Londonwide LMCs Guide

Londonwide LMCs Guide: Covid-19 - Supporting Safe Care In General Practice - A Londonwide LMCs Living Guide

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A dynamic version of this guide which is updated live is available here:
https://covid19.lmc.org.uk/living_guide/updates/

Document Tracker

Updated piece	Section in document
Long Covid (links to NICE Covid-19 rapid guideline: managing the long-term effects of Covid-19 and national guidance for post-Covid-19 syndrome assessment clinics)	5.1
Continuing to provide essential non-Covid-19 services (new guidance on medicines management: drug monitoring and administration during the Covid-19 pandemic)	7.0
Non-acute general practice services (updated guidance on non-acute essential care)	7.2
Non-acute general practice services (updated guidance on mental health drug monitoring)	7.2
Non-Covid-19 acute care (new guidance on implementing cancer care guidelines during Covid-19)	7.3
Long-term condition clinical care resources (updated guidance on management of long-term conditions during and post-Covid-19)	7.4
New piece	**Section in document**

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Contents

A list of links to key guides and templates within this guide can also be found here.

To access updates please bookmark our website (www.lmc.org.uk/coronavirus-covid-19.html) which will link to the latest version as this document will be regularly updated.

Preface

This living document is produced by the GP medical directors of Londonwide LMCs in collaboration with clinical colleagues within the NHS system in London to guide London's GP practices to best help our patients. We have produced this guide in the early stages of an unprecedented coronavirus (Covid-19) pandemic during which the imperative is to flatten the curve to enable NHS services – emergency, hospital, community and primary care – to work together to beat the consequences of a novel infectious disease, currently still in the context of substantial risk, that services might become overwhelmed. Such times demand rapid learning and change in practice.

The balance of power between our ability to prevent disease versus end of life care has, for now at least, shifted. Given time this will change. But during this period where drastic social distancing appears to be the main defence, we must park our accustomed practices and give permission to ourselves to concentrate on the task at hand. That task is defined by safely caring for our patients' most pressing needs - be they Covid-19, or related to other key disease - maintaining immunity against diseases preventable by immunisation, preventing practice staff from being vectors of disease and caring for ourselves so that we remain fit to care for our patients.

We draw on available evidence and information from multiple sources, including real-time examples from China, Italy and elsewhere, and we recognise that, as in all times of trouble, there will be innovations and advances in both clinical practices and in the systems to support them. These may well challenge decades of traditional practice but our hope, as we work through this coming period, is for us all to get through and come out the other side safely, armed with those new solutions and ways of providing the care that will enable us to meet our patients' whole person needs for the rest of the decade and beyond.

Finally, I wish to pay special tribute to Londonwide LMCs' GPs Dr Lisa Harrod-Rothwell, Deputy CEO and Dr Elliott Singer, Medical Director for their unheralded insight and tireless work in creating this living guide.

Dr Michelle Drage MBBS FRCGP
CEO Londonwide LMCs

Before we start with practical details, please always remember…

You matter too!

It is important to acknowledge that a lot of us are feeling fearful and anxious. We are reminded that, as a profession and as individual health care workers, we have a duty to our communities and patients, and yet many of us are also concerned about our own family members, and that we may be exposing them to risk.

We are operating in a time of rapid change, moving away from the model of care that we were trained for. We are moving into new ways of working, pushing us out of our comfort zones at best.

We are trying to maintain the high standards of care for our patients - trying to keep on top of guidance, which is changing daily, sometimes hourly, and working in an understandably chaotic system in which roles and responsibilities of all providers and health care professionals in responding to the Covid-19 pandemic are urgently being determined.

We are repeatedly told that things will get worse before they get better. For many of us, this will be the toughest challenge that we have ever faced; it's understandable that many of us are experiencing fight, flight or freeze reactions.

Physical health

Remember:

1) Health care worker safety is paramount.
2) Protecting health care workers protects patients.

See our later sections on safe operating models and personal protective equipment (PPE).

Mental health

Remember:

1) Your emotional and psychological wellbeing matters too.
2) You are not alone.

See our later section on 'Caring for Ourselves'.

And finally, before we move onto the nitty gritty, please do remember that:

This Too Shall Pass

With that in mind, let us now move onto the practical advice and resources to support you during these challenging and unprecedented times.

Section 1: Ways of working

Additional LMC guidance referenced in this section:

- Operating a safe practice policy (updated 24.8.2020)
- Guide to practice closure consequent upon the impact of the Coronavirus (Covid-19) pandemic (updated 22.4.2020)
- Requirement for home visiting during Covid-19 pandemic (updated 1.5.2020)
- Safe and effective service delivery during the Covid-19 pandemic: practice check list (updated 1.5.2020)
- Covid-19 and care homes (updated 16.11.2020)

1.1 What is our new practice operating model?

Key messages

1) A different way of working is required to maximise the safety of patients, clinical and non-clinical practice staff.
2) Practices need to continue meeting the health needs of all their patients for non-Covid-19 related illness.
3) GPs/practice health care professional (HCPs) should undertake an initial remote assessment of all patients via online/telephone.
4) GPs should use video, if available, to undertake an initial examination, if technically possible and ethically appropriate.
5) GPs should only see patients face to face (in the surgery or through home visits) if an initial assessment deems it essential, and adequate precautions can be taken (including using appropriate PPE). See the link below for important advice to help determine whether a face to face encounter is warranted.
6) The duration of the face to face interaction, and the number of individuals who encounter the patient, should be minimised.
7) **Precautions, including wearing PPE, should be taken for all face to face encounters, irrespective of whether patients have or do not have symptoms of Covid-19.**

There is much more very important advice, to support you in operating a safe model to deliver care, in our document: Safe Practice Policy.

We have also produced a checklist to help you to ensure that your service operating model is safe and effective.

1.2 Home visiting

Please see our home visiting guide.

1.3 Supporting care homes

Key message

Care home residents include some of our most vulnerable patients, and recent national evidence illustrates the devasting effect Covid-19 is having on care homes.

Contractual requirements

1) On 1 May 2020 NHS England sent a letter outlining a 'Covid-19 Care Home Support Service' which was to be delivered by general practice to support care homes during the pandemic, in advance of the Enhanced Health in Care Homes (EHCH) Service element of the PCN DES commencing October 2020.

2) NHSE subsequently published requirements to 'Transition between the COVID-19 Care Home Support Service and the Enhanced Health in Care Homes Service in the PCN contract DES'. By 31 July 2020 PCNs were required to:
   - assign every care home to a single named PCN and
   - ensure a clinical lead with responsibility for these Enhanced Health in Care Homes service requirements was agreed for each of the PCN's Aligned Care Homes.

3) The Enhanced health in Care Home (EHCH) Service element of the PCN DES, with its clinical requirements, began on 1 October 2020.

4) As of 1 October 2020, a PCN must:
   a. Deliver a weekly 'home round' for the PCN's patients who are living in the PCN's Aligned Care Home(s).
   b. Using the MDT arrangements, develop and refresh as required a personalised care and support plan with the PCN's patients who are resident in the PCN's Aligned Care Home(s).
   c. Identify and/or engage in locally organised shared learning opportunities as appropriate and as capacity allows; and
   d. Support with a patient's discharge from hospital and transfers of care between settings, including giving due regard to NICE Guideline 27.

5) Please note that the clinical lead has responsibility for oversight of the Enhanced Health in Care Homes service component of the PCN DES. The clinical lead is not medically responsible and accountable for the day-to-day care of individual care home residents which remains with the registered GP.

