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Guidance and standard operating procedures

General practice in the context of coronavirus (COVID-19)

Version 3.3

This guidance is correct at the time of publishing, but may be updated to reflect changes in advice in the context of COVID-19. Any changes to the v3 publication (29 May 2020) are highlighted in yellow. Please use the hyperlinks to confirm the information you are disseminating to the public is accurate. The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.

The latest version of this guidance will be available here.

We appreciate any feedback which could be used to improve this SOP. If you would like to provide feedback please complete this email template.

Operational queries regarding this SOP should be directed to your commissioner.

Contents

1. Background

1.1 Scope

This guidance applies to general practices operating under contract to the NHS in England, including those providers who operate outside core GP contract hours.

We trust healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

1.2 Communications

For urgent patient safety communications, we will contact you through the Central Alerting System (CAS). For less urgent communications, we will email you through your local commissioner. You can also sign up to the primary care bulletin.

1.3 Key patient groups

- **Patients with COVID-19 and symptoms of COVID-19:** Public Health England (PHE) has the current case definition for COVID-19.
- **Shielded patients:** Those at the highest clinical risk of severe illness from COVID-19 are advised to shield themselves.
- **Patients at increased risk of severe illness from COVID-19** who are not formally part of the shielded patient group – including **care home residents** – and are advised to stringently follow social distancing measures.

1.4 Infection prevention and control

Infection control precautions are to be maintained by all staff, in all care settings, at all times, for all patients; please see the PHE guidance. This includes videos demonstrating correct procedures for donning and doffing of personal protective equipment (PPE), and guidance on the care of the deceased with suspected or confirmed COVID-19. Clinical waste should be disposed of as set out by the Health Technical Memorandum 07-01: Safe management of healthcare waste. NHS advice on PPE supply is available on our website.

2. Standard operating procedure for general practice

Collaboration between GP practices within primary care networks (PCNs) and federations, and the wider healthcare system is crucial to manage increasing patient need, reduced staff numbers and the need to separate face-to-face consultations for patients with symptoms of COVID-19 from other patients. Local health systems should ensure clear leadership, robust workforce planning and appropriate data sharing and patient record sharing are established. Reference to the standard operating procedures for community pharmacy and community health services may be helpful to ensure joined-up working.

We are now in the second phase of the pandemic response following our 29 April letter. Practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and health checks, in the context of the advice below.

2.1 Key principles for general practice

- **All** patients should be triaged remotely.
- Ensure that an **online consultation system** is in place to support total triage.
- **Remote consultations** should be used when possible, making reasonable adjustments for specific groups when necessary.
- Ensure that video consultation capability is available and offered to patients when appropriate. We have published some principles on safe video conferencing which may be helpful.
- Ensure patients have clear information on how to access GP services; this information should be accessible to all patients, including those who do not have digital access, and those who have English as a second language.
- Where possible, staff should be enabled to **work remotely**.
- Practices should work together to safely separate different patient cohorts: patients with symptoms of COVID-19; shielded patients; and the wider population.
- **Staff** should be allocated to either patients with symptoms of COVID-19 or other patient groups, where possible.
- Practices should work effectively with community care by building on existing MDT working arrangements and encouraging primary care professionals to work

across organisational boundaries to help manage pressure points in delivering essential services to people.

- To protect our workforce, **staff** should be **risk assessed** to identify those at increased risk from COVID-19: see Section 2.3 in this document.
- Ensure staff are trained in relevant infection prevention and control guidance.
- Access to urgent care and routine care in general practice should be maintained for all patients, and practices should assess where care has been delayed over recent weeks and now needs to be restarted.
- As capacity allows, general practice teams should:
  - proactively address health needs that may have increased, developed or gone unmet during the pandemic – including health inequalities and mental health issues
  - accommodate changes in how patients want to seek healthcare, including supporting patients with self-care and self-management.
- Referrals should continue to be made as usual and as appropriate.
- Patients should be involved in all decisions about their care. Shared decision-making about treatment escalation and advance care planning are particularly helpful.
- Shielded patients should have proactive follow-up to ensure they know how to access care and support; those requiring face-to-face assessment should be seen by home visit wherever possible, unless an alternative care setting is clinically indicated. Further advice can be found in our 4 June letter.
- Patients without symptoms of COVID-19 booked for face-to-face contact should be advised to inform staff if they develop symptoms, and asked again before consultation.
- **Patients with symptoms of COVID-19:**
  - will be directed to NHS 111 in the first instance
  - may make direct contact with practices, or be referred to general practice by NHS 111/the COVID-19 Clinical Assessment Service (CCAS)
  - **avoid redirecting patients to NHS 111 if they present to general practice:** this poses significant risk to unwell patients
- Ensure that an adequate assessment is undertaken to exclude alternative diagnoses in patients with symptoms of COVID-19.
- For any face-to-face assessment of a **patient living with someone with symptoms of COVID-19**, even if the patient does not themselves have relevant symptoms, GP staff should follow the pathways for patients with symptoms of COVID-19.

