isolate if contacted by Test & Trace?
If you have had close recent contact with someone who has COVID-19, healthcare workers must self-isolate if the NHS test and trace service advises you to do so.

Close contact excludes circumstances where PPE is being worn in accordance with current guidance on infection, prevention and control.

Hotel Accommodation

How can staff with affected household members access hotel accommodation?

- For those staff affected by PHE's 14 day household isolation policy, staff should – on an entirely voluntary basis – be offered the alternative option of staying in NHS-reimbursed

hotel accommodation while they continue to work
- To book: contact CTM call centre on 01274 726424 (choosing 'Hotel team', then 'Option 1')
- Project code: NHS Support
- Further details can be found here - NHS Staff - Hotel Accommodation

SitRep Form

What situation reporting do we need to submit?

- The LMC have worked extensively with the Workforce Cell on improving the SitRep return form
- Now reduced to a weekly return from daily, with exception reporting
- Workload section reduced from daily reporting on contacts to red/amber/green status
- Form needs to be submitted by 10.00am on Thursdays via email to lincsprimary.covid19@nhs.net

SITREP v6.2 - 020401.xlsx

If unable to open embedded document: See Appendix A3 to download the SIT REP

NHS Pensions

How will NHS Pensions be affected?

- The government has introduced emergency legislation in response to the COVID-19 outbreak. This contains important information on pension arrangements for extra NHS staff. It provides for the suspension of the 16-hour rule which currently prevents staff who return to work after retirement from the 1995 NHS Pension Scheme from working more than 16 hours per week, in the first four weeks after retirement.

Staff Shielding

If we have staff that need to be shielded can we furlough them?

- Shielded staff staying at home for 12 weeks cannot be furloughed
- However the practice is able to claim additional payments for staff covering the work of the shielded employee, if they work extra hours.
- There is an NHS England expectation that any shielded members of staff who are unable to work from home are paid in full for the time they are absent from the practice.
- All shielding should continue until 30th June. A review of shielding will take place again before this date.

How should we be protecting BAME staff?

BAME people have been disproportionately affected by Covid-19, and practices have been asking whether they should be redeploying BAME staff to reduce this risk. We understand that NHSEI are producing some guidance and a risk assessment tool to support practices. Whilst we wait for this NHSEI guidance, practices may want to use the risk assessment tool created by occupational health company Team Prevent which can be found as Appendix A5

Do practice staff returning from abroad need to isolate? UPDATED 12:06/2020

This guidance has now been revised by DoH:

The removal of quarantine requirement only applies to people who are;

- Individuals coming into the UK to start new employment

- Existing staff who were abroad before travel restrictions were implemented and can now return.

It does NOT apply to staff going abroad on holiday. The Foreign Office still advises essential travel only.

Does the exemption include HCAs?

Yes, a system decision has been made to include all clinical staff in the exemption from the 14 day quarantine including HCAs.

How do we arrange a test for staff returning from abroad?

We are currently awaiting clarification on how swabbing ca be booked for staff returning from abroad & will update this section as soon as this is received.

Antibody Testing for Practice Staff SECTION ADDED 12/06/2020

How will practice staff be antibody tested?

Antibody testing is slowly being rolled out across practices. You need to consider the following if you are requested to test your own staff,

- This is occupational health work & therefore falls outside of the GMS/PMS/APMS contract.
- You need to ensure your practice has appropriate indemnity in place. The Clinical Negligence Scheme for General Practice (CNSGP) does not cover occupational health. The LMC have contacted the CNSGP to see if antibody tested for your own staff will be covered in the COVID-19 extension of cover, we are yet to receive a response.
- If the staff member is not a patient at the practice & does not live in the practice area the GMS/PMS/APMS regulations would not allow them to be registered as a temporary resident.

We have raised these concerns with the CCG.

Performers List

What changes will be happening to the Performers List

- Currently medical practitioners cannot provide GP services for the NHS unless they are GPs on the GPs performers list.
- New regulations to be published shortly, will change that so that medical practitioners who are not GPs can provide such services without being on the performers list if they are employed by or are registered with bodies designated by the Medical Profession (Responsible Officers) Regulations 2010, or are granted permission to practise as in hospitals owned or managed by such bodies (such as NHS bodies, the Department of Health and Social Care and the armed forces).
- This will create the flexibility for non-GPs who have a link to a designated body to be deployed in primary care for the duration of the emergency period, as required.
- These new arrangements will be removed at the end of the coronavirus emergency period. GPC England and RCGP are working with NHSE to produce guidance for practices in how these doctors may be safely deployed in primary care.

GP Retention

GP Retention Scheme

NHS England and NHS Improvement previously lifted the restrictions on the maximum number of in-hour sessions retained GPs can conduct so they can contribute to the COVID-19 response. This relaxation on the maximum number of in-hour sessions will now be extended until further notice. CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

Contract for Temporary GP Engagements

The Sessional GP Committee, working with GPC and BMA Law, has produced a model contract with terms for the engagement of a GP providing temporary COVID-19 services. The model terms are intended to provide practices with the ability to flexibly employ additional GPs to deal with the demands of responding to COVID-19. In particular, it is aimed at locum GPs in order to provide access to employment benefits such as maintaining continuous coverage of death in service benefits while supporting COVID-19 services, and access to the employer's occupational sick pay and annual leave entitlements.

Wellbeing

What wellbeing support is available for Practice Team members?