   Please see the PCN Contract DES specification for full details, noting that there were amendments published on 17 September 2020. These amendments include a change to the requirement for the EHCH clinical lead; it states:

   "The amended DES has changed the requirement for the clinical lead under the Enhanced Health in Care Homes service to note that – by exception – the clinical lead may be a non-GP clinician with appropriate experience of working with care homes, provided this is agreed by the practices in the PCN, the CCG and the relevant community provider."

   For more information on the background to this and wider considerations on care home service see our Covid-19 and care homes guidance.

Guidance

1) The British Geriatrics Society has published a good practice guide on managing the Covid-19 pandemic in care homes for older people (published on 25 March 2020, updated 16 November 2020). This covers nine key areas in the care of residents, some of which replicate previous recommendations regarding advanced care plans, supportive treatments such as care home based oxygen therapy, and importantly multi-professional working, but also describes identifying Covid-19, where there may be differing presentations in the elderly, isolating residents, family visiting and decisions about escalation of care to hospital and end of life care.

2) The Framework for Enhanced Health in Care Homes (March 2020) outlines what needs to be in place for residents to benefit from the best model of care and support, working collaboratively and across boundaries. The Framework states that this supports the minimum service required, and that "*CCGs should continue to develop and separately commission, as required, services that go further than the minimum national requirements in order to implement a mature EHCH service and must consider maintaining such enhanced services where they already exist*".

3) A 'Novel coronavirus (Covid-19) standard operating procedure: running a medicines re-use scheme in a care home or hospice setting' was published by NHSE and DHSC in April 2020. Due to the current unprecedented impact of Covid-19, the Department of Health and Social Care (DHSC) and NHS England and Improvement are recommending a relaxation of previous recommendations and the NICE recommended good practice guidance to accommodate re-use of medicines, under very specific circumstances and only in a crisis situation as outlined. NICE has previously produced guidance on medicine management in care homes.

4) Page 12 of the London Primary Care and Community Respiratory Resource Pack gives guidance on the management of suspected Covid-19 infections in care homes for use by care home staff.

5) 'Admission and care of residents in a care home during Covid-19' provides guidance to care homes, local health protection teams, local authorities, clinical commissioning groups (CCGs) and registered providers of accommodation for people who need personal or nursing care.

1.4 Hot hubs

Following experience of the first wave of the pandemic, clinical pathways for face to face care of patients with acute Covid-19 are currently under review in many areas. We will update with links to local pathways and hot hub eligibility criteria when they become available.

1.5 Preparing a contingency plan for temporary closure of a practice

Key messages

1) Practices need to consider the impact of having 20-50% staff loss at any given time.
2) Practice closure should only be implemented if the practice has no other option and for as limited time as feasible.
3) Closure would be due to having insufficient staff to maintain a safe patient service.
4) Practices should discuss with their primary care network (PCN) and/or federation in the first instance how they can continue to support their patients.
5) Practices need to inform their CCG and NHS England's primary care commissioning team of the closure and, if possible, the expected period of closure.
6) Patients will need to be made aware and given advice on how they will continue to be able to access general practice care.

Please see our full policy for important details.

Section 2: Personal protective equipment (PPE)

Key message

1) **'No PPE, No See'** - Appropriate PPE must be worn for all face to face encounters.

Please access the PPE guidance and helpful posters demonstrating correct donning and doffing techniques**.**

Section 3: Safeguarding and domestic violence

For some of our patients, the advice "stay home-save lives" carries a serious threat. For some, home is not safe, and they bear-or witness-abuse and violence from which there is no escape. In six weeks since the 9 March this year, when people with coronavirus symptoms were asked to self-isolate, the Metropolitan Police say charges and cautions for domestic violence were up 24% compared with last year.

Safeguarding children and adults remains as critical during this pandemic as it at other times and general practice has a vital role. The responsibility for practices is the same, the way it is executed will be different during the lock down.

3.1 Safeguarding and the role of primary care

- Recognise when children/adults/families are struggling or potentially suffering abuse or neglect.
- Signpost to resources which can help (some useful links are included below).
- If you discuss a potentially worrying issue with a patient please ensure you obtain consent at the time (and record this) to discuss with other health partners and agencies, if applicable.
- Support vulnerable patients where possible.
- The roles of practice staff may be different at this time due to redeployment, self/household isolation, or shielding. So it may be possible for staff working from home other than GPs or GPs who are self- isolating to support safeguarding work within the practice during this difficult time.
- Refer to other agencies as available and appropriate. This may include:
    - Making safeguarding referrals through your local pathways – be aware these may be different from normal.
    - Continuing to share information as you would normally for the purposes of safeguarding, including for strategy meetings, child protection and adult safeguarding enquiries and safeguarding case conferences.
    - Keeping communication channels open with other key health/social care professionals who are involved in the care of vulnerable children and adults.
    - Join the Covid-19 safeguarding digital community of practice (linking staff across health and social care) here.
- Download the free NHS Safeguarding App which has local safeguarding contacts and information regarding processes.

- The RCGP has produced a useful document regarding Covid-19 and safeguarding including practical tips for remote consultations:
    - Check who else is in the house/room with the patient when you are consulting.
    - Ask about what support they have, how they are managing with isolation/schools closing/ social distancing.
    - Ask if they feel safe if they are alone.
    - Instead of our usual habit of using open questions, consider use of closed questions when asking about safety – questions with 'yes/no' answers may help a victim of abuse share that they are being harmed.
    - Encourage and promote ongoing social support and contact with friends and family through phone, video-chat etc.
    - Be professionally curious.

USEFUL TIP: Advise patients who are in immediate danger that if they dial 999 and then when the call is answered they key in 55 this will alert the call handler to the fact that the caller is unable to speak.

3.2 Resources to help you and your patients

- National Domestic Violence 24 hour Helpline: 0800 2000 247.
- Safelives: specific resources for domestic abuse and Covid-19.
- YoungMinds: supporting children and young people and their parents/carers with their mental health.
- Guidance for coping with crying babies: ICON: Babies cry: You can cope.
- Think families: an approach to support parents with mental health problems in improving child outcomes.
- NSPCC helpline: 0808800 5000.
- Social Care Institute for Excellence (SCIE) Covid and safeguarding hub.
- Follow #COVIDSafeguarding via @NHSsafeguarding, who will be posting daily updates and key messages.
- The Home Office has worked with key partners and charities to launch a new national campaign to raise awareness that support is still available for victims of domestic abuse, despite the Covid-19 stay at home guidance, click here for more information.

Section 4: Caring for patients with suspected Covid-19

Additional LMC guidance referenced in this section:

- The clinical course of Covid-19 – what do we know? (updated 26.10.2020)
- Guide to using pulse oximeters during Covid-19 pandemic (updated 16.1.2020)
- Monitoring of patients with suspected Covid-19 (updated 26.10.2020)

4.1 The clinical course of Covid-19 – suspecting the diagnosis

Key messages

1) Our understanding of this condition is increasing, but there is still much uncertainty.
2) Many patients with acute Covid-19 have involvement of their respiratory system, characterised by dry cough, dyspnoea, hypoexaemia and abnormal imaging results.
3) There are many different presenting symptoms; only 15% of patients present with fever, cough, and dyspnea.
3) There has been a change in diagnostic criteria for Covid-19 regarding anosmia. This has led to a change in the advice that any adult with anosmia but no other symptoms should self-isolate for seven days. ENTUK have provided further details regarding this.
4) Increasing evidence points to potentially large pools of asymptomatic transmission.
5) The main complications of Covid-19 mortality are pneumonia, or acute respiratory distress syndrome (ARDS) which can come on suddenly after seemingly mild symptoms.
6) Although most patients have mild -to- moderate disease, 5-10% progress to severe or critical disease, including pneumonia and acute respiratory failure.