- For **all face-to-face** consultations, infection prevention and control guidance should be followed rigorously.
- Minimise the number of face-to-face contacts that a patient requires by co-ordinating care so that as much as possible is done in a single consultation.
- Use careful appointment planning to minimise waiting times and maintain social distancing in waiting areas.

2.2 Options for face-to-face patient assessment

When face-to-face assessment is required, consider the following options for cohorting patients:

- **Separate patient cohorts within practices**, using designated areas and workforce.
- **Separate patient cohorts across a PCN footprint**, using designated GP practices or other sites, as appropriate.

Avoid using GP practices that are co-located with pharmacies to deliver services to patients with symptoms of COVID-19. If this is not possible, cohorting with strict infection control and cross-contamination protocols must be in place between the GP practice and the pharmacy. If physical separation between the community pharmacy and GP practice in a co-located site cannot be maintained, this should be reported to the NHS England and NHS Improvement regional team, who will assess the impact.

Home visiting can be organised at network or practice level to deliver care at home to shielded patients.

Further details on the operating model can be found in our 27 March letter.

Patients, communities and local systems (including NHS 111, directory of services (DoS) leads, pharmacies, community, mental health and secondary care services) should be kept up to date with changes to the configuration of general practice. We have published Guidance on using DoS to report general practice capacity.

The Care Quality Commission (CQC) may need to be informed of changes to services: for example, if hubs are set up to review patients with symptoms of COVID-19. Guidance on registration and general practice focused advice is available on CQC's website.

Home visits

For home visits, the number of healthcare professionals visiting the patient's home should be limited as much as possible, particularly for shielded patients. Where possible, liaise with the wider community care team looking after the patient to ensure that the visit is carried out by the most appropriate professional.

Any healthcare professional who visits the patient should consider whether they can perform duties of other team members to avoid multiple visits. Follow infection prevention and control guidance and be aware of any additional precautions required (eg if patient is on home non-invasive ventilation); ensure visit bags contain necessary PPE. Clinical waste and PPE should be disposed of as set out by the Environment Agency (England) and PHE.

Preparation of sites for COVID-19 face-to-face consultations

- Use clear signage to direct patients to the appropriate site/space.
- Ensure alcohol gel/handwashing facilities are available for patients and staff.
- De-clutter communal spaces and clinical rooms to assist decontamination.
- Ensure clinical rooms have the necessary equipment for patient examination readily available, and adequate and accessible provisions of PPE and clinical waste bins.
- If possible, identify toilet facilities for the sole use of patients with symptoms of COVID-19.

Outbreak management in the context of COVID-19

General practices will have business continuity plans to ensure arrangements are in place to minimise the impact of a local incident, including pandemic influenza, on services.

These may have been updated so they are appropriate to the COVID-19 pandemic. It is recommended that plans are reviewed to capture the risks of COVID-19 and plans to maintain services. This should include local outbreak scenarios that could temporarily disrupt delivery of services from practice premises (eg to allow effective cleaning) or disrupt staff availability (eg if staff become poorly or are required to isolate) following NHS Trace and Test contact. Plans should consider high levels of staff sickness and self-isolation, call handling, staff and patient communication and, ultimately, denial of access to premises for staff and patients.