- A range of Wellbeing Support services are available these are listed on the LMC website.
- We are also pleased to announce a brand new LMC service – **Take 30**
  - A new service aimed at providing confidential peer support for busy GP's, Practice Managers, Nurses & other practice staff members as they work through the challenges of COVID-19
  - The 30 minute sessions will be 1:1 with an experienced colleague and available on the day, (before 4pm Monday to Friday), providing an opportunity to talk through what is going on for you.
  - This service is available free of charge for Lincolnshire GPs, Nurses, Practice Managers & other practice staff.
    - To access or find out more about this free service, contact us;
    - Tel 01522 576659
    - Email: info@lincslmc.co.uk
  - Follow up sessions can be arranged if needed.
  - **CLICK HERE to go to the Take-30 Webpage where you can view and download a Take30 Poster for your staff noticeboard.**
- The LMC are running two virtual Wellbeing events ***"Looking after you and your team… now and going forward"*** for further information and to book click on your preferred date: Thursday 18th June & Tuesday 23rd June.

Indemnity

Clinical Negligence Scheme
How will the Clinical Negligence Scheme be expanded during the pandemic? • The Coronavirus Act 2020 provides the Secretary of State for Health and Social Care with powers to provide indemnity for clinical negligence liabilities arising from NHS activities carried out for the purposes of dealing with, or in consequence of, the coronavirus outbreak, where there is no existing indemnity arrangement in place (section 11 of the Act)

Medical Defence Organisations
What cover is provided by MDOs for returning doctors? Organisations have already made commitments on their websites, • The Medical and Dental Defence Union of Scotland (MDDUS), mddus.com/coronavirus • The Medical Defence Union (MDU), themdu.com/coronavirus • The Medical Protection Society (MPS) medicalprotection.org/uk/articles/information-for-retired-doctors.

Data Sharing & Collection

GDPR
What approach will the ICO take to GDPR during the Covid-19 crisis? • Data protection and electronic communication laws do not stop Government, the NHS or any other health professionals from sending public health messages to people, either by phone, text or email as these messages are not direct marketing. • Nor does it stop them using the latest technology to facilitate safe and speedy consultations and diagnoses. • Public bodies may require additional collection and sharing of personal data to protect against serious threats to public health.

GP Connect
How do we configure GP Connect? • All GP practices have now been enabled centrally for GP Connect. • This is to enable the Covid Clinical Assessment Service (CCAS) to book appointments directly into your clinical system. • Practices will need to enable the slots that are bookable. Many practices have set up separate rotas for this. • CCAS will pass certain patients suspected of suffering from coronavirus (COVID-19) out to primary care when appropriate, for further assessment and treatment.

111
How many appointments do we have to make available to 111? • Temporarily increasing the minimum number of appointments that practices .must make available for 111 direct booking • Until 30th June 2020, all practices in England must make a minimum of 1 appointment per 500 patients per day available to 111 for direct booking • Locally a decision has been made to initially start with providing one appointment per 1000 patients rather than 500. This is due to low uptake nationally. • Patients should not be told by CCAS that they will be phoned back at a particular time, as per the nominal appointment slot they may have been put in to. The appointment slots are just a technical way of transferring patients from CCAS to the practice. It is for the practice to

determine how they respond to the patients who have been transferred to them. Practices may therefore set up a separate triage list that they monitor during the day alongside whatever their normal arrangements are for managing patients who have contacted the practice directly.

Subject Access Requests

Do we still have to respond to Subject Access Requests?

- Practices still have an obligation to respond to Subject Access Requests under the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA2018), the ICO have confirmed **regulatory action will not be taken against organisations that need to prioritise other areas during the pandemic (which would include GP practices)** and where this results in a delay in the provision of information to requests.
- A template letter is available for practices to use to respond to SAR's – download a copy here

Freedom of Information Requests

Do we need to respond to FOI requests during the pandemic?

- The ICO have also recognised the unprecedented challenges posed by the Coronavirus (COVID-19) pandemic in relation to Freedom of Information requests and have confirmed that whilst they can't extend statutory guidelines, they will not penalise public authorities (including GP Practices) for prioritising other areas of work during this time. The ICO have stated:
  'We are a reasonable and pragmatic regulator, one that does not operate in isolation from matters of serious public concern. Regarding compliance with information rights work when assessing a complaint brought to us during this period, we will take into account the compelling public interest in the current health emergency'

Complaints

Do we need to respond to complaints?

- Due to the on-going COVID-19 pandemic, NHSE&I have said that it supports a system wide "pause" of the NHS complaints process.
- This will allow healthcare providers in all sectors to concentrate their efforts on their front-line duties and responsiveness to COVID-19.
- NHSE&I said the initial "pause" period is recommended to be for three months with immediate effect.
- The pause is not being enforced for any healthcare providers who do wish to operate as normal with regard to complaints.
- NHSE&I also reported that as of 26th March 2020, the Parliamentary and Health Service Ombudsman has stopped accepting new NHS complaints and has stopped work on open cases.
- A template letter for practices to use is available to download from the LMC website via Appendix A

GPES Data for Pandemic Planning and Research (COVID-19)

A Data Provision Notice (DPN) is being issued to all GP practices in England which informs GP practices that NHS Digital are centralising the collection and dissemination of data from practices for research and planning purposes into COVID-19.

How often will data be collected?

