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Guidance and standard operating procedures

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

Version 3.4

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 since v3.3 (24 June 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 is available here.

To provide feedback about this SOP please complete this email template.

Operational queries should be directed to your commissioner.

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1. Background

1.1 Scope

This guidance applies to general practices operating under contract to the NHS in England, including those providers that 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 Case definition of COVID-19 and government guidance

Public Health England (PHE) has the current case definition for COVID-19. Please refer to government guidance on COVID-19 for general public information.

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 refer to the latest national guidance. This includes videos and posters demonstrating correct procedures for donning and doffing 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, potential reductions in staff numbers, and the need to separate face-to-face consultations for patients with symptoms of COVID-19 from those for 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.

Practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination, screening and immunisation, contraception and health checks, in the context of the advice below. Please refer to the 31 July letter from Simon Stevens and Amanda Pritchard for information on the third phase of the NHS response to COVID-19 and its associated implementation guidance, our 9 July letter for updated information on GP contracts and income protection, and our 4 August letter for details of the COVID-19 support fund for general practice. Reference to our clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19 may also be helpful.

2.1 Key principles for general practice

- Practices should **restore activity to usual levels** where clinically appropriate, and **reach out proactively to clinically vulnerable patients** and those whose care may have been delayed
- Practices should be **open for the delivery of face to face care,** whilst **triaging patients remotely in advance** wherever possible.
- Ensure that an **online consultation system** is in place to support total triage; contact england.digitalfirstprimarycare@nhs.net for support if required.

- **Remote consultations** should be used when appropriate, making reasonable adjustments for specific groups when necessary. Reference to the General Medical Council guidance on remote consultations may be helpful.
- Ensure that video consultation capability is available and offered to patients when appropriate. We have published principles on safe video consulting which may be helpful.
- Ensure patients have clear information about the new ways of working and how to access GP services; this information should be made available in accessible formats to all patients, including those who do not have digital access, and those who have English as a second language.
- Practices should work together to safely separate patients with COVID-19 or symptoms of COVID-19 from the wider population; see section 2.2 of this document.
- **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 multidisciplinary team (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, clinically prioritising care to those most in need of support.
- As capacity allows, general practice teams should:
  - proactively address health needs that may have increased, developed or gone unmet during the initial phase of the pandemic – including health inequalities and mental health issues
  - accommodate changes in how patients want to manage their care and treatment, including supporting patients with self-care and self-management.
- Referrals should continue to be made as usual and as appropriate.

- Patients should be prepared and supported to be involved in all decisions about their care. Shared decision-making about risk, treatment escalation and advance care planning are particularly helpful.
- Identification and notification of people who are clinically extremely vulnerable (CEV) from COVID-19 should continue, as advice to shield may be reinstated.
- Patients without symptoms of COVID-19 booked for face-to-face contact should be advised to inform staff if they develop symptoms of COVID-19 or have been advised to isolate, and asked again before consultation.
- **Patients with symptoms of COVID-19** may make direct contact with practices, or be referred to general practice by NHS 111/the COVID-19 Clinical Assessment Service (CCAS). If patients present directly to general practice, they should be assessed by the practice rather than redirected to NHS 111, as this poses significant risks to unwell patients.
    - Ensure that an adequate assessment is undertaken to exclude alternative diagnoses in patients with symptoms of COVID-19.
    - Where available locally, consider the need for remote monitoring, using pulse oximetry, of patients with confirmed or possible COVID-19.
- For any face-to-face assessment of a patient who is self-isolating, eg **due to contact with someone with 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. Government has published advice on the use of face masks and face coverings by staff and the public in primary care.
- Co-ordinate care so that as much as possible is done in a single consultation, avoiding the need for multiple visits
- Use careful appointment planning to minimise waiting times and maintain social distancing in waiting areas; consider measures such as asking patients to wait in private vehicles, where possible, to reduce numbers in communal spaces.

2.2 Options for face-to-face patient assessment

When face-to-face assessment is required, consider the following options for cohorting patients to separate those with symptoms of COVID-19 from all other 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.

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 as limited as possible. 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 face-to-face consultations

Please refer to the infection prevention and control guidance. Preparatory measures in healthcare settings include:

- Use clear signage to direct patients to the appropriate site/space.
- Ensure alcohol gel/handwashing facilities are readily available for patients and staff, including at site entrances.
- De-clutter communal spaces and clinical rooms to assist decontamination.
- Communal areas should allow for physical distancing between patients; consider the use of floor markings, seating arrangements and signage to support this.
- 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.

Please also refer to the Health and Safety Executive guidance on making your workplace COVID-secure, and government guidance on working safely during coronavirus (COVID-19).

