



Information & support for nurses working within General Practice during Covid-19

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Preface

The recent Covid-19 crisis has changed the traditional role of how nurses work in general practice and has the potential to impact on how care will be delivered in the future.

This document aims to recognise the current challenging times in practice and to support nurses in undertaking work that needs to be completed now. It will hopefully encourage nurses to reflect on what has been learnt and start thinking about the future role in general practice.

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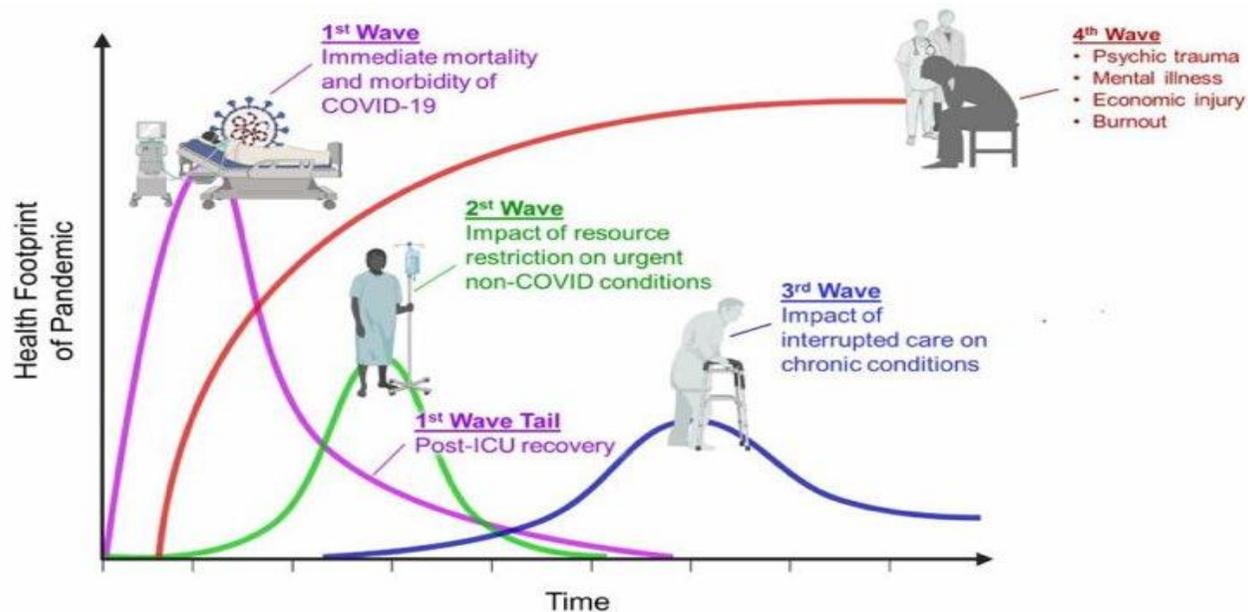
Introduction

The way primary care is working now has evolved quickly over the past few weeks in response to the challenges of Covid 19. This had led to many new ways of working many of which will shape Primary Care in the future. Many nurses will have will already have been involved or have had the opportunity to trial new ways of working during this time. **Please remember it is essential that all registered nurses continue to work within their scope of practice and capabilities.** This document aims to recognise the challenging times currently, support nurses with undertaking work now and to promote thinking about the future.

How and if this 'different' way of working is effective and sustainable will at some point need to be evaluated. Nurses are working differently sometimes taking on different roles including for example triage and video consultations, this impact on staff workload and patient care will need to be considered. Care still needs to be provided for 'routine' activities but possibly in a different way by nurses and HCAs, taking time to also plan for a gradual return to a new normality over the next months. The emphasis should be on providing safe, quality and effective care to our patients. It is also necessary especially in these challenging times to looks after the wellbeing of self and others. Some resources to aid this are listed at the end of this document.

What has happened?

