Tameside and Glossop CCG/LMC General Practice Guidance
V5 15/7/2021

Delivering general practice during the Covid-19 pandemic

Use of Practice Buildings

T&G Covid and BCP guidance is available at:
http://nww.tamesideandglossop.nhs.uk/documents/PracticeCovidandBusinessContinuityGuidancev2FINAL.pdf

Consider your surgery's layout and facilities including any aspects of this to be maintained after 19th July:

- How do patients enter the building? Could there be a separate entrance for certain groups?
- Is there an automatic door /intercom in place to help manage footfall? Is there clear messaging the practice is open however that the model of delivery has changed?
- What hygiene facilities are there for patients? Is there a hand gel dispenser where they come in?
- Are there clear floor markings showing patients where to wait 2m apart?
- Do patients need to wait in the waiting room? If so, are the chairs wipe able? Are the chairs spaced 2m apart?
- Ensure all staff have had a risk assessment (GM Guidance is available http://nww.tamesideandglossop.nhs.uk/GPGuides.htm)
- Consider how you can further promote self-care. Could you use targeted MJOG campaigns to promote:
    - Online access to records
    - Self-monitoring eg BP
- Consider care navigation for every patient contact

Styles of Delivery

Is there clear messaging and engagement with patients, including with the PPG on changes to the styles of delivery, including communication of digital ambition. Think about how this information can be made accessible to all, including those who do not have digital access and those for whom English is a second language

Always consider what can be done remotely:

- Does this patient need a face-to-face (F2F) consultation?
    - Consider double triage with a colleague
    - If does need F2F, who needs to do it? What else can be done at the same time? Can multiple tasks usually requiring different members of staff be done by just one person instead?
    - And if F2F contact is required the aim should be to minimise the time within any patient consultation to protect the patient and health care professionals
- Does the patient need to come into the building? Could care be delivered outside eg injections? INRs? Blood tests?
- Continue to manage possible or confirmed Covid 19 positive patients remotely where clinically appropriate to do so
- Continue to use remote saturation monitoring if available
- Home visit requests: consider if care can be provided by telephone or video consultation.
    - Can a family member/neighbour help with this if the patient doesn't themselves have a smartphone or tablet?
    - Could another HCP visit the patient and do observations and provide the video link back to a GP working in the practice or remotely?
- All patients to wear face covering/masks whilst in the practice
- Can you stagger patient appointment times?
- Consider having one list on your appointment book for all face-face appointments so everyone knows when patients will be entering the building and from which entrance.
- Consider trying to ensure that clinicians are ready and waiting for patients when they arrive.

Routine Activity

See the attached updated list for further ideas on how individual aspects might be delivered.

Consider how services could be offered by other practices or across a PCN or through the pre-bookable element of PCAS if an individual practice is unable to do so.

Continue to refer as normal – if it's not going to change your management don't see the patient F2F and don't do bloods. Use Advice & Guidance to discuss non-urgent referrals wherever appropriate, particularly if there may be a delay in further secondary care assessment.

All work should be reviewed with consideration given to:

- Staff risk assessments
- Ability to socially distance patients from each other
- Capacity
- PPE availability

Protective Equipment

See attached guidance regarding protective equipment

Video Consultation Guidance

NHSE guidance for staff consulting via video with patients at home is available. This covers IG, medico-legal, consent and guidance for remote examinations.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf

The GM GP Excellence Team have also published guidance https://gmprimarycarecareers.org.uk/wp-content/uploads/sites/6/2020/07/Appendix-2-GP-Excellence-resources-to-support-remote-working-in-General-Practice.pdf