Business continuity arrangements will be able to recognise the opportunities to maintain patient services through remote working and support from local PCNs; consider the use of buddying systems. Using clinical judgement and experience of

recent months, general practice teams may need to consider how to prioritise their workload to deliver the best possible care to their population. In the event of an outbreak impacting the delivery of services, practices should:

- inform their local commissioner in line with local reporting/escalation processes and as detailed in our 9 June letter
- follow PHE guidance on communicable disease outbreak management
- communicate service changes to patients and update the NHS 111 DoS.

2.3 Guidance for staff

All NHS staff have access to free wellbeing support. NHS Employers has resources to support staff wellbeing during the COVID-19 pandemic.

We have launched the COVID-19 staff absence tracker and practice staff should use it to report COVID-19 related absence from work.

Staff with symptoms of COVID-19

Staff with symptoms of COVID-19 should stay at home as per advice for the public. Staff who are well enough to continue working from home should be supported to do so. If staff become unwell with symptoms of COVID-19 while at work, they should stop work immediately and go home. This guidance also applies to staff with a household member with symptoms of COVID-19.

Staff testing

Essential workers with symptoms of COVID-19, or those living with someone with symptoms of COVID-19, can access testing via the GOV.UK website. Information about the COVID-19 antibody testing programme can be found on the GOV.UK website and our letter on 28 May clarifying how this will be implemented for staff working in primary care.

Staff at increased risk from COVID-19

The government has issued guidance on people defined on medical grounds as extremely clinically vulnerable from COVID-19. Staff who fall into these categories should not see patients face to face; this takes precedence over any other risk assessments.

All other staff, including Black, Asian and Minority Ethnic (BAME) staff, and people identified as clinically vulnerable who are asked to apply stringent social distancing should be risk assessed to consider if they should see patients face to face. The Faculty of Occupational Medicine has published the Risk Reduction Framework for

NHS staff (including BAME staff) who are at risk of COVID-19 infection. NHS Employers has also published guidance on risk assessments for staff. Staff may be referred to an occupational health professional for further advice and support (contact your commissioner for details of your local occupational health service if not known).

Remote working should be prioritised for staff at increased risk from COVID-19. GP practices should support these staff to follow stringent social distancing requirements if they are not able to work from home. Staff who are extremely clinically vulnerable from COVID-19 (shielded staff) should work from home with all possible support in place.

Staff exposed to someone with symptoms of COVID-19 in healthcare settings

PHE has published guidance for healthcare workers who have been exposed to someone with symptoms of COVID-19 in healthcare settings.

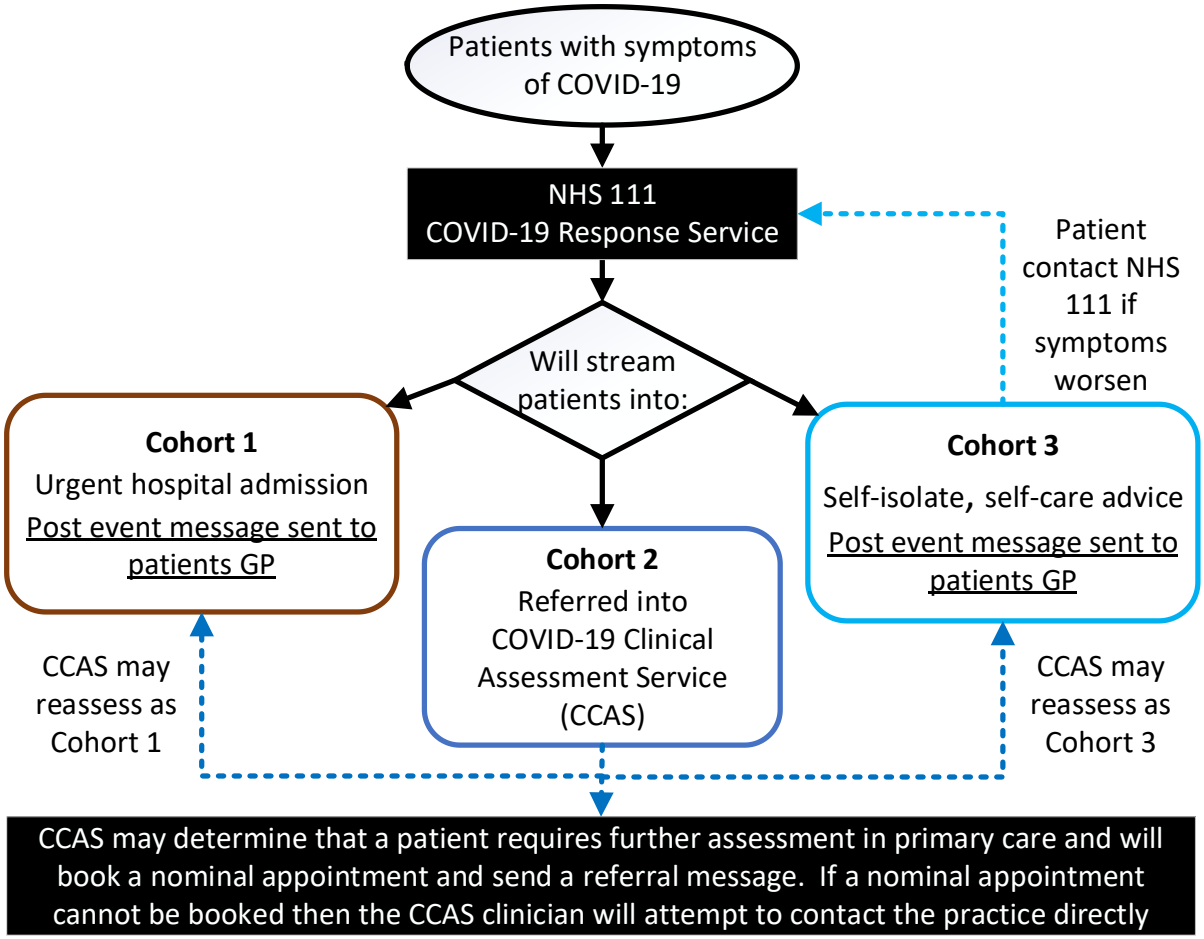
Claims to cover wages for employees on temporary leave due to COVID-19