Nationally and regionally the focus has been on patient safety, ensuring they receive the best possible care, support and advice. The challenge has been managing demand by balancing workload and workforce, including recruiting GP and nurse returners. The aim was to try and reduce the demand on hospitals to enable them to manage the increased capacity created by Covid 19. In a recent article written by a Canadian doctor this is referred to as stage 1 of the Covid 19 pandemic which is illustrated in the picture below. (Victor Tseng (Twitter@VectorSting 30/03/20)



In March the RCGP & BMA produced "[Guidance](#) on workload prioritisation during COVID-19" using a RAG rating:

- Green** category: Aim to continue regardless of the scale of the virus outbreak
- Amber** category: Continue if capacity allows and if appropriate for your patient population
- Red** category: Postpone, aiming to revisit once the outbreak ends, ensuring recall dates are updated where possible.

Nurses and HCAs have an important role in supporting patient to maintain their current health and if there is capacity within the current system to continue to provide care. This may have to be done in a different way than the traditional “face to face” consultations.

Practices will need to consider how they plan to deal with the backlog of work and provide care to those people in waves 2 - 4 above. This will require nurses to work more closely with the multi-professional team across health and social care.

The daily workload in general practice in some areas appears to have been reduced though this will be a temporary measure. There may be a backlog of work to catch up on for non Covid 19 patients who have waited for appointments and for patients who will need care and support after exposure to Covid 19 (as demonstrated in the graph above).

One of the positives is that patients appear to be taking responsibility for their own health, this should be encouraged. However, patients who need support for potentially significant symptoms should be able to access services appropriately. The knowledge, skills and experience of the nursing workforce should be used effectively and appropriately to promote this.

Below is a list of activities that are categorised using the RCGP & BMA RAG rating tool with options of how care could be delivered. Some people appear reluctant to access care currently as they do not want to over burden an already overstretched system but also for fear of being exposed to Covid 19. New ways of reaching this group of people and others with LTCs and those who present with symptoms that require escalating e.g. cancer need to be found.

It is important where possible to reduce face to face contact. Each activity should be risk assessed and consider a suitable effective and appropriate alternative way of providing care. The emphasis should be on patient safety and ensuring the staff member still works within their [scope](#) of practice. NHS [Digital](#) provides resources on how to carry out remote consultations, you can register by accessing the link.

What nurses can do now?

Based on the 2020 [BMA](#) and RCGP “[Guidance on Workload Prioritisation During Covid 19](#)” and an original document by Dr Sally Tyrer, Chair North Yorkshire Branch of York LMC, Hambleton Richmondshire & Whitby CCG LMC representative, Clinical Director Hambleton South & GP Partner at Lambert Medical Centre, Thirsk.

Green

These activities will remain in place regardless of the scale of the virus outbreak. The patients may need to attend designated clinics, possibly allocated to cold sites. If a patient has any concerns and declines to come to the surgery due to fear of possible exposure to Covid 19, the practice will need to agree a process for managing this.