Service	Advice	Links
Acute care:		
Unwell patients	Access via tel/video/online consultations as per practice arrangements. Video links for patient self-assessment HR and RR.	Heart rate: https://www.youtube.com/watch?v=5GkYV-6UETE Resp rate: https://www.youtube.com/watch?v=hGatekSgCNk
Acute home visits	Encourage care homes to use pulse oximeters, thermometers and electronic sphygs; use telephone/video and obs where possible to assess. Try to exhaust all other avenues before visiting - consider who is best placed in your team to visit the patient, eg could a HCA visit do obs and bloods and enable video consultation with the patient?	
Cancer care: assessment of new potential cancers and ongoing care of diagnosed cancers	Telephone/video consult; consider if it could be performed remotely e.g. skin lesions by photo or postmenopausal bleeding for immediate referral. F2F only if it will change your management.	
Routine care:		
Ear wax removal	Deliver as capacity allows, in the meantime consider encouraging patients to buy OTC bulb syringe.	
Minor surgery and joint injections	Offer these where capacity allows and it continues to be clinically appropriate	
Ring pessary	Changes can be deferred up to a total of 6 months from when the change was due. Use tel consults to review patients due for change and identify those that need to be seen sooner.	https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-09-bsug-guidance-on-management-of-urogynaecological-conditions-and-vaginal-pessary-use-during-the-covid-19-pandemic.pdf
Contraception:		
Coils and Implants	Offer routine LARC initiation/changes where capacity allows. Coil and implant removals should be done where clinically necessary. Consider changing to POP for the interim if no service available. Follow FSRH guidance on extending use beyond license	https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/
Depot Injections	You could consider switching to POP but if giving Depot wait 14 weeks per FRSH guidance, do r/v over telephone and minimise F2F contact time to just administering injection; or consider patient administered Sayana Press	https://www.pfizerpro.co.uk/produc t/sayana-press/long-term-femalecontraception/sayanar-press-selfadministration
Pill check	Consider asking patients to complete online questionnaire - there's one in eConsult. Or tel/video consult. Follow FSRH guidance on whether it's reasonable to renew a prescription without a recent BP reading	https://www.fsrh.org/fsrh-and-covid-19-resources-and-information-for-srh/
Injections:		
B12	Only for pernicious anaemia or neurological symptoms; consider changing all others to oral	
Prostap	Consider teaching patients to self-administer if appropriate	
Aranesp	Consider teaching patients to self-administer if appropriate	
Clopixol	Consider teaching patients to self-administer if appropriate	
Testosterone	Consider changing to topical testogel	http://gmmmg.nhs.uk/docs/ip/Testosterone-info-sheet-for-GPs-Final-version-approved-by-FMESG.pdf
Preventative care:		

Palliative care including anticipatory care and EoL discussions	These conversations should ideally be done via video link where possible and all end of life and ceiling of care conversations must be made on an individual basis; proactively complete DNAR / SOI forms and prescribe anticipatory meds.	
Frailty	All residential home patients to have Advanced Care Planning including discussion re: DNACPR, Preferred place of care	
Chronic disease reviews:	Consider using a risk stratification tool to prioritise workload. 21/22 QOF changes guidance is available. QOF has reverted to as specification and is not income protected.	https://s31836.pcdn.co/wp-content/uploads/UCLPartners-Primary-Care-Support-Package-April-2020-FINAL.pdf https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf
COPD	Tel / video consultation; where needed, spirometry guidance is available; it is not considered an AGP by ARTP (see guidance) but does need additional infection control risk assessment. Consider PCN model of spirometry delivery, eg car park/drive through. GM Task Group also working on possible delivery model guidance – this will be shared once available. Please continue to manage suspected COPD and asthma in the community until further guidance is available. As per NICE Guidance referral for specialist advice is recommended for COPD if pt not clinically stable.	Spirometry guidance at 2.4.19 (artp.org.uk)
Asthma	Tel / video consultation; consider home PEF monitoring. Questionnaire could be done via MJOG/Accurx	
Mental Health	The majority of the health check can be completed remotely if practices wish to do so. Relevant physical examination and blood tests will need to be completed face-to-face. Reasonable adjustments to be provided on an individual patient basis in line with practice policy. Updated SMI Healthchecks delivery guidance on intranet and CCG website.	http://nww.tamesideandglossop.nhs.uk/GPGuides.htm https://www.tamesideandglossopccg.org/clinical
Dementia	F2F reviews have been recommended for patients with dementia to allow full assessment of the changing needs of the patient. Practices should continue to apply their clinical judgement to the appropriate management of affected patients and the decision to provide a virtual or face-to-face review should be made on a patient-by-patient basis.	
Learning disability	The majority of the health check can be completed remotely if practices wish to do so. Relevant physical examination and blood tests will need to be completed face-to-face. Reasonable adjustments to be provided on an individual patient basis in line with practice policy. Updated LD Healthchecks delivery guidance on intranet and CCG website.	http://nww.tamesideandglossop.nhs.uk/GPGuides.htm https://www.tamesideandglossopccg.org/clinical
Rheumatoid arthritis	Current QOF guidance lists F2F review for RA002 indicator. We are seeking clarification on use of video and will confirm asap.	
Diabetes	Bloods and BP in practice; nurse to f/u with telephone / video consult.	
Hypertension	Encourage patient to buy monitor if possible and email in 1 week of home readings for review	
CVD	Guidance for management of CVD during the pandemic resources available at:	https://evessio.s3.amazonaws.com/customer/8603be9c-b8c3-49ef-86d2-e4ccb958c5d1/event/f7f018f1-82a1-4349-ab30-346a2eff9bac/media/General_Content/69f8e6d9-node_CVD_during_the_COVID-19_pandemic_-_guidance_for_primary_care_-_interactive_pdf-October_2020.pdf
Smears	As per NHSE guidance. Consider using AccuRx questionnaire or tel cons beforehand to gather history to reduce F2F time	