HM Treasury has advised that GP practices cannot claim for the wages of practice employees on temporary leave ('furlough') through the COVID-19 Job Retention Scheme.

2.4 Managing patients with symptoms of COVID-19

NHS 111, COVID-19 Clinical Assessment Service and GP interface

Flowchart for NHS 111, CCAS and GP interface



KEY

Cohort 1: Patients demonstrating severe symptoms, require treatment in hospital and will likely require an ambulance response.

Cohort 2: Symptomatic patients requiring further clinical assessment before final disposition is decided; this include all shielded patients (these are referred to CCAS).

Cohort 3: Patients with mild symptoms, advised to self-isolate at home and to reassess via NHS 111 if symptoms deteriorate.

COVID-19 Clinical Assessment Service (CCAS): An NHS 111 service staffed remotely by GPs.

Post event message: A tool for NHS 111 to inform GP that a clinical assessment for COVID-19 has taken place.

Referral message: A message (e.g. via ITK message) containing the clinical assessment information.

GP practices should make nominal appointment sessions available for NHS 111 and CCAS. This will act like a prioritisation list, which may result in a number of different outcomes, including remote management, future follow-up or a face-to-face assessment, which may be at the practice or an alternative local service. Note that patients referred from CCAS may have alternative diagnoses, as symptoms of COVID-19 are non-specific.

Integrated urgent care (IUC) providers operating outside core practice hours should allow direct bookings to be made using their existing processes for NHS 111. Practices and IUC providers should prioritise patients based on the NHS 111 or CCAS assessment, and arrange ongoing management based on clinical need.

To facilitate direct booking into GP practices, GP Connect needs to be enabled. Guidance to support set-up of GP Connect is available on NHS Digital's website. Until 30 June 2020, the national contract has been amended and sets out that practices need to make one appointment per 500 registered patients per day available for direct booking. Where there are locally commissioned services for management of patients with COVID-19 symptoms, and the technical functionality exists to directly book into these services, this can continue subject to local agreements.

COVID-19 case reporting and coding

COVID-19 is a notifiable disease; please refer to PHE guidance on reporting notifiable diseases. Suspected COVID-19 cases should be notified by general practice. Test-confirmed cases will be notified by the laboratory. PHE provides guidance on which cases should also be reported to local health protection teams.

It is important to ensure suspected and confirmed cases of COVID-19 are correctly recorded in the patient's records. Please see NHS Digital's website for SNOMED codes. The Faculty of Clinical Informatics has published advice on COVID-19 clinical coding for general practice.