Please use this link for further information about the clinical course of Covid-19.

4.2 Assessment of the severity of Covid-19 infection

Key messages

- Most patients with Covid-19 can be managed remotely with advice on symptomatic management and self-isolation.
- Although such consultations can be done by telephone in many cases, video provides additional visual cues and therapeutic presence.
- Breathlessness is a concerning symptom, though there is currently no validated tool for assessing it remotely.
- Safety-netting advice is crucial because some patients deteriorate in week two, most commonly with pneumonia.
- The Primary and Community resource pack has published a useful pathway on categorising patients with Covid-19 symptoms in the community.

- The BMJ has a very useful article and info-graphic regarding assessment. BMJ pathway.
- NHS London: Primary and Community care resource pack during Covid-19 also has information regarding remote assessment.
- We have produced this flow chart to assist in triaging children with, which we expect to be a particular challenge during the winter months due to the upsurge in non-Covid-19 illnesses which cause febrile symptoms.

4.3 Do I need an O2 saturation to complete the assessment? How do I obtain the reading?

Key messages

1) An O2 saturation test is only required if it may change management. However, be aware that a normal respiratory rate may be falsely reassuring as there are increasing numbers of anecdotal reports of patients without dyspnea who on testing are severely hypoxic.
2) The Roth score should **NOT** be used. It has resulted in false reassurance and critical events.
3) An O2 sats could be obtained through delivery models which minimise face to face exposure:
    a. Pulse oximeters delivered to a patient for ongoing monitoring.
    b. 'Drive through' pulse oximetry.
    c. 'Home visiting' pulse oximetry.

Please click here for our guide to using pulse oximeters during the Covid-19 pandemic which includes a patient action plan for oxygen saturation monitoring template letter.

4.4 Triaging suspected Covid-19 patients

Key messages

1) Patients' symptoms can be triaged into mild, moderate and severe.
2) There are very useful triage pathway diagrams and further information in NHS London: Primary and Community care resource pack during Covid-19.

    For example:
    I. Pathway diagram 1. Categorising patients with Covid-19 symptoms in the community.
    II. Pathway diagram 2. Triaging patients with moderate symptoms of Covid-19 but NO pre-existing lung disease or significant comorbidities.
    III. Pathways for patients with **pre-existing** lung conditions or comorbidities.

3) Reporting guidance for positive Covid-19 cases identified in those who have already received one or two vaccinations can be seen here.

4.5 Monitoring patients with Covid-19

Key messages

1) We recommend that practices develop a system for remote follow up of patients with suspected Covid-19 in the community, including those discharged into the community with ongoing symptoms.
2) The operating model must consider the immense demand and reduced workforce.
3) We are currently exploring technical solutions for self-reporting and stratifying patients so that practices are supported to clinically prioritise the patients who require clinician review.
4) Practices must be aware that there is now a requirement from NHS England regarding patients who have been assessed by NHS 111 requiring further follow up by general practice. NHS England have now confirmed that practices need to enable one appointment per 500 patients per day to be

available for direct booking by NHS 111.

We would suggest that practices setup a Covid-19 emergency list for this specific purpose which has been configured to enable direct booking by CCAS. The appointments should be used to follow up those patients assessed by NHS 111 as needing community monitoring. When cases are booked into these slots, the practice will need to:

- Review cases and clinically prioritise response to the patient.
- Arrange on-going management.

The list will need to remain active for the duration of the pandemic. Following the pandemic this list will no longer be required.

We have produced further advice regarding the operating model for monitoring of patients with Covid-19 which can be accessed here.

We will continue to develop this resource.

4.6 Referral/admission criteria for patients with Covid-19

Key messages

1) The clinical criteria that would warrant emergency admission are detailed in the pathway diagrams in NHS London: Primary and Community care resource pack during Covid-19.

4.7 Management of Covid-19 related, suspected or confirmed pneumonia

NICE have produced a very helpful guideline 'Covid-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community' that covers:

- Deciding about hospital admission.
- Managing breathlessness.
- Antibiotic treatment.
- Oral corticosteroids.
- Safety-netting and review.

Key NICE messages regarding antibiotic use:

1) Do not offer an antibiotic for treatment or prevention of pneumonia if Covid-19 is likely to be the cause and symptoms are mild.
2) Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if:
   a. the likely cause is bacterial, or
   b. it is unclear whether the cause is bacterial or viral and symptoms are more concerning. To help differentiate between bacterial and viral pneumonia the Centre for Evidence Based Medicine have produced some guidance, or
   c. they are at high risk of complications because, for example, they are older or frail, or have a pre-existing comorbidity such as immunosuppression or significant heart or lung disease (for example bronchiectasis or COPD), or
   d. they have a history of severe illness following previous lung infection.
3) When starting antibiotic treatment, the first-choice oral antibiotic is:
   - doxycycline 200 mg on the first day, then 100 mg once a day for five days in total (not in pregnancy).
   - Alternative: amoxicillin 500 mg three times a day for five days.

4.8 Palliative care for patients with Covid-19

It is likely that we will be caring for many end of life patents in the community due to Covid-19.

Experts have been compiling resources to support us. For example:

- NICE and RCGP have both produced guidance regarding palliative care, including symptom management.
  - There is a palliative care section in the NHS London: Primary and Community care resource pack during Covid-19.
  - The London End of Life Care Clinical Network NHS England and Improvement have also produced a helpful Covid-19 London Primary Care Support document. This includes advice regarding:
    - Compassionate conversations.
    - Details of 'Coordinate My Care' resources.
    - Decision making about admission to hospital.
    - Care home considerations.
    - Care after death.
    - Self-care.

4.9 Antibody testing

The Government announced that patients who are having a blood test and wish to be tested can request this. We would suggest that if a patient does wish to be tested they are provided with the necessary form and information required to understand the test and the interpretation of a positive or negative result. The practice will need to inform them of their result but this could be by text or via an administrator and does not require clinical input providing they have received information in advance of testing to explain the implications of the result. Londonwide LMCs has produced a letter to give to patients to fulfil this requirement.

Section 5: Supporting patients following Covid-19 infection

Additional LMC guidance referenced in this section:

- Long Covid (published 26.10.2020)

5.1 Long Covid

Long Covid was defined during a BMJ Webinar as 'not recovering [for] several weeks or months following the start of symptoms that were suggestive of covid'.

Our summary provides more detail. We will update this as further understanding develops and research evidence becomes available.

Clinical presentation

- Profound fatigue is a common symptom.
- There is a wide range of other symptoms including cough, breathlessness, muscle and body aches, and chest heaviness or pressure, but also skin rashes, palpitations, fever, headache, diarrhoea, and pins and needles.

Clinical course

- It has a relapsing and remitting nature, but the long term course is unknown.

Aetiology

- The aetiology is unclear at present but it is thought to be a multi-system disease, sometimes occurring after a relatively mild acute illness.
- It is estimated that 10% of people experience prolonged illness after Covid-19.