- Data will be collected on a fortnightly basis using the existing GP Extraction Service (GPES) infrastructure.

What date do I need to sign up by?

- All general practices are asked to comply with the DPN by registering their participation on the Calculating Quality Reporting Service (CQRS) by Wednesday 27 May 2020.

Do I need to update my Practice Privacy Notice?

- To keep your patients informed of these changes, you should update your practice privacy notice on your website with the new supplementary text.

Is this mandatory for practices?

- Yes, NHS Digital's legal power to collect the data is provided under COVID-19 Public Health Directions.

How long will the collections be for?

- The data collection will continue until 30 September 2020 and will be reviewed before then. If there is a continued need for the data for COVID-19 purposes it will continue with six monthly reviews until the expiry of the Direction which is currently 31 March 2022.

Will patients be able to opt out of the data collection?

- During this period of emergency, the National Data Opt-Out will not generally apply where data is used to support the coronavirus outbreak, due to the public interest and legal requirements to share information.

Dispensing

Month End Returns

Our practice is having difficulties meeting the month end return for sending of our scripts. What can be done to help?

- The CCG have given assurance around maintaining cash flow to practices
- Contact your Locality Manager for assistance
- Any problems receiving financial support should be escalated to the LMC

Dispensing to Non-Dispensing Patients

Can we dispense to non-dispensing patients?

The answer is now no;

- The NHSEI Regional Team have written to Lincolnshire CCG confirming that they are not granting authority for dispensing practices to dispense to non-dispensing patients when a local pharmacy is closed.
- Key points from the letter:
    - *Regulation 61 while 'activated' nationally during the emergency period, currently until 1 July 2020, does not give any authority for dispensing doctors to dispense medicines temporarily to ineligible patients unless:*
    - *a nearby pharmacy has closed temporarily (this does not include flexible opening hours/closed door working)*

    AND

    - *NHSEI has agreed that the dispensing doctor may do so (a dispensing doctor does not have to agree to provide such temporary services).*
- The second point is particularly significant as practices can only raise concern about a pharmacy closure and to do so they must email the NHSEI regional team: england.eastmidspharmacy@nhs.net

- Therefore, dispensing practices must not routinely dispense to their non-dispensing patients during the pandemic when the local pharmacy is closed.
- This does not affect a prescriber's ability to supply medication in truly exceptional circumstances as detailed in the GMS and PMS contracts.
- The LMC has written to the Head of Primary Care at NHSE/I to express our disappointment & anger at this decision & ask for it to be reviewed as a matter of urgency.

Repeat Dispensing

Should we be using repeat dispensing for our non-dispensing patients?

- Practices should consider putting all suitable patients on electronic repeat dispensing as soon as possible. The whole repeatable prescription can be valid for a year but each repeat should be for no longer than the patient has now.
- For example, if the patient has prescriptions for a month's supply now, then the repeat dispensing should be set up as 13 x 28 days' supply."
- You can find out more information at,
    - Electronic Repeat Dispensing in response to COVID-19 slides (PDF:1.52MB)

Deliveries to Dispensing Patients UPDATED 12/06/2020

Do get paid for delivering to shielded patients?

- There is an item of service fee of £5 & VAT per delivery under the service.
- This item of service fee is only payable when the dispensing practice undertakes the delivery itself or outsources it via a secure delivery method.
- The fee is not payable if a patient, relative, carer or volunteer could have appropriately delivered the medicine.
- Further details are available in Appendix A4 (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0265-Pharmacy-letter-re-delivery-service-10-April-20.pdf)

Payment processes:

The service comprises three elements:

- The mandatory element of the Pandemic Delivery Service
- Delivery of medicines
- £300 cost of screens payment

The payment details are as follows:

- Element one: payment is automatic. The period 9 April – 31 May will be paid along with June 2020 dispensing payments. Thereafter, payment will be made on a monthly basis for as long as the service is commissioned.
- Element two: A claim form should be submitted. Claims for the period 9 April – 30 June can be submitted along with the FP34D at the end of June. Payment for the claims submitted in June will be made at the end of August along with the payment for drugs dispensed in June.
- Subsequent claims should be made at the end of the month to which they relate. Claims should only be submitted for eligible patients.
- Element three: automatic one-off payment to be made with June 2020 dispensing payments.

CQC

Inspections & PIC Calls
Will the CQC still be inspecting? • From Monday 16 March Inspections and Provider Information Requests for health services will not be conducted during the period of the pandemic • However if CQC have significant concerns regarding the service provided by a practice their still is the possibility that an inspection may take place. • From w/c 18/05/20 local CQC Inspectors will start calling practices. This is designed to be a supportive call & is not part of the PIC or Annual Return process. • CQC have now announced that the telephone calls will be rolled out per healthcare sector, starting with dental services. Further announcements will be made in due cause as to which sectors will follow. The questions for discussion with practices are available at **Appendix A6**

Locations
Do we have to notify the CQC about our hot sites? • There is no requirement to notify CQC of hot sites if they are using a CQC registered location for regulated activities • The CCG has notified all hot sites for Lincolnshire to the CQC centrally.