Guidance on assessment and management of patients with symptoms of COVID-19

- When considering follow-up for patients with symptoms of COVID-19, be mindful that patients may deteriorate later in the course of their illness. Thorough safety netting is therefore vital. Our guidance on remote monitoring, using pulse oximetry, of patients with confirmed or possible COVID-19 may be helpful.

- People with symptoms of COVID-19 can apply for testing via the NHS website.
- NICE has published rapid guidance for relevant conditions in the context of COVID-19, including Managing suspected or confirmed pneumonia in adults and Managing symptoms (including at the end of life) in the community.
- The *BMJ* has a collection of resources on COVID-19, including guidance on the remote assessment of patients with symptoms of COVID-19 and on interpreting a COVID-19 test result. *BMJ Best Practice* has an evidence-based overview of COVID-19.
- The Royal College of General Practitioners (RCGP) has a collection of resources in its COVID-19 resource hub.

Children with symptoms of COVID-19

COVID-19 tends to be a mild, self-limiting respiratory illness in children. Prolonged illness and/or severe symptoms should not be attributed to COVID-19 and should be evaluated as usual. The threshold for face-to-face assessment in general practice and for referral to secondary care should not change during the COVID-19 pandemic. Where available, GPs should use secondary care consultant advice via 'consultant hotlines' for support as needed.

The Royal College of Paediatrics and Child Health produced a summary of key current evidence regarding COVID-19 in children and young people and guidance on paediatric multisystem inflammatory syndrome temporally associated with COVID-19.

Access to medication for patients with symptoms of COVID-19

Patients with COVID-19 symptoms should be advised not to go to community pharmacies; if they require a prescribed medication, this should be collected by someone who is not required to isolate themselves due to contact with the patient – eg a neighbour or relative not in the same household – or through NHS Volunteer Responders, and delivered to the patient's home.

Hospital admission and discharge of patients with symptoms of COVID-19

If an ambulance is required, the call handler should be informed of the risk of COVID-19. If an ambulance is not required, the admission should be discussed with the relevant hospital team, to inform them of the risk of COVID-19 and agree method of **transport** to hospital.

Patients can travel by private transport, accompanied by a family member or friend **if** the family member/friend has already had significant exposure to the patient **and** is aware of the risk of COVID-19. Otherwise, hospital transport should be arranged. Patients should not use public transport or taxis to get to hospital.

We have also published advice and guidance on the healthcare needs of COVID-19 patients following discharge from hospital.

2.5 Shielded patients at highest clinical risk of severe illness from COVID-19

Letters have been sent to GPs and specialist consultants containing guidance and actions for practices. GPs and hospital specialists can update the cohort of shielded patients, so any new patients diagnosed with conditions that fall within the highest clinical risk list can be added, and patients can be removed as appropriate.

The government list will be updated weekly, based on weekly downloads of GP data and daily uploads from trusts. Guidance for GPs regarding shielded patients are available on our website. The RCGP has produced guidance on shielded patients.

Key actions for general practice

- Ensure the situation is clearly flagged in the patient's healthcare records and visible to all teams involved in the patient's care.
- Ensure a named, lead co-ordinator is in place, either in primary or secondary care.
- Review and update personalised care plans and undertake any essential follow-up.
- Support patient self-management.
- Support patients with urgent medical needs (note that patients may also need to contact their specialist consultant directly).
- If the patient needs face-to-face assessment, they should be seen on a home visit where possible, ideally by a dedicated team, and not brought into general practice premises unless clinically indicated and follow infection prevention and control guidance. Further advice can be found in our 4 June letter.
- Ensure that there has been at least one contact by the practice with all its registered patients on the shielded list, as a follow-up to the original letter and follow up as required. Make every contact count.

- Help patients secure their medicine supplies regularly by ensuring electronic repeat dispensing is used for all suitable patients, and ensure they know how to access information about how they can have their medicines delivered.
- People in shielded groups may be particularly affected by mental health issues. GPs should work with local mental health, learning disability or autism services to review patients receiving care from these services.
- Specialists have been asked to review ongoing care arrangements and will contact patients directly to make adjustments to hospital care and treatment as needed.

