



# Briefing for all Lincolnshire practices on Covid-19 Response

19<sup>th</sup> 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](mailto: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. National Guidance
2. Communications
3. Digital
4. Finance
5. FAQ

# 1. National Guidance

NHS England and NHS Improvement/ Gov.UK - Coronavirus

## £2.9 billion funding to strengthen care for vulnerable

[https://www.gov.uk/government/news/2-9-billion-funding-to-strengthen-care-for-the-vulnerable?utm\\_source=ef67b5cf-9df0-4ebc-9535-6d42602f3545&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/news/2-9-billion-funding-to-strengthen-care-for-the-vulnerable?utm_source=ef67b5cf-9df0-4ebc-9535-6d42602f3545&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

The funding will help patients who no longer need urgent hospital treatment to return home, making at least 15,000 beds available during the coronavirus outbreak.

Updated: 19 March 2020

## COVID-19: interim guidance for primary care

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

**-identify potential cases as soon as possible**

**-prevent potential transmission of infection to other patients and staff**

**-avoid direct physical contact, including physical examination, and exposures to respiratory secretions**

**-See Public Health England's (PHE's) [guidance for assessing possible cases](#)**

- Patients booking in by telephone who meet the case definition should be directed to stay at home; a face-to-face assessment in primary care (including out-of-hours centres and GP hubs) must be avoided. Instead, call the local secondary care infection specialist to discuss safe assessment, if hospital care is being considered, if not refer to NHS 111.
- Identify and isolate patients suspected of Covid-19, avoiding physical examination
- Advise others not to enter the room. If a clinical history still needs to be obtained or completed, do this by telephone.
- If contact is unavoidable wear PPE and dispose appropriately after use
- Ensure sole use of a WC, follow decontamination guidance after use
- In case of hospital transfer ensure call handler aware of C-19 risk and patient instructed not to use any public transport.
- Once transferred the isolation room must remain closed and decontaminated appropriately

## COVID-19: ethical framework for adult social care

[https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care?utm\\_source=652b5b3f-ebe8-4d3c-a270-2fa592e402eb&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care?utm_source=652b5b3f-ebe8-4d3c-a270-2fa592e402eb&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

### Page summary:

A framework to support the planning and organisation of adult social care during the coronavirus (COVID-19) outbreak.

### Responding to COVID-19: the ethical framework for adult social care

A framework to provide support to on-going response planning and decision making to ensure that ample consideration is given to a series of ethical values and principles when organising and delivering social care for adults.

## Values and Principles

### 1. Respect

Recognising that every person and their human rights, personal choices, safety and dignity matter.

### 2. Reasonableness

Ensuring that decision are rational, fair, practical and grounded in appropriate processes, available evidence and a clear justification

### 3. Minimising Harm

Striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensure that individual organisations and society as a whole cope with and recover from it to their best ability.

### 4. Inclusiveness

Ensure that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turns, decisions and actions should aim to minimise inequalities as much as possible.

### 5. Accountability

Holding people, and ourselves, to account for how and which decisions are made. In turn, this requires transparency about why decisions are made and who is responsible for making and communicating them.

### 6. Flexibility

Being responsive, able and willing to adapt when faced with changed or new circumstances. It is vital this this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

### 7. Proportionality

Providing supporting that is proportional to needs and abilities of people communities and staf, and the benefits and risks that are identified through decision-making processes.

### 8. Community

A commitment to get through the outbreak together, by supporting one another and by strengthening our communities to the best of our ability.

19<sup>th</sup> March 2020

**COVID-19: Background information**

[https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information?utm\\_source=054b6562-0df8-4766-84df-429d32b0b79c&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information?utm_source=054b6562-0df8-4766-84df-429d32b0b79c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

Page summary:

This document contains information for clinicians and the public on the epidemiology and virology of COVID-19, the infection caused by SARS-CoV-2.

19<sup>th</sup> March 2020

**COVID-19 - Mobile networks remove data charges for online NHS coronavirus advice**

[https://www.gov.uk/government/news/mobile-networks-remove-data-charges-for-online-nhs-coronavirus-advice?utm\\_source=c6ac42f9-bad0-49ba-ae31-c103f583e896&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/news/mobile-networks-remove-data-charges-for-online-nhs-coronavirus-advice?utm_source=c6ac42f9-bad0-49ba-ae31-c103f583e896&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

Page summary:

Free access to online NHS services will be available for as long as coronavirus (COVID-19) remains widespread in the UK.