Death Notifications
Do I need to notify CQC of Covid-19 related deaths? Practices should continue to notify CQC of deaths as they would do under normal circumstances. Deaths that are subject to notification are those that occur while regulated activity is actually being delivered. By this they mean those deaths that occurred: • while a patient was in consultation with a healthcare professional • while at your practice • during a home visit • You must also notify the CQC of deaths that occurred within two weeks of a clinical interaction with practice staff if the death: • was, or may have been, as a result of the care or how it was provided, and • could not be attributed to the course which the illness or medical condition would naturally have taken if the deceased had been receiving appropriate care and treatment The CQC have now updated our online notification of deaths form so that practices notifying us of any death that **meets the above criteria** are able to indicate whether that death was the result of either suspected or confirmed coronavirus at the same time.

CLINICAL FAQs

Reintroducing Non-Covid Services

How should practices approach reintroducing non-Covid-19 services?
• With reduced easing of restrictions upon daily life following lockdown easing, NHSEI, CCGs, and patients are expecting practices and hospitals to return to providing normal services. • This is however an unrealistic expectation. To balance this, BMA has published "Ten Principles for how the NHS should approach restarting non-Covid care" • These principles are 1. A **realistic and cautious** approach to balancing Covid and non-Covid capacity is needed 2. There must be **adequate PPE** for health and care workers, and measures in place to

prevent the spread of the virus within the NHS
3. Decisions about staffing levels and redeployment must be safe and made in consultation with employee representatives
4. Measures must be taken to **safeguard staff wellbeing**
5. Clarity must be given to healthcare workers about their future contractual position, and plans to restore training and career development
6. There must be effective and transparent **public communication** so that patients **understand what they can and cannot expect from the NHS** at this time
7. **Increased remote working**, where clinically appropriate, and use of technology to empower patients should be supported
8. Local decisions must be guided by clinical expertise and the experience of those working at the frontline
9. The government must support and significantly **enhance local public health services** and ensure there is adequate capacity to test, trace and quarantine
10. A strategy is needed to ensure that restarting non-Covid work does not exacerbate health inequalities

- Practices should thus be reintroducing non-Covid services whilst maintaining these principles to ensure patient and professional safety

PPE

What PPE should practices be using?

- NHSE guidance states:
  "In clinical areas, communal waiting areas, and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination."
- We know that a significant number of Covid-19 positive patients exhibit no symptoms, clinicians should, therefore, be using PPE for all face to face consultations, and patients should be asked to wear a surgical face mask too if there is a suspicion of Covid-19
- If there is no suspicion of Covid-19 patients should be asked to wear a face covering to the surgery, at the surgery, and during consultations, as this is in line with government advice about face covering in public spaces where social distancing is difficult
- For non-aerosol-producing consultations this should be fluid resistant face mask, apron, eye protection, and gloves.
- For aerosol-generating procedures the apron should be replaced by long-arm gown, and face mask should have filters. Table of detail available here

Where can we get PPE from?

PPE – Ordering process

The following is the process for ordering PPE-

1. Make an order for required PPE through the practices "business as usual" supplier.

2. If the above fails, then contact should be made with the National Supply Disruption Response (NSDR) team- 0800 915 9964 or supplydisruptionservice@nhsbsa.nhs.uk

3. If both of the above stages fail then, the Lincolnshire Resilience Forum (LRF) should be contacted as the last step. Please send an email to Lincsprimary.covid19@nhs.net .

Triage

How should we be triaging patients?

- NHSEI guidance is that ALL patients should be triaged to identify whether they need a face-to-face consultation or not
- Triage should be done remotely, using telephone or on-line consultations
- There are various guidelines which can be used to triage patients but essentially we need to divide patients into the following groups
  - Non Covid-19 illness can be
  - Covid-19 minor illness
  - Covid-19 moderate illness (needing assessment)
  - Covid-19 Major illness (possibly needing admission)
- The Barnet triage guidance is helpful
- CEBM have assessed Roth score and other methods for remotely assessing breathless and have found that none is validated
- NICE guidance and local guidance has highlighted the importance of oxygen saturation and desaturation for identifying need for oxygen support.

Online Consultations

Do we have to use online consultation tools?

- NHSE SOP for General Practices states "*all general practices need to have the ability to carry out triage of all patient contacts, supported by an online consultation/digital triage system*"
- This does not mean that you have to use this tool
- LMC are seeking reassurance that if practices do start using an online tool, that this will be funded in perpetuity

Non-Covid 19 Patients

How do we deal with non-Covid 19 patients?

- Most patients will be dealt with remotely by; online, telephone, or video consultation
- For face-to-face consultations we should assume that all patients could have Covid-19, so should use PPE if consulting face-to-face , and the patient should wear a face covering
- Patients who can travel to a "cold site", including shielding patients, should be reassured that it is safe to do so, and advised to wear a face covering for the visit
- Patients who cannot travel and require face-to-face assessment can be visited at home by a "cold" visiting clinician.

Testing Patients

How do patients get a Covid-19 swab?

- Patients can book a Covid-19 swab test online at NHS111 online
- Patients who do not have online access can ask about Covid-19 and swabbing by calling 119

How do patients get a Covid-19 antibody test?

- We still do not know the procedure for getting antibody testing
- The LMC have asked how practices get blood bottles, and request the Covid test using DART, and are awaiting response to this

- LMCs and BMA have also asked how practices are funded for the extra, non-GMS work of carrying out these tests, and are awaiting a response

Hospital Admissions

How do we decide who should or should not be admitted?