Assessment and initial management

- Management requires a holistic approach.
- This BMJ article and infographic summarises current approaches to assessment and management.
- NICE Covid-19 rapid guideline: managing the long-term effects of Covid-19

Local pathways of care

- As local care pathways are created, we will update accordingly.
- National guidance for post-Covid-19 syndrome assessment clinics

5.2 Managing other post-Covid-19 complications

Information is slowly becoming available regarding the long -term complications of Covid-19 infection and how these can impact on the patient. Asthma UK and the British Thoracic Society are jointly producing information for health care professionals and patients on a dedicated website www.post-covid.org.uk.

We will provide further updates to how general practice can support these patients as the information becomes available.

Section 6: Continuing to meet essential non-Covid-19 health needs

6.1 Principles

Key messages

1) The principles of providing safe care during the Covid-19 pandemic described in section 1 all apply.
2) The remote total triage approach to consultations was promptly and effectively established in general practice during the first wave of the Covid-19 pandemic.
3) A key learning point from the Covid-19 pandemic to date is that for a variety of understandable reasons, patients have been reluctant to present with significant non-Covid-19 related symptoms, which has in turn led to late presentations of significant pathology – it is important to be alive to this and reinforce the message that that patients should not delay in seeking medical advice in relation to matters that could represent significant underlying pathology and that general practice has been and will remain open to support and care for our patients throughout the Covid-19 pandemic.
4) Please consider our flow chart for an example remote GP assessment pathway for patients during the Covid-19 pandemic.

6.2 Remote examination

Key messages

1) In the context of the Covid-19 pandemic, we have all quickly learned the principles of diagnosing, managing and reviewing patients remotely and identifying when a face-to-face assessment is required.
2) Londonwide LMCs has been involved in a collaboration with key national stakeholders in relation to the production of the following guidance on principles for supporting high quality video consultations in general practice during Covid-19 (please note that many of the principles in the guidance also apply to telephone assessment).
3) Key guidance pertaining to the principles of remote assessment can be found at the links below:

- Advice on how to establish a remote total triage model in general practice using online consultations (Version 3, 15.9.2020)
- Remote GP assessment pathway for patients during Covid-19 pandemic (Londonwide LMCs, updated 1.4.2020)
- Principles for supporting high quality video consultations in general practice during Covid-19 (Version 2, 20.8.2020)
- Key principles for intimate clinical assessments undertaken remotely in the context of Covid-19 (Version 1, July 2020)
- GMC - remote consultations
- Remote consultation guide - Arc Health

Section 7: Continuing to provide essential non-Covid-19 services

Additional LMC guidance referenced in this section:

- Non-acute essential care (updated 3.12.2020)
- Requirement for home visiting during Covid-19 pandemic (updated 26.10.2020)
- Mental health drug monitoring guide (updated 7.4.2021)
- Management of long-term conditions during and post-Covid-19 (updated 7.4.2021)
- Febrile illness in children and Covid-19 risk flow chart (published 29.10.2020)
- GP management of febrile children during the Covid-19 pandemic (published 30.10.2020)
- Medicines management: drug monitoring and administration during the Covid-19 pandemic (published 7.4.2021)
- Implementing cancer care guidelines during Covid-19 (published 29.3.2021)

Previous viral outbreaks have demonstrated that morbidity and mortality associated with reduced access to care can be of equal, if not greater, significance than the impact of the infection itself.

Attendances at emergency departments and two-week wait referrals have fallen significantly, and hospital colleagues are telling us that people, both with and without Covid-19 symptoms, are delaying accessing care leading to very poor outcomes for some, including children.

This is partly a result of public anxiety, with people staying at home too long with symptoms.

It is vital that we do not compound the problem inadvertently with our own messaging to patients. Where clinically necessary, and in the appropriate clinical setting, we should continue to examine people physically, taking the appropriate precautions, particularly where this could inform the diagnosis of an acute condition or risk of deterioration.

7.1 Workload prioritisation

Key messages

1) Workload can be categorised into:
    a. Green: aim to continue regardless of the scale of the virus outbreak.
    b. Amber: continue if capacity allows and if appropriate for your patient population.
    c. Red: postpone, aiming to revisit once the outbreak ends, ensuring recall dates are updated where possible.
2) The RCGP has produced useful guidance on workload prioritisation during Covid-19.
3) Practices must ensure that new patient registrations continue, facilitated through online registration where possible.

7.2 Non-acute general practice services

Key messages

1) The RCGP guidance lists non acute services that should be continued regardless of the scale of the outbreak and helpfully categorises general practice services into high priority, medium priority and lower priority.
2) Services that rely on other providers can only continue if workforce allows across all providers.

Resources to support delivery of non-acute general practice services

We have pulled together a document of resources to help support you to deliver essential non-acute general practice services. This includes:

1. Routine vaccinations.
2. Seasonal vaccinations.
3. Cervical smears.
   (NOTE that NHS England London provided a further update on 8 June 2020 advising practices to recommence cervical smears for all patients following their instruction in March to stop the collection of cervical smear samples.)
4. Essential injections.
5. Postnatal checks.
6. Contraceptive services.
7. Drug monitoring.
8. Long term condition management (also see our guidance in 7.4).

7.3 Non-Covid-19 acute care

Key messages

Immediately life threatening

1) Practices need to continue to diagnose non-Covid-19 life threatening conditions. This should be carried out remotely wherever possible. However, examination may be required and, if so, this should be arranged according to our key principles (section 1.1).
2) There are clinical indications for calling 999. However, with increased demand on ambulance services, and consequent likely increases in wait times. We would suggest that clinicians utilise the LAS health care professionals line (Section 8.4)
3) The Resuscitation Council has produce guidance for cardiac arrests in the general practice setting stating that chest compression can take place wearing non-AGP PPE but ventilation should not take place without AGP PPE. Please review the full guidance here.

Conditions for which delay in investigation or treatment would be clinically unacceptable

Key messages

1) Practices will need to continue to be distinguish between serious and benign illness, through remote consultation wherever possible.
2) Patients should limit their journeys and encounters. If face to face appointments and urgent bloods are required, practices should consider offering this during single visit, limiting any wait times, wherever possible.
3) If there is doubt whether a referral is warranted during this time of suspension of routine care timely advice and guidance should be sought.
4) GPs should continue to make two week wait (2WW) and urgent referrals.
5) The policy remains that providers receiving referrals may not downgrade urgent cancer referrals without the consent of the referring primary care professional.
6) Cancer referral pathways have been amended in some areas with GPs being encouraged to undertake some investigations prior to referral. Healthy London Partnership has a cancer resource with the latest guidance.
7) As part of the response to fewer people being diagnosed with cancer due to the pandemic both the QOF and PCN DES early cancer diagnosis modules have been reinstated, please see our guidance for more information.

Febrile children

Key messages

1) Children presenting with febrile illness will present a unique challenge to practices this winter.
2) Current data suggests that the number of febrile children who are suffering with Covid is low in comparison to the numbers presenting with febrile illness.
3) Practices need to consider how to safely remotely assess febrile children and how they determine who needs further assessment and whether this should be in primary or secondary care.
4) Please review the full guidance here which includes a practice presentation and useful links for both clinicians and parents.
5) This has been summarised as a quick reference flow chart.

7.4 Long-term condition clinical care resources

Key messages

1) We are all learning how to manage Covid-19, and the management of long term conditions (LTC) in the context of Covid-19. Please see our long-term condition guide which is to help remotely support patients with LTCs.
2) We have collated useful clinician-facing and patient–facing resources to help support us and our patients, as we navigate this steep learning curve. These can be accessed here:
   a. Professional clinical resources for Covid-19.
   b. Health charities guidance for professionals and the public.