**1. Epidemiology**

The WHO Coronavirus dashboard has country by country information. WHO also publishes a daily international situation report.

The total number of confirmed cases in the UK is published by the DoH, and is available in a visual dashboard.

**2. Virology**

Coronaviruses are a large family of viruses with some causing less-severe disease, such as the common cold, and others causing more severe disease such as Middle East respiratory syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses.

**3. Transmission**

Source of the outbreak has yet to be determined. Evidence is still emerging; information to date indicates human-to-human transmission is occurring. Under certain circumstances, airborne transmission of other coronaviruses is thought to have occurred via unprotected exposure to aerosols of respiratory secretions and sometimes faecal material.

**4. Clinical features**

Initial clinical findings from patients to date have been shared by China and WHO.

Fever, cough or chest tightness, and dyspnoea are the main symptoms reported.

A variety of abnormalities may be expected on chest radiographs, but bilateral lung infiltrates appear to be common.

PHE has issued guidance on the investigation and initial clinical management of possible cases.

19<sup>th</sup> March 2020

**COVID-19 Travel Advice**

[https://www.gov.uk/guidance/travel-advice-novel-coronavirus?utm\\_source=d645d1b2-cd8c-485d-8c58-f7abe7e5c31f&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/guidance/travel-advice-novel-coronavirus?utm_source=d645d1b2-cd8c-485d-8c58-f7abe7e5c31f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

Page summary:

Guidance for British people travelling and living overseas during the coronavirus (COVID-19) pandemic.

- The Foreign & Commonwealth Office (FCO) now [advises British people against all non-essential travel](#) worldwide. This advice takes effect immediately and applies initially for a period of 30 days.
- The COVID-19 pandemic has led to unprecedented international border closures and other restrictions. All countries may restrict travel without notice
- If there are suspected cases of coronavirus where you are, you may need to remain in your hotel room or accommodation for 14 days
- Many countries and territories have introduced screening measures (temperature checks, health/travel questions, quarantine) and entry restrictions at border crossings and transport hubs.

Change made:

Added link to new guidance on essential travel for international freight transport

19<sup>th</sup> March 2020

**Number of coronavirus (COVID-19) cases and risk in the UK**

[https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public?utm\\_source=6fcb9736-e7e2-4ee7-8b76-387074e12758&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public?utm_source=6fcb9736-e7e2-4ee7-8b76-387074e12758&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

Page summary:

What to do if you have symptoms

Number of cases

Risk level

Recent government action

Further information

19<sup>th</sup> March 2020

**COVID-19: guidance for hostel or day centres for people rough sleeping**

[https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping?utm\\_source=897c4716-6bc2-435e-b864-6a80c1145736&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/covid-19-guidance-on-services-for-people-experiencing-rough-sleeping?utm_source=897c4716-6bc2-435e-b864-6a80c1145736&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

## Page summary:

Information on coronavirus disease (COVID-19) for hostel or day centre providers of services for people experiencing rough sleeping.

## Main messages are:

- hostels and day centres do not need to close at the current time unless directed to do so by Public Health England (PHE) or the government
- frequently clean and disinfect regularly touched objects and surfaces using your standard cleaning products
- if a member of staff becomes unwell on site with a new, continuous cough or a high temperature, they should be sent home
- if a resident in a hostel becomes unwell, they should stay in their room
- if someone becomes unwell in a day centre, and they do not have a home or room in which to self-isolate, they should be isolated temporarily in an area of the day centre and staff are advised to contact the local authority
- staff, residents and visitors should be reminded to wash their hands for 20 seconds, more frequently and catch coughs and sneezes in tissues
- local authority public health, housing and social care teams are encouraged to work closely together to identify appropriate local solutions for people who don't have anywhere to self-isolate. The Ministry for Housing, Communities and Local Government (MHCLG) intends to issue a further communication to local authorities on this in due course
- staff will be eligible for statutory sick pay (SSP) when staying at home 19<sup>th</sup> March 2020

**COVID-19: cleaning of non-healthcare settings**

[https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings?utm\\_source=9b11674a-e410-4eeb-a7ce-343ebf37c94f&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings?utm_source=9b11674a-e410-4eeb-a7ce-343ebf37c94f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

## Page summary

This guidance covers the cleaning of environments in the community.