Government has published advice on the use of face masks and face coverings by staff and the public in primary care.

The safety of both our staff and our patients is of paramount importance and face coverings or face masks should be worn by patients in a practice setting, in-line with government guidance. We expect that all patients who are able to do so will follow these recommendations.

For the small number of patients who may not follow this guidance we fully support practices in ensuring that they can take all reasonable steps to identify practical working solutions with the least risk to all involved. Practices should undertake a risk assessment which should consider, for example:

- Offering the patient a mask, if the patient is willing to wear one
- Booking the patient into a quieter appointment slot, or in a separated area
- Providing care via a remote appointment

Symptomatic patients may be given a surgical face mask to minimise the dispersal of respiratory secretions and reduce environmental contamination, as per infection prevention and control guidance.

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 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.

In response to an outbreak, shielding may be reinstated for people who are CEV; see section 2.6 in this document for more guidance.

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. Frontline health and care staff can now also access volunteer support for themselves, including delivery of groceries, dispensed medication and essential items, by calling **0808 196 3646.**

Practice staff should use the COVID-19 staff absence tracker 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 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.

Staff testing

Essential workers with symptoms of COVID-19, or those in their households, 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 28 May letter clarifying how this will be implemented for staff working in primary care. The indemnity arrangements for staff antibody testing in general practice are clarified in an FAQ on the NHS Resolution website.

Staff at increased risk from COVID-19

Our 25 June letter states that all staff should be risk assessed and mitigations should be put in place as required; consider whether staff should work from practice premises or from home, whether they should see patients face to face, and any additional measures that the practice or PCN can put in place to support staff safety. We have developed guidance on shielding and returning to work.

NHS Employers has published guidance on risk assessments for staff. The Faculty of Occupational Medicine has published the Risk Reduction Framework for NHS staff (including Black, Asian and minority ethnic BAME staff) who are at risk of COVID-19 infection. 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 as appropriate for all staff to increase social distancing and reduce community transmission of COVID-19. GP practices should support staff to follow stringent social distancing requirements if they are not able to work from home.

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

COVID-19 case reporting and coding

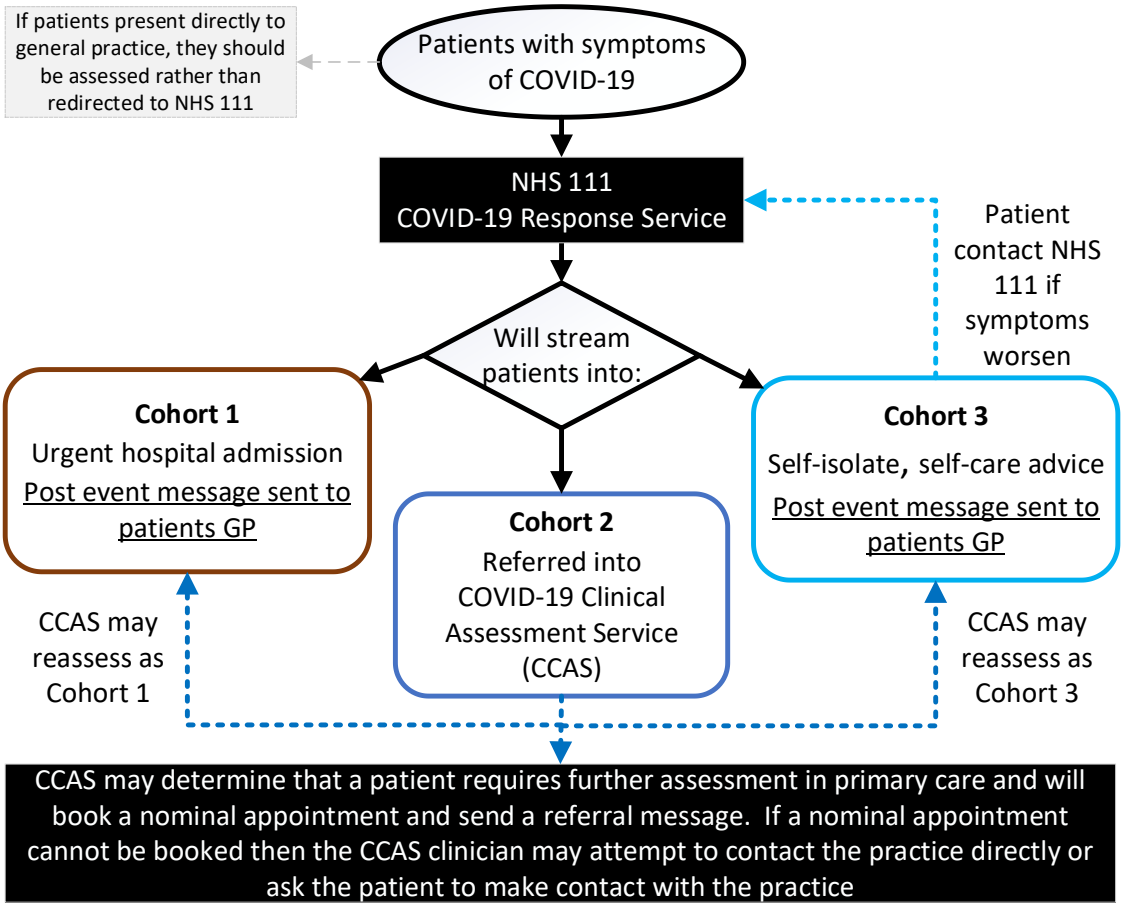
COVID-19 is a notifiable disease; please refer to PHE guidance on reporting notifiable diseases. Suspected COVID-19 cases should be notified by general practice. Test-confirmed cases will be notified by the laboratory. PHE provides guidance on which cases should also be reported to local health protection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