Section 8: General practice interface with other providers

During these unprecedented times, we may need to work differently with other providers to meet the essential need of our patients.

8.1 Acute trusts

Referrals

Key messages

1) **Acute referrals -** We advise discussion with the specialty admitting team (if possible) to consider if the benefit of hospital assessment/admission outweighs the risk to the patient.
   - o If the risk out-weighs the benefit, the speciality team may give advice and support so that the patient can be managed safely in the community.
   - o If the benefits outweigh the harm, the clinician will discuss with the patient the quickest, safest, most appropriate method of transfer from the practice or their home to the hospital.

2) **2WW referrals -** These should continue according to the normal local pathways.
   Healthy London Partnerships has collated all Covid-19 related support documents for primary care during the pandemic, available here. It includes Covid-19 specific pan London suspected cancer referral forms, a Covid-19 patient information leaflet as well as primary care educational guides and communications. A summary sheet has been produced by the cancer network on the Covid-19 changes to the 2WW pathway.

3) **Urgent non-2WW referrals, such as for transient ischaemic attack and chest pain -** These should continue according to local pathways.

4) **Non-urgent referrals -** The NHSE&I Primary Care bulletin of 16 April advises that GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds. GPs should also continue to use specialist advice and guidance where available to inform management of patients whose care remains within primary care including those who are awaiting review in secondary care when appropriate. The bulletin states that NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals.

   In October, NHSE published 'Clinical validation of surgical waiting lists: framework and support tools' for trusts. This states that:
   - The (hospital) clinician and provider retain responsibility for any changes to the patient's pathway.
   - The patient's GP must be notified of the outcome of the discussion.

We will continue to liaise with NHS England, commissioners and acute trusts to ensure that we have shared understanding with our secondary care colleagues regarding the primary/secondary care interface, so that we can all work effectively in the best interests of our patients during these unprecedented and challenging times. We will update our advice accordingly.

8.2 NHS 111

The NHS 111/CCAS direct booking capacity of one appointment per 500 patients includes the one appointment per 3000 patients that had previously been designated within the GMS contract.

8.3 Palliative care services

We are working with STP, regional and national colleagues to clarify the pathways that will deliver the potentially very high demand for palliative care services, from both medical and social perspectives.

8.4 London Ambulance Service

- LAS has produced a presentation for practices to help them better understand the LAS processes and how they categorise/prioritise calls.
- In response to the Covid-19 pandemic, LAS has enabled a HCP to delegate the LAS request via the HCP line by completing the booking checklist form, which can be found within the presentation.
- Health care professionals should utilise the LAS HCP telephone number: 020 3162 7525.
- LAS do utilise the NEWS2 score in their assessments but are aware that this is not validated for general practice use and was developed for monitoring patients in hospital over time using repeat measurements.

8.5 Local authority social services

We are currently working with local and pan-London representatives of London local authorities and the London office of the Association of Directors of Adult Social Services (ADASS) to clarify the agreed process and packages of care and support that will be made available to key categories of patients/residents during this period, and to seek to understand any overlaps or gaps in support available to residents/patients who are medically and/or socially vulnerable and who are shielding or self-isolating. Further details on London local authorities' Covid-19 advice can be found here and will be updated regularly.

8.6 Dentistry

We continue to liaise with the LDC Confederation regarding NHS dental care in London. Dental practice re-opened on 8 June 2020. Patients who need help from a dentist are being urged not to visit their practice unless advised to do so, and to contact their dental practice by phone or by email where they will be triaged and given advice or offered an appointment if appropriate. Dental practices are operating a remote first process like general practice, click here for more details.

For patients who require urgent dental care but are unable to contact their normal dentist, they should be directed to 111 to find an alternative dental provider. There are currently a number of facilities offering emergency dental treatment across London, comprising dental hospitals, community dental service providers and general dental practitioners.

Section 9: Certification

Additional LMC guidance referenced in this section:

- Covid-19 processes concerning death of patients (updated 15.10.2020)
- Guide on shielding, self-isolation and social distancing (updated 8.7.2020)
- Londonwide LMCs template isolation letter for patient use (updated 19.5.2020)
- Londonwide LMCs template response to a request for a letter regarding returning to school (updated 21.5.2020)
- Requests for isolation letter (updated 19.5.2020)

9.1 Processes concerning the death of a patient

Key messages

1) English law does not require a doctor to confirm death has occurred or that "life is extinct" - guidance has been produced by the BMA to support untrained individuals in assisting in the verification of life extinct and it remains open to a doctor to attend if in all the circumstances of the case they felt it was reasonable, appropriate and safe to do so.
2) Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate for Cause of Death (MCCD).
3) There are significant changes to the requirements on us regarding death and cremation certification.

For more information, please see our helpful and important guide on processes concerning the death of a patient.

9.2 Medical certification: fitness notes (MED3)

1) When required MED3s should be sent electronically.
2) Print, sign, scan and send as an email or text attachment.
3) Complete and don't print, then print a duplicate to a PDF file and attach to an email or text.
4) Complete electronically, including digital signature and attach to an email or text. For help on how to do this full guidance is available for Emis and Systmone.

9.3 Information regarding shielding, self-isolation and social distancing

A further Government update was issued for the clinically extremely vulnerable, in areas placed into new Tier 4 restrictions, from 20 December 2020. We are currently in a national lockdown so this guidance applies to all London residents. This group is strongly advised to stay at home, unless for exercise or medical appointments and not to attend work.

The updated guidance includes:

- **Socialising:** Stay at home. You must not leave your home except to go outdoors to exercise or attend medical appointments.
- **Work:** If people cannot work from home, they should not attend work. They may be eligible for SSP (using the SPL letter), ESA, Universal Credit or the Coronavirus Job Retention Scheme during this period. People in the same household who are not shielding can still attend work.
- **School:** Colleges, primary and secondary schools will remain open only for vulnerable children and the children of critical workers. All other children will learn remotely until February half term.
- **Going outside:** Stay at home. Avoid all non-essential travel – except to hospital and GP appointments if needed. Shielded patients are strongly advised not to go to any shops or pharmacies.

Government support is available for those who need it, while remaining at home, this includes access to food and medicines and signposting to local support. NHS volunteers can also help through phone calls and transport to and from medical appointments.

The clinically extremely vulnerable group includes those whose immune systems may be suppressed, those with specific cancers or severe respiratory conditions. The group list is regularly updated and people on the list will receive a specific identifying letter.

Those with more general underlying health conditions, or people aged 70 or over, may still be more vulnerable to Covid-19 and should also stay at home as much as possible, follow the rules and minimise contact with others.

Letters were sent out by post in the week beginning 21 December 2020, to all those affected by the new Tier 4 shielding rules. Anyone in Tier 4 areas who received a shielding letter in November and whose condition is unchanged should follow the advice immediately. Letters will also be issued by email, to those who have registered an email address with their GP practice.

Details of borough based local authority telephone helplines for vulnerable and shielding residents can be found here.

9.4 Isolation notes and letters for Covid-19 related absence from the workplace

Please be aware that as people are returning to work there may be an increase in patients contacting the practices with concerns and anxiety about their return and requesting medical certificates. Patients need to be encouraged to discuss this with their employer and not medicalise what is an understandably anxiety provoking situation. Practices should try and avoid issuing medical certificates for this reason. ACAS has produced guidance for employees on how to address these concerns.