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**COVID-19: guidance for employees, employers and businesses**

[https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19?utm\\_source=84398075-3422-4b52-88b9-e7535091b1ce&utm\\_medium=email&utm\\_campaign=govuk-notifications&utm\\_content=immediate](https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19?utm_source=84398075-3422-4b52-88b9-e7535091b1ce&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate)

- Page summary:  
Guidance for employees, employers and businesses in providing advice about the novel coronavirus.
- C statutory sick pay relief package for SMEs
- a 12-month business rates holiday for all retail, hospitality and leisure businesses in England
- small business grant funding of £10,000 for all business in receipt of small business rate relief or rural rate relief
- grant funding of £25,000 for retail, hospitality and leisure businesses with property with a rateable value between £15,000 and £51,000
- the Coronavirus Business Interruption Loan Scheme to support long-term viable businesses who may need to respond to cash-flow pressures by seeking additional finance
- the HMRC Time To Pay Scheme to help with tax COVID-19.

19<sup>th</sup> March 2020

## 2. Communications

### COVID – 19 Translation guidance

Due to the changes made to the NHS advice regarding COVID19 on Monday afternoon, Doctors of the World have updated our Covid 19 translated guidance:

English, Albanian, Arabic, French, Portuguese, Spanish, Turkish are now ready -  
<https://www.doctorsoftheworld.org.uk/coronavirus-information/>

To be updated very soon: Bengali, Dari, Farsi, Hindi, Kurdish Sorani, Mandarin, Pashto, Urdu, Vietnamese, Tigrinya, Amharic, Malayalam, Somali

We have also added more European languages: Polish, Romanian, Russian are ready. Coming soon: Bulgarian, Latvian, and Hungarian!

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## CYBER ATTACKS ON THE NHS

Please be aware there does seem to be a significant increase in attacks on the NHS during this time of crisis.

A number of accounts appear to have been compromised with a range of emails coming from @nhs.net and @gov.uk email addresses, a number of which appear quite convincing.

Please do ask staff to be extra aware

19<sup>th</sup> March 2020

## 3. Digital

### Primary Digital Group – Response to COVID 19

#### Thursday 19<sup>th</sup> March

*We are continuing with our plans to supply extra video conferencing monitors, laptops and VPN access to Practices. This is being actioned on a county wide basis and more information will be coming out to you daily. It is very important the practices respond to the questionnaires and requests for information that are being collated by Ben Fawcett. During this time please do not use the usual process and forms to request monitors, laptops or VPN access. If you have any **very urgent** requests, where practices are at risk and need VPN access and or laptops to allow clinicians to work from home Please contact Steve Pitwell [Stephen.pitwell@ulh.nhs.uk](mailto:Stephen.pitwell@ulh.nhs.uk).*

*We have agreement in principle that “Away From My Desk” can be used to support staff working from home and to having to self-isolate. Work is underway to finalise procurement, deployment, and support of it and more detail will follow tomorrow. This is a temporary solution to support remote working at this current time and will supplement other methods such as VPN. For more information on “Away From My Desk” please see the website <https://secure.awayfrommydesk.com/nhs-remote-access/>*

*Further to the communication yesterday regarding Microsoft Teams, is being deployed at 17:00 today(19/03/20) guidance on how to set up and use the system will follow shortly. You will not need Windows 10 or office 365 to run teams. User guides and video tutorials are available here - [visit the support pages](#)*

#### IT issues.

Please continue to use the IT service desk for requests;

#### Service Desk Details:

T: 0300 123 1020

E: [agcsu.itservicedesk@nhs.net](mailto:agcsu.itservicedesk@nhs.net)

Self-Service: <https://ardengem.saaseu.com>

Live Chat: <https://itservices.ardengemcsu.nhs.uk>

If you have really urgent requests or issues that are not answered promptly, please contact Steve Pitwell [Stephen.pitwell@ulh.nhs.uk](mailto:Stephen.pitwell@ulh.nhs.uk)

## 4.Finance

Please refer to document published today 'Next Steps on General Practice Response to COVID'



Preparedness  
letter\_primary care \_

## 5.LINCOLNSHIRE FAQ FOR PRIMARY CARE

19/03/2020

### Update on PPE:

- PHE have taken over management of the NHS Supply Chain and are working up a new distribution chain in liaison with private providers.
- There will be a drop of PPE to Acute Trusts (size of the delivery will be based upon number of beds) – the drop will be made at one site only with expectation that we disseminate this as we see fit.
- Currently using EU Exit 'no deal' stockpile alongside pandemic influenza stockpile. Noted that some of the masks being delivered were not ones usually used, these are no longer being sent out.
- IPC teams should lead on ensuring that PPE is being utilised appropriately within their organisation – concern raised that PPE was being used when it wasn't necessary.
- Guidance is currently being developed for Mental Health Trusts focusing on their management of COVID patients (particularly those who are detained)
- Primary Care (circa 7,000 Practices in England) received the first drop of PPE last night – more to come for larger practices.
- Social care providers have also had a drop off of PPE.