- BMA ethics guidelines reinforce that each case needs to be judged on its merits
- We must take patients' wishes into account
- Critical care guidelines are being developed and will be shared with practices to aid discussions regarding suitability for hospital care

See Appendix B1 for further guidance

How do I get a Covid-19 patient into hospital? UPDATED 12/06/2020 (bullet points removed)

- If you think a patient with probable Covid-19 needs admission the patient should be sent to A&E- you do not need to call to inform that the patient is attending See Appendix B2 for a list numbers to call to inform A&E that a patient is en-route
- After speaking to the relevant clinician, you can email letters for ULHT admissions to
  - Lincoln: ulh.tr-lch.directgpadmit@nhs.net
  - Boston: ulh.tr-phb.directgpadmit@nhs.net
  - Grantham: ulh.tr-gdh.directgpadmit@nhs.net
- The respiratory advice email COV19Respiratoryadvice@ULH.nhs.uk is **no longer in use**

Care Homes

How do I get a care home resident tested for Covid-19?

- If a care home or you suspect that a resident has Covid-19, the patient needs to be isolated, and then tested to confirm whether or not they do have Covid-19
- The home should arrange the Covid-19 test by emailing the county council health protection team at healthprotectionteam@lincolnshire.gov.uk or bs_public_health@lincolnshire.gov.uk
- If you suspect or confirm a case of Covid-19 in a residential institution you should ask the home to inform public health via the same email address

What are we supposed to be doing for care home residents?

Simon Stevens' letter of 29th April, and Primary Care letter of 1st May have set out some expectations of how GP practices support care home residents. The main expectations are

- A weekly "check-in" with all care homes to discuss patients identified as high priority
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

A further letter from Dr Kanani on 12th May sets out the need to have clinical lead in place for each care home. This is a requirement of CCGs not practices or PCNs. If practices or PCNs want to nominate this clinical lead, they can, but there is no contractual requirement for them to do this. PCNs have to identify a clinical lead for each home by 31st July 2020, but not before.

LMCs across the country have raised their concerns that this appears to be imposition of the Enhance Care in Care Homes element of the PCN DES, but BMA have reassured us that this is "guidance, not contractual".

Lincolnshire LMC have also discussed this with Lincolnshire CCG, and have stressed that practices will need significant support to be able to provide this additional level of service to care home residents.

Safeguarding

How do we fulfil our safeguarding training requirements during Covid-19?
Whilst CQC have suspended their inspections during Covid-19, it is still important that practices continue to provide safe services to patients. Covid-19 lockdown has seen a significant increase in domestic violence and safeguarding cases. It is more important now than ever for clinicians, receptionists, and administrators to be trained to identify safeguarding risks. The LMC is working with the CCG Safeguarding Team to create some educational webinars, which will give Lincolnshire-specific safeguarding information, to help with training during lockdown and after. Whilst these webinars are being developed safeguarding training is available online at e-Learning for Health for both adults and children. There is no requirement for non-clinical staff to have face-to-face training for safeguarding. Clinical staff do require some face-to- face training, and interactive webinars do count as face-to-face. The LMC advises that all practices hold regular safeguarding meetings, to discuss at-risk adults and children, and safeguarding concerns. Your 0-19 link worker should be invited to these meetings, in person or remotely. These meetings are evidence for CQC, and also count as face-to-face training, so minutes and reflections from these meetings should be kept as evidence. These meetings should continue during Covid-19. Wessex LMC have a useful guide to what training is required for which members of your team, this is available as Appendices 13 and 14. Wessex LMC also have resources on their website which can be used to help with safeguarding training, and they have given permission for Lincolnshire GP practices to access these.

Children Returning To School

Do practices need to risk assess whether or not children should return to school?
• It is not for practices to decide whether or not a child should return to school • Practices can answer questions that parents have, but should not be responsible for making the final decision, and should not produce reports for parents or schools • Practices may want to put a generic letter on their websites, or provide a letter for parents with advice about government guidance • A template letter is available for practices on the LMC website See Appendix B17

Steroids & Antibiotics

Should we give steroids or antibiotics to patients with possible Covid-19?
• BTS guidelines for asthma and COPD state that steroids increase risk of pneumonia and viral load in patients with Covid-19 • However these guidelines also state that patients should not stop inhaled corticosteroids, and should use oral steroids if this would be their usual management of an exacerbation. • WHO guidelines suggest that early introduction of antibiotics can prevent and treat secondary infections

Microbiology
Can I send an MSU or swab to Microbiology? • The hospitals are trying to reduce the burden of work in the microbiology labs to increase capacity for Covid-19 testing and thus only urgent samples will be processed • To get a sample processed you can call the microbiology lab and discuss with a microbiologist or microbiology technician. The sample should then be labelled with the clinical details and the name of the person that you discussed the case with.

Dental Problems

How should we manage dental problems during Covid-19?

• General Medical Practices should not treat dental problems, this is the role of General Dental Practitioners
• We can advise patients about analgesia, and screen for serious conditions such as oral cancer, though dentists are much more experienced at this than GMPs
• Patients with dental symptoms should be encouraged to contact their usual dentist who can triage the patient
  ○ If the patient does not have a usual dentist they can get advice from any NHS dental practice
• Dental triage will offer either the "3As" or secondary triage
  ○ 3As is Advice, Antibiotics, or Analgesia
  ○ Secondary triage is more in depth triage for more serious or persistent symptoms
• Secondary triage may advise further dental intervention, which can be carried out in seven sites around Lincolnshire, and is charged at normal NHS dental rates
• **See Appendix 12** - A poster with information for patients that can be put on the practice's front door.