1. **Those who are self-isolating because they are symptomatic or have a symptomatic household contact**
   Patients who are self-isolating because they or someone in their household has Covid-19 symptoms can get their own certificate using the online NHS 111 isolation note tool. We recommend that you add this link to your practice website. Patients do not need to speak to a GP unless their symptoms are worsening and they need clinical advice. If a patient does not have an email address, they can have the note sent to a trusted family member or friend, or directly to their employer. The service can also be used to generate an isolation note on behalf of someone else.

2. **Moderate risk group (clinically vulnerable)**
   Patients in this group roughly equate to those eligible for the annual flu jab. Current advice is that they should continue to go to work if they can't work from home. Please direct patients to download and use the Londonwide LMCs' template letter as these patients will not be eligible for a MED3, which is for certifying due to illness. If they become unwell, point 1 applies.

People at high risk (clinically extremely vulnerable)

This group should receive a letter from the government (or their GP/specialist if not identified through the central process) confirming they are in the high risk category which can be used for the purposes of certification off work. The CMO has provided a specific list of qualifying conditions that would be classified as defining a patient as clinically extremely vulnerable. This means they should self-isolate within the home where possible and work from home if possible. If this is not possible they should discuss with their employer to make suitable arrangements in the workplace unless their letter has advised them to shield.

Further guidance on isolation, stringent social distancing and shielding is available here.

Details of borough based local authority telephone helplines for vulnerable and shielding residents can be found here.

9.5 Isolation notes and letters for Covid-19 related absence from school

The government has stated that all pupils and students should continue to attend education settings at all local Covid-19 alert levels unless they are one of the very small number of pupils or students under paediatric or other specialist care and have been advised by their GP or clinician not to attend an education setting.

The RCPCH have produced an updated list of conditions that would be considered as extremely clinically vulnerable and should be shielding (Group A) and those who are extremely clinically vulnerable but the decision to shield will be on an individual basis. The full guidance can be found here.

1. Practices should only be removing patients for the shielded list if they are not under specialist care and do not fall into either the RCPCH Group A or B categories.
2. We have produced a template letter to provide to parents which summarises the RCPCH guidance on guiding principles for children returning to school. The full guidance can be found on the RCPCH website.
3. The rules regarding isolation for children who are symptomatic or who have a symptomatic household member apply as above and parents can get an isolation note from the 111 service.

9.6 Exemption for face covering letters/certificate requests from patients to practices

With people being required to wear face-coverings in several environments including public transport, shops and supermarkets, practices may get an increase in requests from patients to provide exemption letters.

Government guidance on face coverings including exemptions can be found here.

Practices have a contractual and legal obligation to provide patients with copies of their medical records. If requested by a patient, practices should provide the patient with either a copy of their notes or a summary which states the conditions which the patient is known to suffer with and have been documented in their medical record.

Risk assessing or producing a letter for a patient to be exempt from wearing a face covering is not part of the practice's NHS obligations nor are GPs in a position to do this.

The government guidance on exemptions enables individuals to self-declare that they are exempt, medical evidence is not required.

9.7 Transport for London (TfL)

Since 15 June it has been mandatory for passengers over the age of 11 to wear face coverings on public transport in London, as well as in private hire vehicles. This has resulted in some patients approaching GP practices asking for doctor's notes to exempt them from the requirement on health grounds, for example if they have asthma.

Print at home face coverings exemption card

TfL have instructed passengers who are not required by law to wear face coverings to print out an exemption card and display it on clothing or a lanyard. It is also acceptable to display it on a mobile phone if you do not have a printer.

- Download exemption card as a JPG
- Read the full TfL guidance here

Passengers with neither a smartphone or printer should call TfL on 0343 222 1234 and arrange to have a card printed and sent to them.

TfL facemask exemptions

The requirement to wear a face covering on TfL's public transport stations, platforms and services does not apply to:

- Children under the age of 11.
- Employees of, or persons providing agreed services to, TfL.
- Police constables (including British Transport Police officers) acting in the course of their duty.
- Members or employees of the emergency services responding to an emergency.

You also do not need to wear a face covering if you have a good reason not to, such as if:

- You have a physical or mental illness or impairment, or a disability that means you cannot put on, wear or remove a face covering.
- Putting on, wearing or removing a face covering would cause you severe distress.
- You are travelling with, or providing assistance to, someone who relies on lip reading to communicate.
- You are travelling to avoid injury or escape the risk of harm, and you do not have a face covering with you.
- You need to remove it during your journey to avoid harm or injury or the risk of harm or injury to yourself or others.
- You need to eat, drink, or take medication you can remove your face covering.
- You are asked to remove your face covering by a police officer or other official, for example to check your railcard.

If a practice receives a request for an exemption letter, they should direct the patient to the exemption guidance and self-declaration certificates. Practices may wish to consider updating their website with this information and using a standard text such as the one below, in response to a patient requesting an exemption letter/certificate:

> **As a practice we are not able to provide any patient with an exemption certificate or letter. The risks of COVID infection is still significant so please wear face coverings. Should you feel that you should be exempt from wearing a face covering please click the link below to download an exemption card.**
> https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own

9.8 Driver and Vehicle Licensing Agency (DVLA) temporary arrangements regarding medicals

The DVLA has produced a leaflet suggesting that the GP should supply an opinion on fitness to drive. GPs can provide factual reports to DVLA for them to determine fitness to drive but should not be giving an opinion on an individual's fitness to drive unless, in their professional opinion, the patient has a condition which is an absolute, clearly defined contraindication to driving.

Section 10: Healthcare professional support and services

Additional LMC guidance referenced in this section:

- Caring for yourself and your general practice team in the Covid-19 pandemic (updated 23.4.2020)
- Maintaining staff safety in general practice (updated 3.6.2020)
- Letter to patients about understanding the antibody blood test for Covid-19 (updated 11.6.2020)
- General practice staff Covid-19 testing in London (published 13.10.2020)
- Covid-19 lateral flow testing guidance (published 23.12.2020)

10.1 Caring for ourselves

Key messages

1. Many of us are feeling fearful and anxious.
2. You are not alone.

Please see our caring for ourselves and colleagues document for helpful advice and resources.

We have developed the GP Professional Support Network (GPPSN) to provide constituent GPs with a single platform from which they can access help, resources and support in relation to difficulties that they are facing in their professional practice during and beyond the Covid-19 pandemic. The GPPSN can be accessed here.

The GPPSN allows constituent GPs access to the Londonwide LMCs' GP Support Team and the full range of services they provide and will have links to other sources of advice and assistance.

The GPPSN also allows constituent GPs to connect directly to experienced professional support providers, some of which will be provided at a charge to the individual GP:

- Peer to peer professional advice and support.
- Education supervision or support.
- Professional coaching.
- Talking therapy support.

10.2 Risk assessment

Key messages

1. All workers are entitled to work in environments where risks to their health and safety are properly controlled.
2. Under health and safety law, the primary responsibility for this is down to employers.
3. Practices need to undertake both workplace and workforce risk assessments and implement the necessary changes to ensure a safe working environment.

Please see our guide on staff safety in general practice for support on how to do this.

10.3 Healthcare professional testing for Covid-19 infection

We understand how important it is for healthcare professionals to have access to coronavirus testing. The following arrangements are now in place:

PCR testing

Essential workers should access testing online here. Alternatively, if the individual is unable to access the internet they can telephone 119 to arrange the test.

- It is advised that people apply within four days of having symptoms as the test needs to be administered within five days of symptoms starting.
- The symptoms considered for assessing eligibility for testing are new onset of a high temperature, a continuous cough or a loss of or change to your sense of smell or taste.
- There is the option when booking of attending a drive through site or receiving a home test.