**Please continue to order your PPE via the NHS Supply chain to ensure you maintain adequate stock levels. Any issues with this process need to be escalated via [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk) or tel: 0800 915 9964 / 0191 283 6543.**

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

### **Should staff be wearing uniforms outside of work?**

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Healthcare facilities should provide changing rooms/areas where staff can change into uniforms on arrival at work.

Organisations may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff.

Healthcare laundry services should be used to launder staff uniforms. If there is no laundry facility available, then uniforms should be transported home in a disposable plastic bag. This bag should be disposed of into the household waste stream.

### **Uniforms should be laundered:**

- separately from other household linen;
- in a load not more than half the machine capacity;
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

NB. It is best practice to change into and out of uniforms at work and not wear them when travelling; this is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform.

### **How do we manage generated waste?**

Large volumes of waste may be generated by frequent use of PPE; advice from the local waste management team should be sought prospectively on how to manage this.

### **Disposal of all waste as clinical waste:**

Waste from a possible or a confirmed case must be disposed of as Category B waste. The transport of Category B waste is described in *Health Technical Memorandum 07-01: Safe management of healthcare waste*. Disposal of all waste related to possible or confirmed cases should be classified as infectious clinical waste suitable for alternative treatment, unless the waste has other properties that would require it to be incinerated.

### **Update on testing of healthcare workers:**

- National are looking to increase testing capacity – PHE labs can process 2,000 per day, NHS labs have been introduced increasing this to 7,000 per day. Government has requested this be increased to 15,000 then 25,000. Focus is currently on speeding up the process of testing and reducing turnaround times.
- There is limited capacity to open testing to NHS and care workers
- The primary focus is on developing a test to understand who has developed antibodies to COVID-19 and rolling this out nationally.
- Very clear message – do not undertake block testing of NHS/Care staff. This will block the testing system and cause significant delays.
- Limited testing of NHS/Care workers can be completed where these staff are critical – for example, ED nurses, critical care nurses, etc.
- Do not test staff who are self-isolating because a family/household member has symptoms – consideration can be given to swabbing the index case if the staff member fits the relevant definition.

**Should we be sending patients requiring venepuncture to secondary care?**

No. If the practice are contracted to provide this service, the practice should continue to do so.

**QOF /Enhanced services:**

As per the guidance received today and shared with practices -*Next steps on general practice response to COVID 19 reference 001559*- QOF/Enhanced services Annual patient review including under QOF can be deferred if necessary (possibly to recommence from October) unless they can be viably conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion. The guidance states that funding does not influence clinical decision making by ensuring that all GP practices in 20/21 continue to be paid at rates that assume they would have continued to perform at the same levels from the beginning of the outbreak as they had done previously, including for the purpose of QOF, DES and LES payments

**Should practices be triaging all patients, both those with routine booked appointments as well as those requesting to be seen on the day to check they have no respiratory symptoms?**

Yes

**Should clinicians be seeing any patients at this time?**

Yes

**Can there be clarity over who can be seen, ie routine visits, conditions unrelated to respiratory problems, blood tests, standard nurse procedures etc?**

This should be determined through clinical triage

**Are councils closing?**

Please see Boston Borough Council Web page (<https://www.mybostonuk.com/coronavirus/>) providing the current status of BBC and any information regarding service disruptions. The Council have confirmed they are open and fully functioning and services continue to operate fully – where possible, with extra measures in place to limit the potential for transmission of the virus. (ie. via telephone access) which they are assessing on a daily basis from a business contingency perspective. Registering of deaths etc, are a LCC function and they have been assured via the Mass Fatalities group that contingency in place for this first tier operation.

Please see <https://www.lincolnshire.gov.uk/coronavirus-support-services/council-services-update> provides details of LCC services update in response to COVID 19.

**Practices are being inundated with questions from the public with regards isolation, should they be working from home etc. Whilst being referred to national guidance, could comms team look at different ways to support this?**

Derek Ward (Director of Public Health) and the Director of Nursing are on Radio Lincolnshire 20<sup>th</sup> March 2020 and will be addressing these points within their interview.