	Options	Link
Chronic reviews	Most chronic disease reviews involve more vulnerable patients. Many of these can be undertaken over the phone or by video. Where a patient has a concern or symptoms this should be triaged and then the patient assessed, as necessary	Primary Care Respiratory Society - Advice Diabetes UK COPD GOV UK – shielding advice
All Injections	This could include a wide range and variety of injections e.g. Prostag, Aranesp, Clopixol, B12, Depo Provera. Discuss with colleagues if the injections are essential and review the frequency required. Refer to national guidelines. Could the patient/carer administer themselves e.g. contraceptive Depo-Provera Can an oral alternative be used e.g. B12	Royal Pharmaceutical Society ; NICE Patient guidance -Subcutaneous Self injection for anti-coagulation treatment Patient self- administration policy (example) B12 deficiency – Gloucester pathway
INR for patients on warfarin	Consider if the patient/carer could administer the injection themselves or use an oral alternative (DOAC).	NICE BHF Royal Pharmaceutical Society
DMARD/shared care bloods	Refer to national guidelines . Some patients are likely to be immunosuppressed designated DMARD clinics would be recommended.	BHF British Society for Rheumatology – Covid 19 Guidance
Child Immunisations	These are to continue in designated clinics with older children seen at an alternative time. Children receiving their first vaccinations could be seen in the surgery at the same time as undertaking baby and post-natal checks.	WHO RCN
Dressings	Interact with patient using video consultations to review the wound or ask them to email a photo. Where possible encourage self-care and consider if dressings could be left in place for longer periods If the patient needs a home visit, ask the patient/care where possible to remove the dressing before the visit to reduce the time spent in the home Ensure national guidelines and best practice is followed. Speak to your local district nurses and Tissue Viability lead for further advice on wound care	On Line training Wound care; E learning Leadership role Practical demonstration - You tube clip; AHSN – advice for patients & nurses Ensure you use appropriate PPE ; RCGP ; GOV UK; NMC ; RCN

Amber

These activities will continue but may need to be postponed and will be dependent on capacity and patient demand.

	Options	Links
Cervical cytology	<p>Appointments for those women who have received a letter for their routine 3-5 yearly smear can be postponed. However please check your regional guidance.</p> <p>If a woman requests to keep her appointment, then they should be seen but made aware of the potential risks of exposure. Consider creating designated smear clinics.</p> <p>If a woman has had treatment to her cervix, and is therefore receiving smears more regularly, it is more important to continue than delay and they should be encouraged to attend keeping exposure to risk to a minimum.</p>	<p>NHSE & PHE Guidance during Covid 19</p> <p>The Eve Appeal – patient information during the Covid 19 crisis</p>
Post-natal checks	<p>Continue to offer designated clinics for the 6-8-week postnatal checks, these could be combined with the immunisation of younger children.</p>	<p>NICE postnatal care</p>
Routine vaccinations including Shingles & Pneumococcal	<p>These patients unless in high risk and vulnerable groups do not need to attend for vaccinations. If a patient is eligible and wants to attend, then they should be made aware of the potential risk to exposure of the Covid 19 virus.</p>	<p>NHSE 2019/20 Flu GOV UK Pneumococcal Vaccine – The Green Book</p>
Coils & implants	<p>Continue to offer contraceptive services if a patient needs a change of coil or implant. The progesterone only pill could be offered as an alternative for LARC or Depo Provera.</p> <p>Book specific contraception clinics to minimise the risk to them and other patients.</p>	<p>FSRH Position Statement Covid 19</p>
Blood monitoring	<p>For certain conditions e.g. thyroid disease, patients on ACE inhibitors or antipsychotics (if clinically safe) consider increasing the frequency of monitoring. Refer to national guidelines.</p>	<p>NICE</p>

Red

These activities could be postponed, or the patient contacted by video or telephone, ensuring an effective recall system is in place. It will be dependent on capacity and patient demand.