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

Patients with symptoms of COVID-19 may make direct contact with practices or be referred to practices by NHS 111/CCAS. If patients present directly to general practice, they should be assessed by the practice rather than redirected to NHS 111, as this poses significant risks to unwell patients. The flowchart below describes the pathway for patients who make initial contact with NHS 111.

Flowchart for NHS 111, CCAS and GP interface



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 September, 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.

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

- People with symptoms of COVID-19 can apply for testing via the NHS website or by calling 119.
- 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. Practices should consider how they could work together to support remote monitoring of patients with symptoms of COVID-19; this work may need to be stepped up in response to increases in local prevalence of COVID-19.
- Your COVID Recovery provides patient-facing information to support people recovering from COVID-19.
- NICE has published rapid guidance for relevant conditions in the context of COVID-19, including Managing suspected or confirmed pneumonia in adults in the community 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 the 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 Patients at increased risk of severe illness from COVID-19

Government guidance identifies patients who are clinically vulnerable (CV) (at increased risk of severe illness from COVID-19) and those who are clinically extremely vulnerable (CEV) from COVID-19 (who were previously advised to shield themselves). Our 8 July letter outlines updated guidance for children and young people. The RCGP has produced guidance on CEV patients. Government has paused shielding advice from 1 August. People who are CEV may be anxious about accessing health services: GP practices should support them by explaining the infection prevention and control measures that they have taken to make their practices safe. Government has sent a letter to CEV patients, which includes information about changes in how they should access health services.

The Shielded Patient List will continue to be updated as before. This is critical as advice to shield may be given in response to a local outbreak or lockdown. NHS Digital will continue to identify patients via the central algorithm, and notify them by letter. Identification and notification of people who are CEV from COVID-19 should continue and patients made aware of this. More information on this process is available on the NHS Digital website.

2.6 Patients advised to shield themselves (only applicable if specifically instructed to do so)

In the event of a coronavirus outbreak, patients who are CEV from COVID-19 may be advised to shield. In this scenario, practices and patients will be informed, and practices should reinstate the key actions for shielded patients below.

Key actions for general practice for shielded patients

- Ensure the patient has a 'high risk' flag in their care record which is 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 and support plans and undertake any essential follow-up. We have published guidance on personalised care and support planning and the National Academy for Social Prescribing has developed a personalised wellbeing plan for people shielding.

- Support patient self-management.
- Support patients with urgent medical needs (note that patients may also need to contact their specialist consultant directly).
- Provide care at home wherever possible; if this is not possible, provide safe care in infection-controlled clinical settings in line with infection prevention and control guidance. Further advice can be found in our 4 June letter.
- People who are shielding 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

Electronic repeat dispensing should be used where suitable to help patients secure their regular medicines supply. An NHS home delivery service may be commissioned from both community pharmacies and dispensing doctors to ensure delivery of medicines to shielded patients. Patients will be notified of these arrangements directly. Commissioners will inform your practice of these arrangements locally.

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). Where a practice has online registration options, a supporting signed letter from the patient, posted or emailed to the practice, is acceptable to complete the registration. Information required for online patient registrations can be found on the GMS1 guidance on the GOV.UK website.

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.

Safeguarding

Clinicians should consider when remote, video and face-to-face consultations are appropriate, particularly for vulnerable patients. All clinicians need to remain vigilant and professionally curious, and should retain a low threshold for bringing in a patient for a face-to-face consultation if there are safeguarding concerns.