A home test needs to be ordered by day 4, if applying on day 5 it will need to be through a drive through centre. You will need to provide a mobile telephone number to receive the results and will need to provide an email to receive a confirmation code.

A list of the drive through sites is provided if this option is selected once a post code has been entered.

Further information on testing facilities for practice staff is included in our guidance General practice staff Covid-19 testing in London.

Practice testing

GPs can also opt-in to access a small stock of PCR tests to be used opportunistically in practice for patients who present with Covid-19 symptoms, particularly those who would otherwise be unlikely to get a test via the primary testing routes (for example due to barriers around language, disability or digital inclusion) and where appropriate to streamline the patient pathway.

These tests are also available for symptomatic GP staff and their household members where needed to complement existing testing capacity. GPs are able to order up to one box of 40 test kits per week, but those with greater demand will be able to order more. To place your order please visit https://request-testing.test-for-coronavirus.service.gov.uk/.

Prior to ordering your PCR kits you will need to register via PCSE in the first instance to obtain UON. Click here to see how to do this or call the national helpdesk on 119.

Lateral flow testing

This is now being rolled out for use by primary care staff. It is a useful method of rapid testing of staff to screen for asymptomatic infections. Practices can request stocks of these tests to be sent to enable twice weekly testing of all staff. All practices should have access to the PCSE online portal. If you do not, please contact PCSE at www.pcse.england.nhs.uk/contact-us.

Individuals who undertake a test are required to self-report the result using the Government's website. This needs to be done within 24 hours of doing the test. Alternatively individuals can report their result via phone using the number provided in their testing kit.

In the case of a positive test this should be reported to their employer and a PCR test arranged. The individual needs to self isolate until the result of their PCR test is available.

Further details can be found in our lateral flow testing guidance document. Alternatively SOPs and FAQs on lateral flow testing in primary care are available for further information.

Antibody testing

Antibody testing is being rolled out across London. In most areas discussions are underway about how this will be offered to practice staff. It does not form part of an occupational health risk assessment so is not a requirement for employing practices to offer to staff. For practices wishing to offer this to their staff, some CCGs have proposed that practices register the staff as temporary residents to enable them to produce the electronic blood test form. Londonwide LMCs has concern with this approach as it would breach the temporary resident regulations:

> *Temporary residents 20.—(1) The contractor may, if the contractor's list of patients is open, accept a person as a temporary resident* ***provided the contractor is satisfied that the person is— (a) temporarily resident away from their normal place of residence*** *and is not being provided with essential services (or their equivalent) under any other arrangement in the locality where that person is temporarily residing;* ***or (b) moving from place to place and not for the time being resident in any place****. (2) For the purposes of sub-paragraph (1), a person is to be regarded as temporarily resident in a place if, when that person arrives in that place,* ***they intend to stay there for more than 24 hours but not for more than three months****.*

We are currently trying to clarify how the practices that wish to offer this test to their staff can safely do so. We are discussing with CCGs the need to provide a mechanism for staff to access this test when the employing practice is unable to do this directly.

Section 11: Practice management resources

Additional LMC guidance referenced in this section:

- Covid-19 human resources support (updated 22.12.2020)
- LMC Law HR FAQs (updated 16.9.2020)
- Primary Care Network Directed Enhanced Service (PCN DES) FAQs (updated 23.4.2020)
- A Londonwide guide to practice closure consequent upon the impact of the coronavirus (Covid-19) pandemic (updated 22.4.2020)
- Service Continuity Resource Early Warning System (SCREWS) (published 1.5.2020)
- Patient registration during the Covid-19 pandemic (updated 6.5.2020)

11.1 Tracking Covid-19 related expenses

We recommend that you track Covid-19 related expenses. You may find our spreadsheet useful for this purpose.

11.2 HR FAQs

We have worked with LMC Law to address your HR queries. The LMC Law HR FAQs provide GP employers with information and guidance about HR issues emerging from the Covid-19 crisis. The document covers support that employers are encouraged to provide to employees, pay and absence scenarios and frequently asked questions.

Londonwide LMCs has produced a guide to assist in supporting staff with absences relating to Covid-19. This should be read in conjunction with the LMC Law FAQ, above. We will continue to address your further HR queries and update the HR FAQs accordingly.

11.3 Practice contractual requirements and funding FAQs

Thank you for your questions and queries. We have incorporated resolved queries in the appropriate sections of this guide. There are queries for which we are continuing to seek answers, and we will update you as soon as possible. We have produced, and will update, FAQs relating to the PCN DES for 2020/21.

To support practices in maintaining essential services during this time the DVLA has temporary removed the requirement of the routine D4 medical for bus and lorry drivers. Under this scheme, drivers will be able to receive a temporary one-year licence providing they do not have any medical conditions that affect their driving and their current licence expires in 2020. Full guidance can be found here.

11.4 Data subject access requests and freedom of information requests FAQ

Added 6.04.2020

Q. I have received a data subject access request (DSAR) or freedom of information request (FoI), do I have to respond given the current pressures on my practice?

A. Please see our guidance and template letter to use in responding to DSARs, which also includes current advice from the ICO on enforcement of FoI requirements during the coronavirus outbreak.

11.5 Indemnity FAQs

Additional sessions

Added 6.04.2020

Q. What is the stance of the MDOs pertaining to GPs who are working increased sessions due to the Covid-19 pandemic?

A. Individual MDO positions are below:

MPS state:

"We are happy that GPs do not need to update their practice details during this period to reflect increased work related to the COVID-19 response. We do not require state indemnified GPs to tell us about any increase in their state-indemnified work-oad during this time and we will not charge them any more for their professional protection."

MPS - Coronavirus questions and answers

MDDUS state:

"...know that counting hours and sessions will be one of the last things on your mind as you respond to the emergency. So we will enable retrospective adjustments where you either cannot sensibly forecast your workload or it varies suddenly and unexpectedly"

MDDUS CEO Chris Kenny reassures members on Covid-19 response

MDU state:

NHS work will be covered by NHS indemnity. You need to tell us details of the additional work you will be doing, just email membership@themdu.com or call us on 0800 716 376.

MDU - Frequently asked questions

Clinical negligence claims

Added 6.04.2020

The Clinical Negligence Scheme for General Practice (CNSGP) provides comprehensive indemnity for clinical negligence liabilities arising in NHS general practice in relation to incidents that occur on or after 1 April 2019. All providers of NHS primary medical services will be covered under CNSGP – further details as to the nature and extent of the scheme can be found at the following link:

CNSGP – What is in, what is out and who do I approach for help?

The cover is not dependent on sessions worked and GPs should be reassured of assistance from the scheme in relation to claims arising from the provision of NHS primary medical services.

CNSGP does not cover everything and GPs will still need to contact and confirm with their MDOs regarding indemnity cover.

11.6 NHS pension scheme's death in service benefit

NHS pension scheme's death in service benefit guide for sessional GPs (sessional, salaried and freelance locum).

Q. I work as a locum GP and am concerned about terms and conditions and pension arrangements, including death in service benefits, whilst working during the COVID-19 crisis situations. Do you have any information that you can share on this?

A. Dr Krishan Aggarwal, Vice Chair, Kensington, Chelsea and Westminster LMC, has produced a mini guide on the Death in Service Benefit (DiS) within the NHS scheme. This covers what DiS offers, what locums receive when not in service and three workarounds for locums in order to be able to achieve DiS benefit.