	Options	Links
Pill Checks	There is the potential for an increased risk of pregnancy due to patients not accessing services, consider providing adequate oral prescriptions. PCWHF provides advice on remote prescribing for contraception and managing vaginal bleeding	FSRH Remote prescribing for contraception FSRH advice Primary Care Women's Health Forum NHS Sexual health services
Ring Pessary	If no red flags and or complications, consider lengthening the appointment to every 6 months or teach self-insertion. The risk of the patient attending could outweigh the benefits. If the woman has concerns then they should be contacted by video or telephone.	NICE RCOG & BSUG Guidance during Covid 19
Cardiovascular Risk Assessment - Q risk	These can be completed on the phone or by video	CQC NICE guidelines
Dopplers	These should only be undertaken if requested by a clinician	NICE On line training – Assessing wounds, barriers to healing
Statin blood tests	The risks of the patient attending for an annual blood test is likely to outweigh the benefits	NICE
Spirometry	Most spirometry is not essential.	ARTP advice during Covid 19
Medicals	This is non-NHS work; patients are advised to search online for private providers for example HGV medicals	HGV medicals information for patients
24 hr BP	Routine 24-hour BP recordings, or BP checks are not essential. If a patient has concerns, then they can be contacted by phone/video.	NICE
ECGs	ECGs should only be done if they are clinically indicated such as chest pain. Routine annual ECGs can be delayed	
Ear Irrigation	This is not a clinically urgent, the risks of coming into a GP surgery for this procedure outweigh the benefits. Patients should be encouraged to use oil for longer periods or if they are available make an appointment for microsuction. If there are any 'red flags' the patient needs to be reviewed.	NICE Ear irrigation evidence Ear care guidance NHS Rotherham ear care centre
NHS health Checks	Not necessary	
Lifestyle advice	Direct patients to available national and local resources. Patients who wish to stop smoking for example, are encouraged to speak to their local pharmacist.	NHS - Live well NHS – patient tips to stop smoking

What else can be done?

Please see below some suggestions for work which can be carried out [remotely](#) from the surgery or home.

Topics	General information	Links
Online & remote consultations	This approach is a relatively new development for many since Covid 19 but is likely to continue in the future.	RCGP - Remote consultation and triaging BMA RCN – Having courageous conversations by telephone or video during the Covid-19 pandemic NHS Digital Wessex LMCs links NHS Securing Excellence in Primary Care (GP) Digital Services Digital training - NHS NHS Digital Training Resources BMA Video consultations – University of Oxford Information for GPs
Wellbeing	<p>Covid 19 will have an impact on staff in many ways – possibly through direct experience of the illness, bereavement or through the different/increased pressures of working during and after a pandemic.</p> <p>Practices should consider identifying someone within the organisation who can signpost colleagues to organisations that can provide support. Some organisation may have access to a Mental Health 1st Aider.</p> <p>Please speak to a colleague if support and advice about your mental health would be valuable. The list to the right is not exhaustive. It's good to talk.</p>	<p>Covid 19 General support and advice “The calm before the storm” podcast “Supporting you and your practice” podcast GOV UK Guidance for the public on mental health & wellbeing Mental Health Foundation The Samaritans - 116 123 NHS Free 24 hr support line: Telephone 0300 131 7000; Text 85258 NHS Practitioner Health Programme RCN wellbeing and-your-mental-wellbeing NMC – Covid 19 and raising concerns NHS Employers Guidance for the NHS workforce The Joyful Doctor My Internal World Web based mental health assessment and programmes Anxiety helpline NHS Mindfulness app Free for NHS using NHS email until end Dec 2020 Unmind This link allows all those with and NHS email address to sign up for an online resource to support the mental health of our teams Sleepio - online sleep improvement programme - sleepio.com/redeem and enter the code NCE2020 Daylight Red Whale PHE Every Mind Matters Help Guide to Mental Health Burnout Health & well-being; BMA Mental health in the workplace </p>