Practices should ensure their safeguarding policy is updated and accurately reflects issues around conducting remote consultations and managing digital imagery. Reference to our principles on safe video consulting, the General Medical Council guidance on remote consultations and the RCGP's safeguarding resources may be helpful. Further resources for safeguarding can be found on our website and advice may be available from the National Network of Named GPs' (NNNGP).

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 increased risk of deterioration or harm

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.

Government has published guidance on domestic abuse and how people can get help during the COVID-19 outbreak.

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 and avoid unnecessary outpatient activity. These services should strengthen existing care pathways and keep patients away from hospital settings unless a referral is necessary.

Medicines and prescribing

Practices should not increase repeat prescription durations and should not routinely authorise repeat prescriptions before they are due as this could put 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 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. Employers have been asked to exercise discretion in asking for medical evidence to support periods of sickness absence at this time, which again should reduce fit note requests

(including a signature). These notes should be scanned and emailed or posted to a patient. Employers should accept e-mailed notes which are classed as 'other medical evidence'. GPs should give due consideration to GDPR, with necessary consent. GPs can issue fit notes for a clinically appropriate period of up to a 13 weeks in the first six months of a condition, in line with existing guidance.

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. PHE has published guidance for care of the deceased with suspected or confirmed COVID-19.

Support for patients and the public

NHS volunteer responders can be asked to help people who need additional support. Patients can self-refer by calling 0808 196 3646 between 8am and 8pm. The practice team can make referrals via the NHS volunteer responders referrers' portal or by calling 0808 196 3382. 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 and experiencing health inequalities. They are well placed to support people affected by the social and economic implications of the pandemic affecting people's health and wellbeing, such as loneliness, debt, housing or unemployment, and connect them to the appropriate health coaching and community offers in line with social distancing protocols. 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. We have published a specific framework for personalised care planning in the Dementia: good personalised care and support planning guide.

Practice staff should work proactively with secondary mental health care services to identify which individuals on the severe mental illness (SMI) register are due a physical health check. Services should engage with eligible individuals to explain the purpose of the check and agree a suitable and safe way for it to be completed. Where face-to-face checks are not possible, practices should complete elements remotely, where practicable. Reasonable adjustments should be made to accommodate the needs of people with SMI in the completion of checks.

Practices are asked to support Learning from Deaths reviews for people with a learning disability and release case notes to reviewers as quickly as possible (ideally within a week of a request being made using the secure Learning Disability Premature Mortality Review (LeDeR) web-based portal). If preferred, a GP can have a direct discussion with a LeDeR reviewer. More information is available on our 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 is constrained. Practices may be asked to support prioritisation with additional tests alongside referrals, if they have appropriate access. Practices should ensure they record any decisions with reasons where referrals are delayed, or if they are unable to follow usual practice, and that 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 are vital if there is any change/deterioration in a patient's condition.

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 in the context of COVID-19. Some patients may wish to defer referral/treatment.

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

Health inequalities and inclusion health in the context of COVID-19

COVID-19 has had a disproportionate effect on certain sections of the population – including older people, men, people living in deprived areas, BAME groups, those who are obese and who have other long-term health conditions, mirroring and reinforcing existing health inequalities, as highlighted in the PHE review of disparities in risks and outcomes and the PHE report on the impact of COVID-19 on BAME groups. Furthermore, the long-term economic impact of the pandemic is likely to further exacerbate health inequalities. Our 31 July letter highlights the need for collaborative work with local communities and partners to reduce health inequalities, and recommends urgent actions that health systems should take in this area. Our 9 July letter highlights the need to ensure that all patients are supported to access comprehensive primary care.

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, and through working within PCNs to shape interventions around community needs, using co-design and co-production.

People experiencing homelessness: Local authorities were 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.

As previously planned, certain preparatory requirements for the Enhanced Health in Care Homes service (EHCH) described in the Network Contract DES and NHS Standard Contract will come into effect from 31 July, with the clinical service requirements starting on 1 October. CCGs, general practice (as part of PCNs) and community health services should transition from the COVID-19 interim care home service to the EHCH service. Further information on the transition and best practice guidance for the EHCH service are available on the GP Contract web page.

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, circumstances 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 COVID19.

Symptom management and end-of-life care

NICE has published guidance on managing COVID-19 symptoms (including at the end of life) in the community.

The British Geriatric Society has produced a resource collating guidance on end-of-life care in older people in the context of COVID-19, including specific advice for end-of-life care for patients with COVID-19 who have dementia.

We have published a SOP for children and young people with palliative and end-of-life care needs who are cared for in a community setting (home and hospice) during the COVID-19 pandemic.