Monitoring:		
Bloods:		
DMARD & other shared care drug monitoring	Monitoring frequency in some cases may be extended in accordance with this guidance but should be assessed on a case by case basis, seeking specialist advice where necessary	
Other monitoring bloods e.g.ACEi, lithium, thyroid	Triage prior to appointment	
INR	Consider self monitoring - convert to DOAC where clinically appropriate; if doing F2F INR bloods - follow up with telephone appointment to minimise F2F contact – consider using PCN pharmacist to deliver this	
Home BP monitoring	If lending out machines to patients, ensure adequate cleaning between patients and consider 'quarantining' the equipment for at least 72hrs. Encourage patient to buy their own monitor if possible	
Routine annual ECGs	Clinician decision	
Vaccinations:		
Routine vaccinations, e.g. flu, pneumococcal	Should be done; prioritise vulnerable patients in high risk groups	
Child imms, postnatal & baby checks	Should be performed. Initial telephone consultation, including consenting for imms; F2F kept to minimum contact time; red books could be completed afterwards and collected at a later time or printed information could be posted to patients	
Travel vaccinations	Discussion with the patient to confirm what would be needed based on their travel; risk assess vaccination on an individual basis depending on circumstances	
DVLA medical examinations for essential workers e.g. HGV supermarket drivers	Continue	
New patient registrations especially for new residents for care homes and the homeless	Continue	

PROTECTIVE EQUIPMENT – T&G GUIDANCE

- Practice responsibility to assess individual risk to the workforce and to protect them from risk.
- Practice responsibility to reduce risk to patients in the boundaries of the practice.
- Risk cannot be abolished, only mitigated.
- Risk of infection reduces as prevalence of C19 decreases.
- Risk of infection increases as footfall through health spaces increases.
- Protective Equipment is more encompassing than PPE.
- PE is only as good as procedures in practices.
- Benefit of PE is undone by poor policies and training on:
  - Personal hygiene
  - Cleaning
  - PPE donning doffing
- Use of physical controls and protections will decrease PPE burn.

Protective Equipment - Environmental modifications to consider:

- All pts advised to wear face coverings/face masks
- Outdoor queue spacing can be marked on tarmac with line marking spray
- Queues should not intersect where possible.
- Provide instructions at gates/near queues.
- External doors should remain locked to control patient flow through practices.
- Consider removing handles where possible.
- Clean pushplates/handle after each use if manually unlocked ungloved.
- Internal non firedoors - wedge open where possible.
- Drop-off boxes - for pre-bagged biosamples, equipment.
- Fixed to wall etc or secured to surface with velcro.
- Drainable, washable, resilient, linable with plastic bags
- Pick Up Boxes - for lab samples, external mail, patient sample kits (nb confidentiality)
- Screens
  - e.g. Reception areas - High traffic areas where staff work - height to 180cm

  Despite screen being present, avoid patient-HCW interaction at the screen.
  - e.g. Offices - where 2m worker separation is impossible - such as face to face desks, fix between desks - height to 140cm

Personal Protective Equipment

- Provision of PPE is legally the employer's responsibility.
- NHSE will only supply General Practice with PHE advised PPE (Apron, Gloves, FRSM) from national stockpiles via the portal.
- Recommendations are drawn from WHO guidance 6 April 2020 *outpatient consultation room, home care* . Symbol + next to PPE indicates the recommendation goes beyond WHO guidance.
- Situation - CPR or Ventilated-at-home patient (AGPs)
  - +Washable cotton bandana
  - Visor
  - Respirator mask FFP2 or FFP3
  - Nitrile Gloves
  - Washable cotton gown
  - Disposable apron over gown
- Situation - Usual GP surgery or home visit direct patient care
  - Visor
  - Fluid Resistant Surgical mask
  - Disposable plastic apron
  - Gloves
- If patient symptomatic for Covid-19, add;
  - Washable cotton gown
  - +Washable bandana
- Situation - Pharyngeal/nasal swab testing - sessional activity
  - +Washable bandana
  - Visor
  - Respirator mask
  - Nitrile gloves
  - Washable cotton gown
  - Disposable apron over gown

Technology

- Use of 2 way AV (eg ring doorbell) at entry advised.
- Remote electronic door opening, controlled from inside advised.
- High level or hand held UV lighting – not advised (high cost vs uncertain benefit)
- Use AccuRx to send PDFs - to minimise surgery attendances
- Use of GP Online services where appropriate.
- Use of available webcams to support team meetings and avoid face to face contact across staff bubbles

Uniform

Provide uniform scrubs to your clinical workforce.
OK to wear clean scrubs to work, used scrubs not to be worn outside the workplace.

Covid Costs

Covid Claims Process ended however PPE via the portal continues to be funded.

When further funding becomes available, as it did with the additional flu costs, the cost associated with the covid vaccine programme and the Covid Capacity Expansion Fund, this will continue to be communicated to PCNs and practices.