QOF work – reviewing progress	Patients can be contacted by phone/video and results documented in the patients notes	CQC guidance NHS Digital
Long term conditions Sign posting patients	Consider undertaking virtual group consultations. There is now the opportunity to access training to undertake these via video links.	www.events.england.nhs.uk Enter VGC or Sentinel in the search box and tick the date of the training session. You will need to click buy but the sessions are free to attend. Group consultations Patient societies
Patient resources	There are number of websites that patients can be signposted too. This could be a key role for social prescribers. There may be an opportunity to update patient information/health promotion materials in the practice	The handwashing rap , produced to help people who have a learning disability Public Health England stay at home guidance , translated and in easy read Public Health England guidance on social distancing , translated. NHS guidelines translated into 32 languages by Doctors of the World Easy read information on COVID-19 from Mencap Public Health England resources in accessible formats COVID-19 guidance for providers of services for people experiencing rough sleeping
Do you have a list of carers in the practice	Your link worker or social prescriber could undertake this	Supporting carers in general practice
Do you have a list of veterans?	Ensure you and your practice team are adequately informed to meet the physical and mental health needs of this patient group	Care of military personnel and veterans NHS e-lfh – NHSE armed forces programme
Learning disabilities	An average practice of 8,000 patients could expect to have between 50-100 patients with LD. The Annual Health Check (AHC) is a holistic view of our patients and a recognised, evidenced method of improving the health of individuals with LD. The national Directed Enhanced Service (DES) for Learning Disabilities Health Check Scheme was designed to encourage practices to identify all patients aged 14 and over with LD, to maintain a LD “health check” register and offer them an AHC, with includes producing a health action plan. Consider if this review could be undertaken by video.	LD annual health check LD & screening - including cx smears and breast screening; GOV UK Videos for patients with LDs about Annual Health Checks: https://www.youtube.com/watch?v=7gANZupyBHM&feature=youtu.be https://www.youtube.com/watch?v=p4T9QrUchTU&t=

Look at becoming a dementia friendly/ LD friendly surgery	Dementia can present in several different ways. Raising awareness with all members of staff can be beneficial in providing care to this group of patients and their families.	Dementia links Alzheimer's society Wessex Academic Science Network
Are the safeguarding lists up to date?	Ensure all staff have undertaken the appropriate level of safeguarding training, policies have been updated and staff if required know how to escalate an issue.	podcast e-lfh safeguarding training CQC
Audits	Undertake audit or a quality improvement project	RCGP Audit tools RCGP Bright ideas RCGP Quality improvement activity First practice management audit information NHSE
Clinical governance	Update policies and protocols that will be needed for CQC in the future	Information governance
Training	Ensure everyone is up to date with mandatory training including e.g. safeguarding. Many can be undertaken online Digital training	Mandatory training e-lfh Sepsis ; Sepsis Trust; e-lfh NB Medical Lunch & Learn On line training for practice staff e-lfh - Covid 19 Digital training - NHSE NHS Digital Training Resources Video consultations – University of Oxford Information for GPs HEE training hubs LMCs

Prescribing	<p>If you are an NMP you could undertake medication reviews using telephone/video consultation.</p> <p>There may be other prescribing related work you could assist with e.g.</p> <ul style="list-style-type: none"> • Optimise switches. What are your highest potential cost saving areas for your practice identified by optimise? Your CCG pharmacist will be able to tell you e.g. reducing Lansoprazole from 30mg to 15mg where possible. • Searching for any patients who have been on a bisphosphonate for over 5 years, do they need another DEXA, a drug holiday? 	<p>Royal Pharmaceutical Company – NMP competencies</p> <p>Non-medical prescribing - guidance</p> <p>RCN Advice for NMPs</p> <p>HEE training for NMPs</p> <p>NICE</p> <p>CCGs</p> <p>MHRA</p>
Care homes	<p>Consider how the time could be used to liaise with local care homes to review effective ways of working. For example, joint training, sharing of information and support, establishing regular communication.</p>	<p>SCIE</p>
ReSPECT	<p>It is likely that nurses will become involved in providing support to patients and families around discussions of what type of care they would want in an emergency situation.</p>	<p>Resuscitation council – ReSPECT</p> <p>e-lfh</p> <p>RCGP end of life care</p> <p>NICE</p> <p>NMC statement on advanced care planning (DNARCP)</p> <p>RCN verification of death during Covid 19</p>
Mental health checks	<p>Approximately a quarter of all people will experience a mental health problem in any one year, and 23 out of 30 who experience mental health problems will visit their GP. (RCGP)</p> <p>Consider the possible use of telephone and video consultations and Information available for patients</p>	<p>Mental Capacity</p> <p>e-lfh training</p> <p>Derby Primary Care Toolkit</p> <p>RCGP Mental health toolkit</p> <p>NHS – information for patients</p>
Refresher training for health and care professionals returning to work	<p>Returners are likely to require ‘refreshing’ on working in general practice and updates to undertake their roles</p>	<p>Blue stream academy</p> <p>QNI</p>