Managing Workload

Managing Workload During Covid-19
What work should we be doing to manage Covid-19 workload? • RCGP guidance sets out what work practices should and should not be doing during the Covid-19 period. • Covid-19 has created an environment in which all practices have had to evaluate and change the way in which they provide services for patients. We have had to stop non-essential work to prioritise Covid-19 patients. We have had to create hot and cold sites. We have moved to more remote ways of consulting, using telephone, email, and online triage. Many practices have also started using video consultations. • These innovations are a positive step and will hopefully help general practice maintain workload and resilience now and post-Covid-19. • Over the last few weeks the numbers of patients who are presenting with acute conditions has significantly decreased. This in many cases will be because the condition is self-limiting and did not require medical input. However, there have been one third the number of presentations for strokes, acute coronary syndrome, and suspected cancer. Patients are not presenting as early as they might usually do. • Practices are rightly asking patients to stay at home, and not to present to surgeries, especially if the patient has Covid-19 symptoms or should be shielding. It is also important

for practices to let patients know that the practices are still providing advice and assessment for other conditions, and how the patients to access these services. We recommend that practices have a message on their telephone and website stating something along the lines of;

- "*During Covid-19 we ask that patients do not come to the surgery unless invited to do so by the practice. We are trying to protect vulnerable patients, and practice staff. We have also reduced some of our services so that we can focus on managing patients with Covid-19. We are still able to assess and advise patients remotely about any concerns that they have which are not Covid-19 related. You can contact the surgery to get advice and assessment by telephone, email, and online via AskMyGP/eConsult (delete as appropriate). If a clinician thinks that you need to be seen they can arrange for an appropriate appointment or perform a video consultation.*"

Individual Funding Requests:

What happens to individual funding requests (IFR)?

- The LMC has sought clarification whether a patient who has received funding following an IFR panel will need to have a second panel if they do not using the funding during the normal six-month window.
- We have been assured that the "clock has stopped" during Covid-19, and thus clinicians will not need to re-submit Individual Funding Requests

Firearms

Should we be doing firearms licence reports?

- Lincolnshire Police have suspended all processing of new firearms licences during the Covid-19 outbreak, so no new licences will be issued
- Renewals will continue to be processed, so practices will continue to be asked to support this process in the usual way, this is important as it safeguards public safety
- Practices are asked though to remain vigilant to patients with firearms who may be at risk of self-harm during this difficult time, and to inform the firearms licencing team if there are concerns mailto:fal@lincs.pnn.police.uk

Medicals UPDATED 12/06/20

HGV Medicals

Should we do HGV medicals?

- RCGP guidance says not to carry out HGV or DVLA medicals
- However for people delivering essential goods such as; medicines, medical equipment, and food, it may be pragmatic to carry out the medicals.
- On 17th April Government announced that HGV drivers will be able to apply for one-year licence without need for a medical.

Taxi Medicals ADDED 12/06/2020

What is happening with Taxi medicals?

- Each District or Borough Council has responded differently to Covid-19 with regard to taxi licencing and medicals for this purpose
- **North Kesteven DC, South Kesteven DC, and Boston BC**
  - operating a self-certification process for any hire driver who requires a medical report

during the current restrictions. Council then issuing a 6 month licence which will be reviewed at 6 months, with the option for a further 6 month extension to correspond with the arrangements for HGV/PSV drivers
    - are not currently accepting new driver applications for various reasons including the inability to obtain a Medical Report
- **South Holland DC and East Lindsey**
    - asking renewal drivers to complete a medical self-declaration , declaring any medical conditions that have been diagnosed since their previous medical, and any prescribed medication and dosage they are currently taking. If there are no debarring medical conditions identified, council will issue a 6 month licence and an advisory that a medical must be provided within that period. Upon receipt of which the licence will be extended to the normal licensing period of 3 years
    - No new licences being administered
- **West Lindsey**
    - not currently accepting new applications for Private Hire/Hackney Drivers, would not accept a new application without a medical
    - accepting renewals and asking for medicals, "so far there does n't seem to have been an issue getting them to get a medical, however we would accept a medical declaration if there was a problem"
- **Lincoln CC**
    - Have not confirmed their position, we will update the FAQ when we hear back from them

Baby Checks

Should we do baby checks?

- RCGP advises to continue baby checks
- Practices should try to minimise exposure of the baby and parents to clinical facilities, so if possible should carry out the baby checks at the same appointment as the 8-week imms.

Immunisations & Vaccinations

What immunisations and vaccinations should we be doing?

NHSEI letter to practices 14th April 2020 states-

- While preventing the spread of COVID-19 and caring for those infected is a public health priority, it is very important to maintain good vaccine uptake and coverage of immunisations. The routine immunisation programme will continue to play a critical role in preventing ill-health through diseases other than COVID-19.
- Where practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children, and pregnant women:
    - All routine childhood immunisations offered to babies and infants including vaccines due at one year of age including the first MMR dose
    - All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner
    - Pertussis vaccination in pregnancy o Pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation)
- In addition to protecting the individual, this will avoid outbreaks of vaccine preventable diseases that could increase further the numbers of patients requiring health services.
- Due to the public health advice on social distancing and shielding, practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

How do we manage patients who usually have vitamin b12 injections?
• Dr Challenor has discussed vitamin b12 with local haematologists and gastroenterologists, and they have summarised national advice, this is available in Appendix B9

Contraception
What do we do about contraception during Covid-19?
• FSRH has produced guidance, and this has been summarised by Dr Ruth Challenor into an easy to follow flow chart, available at Appendix B3.