Medicines supply

An NHS home delivery service has been commissioned from both community pharmacies and dispensing doctors to ensure **delivery of medicines** to shielded patients. More details can be found in this letter on our website.

Social and community support

Shielded patients are asked to register with the government support website, whether or not they require additional support. To access this, patients must be flagged as highest clinical risk.

There may be a short delay between the flag being applied and support arriving. If a patient requires more immediate support, refer to the NHS Volunteer Responders. If you have access to a local social prescribing link worker or social prescribing service, they can co-ordinate support.

2.6 Wider group of patients at risk of severe illness from COVID-19

People at increased risk of severe illness from COVID-19 are advised to stringently follow social distancing measures; full guidance can be found on the GOV.UK website.

If the patient needs face-to-face assessment, assess local options for review. Home visit is preferable where capacity allows. Otherwise, use the local option that best separates them from patients with symptoms of COVID-19.

2.7 Considerations for general practice in the context of COVID-19

Patient registration and access

Practices should continue to **register** new patients, including those with no fixed address, asylum seekers and refugees. Delivery of application for patient registration may be by any means, including post and digital (eg scanned copy).

The change in **access** to general practice because of the total triage model and increased remote working may disproportionately affect certain patient groups, and should be mitigated as far as possible. If you are aware a patient has specific access needs, this information should be passed on in referrals. If additional support is needed for patients to access remote consultations (eg access to phone/IT), raise this with the local commissioner and/or local authority.

People requiring translation and interpretation services

The move to remote consultation and use of PPE in face-to-face consultations requires additional considerations, eg the impact of PPE on lipreading. Consider how online and video consultation solutions can support interpreter-led, type-based, and lip-read communications.

- The GOV.UK website advice for the public is translated into multiple languages.
- Doctors of the World has translated relevant NHS guidance into 60 languages.
- Communication tips and BSL interpreters are available for supporting people with hearing loss to access general practice services.

Identifying patients at risk of deterioration from other conditions

General practices should consider how to work with their local populations to signal that they should continue to seek help and advice for urgent and essential health concerns.

It is important to ensure patients understand that although physical access to their general practice is restricted, they can access help and advice remotely. Practices should now be offering routine care as usual, wherever safe, making use of virtual options wherever that is possible.

Specialty referral pathways

GPs should continue to refer patients to secondary care using the usual pathways and to base judgements around urgency of need on usual clinical thresholds (taking

into consideration need for non-face-to-face consultations, likely delays in restarting routine elective activity, and communicating likely delays to patients at point of referral). NHS Digital has produced guidance on the NHS e-Referral Service (e-RS) in this context. GPs should continue to use specialist advice and guidance where available to inform the management of patients in primary care.

Some patients may wish to defer their referral due to concerns about the risk of contracting COVID-19. **If you are unable to follow usual practice, it is vital that appropriate safety netting is in place** and that the decision and the reasons for it are recorded.

Medicines and prescribing

Practices should not increase repeat prescription durations and should not routinely authorise repeat prescriptions before they are due as this could create pressure on the medicines supply chain; consider the use of electronic repeat dispensing instead.

Some practices do not accept orders for repeat prescriptions from third parties and expect to receive them directly from patients. Any practice following such a policy should review this urgently, as it may not support people to meet guidance on social distancing and isolation, and may delay shielded patients from receiving their medicines.

The Department of Health and Social Care (DHSC) and NHS England and NHS Improvement have published guidance on reuse of medicines in care homes or hospice settings.

Employment guidance, self-certification and fit notes (MED3)

The Department for Business, Energy and Industrial Strategy has published guidance for employees on COVID-19. Digital isolation notes provide patients with evidence for their employers that they have been advised to self-isolate due to COVID-19 and so cannot work. The notes can be accessed through the NHS website and NHS 111 online.

Employers may require fit notes for non COVID-19 health conditions. A fit note with a wet signature (defined as 'other medical evidence' required by medical evidence regulations) can be scanned and emailed to a patient. GPs should give due consideration to GDPR, with necessary consent. If an employer insists on a paper copy fit note, this can be posted to the patient.