Deployment of staff including student nurses	<p>The Covid 19 situation has required some people to have to move into areas of practice that are not within their specific job descriptions. This should be a temporary measure, but it is an opportunity to review your current role and look for opportunities to work closer with colleagues across the PCN and for example district nursing.</p> <p>NHSE/I are planning to produce guidance on core competencies between primary and community care.</p>	<p>NHS Employers RCN Guidance on deployment Staff sick pay & employment during Covid 19 ACAS</p>
Appraisals & revalidation	<p>The time could be effectively used to ensure staff are up to date with appraisals and revalidation.</p>	<p>NMC Revalidation Appraisal Quality improvement activity</p>
Clinical supervision	<p>Clinical Supervision is essential to demonstrate the commitment of the organisation and its clinical staff. It encourages reflection on clinical practice using a constructive approach to support and increase the confidence and capability of staff, with the primary aim of improving the quality of care provided to the patient population. Clinical supervision can both enable and support those in clinical practice.</p>	<p>NHSEI GPN Single point</p>
CQC	<p>Currently CQC have put all visits on hold unless there are issues around safety. This is an opportunity to revisit areas that are commonly covered in CQC inspections and prepare for future visits. CCGs are a valuable source of support.</p>	<p>CQC How we monitor GP practices CQC Mythbusters CQC Preparing for an inspection CQC Supportive information</p>
Workforce	<p>There are ongoing issues around the recruitment and retention of nurses and GPs, we also have an ageing workforce. This is an opportunity to review the competencies and capabilities of your staff and undertake a training needs analysis. New ways of working with increased flexibility across PCNs could encourage experienced staff to remain in work. Also consider having student nurses in your practice, a positive experience is more likely to encourage them to work as GPNs. Speak to your local training hub.</p> <p>The aim is to ensure that you have staff with the necessary skills and knowledge to meet the needs of your local population now and in the future.</p>	<p>Skills matrix QNI GPN Nurse standards RCGP Nurse competencies Skills for Health ACP (Nurses) Core Competencies & Capabilities Practice Health Check Diagnostic Tool HEE training hubs</p>

Further Support

<p>General support available</p>	<p>Guidance and SOP for General Practice Covid 19</p> <p>Covid 19 information</p> <p>Primary Care Webinars</p> <p>Fully funded support to implement rapid changes in response to Covid 19 is available for practices and PCNs to access at no charge.</p>	<p>NHS England</p> <p>HEE Covid 19 information</p> <p>NMC regulation during Covid 19</p> <p>RCN</p> <p>RCN FAQs</p> <p>QNI Covid 19 advice</p> <p>RCN Deployment guidelines & advice</p> <p>NHS Updates & guidance for general practice Practical & operational issues</p> <p>NHS England Advice for clinicians and NHS managers</p> <p>NHSE weekly webinars</p> <p>Academic Health Science Network</p> <p>List of General advice & resources</p> <p>Time for Care Programme</p>
<p>PPE & infection control</p>	<p>The guidance available is for the protection of staff and patients. It is important that all staff familiarise themselves with the 'donning, doffing' and appropriate disposal of PPE. Local CCGs can provide advice through their IC leads.</p>	<p>GOV</p> <p>Wessex LMCs</p> <p>Infection Control Advice for Practices</p> <p>RCN infection control</p> <p>GOV UK</p>
<p>Primary Care Bulletin</p>	<p>NHSEI will be publishing a frequent bulletin for primary care covering all guidance and information published for general practice, pharmacy, dental and optical.</p>	<p>Primary Care Bulletin</p>



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