How do we manage HRT shortages?
• British Menopause Society have produced a helpful guide to managing HRT shortages

Should we continue performing cervical screening?

• NHSEI guidance sent to practices on 3rd April is available at Appendix B8
• Essentially this advocates maintaining a normal cervical screening service, but recognises that other workload, and availability of PPE may restrict practices ability to provide this service
• If a normal service cannot be maintained this guidance advises prioritising
  ○ Women at risk due to history of abnormal results who have failed to attend colposcopy and remain on early recall
  ○ Cases where a delay to screening would significantly raise levels of anxiety and have a detrimental effect on the mental health and wellbeing of the woman
• Women who are concerned about delaying their cervical screening can be reassured that "Cervical screening is not a test for cancer, it looks for the human papillomavirus (HPV) which can cause abnormal cells on the cervix, which in time could develop into cervical cancer (10+ years). Delaying a routine screening test for a short time is highly unlikely to affect most individual outcomes."
• The guidance contains useful FAQs for practices. See Appendix B8

Home Visits
Who should be home visited?
• Only patients who cannot be dealt with remotely should be seen face-to-face • **Patients with non-Covid-19 conditions** who need face-to-face assessment can be assessed in "cold" sites, this includes "shielded patients" who are able to travel to the cold site. • **Patients with non-Covid-19 conditions** who cannot travel to a "cold" site, should be assessed by a "cold" home visiting clinician using full-PPE • **Patients with or suspected to have Covid-19** who can travel should be assessed at "hot" sites • **Patients with or suspected to have Covid-19** who cannot travel should be visited by a the Covid Home Management Service (CHMS) • To refer to CHMS call **0300 123 4868** and selects **Option 2** • Further guidance re CHMS is available in Appendix 15 & 16

Chronic Disease
What chronic disease reviews should we be doing in "phase 2 response"?
• Simon Stevens's letter of 29th April asked practices to "Deliver as much routine and

preventative work as can be provided safely including vaccinations immunisations, and screening."

- Practices should therefore be considering best how to deliver normal chronic disease reviews for patients
- Do as much of the review as possible remotely, speak to the patient/carer preferably via video consultation and gather as much data as possible, and discuss management plans.
- Most numerical data can provided by the patient; height, weight, smoking, alcohol etc. BP can be measured using home monitors.
- Many blood tests could be postponed for six to twelve months, but some blood tests may need to be done, such as; HbA1c for poorly controlled diabetes, TFT for patients whose thyroid meds have changed, renal for people with low eGFR, etc.
- Which tests do or do not need to be done should be decided on a patient by patient basis
- If you choose to postpone, it should be documented why
- If the test needs to be done, then ensure this is done in a Covid-safe way, and follow up the result remotely.
- The LMC asked the CCG and NHSE if this approach is correct on 20th May 2020, and they confirmed that it is, this includes Learning Disabilities health checks which we specifically asked about.

Palliative Care

How do I provide palliative care to Covid-19 patients?

- Lincolnshire is planning to follow the NICE palliative guidance
- St Barnabas have developed a Lincolnshire-specific guidance which will be available on the End of Life Care website.
- See Appendix B7

What palliative care support is available for Covid-19 patients?

- End of life patients with Covid-19 will be offered choices of where they will be managed
  - Home, with care provided mainly by family and carers, and supported remotely
  - Community hospital
  - Nursing homes configured to house "hot" patients
  - Non-NHS facilities- BMI Hospital Lincoln, various other sites being explored
- Patients in their own home may seek GP practice advice, and input, and these patients should be managed remotely

How should we record patient wishes about care?

- We should be identifying high risk patients and discussing their wishes with them and recording this on ReSPECT forms
- This can be done by non-clinicians and carers
- There are some useful videos available to help train clinicians and non-clinicians with this process
  - ReSPECT and Planning Ahead
  - ReSPECT and Communication
  - ReSPECT and symptom management

EMAS

What are EMAS doing differently?
• All ambulance services have started using “card 36” protocol, which changes ambulance dispositions for patients with breathlessness – In normal circumstances all breathless patients would have an ambulance dispatched, under “card 36” there are more options so that Covid-19 patients can be managed in their own homes • GP Connect allows ambulance crews to view GP medical record summaries of patients so that crews can better manage patients

If a patient is unwell at a “hot” site, how quickly will an ambulance attend?
• EMAS have advised LMCs that “hot sites” should request an inter-facility transfer, and thus response times will be in line with their IFT policy See Appendix B4

Deaths

Who needs to verify death?
• There is no legal requirement for anyone to verify death • If a patient dies, and the cause of death is known, and there are no circumstances which require referral to the coroner, funeral directors can move the body without “verification of death” • Carers, relatives, and other clinicians can verify death by simply checking if there is no pulse and no respiratory effort, and then inform practices and community teams that the patient has died • LMC, CCG, LinCA, and LCC have agreed this policy, and are working with funeral directors to get their agreement See Appendix B5

Who does the MCCD?
• Following Covid-19 legislation, any medical practitioner can complete the MCCD as long as – The cause of death is known and does not require referral to the coroner due to suspicious circumstances, and the death did not directly result from; trauma, surgery, violence, medications, drugs, self-harm, neglect, or exposure to a toxic substance and – The patient was seen in the last 28 days by any medical practitioner or – The patient has been seen after death by a medical practitioner **See Appendix B6**

What goes on the MCCD?
• Government guidance states- – Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death – Covid-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009. – That Covid-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 does not mean referral to a coroner is required by virtue of its notifiable status • Medical practitioners are required to certify causes of death “to the best of their knowledge

and belief", thus you do not need definite proof of cause of death
- Thus, Covid-19 can be entered as cause of death in 1a
- If uncertain that Covid-19 is the cause it is legitimate to put
  - 1a Pneumonia
  - 1b Suspected Covid-19

Should we be resuscitating patients?

