

Coronavirus – RAG rating for all practice activities

Red

Will remain in place regardless of scale of virus outbreak. May need designated clinics to keep people as safe as possible when coming into the surgery.

- **INR 's**
- **Dressings** - (although encourage self-care where this is feasible, especially for older more vulnerable patients)
- **All Injections** - Prostag, aranesp, clopixol, testosterone, contraceptive depo, B12. (GP to clarify)
- **DMARD bloods** – will need designated DMARD clinics due to additional immunosuppression risk

For any red items, if a patient declines to come to the surgery for these due to coronavirus concerns a task is to be sent to the acute team so that a risk assessment can be carried out and an action plan determined. Please advise the patient they MAY receive contact from a healthcare professional to discuss it further.

Amber

These will remain in place for the time being but we may need to postpone them in future

- **Smears** – if a woman has received a letter for her routine 3 or 5 yearly smear, and has no symptoms, the risk is extremely low and it is likely safer at the current time to postpone this rather than attend the surgery (but if they still wish to attend they are welcome). If a woman has had treatment to her cervix, and is therefore receiving smears more regularly, it is likely more important to continue than delay if these if the woman is willing to attend. We plan to create designated smear clinics for anyone still requesting a smear so they can attend at a low risk time at the surgery.
- **Child Immunisations** – These are to continue for the time being, but will be done in designated clinics. Children receiving their vaccinations up to the 12-13m ones will be seen in the surgery at the same time as we do baby checks. Older children will be seen at a different time, again in a designated clinics
- **Post natal checks** - We will be offering designated clinics for the 6-8 week postnatal checks. We will broadly try and keep to the 6-8 week time frames, and will combine these clinics with the younger immunisation clinics. Where a mother prefers to not bring her baby for a check, we would encourage a phone consultation in the first instance instead
- **Shingles/Pneumo vaccinations** – The patients can be given a choice. We will not be routinely calling patients for these, but if a patient is eligible and would like to still come for this, an appointment can be booked

- **Coils / implants** – We will continue to offer contraceptive services and if a patient needs a change of coil / implant or wishes to start this as a new method etc they can do. We will be booking specific contraception clinics to minimise the risk to them and other patients.

Green

Those activities are to be currently postponed or where feasible converted to a telephone consultation. No further routine face to face bookings will be made for these activities at this current time (see exceptions under each activity).

- **Ear Syringing** - This is not a clinically urgent procedure and it is our view that the risks of coming into a GP surgery for this procedure outweigh the benefits. Patients should be encouraged to use oil for longer, or consider paying for microsuction (eg spec savers) which will be lower risk. Where a patient is insisting that they still have the procedure done here, or has pain etc a task is to be sent to the acute team and a clinical judgement will have to be made
- **Chronic reviews** – Most chronic disease reviews by definition involve more vulnerable patients. For whom it is much less safe to be attending to surgery. Any chronic disease reviews currently booked can be done over the phone if feasible or cancelled (patient preference). We are not booking any further routine chronic disease reviews (asthma / COPD / IHD / diabetes) for 4 weeks and then will reassess. Where a patient has a particular concern / symptom this should be managed on the triage list initially.
- **Q risk** – These appointments can be done on the phone rather than face to face
- **Medication monitoring bloods** - Annual blood test monitoring for most conditions is not essential and can be delayed. For most patients the risks of coming for a blood test outweigh any benefits. This is the case for any routine monitoring except DMARDS (see red category). We will still need to do a handful of these that are out of range, and will still need to do acute bloods for those who are unwell.
- **Pill Check** – These are not essential if it is a routine pill check for someone well established on it. Task the acute team and the medication review can temporarily be moved forward. If the woman prefers to consider alternative forms of contraception or has a concern then this will initially be managed on the triage list
- **Dopplers** – These are only to be booked in on the say so of a clinician who will have deemed it very important that the procedure takes place to justify that face to face contact
- **Statin blood tests** – It is not necessary at this time to bring patients in for routine cholesterol / blood tests and we cannot justify the risk of this
- **Spirometry** – Most spirometry is not essential in the current circumstances and cannot be justified. Only if a clinician deems it to be important then a suitable appointment can be booked.

- **Medicals** - This is non NHS work and in the current circumstances we are not going to have capacity to do anymore medicals that require face to face appointments. Patients who are already booked can keep their appointment for now, but no more will be booked and the patients need to be advised to search online for private providers for HGV etc
- **NHS health Checks** – We will not be inviting patients for NHS health checks at the current time
- **24hr BP** – Routine 24 hour BP recordings, or BP checks are not vital and will not be offered at this time. If there are particular patient concerns about blood pressure or they are in the middle of changing over medications, a task is to be sent to the acute team. Only if a clinician deems a 24 hour BP appointment essential will this be booked.
- **ECGs** – ECGs will only be done if they are deemed necessary by the clinical team for an acute problem – such as chest pain. Routine annual ECGs can be delayed
- **Smoking** – We will not be offering ‘stop smoking’ clinics at this time. Patients can access a variety of things to help from the pharmacy

If a patient has a particular difficulty with not being able to book for these activities, a task is to be sent to the acute team who can make an assessment and contact the patient IF required