Verification of death and death certification

DHSC has published guidance on verifying deaths during this period, including how to access remote clinical support (for non-clinicians verifying a death outside hospital). Updated guidance on death certification, registration of death and cremation forms for medical practitioners has been published on our website. CQC has produced guidance on when it should be notified of deaths related to COVID-19 and updated the Regulation 16 (death notification) form.

Support for patients and the public

NHS volunteer responders can be asked to help people who need additional support. The practice team can make referrals via the NHS volunteer responders referrers' portal or by calling 0808 196 3382. Patients can self-refer by calling 0808 196 3646 between 8am and 8pm. Guidance for primary care professionals on how to make best use of NHS volunteer responders can be found on the FutureNHS website.

Social prescribing link workers can work closely with GPs, local authorities, community services and voluntary sector partners to co-ordinate support for people identified by health and care professionals as especially vulnerable, particularly those who are shielding. More information can be found on our website.

Mental health, dementia, learning disability and autism

Patients may feel distressed, anxious or low in response to the COVID-19 outbreak. Every Mind Matters has resources on mental wellbeing; NHS.UK has information on stress, anxiety, depression and wellbeing, and where to get urgent or emergency help for mental health needs.

Patients should be referred as usual to mental health services. All areas are putting in place 24/7 all-age open-access NHS mental health crisis support lines. We have published specialty guidance on learning disability and autism in the context of COVID-19. Information on the care of people with dementia in the context of COVID-19 is available on the British Geriatric Society website.

Suspected or diagnosed cancers, including ongoing cancer treatment

Practices should continue to refer patients who fulfil NG12 criteria. Secondary care will triage and prioritise if capacity constrained. Practices may be asked to support prioritisation with additional tests alongside referrals, if they have appropriate access. Practices should ensure they implement effective safety netting for people

presenting with symptoms. Post-referral, secondary care will use patient tracking lists where investigations take place at a later date. Clear processes for clinical assessment if there is any change/deterioration in a patient's condition are vital.

Secondary care continues to require consent from the referring clinician in primary care if considering circumstances for the downgrade of any urgent cancer referrals as a clinical decision.

Patients due to begin or undergoing cancer treatment will consider with their oncologist whether to start/continue this during the pandemic. Some patients may wish to defer referral/treatment – if practices are unable to follow usual practice, they should ensure decisions and reasons are recorded and safety netting in place.

Practices are encouraged to contact their local Cancer Alliance for further advice and guidance, including on cancer diagnostic services

Marginalised groups in the context of COVID-19

General practices can play an important role through working with voluntary and community organisations to make sure those who are most excluded have access to primary care services.

People experiencing homelessness: Local authorities have been tasked with providing accommodation for the rough sleeping population. This may mean your registered patients have been displaced out of area and/or a group of homeless people have been relocated into your catchment area. Practical resources are available from the Faculty of Inclusion Health and the FutureNHS Collaboration space (contact FutureNHS for access).

PHE has published advice on **healthcare for refugees and migrants**. Doctors of the World can provide specialist advice on working with asylum seekers and refugees.

Gypsy, Roma and Traveller communities face some of the most severe health inequalities and poor health outcomes in the UK. Friends, Families and Travellers has a service directory on its website, and relevant information on COVID-19.

Care homes

We wrote to CCGs, general practice, and community health services on 1 May requesting that primary care and community health services help in taking immediate action, building on what practices are already doing, to support care homes in

tackling COVID-19 and to ensure that care home residents receive the best possible NHS care in this challenging time. This should include:

- a consistent, weekly 'check-in', to review patients identified as a clinical priority for assessment and care
- developing and delivering personalised care and support plans for residents
- providing clinical pharmacy and medication support to care homes.

Reference to government guidance for care homes on the admission and care of residents during the COVID-19 pandemic may be helpful.

Advance care planning

Patients who have capacity should be centrally involved in planning their care. The key principle is that each person is an individual whose needs and preferences **must be taken account of individually**, as outlined in our letter to healthcare providers and the BMA, CPA, CQC, and RCGP joint statement on advance care planning.

- Guidance on advance care planning can be found on the NHS.UK website; note people living with dementia can require a specific approach; further guidance is available on our website.
- We have developed a template advance care plan and patient-facing guidance in the context of COVID-19.
- The Resuscitation Council has information on the ReSPECT process of treatment escalation planning and resources and guidance in the context of COVID-19.