- Patients who have requested not to be resuscitated as documented on ReSPECT or DNA-CPR should NOT be resuscitated
- Patients who have not recorded these wishes should be resuscitated unless this is deemed not appropriate
- Resuscitation can be carried out without PPE if you think this is appropriate - Resuscitation council guidance says "*If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt* ***compression only*** *CPR and early defibrillation until the ambulance (or advanced care team) arrives*."
- For children Resuscitation Council says- "*We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child*."
- BMA guidance advises that CPR is an aerosol generating procedure, so full PPE should be worn. Before this can be donned, a clinician wearing fluid resistant surgical mask, disposable apron, disposable gloves, and disposable eye protection, can be attaching an AED and initiate cardioversion if appropriate.

Referrals

How should we be managing referrals?

- Urgent and 2WW referrals should be made in the usual way
- For non urgent conditions we should inform patients that these will be delayed due to Covid-19 and offer them the choice
  - Refer now and the hospital/provider will hold the referral and contact the patient in due course
  - Use advice and guidance through eRS
  - Wait and watch, and if may still require referral after Covid-19 then contact practice to discuss
- NHSEI have confirmed that providers must accept referrals and manage them in house and not require GPs to re-refer
- NHSEI have confirmed in their 16th April update for practices that "NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals. Therefore, GPs should continue to refer patients to secondary care using the usual pathways"

Who should we be doing Med3 for?

- Med3s should be generated for patients who would normally require a Med3, and these should be emailed to them where possible
- Patients who are self-isolating do not require a Med3, instead should self-generate an isolation note by going to 111 website
- Patients in the vulnerable group do not need Med3, they can use letter from NHS identifying them as vulnerable instead

- If employers insist on Med3 this should be refused and this highlighted to the LMC

Do practices need to provide fit notes (Med3) for patients or family members self-isolating before elective hospital admission? ADDED 12/06/2020

- Practices do not have to provide fit notes for patients self-isolating
- Practices should tell patients to provide employers evidence that they or their relative are being admitted electively
- A template letter is available for practices to email to patients and to put on your websites for patients to give to their employers **See Appendix B18**

Vulnerable Patients

What do we need to do for vulnerable patients?

- Practices should have received lists of patients who are identified as vulnerable
- Practices should also identify any patients who are vulnerable and are not on this list
- Practices should contact these patients to ensure that they are shielding- NHSE Template letter
- All vulnerable shielded patients should be signposted to help which is available for them at the gov.uk website
- Locally, social prescribing link workers are co-ordinating the volunteer support for shielding patients
- More information about managing vulnerable patients is in the "Caring for people at the highest clinical risk FAQ" See Appendix B10

How do we identify vulnerable patients?

- Practice IT suppliers should have added codes to patient records if they are vulnerable
- Practices can run a report to identify these patients
- Practices can cross check this list with their palliative, frailty, and disease registers to identify anyone who has fallen through the gaps
- If a patient believes they are vulnerable, but you have not been notified that they are, it is best to ask why they think they are vulnerable, and then check in your medical records whether or not they fall into a vulnerable group
- There is a guide to "Who is in the shielded group?" at Appendix B11

Appendices

Appendices	Item
Appendix A	**Non-Clinical**
A	Complaints Template Letter During COVID-19
A1	Lincolnshire CCG Covid-19 Claim Form
A2	Latest information regarding testing for essential workers
A3	SitRep Return Form
A4	Delivering To Dispensing Patients
A5	BAME Risk Assessment Form
A6	CQC Questions for discussions with practices (questions_prompts_indicators)
Appendix B	**Clinical**
B1	ED/AMU Corona Assessment Tool (Found on Page 2 of the document)
B2	List of A&E Telephone Numbers
B3	COVID-19 Contraception Contingency Plan
B4	EMAS Inter Facility Transfer
B5	Verification (confirmation) of Death Guidance
B6	MCCD & CREM Forms Following COVID-19 Legislation
B7	Guidance on the management of symptomatic patients dying from COVID-19
B8	NHS CSP Guidance for Sample Taking
B9	BSH Advice on B12 Supplements
B10	Caring for people at the highest clinical risk FAQ
B11	Who is in the shielded group?
B12	Access To NHS Dentistry Poster
B13	Safeguarding Adults - Guide to training requirements
B14	Safeguarding Children - Guide to training Requirements
B15	Covid Home Visiting Arrangements (CHMS)
B16	Process for LCHS to Support Covid+ Home Visiting Service (CHMS)
B17	Letter to Parents - Children Returning To School
B18	Template Letter For Patients (110620 Isolation Letter Pre-Op)

CLICK HERE to view or download Appendices via the LMC Website.