11.7 Patient registration

During the pandemic we need to ensure that we are still enabling patients to register with practices. Patient registration can be done remotely and we have produced a guide to assist you in adopting this approach. Please ensure that your practice maintains a method to enable those who are unable to use remote methods of registration to still register with your practice.

11.8 Business continuity planning

Click here for our Service Continuity Resource Early Warning System (SCREWS); a resource to enable practices to monitor their resources and capacity so that, at an early stage, they are able to proactively consider what measures can be taken to reduce the risks of cessation of particular services or closure of the practice.

If a practice does need to temporarily close, click here for our guide that explains the processes that should be followed and support available.

11.9 Practice cleaning guidance

South East London CCG produced a practice cleaning guide for room cleaning following an assessment of a patient with suspected Covid-19 infection.

11.10 NHS Covid-19 app

The national NHS Covid-19 app has been developed to support measures to trace and isolate people who have been in contact with infected individuals. This is important to help prevent spread of the virus. The more people who download and use the app the greater the prospect that people who may have Covid-19, but otherwise wouldn't be traced, can be identified and instructed to self-isolate. GPs should consider their role, as part of health promotion, in encouraging people to utilise this app. The app has several functions:

- Venue check-in using QR codes: this alerts the user if they have visited a venue where they may have come into contact with someone who has tested positive for Coronavirus. This venue data is stored on the app for 21 days. A user can delete this data at any time.
- Symptom checker.
- Links to the latest Covid-19 advice.
- Ability to enter test results.
- Contract tracing.
- Covid-19 risk level (based on the postcode district entered).

GPs and practice staff will need to consider some issues when downloading this app for their own use or when considering issues pertinent to the practice:

Personal use by healthcare staff

Contact tracing

- Staff may want to pause the contract tracing functionality whilst in the practice.
- At work healthcare staff should be utilising PPE with any patient contact so will already be 'protected'.
- The app does not use any geolocation services, so has no way of telling where a user is. This was built into the app to ensure as much privacy as possible was retained and no unnecessary data captured.
- If a staff member forgets to turn off contact tracing whilst in the practice and a contact subsequently tests positive for Covid-19 there is no way to determine whether or not the interaction happened in the practice.
- Contact tracing via the app works by alerting the user if they have been in close contact (within 2m for 15 minutes or more) with another app user who tests positive for Covid-19.

Venue check-in

- This function uses QR codes to alert the user if they have been in close contact (within 2m for 15 minutes or more) with another app user who tests positive for Covid-19.
- If there is evidence of close contact with another app user who tests positive for Covid-19, the app user would then be contacted with public health advice on what to do.

Consideration for practices

- Practices may want to generate and display a QR code to allow patients to check-in on arrival at the practice, and as part of the wider effort to encourage people to download and utilise the app.
- Practices are not obliged to do this as there will be an accurate log through the appointment system of anyone attending the practice.
- If patients enter the practice for reasons other than attending a scheduled appointment, they must be logged.

Data and privacy

The app is designed so that nobody will know who the app user is or where the app user is, using proven technology developed by Apple and Google called 'exposure notification' and 'exposure logging'. The app uses random IDS that cannot be used (by the NHS, the government, or any third party) to identify the user or who the user has spent time with. The technology allows the app to send the user alerts when they have been near another app users who tests positive for coronavirus (Covid-19).

The data collected by the app is stored on the phone. No-one can see or use this data unless the user chooses to submit it. The app user can delete the app and its data at any time. The app can only access data entered by the user including: the postcode district; a history of the places the user has checked into over the last 14 days; the user's last test result (if they have entered this into the app or ordered the test via the app); and the start date of the user's symptoms if entered via the symptom checker.

The app cannot:

- Use the user's GPS location or track previous locations.
- Be used to check or monitor whether the user is self-isolating.
- Be used by law enforcement to identify or track the user.
- See personal information on the user's phone, such as messages, phone contacts etc.

The app is free to download and is available for anyone in England and Wales over the age of 16 years old. It requires iOS 13.5 or later on an iPhone and 6.0 or upwards on android. It is available in English, Welsh, Bengali, Urdu, Gujarati, Punjabi (Gurmukhi script), Chinese (Simplified), Romanian, Turkish and Arabic (Modern Standard). Additional languages and refinements will follow.

Links to key guides and templates within this guide

Section 1 (Ways of working)

1.1 What is our new practice operating model?

- Operating a safe practice policy (updated 24.8.2020)
- RCGP guidance on workload prioritisation during Covid-19
- NHS England's Standard Operating Procedure, Appendix 3: Online and video consultations (page 29)
- Safe and effective service delivery during the Covid-19 pandemic: practice check list (updated 1.5.2020)

1.2 Home visiting

- Requirement for home visiting during Covid-19 pandemic (updated 1.5.2020)

1.3 Supporting care homes

- Covid-19 and care homes (updated 16.11.2020)
- NHSE letter re: identifying a clinical lead for all care homes (issued 12.5.2020)
- PHE guidance: Admission and care of residents in a care home during Covid-19 (published 2.4.2020)
- Guidance for Covid-19 vaccination in care homes that have cases and outbreaks version 1 (published 31.12.2020)
- London Care Home Resource Pack version 6.1 (updated 5.1.2021)

1.4 Hot hubs

1.5 Preparing a contingency plan for temporary closure of a practice

- Guide to practice closure consequent upon the impact of the Coronavirus (Covid-19) pandemic (updated 22.4.2020)

Section 2 (Personal protective equipment (PPE))

- PPE guidance (uploaded 8.4.2020)
- PPE Donning poster (uploaded 8.4.2020)
- PPE Doffing poster (uploaded 8.4.2020)

Section 3 (Safeguarding and domestic violence)

3.1 Safeguarding and the role of primary care

- RCGP learning resource Covid-19 and Safeguarding (uploaded 27.10.20)

3.2 Resources to help you and your patients

- National Domestic Violence 24 hour Helpline: 0800 2000 247
- Safelives: specific resources for domestic abuse and Covid-19
- YoungMinds: supporting children and young people and their parents/carers with their mental health
- Guidance for coping with crying babies: ICON: Babies cry: You can cope
- Think families: an approach to support parents with mental health problems in improving child outcomes
- NSPCC helpline 0808800 5000
- Social Care Institute for Excellence (SCIE) Covid and safeguarding hub
- Follow #COVIDSafeguarding via @NHSsafeguarding, who will be posting daily updates and key messages.
- Home Office guidance for victims of domestic abuse

Section 4 (Caring for patients with suspected Covid-19)

4.1 Clinical course of Covid-19

- The clinical course of Covid-19 – what do we know? (updated 26.10.2020)

4.2 Assessment of the severity of Covid-19 infection

- BMJ article on Covid-19 history and exam
- NHS London Clinical Networks Respiratory resource pack (includes pathways defining patient cohorts)

4.3 Pulse oximetry guide to systems for remote monitoring

- Guide to using pulse oximeters during Covid-19 pandemic (updated 16.1.2020)
- Patient action plan for SpO2 monitoring

4.4 Triaging patients with Covid-19

4.5 Monitoring patients with Covid-19

- Monitoring of patients with suspected Covid-19 (updated 26.10.2020)

4.6 Referral/admission criteria for patients with Covid-19

4.7 Management of Covid-19 related pneumonia

- NICE: Covid-19 rapid guideline: critical care in adults
- NICE COVID-19 rapid guideline: critical care in adults flowchart
- Latest evidence from Oxford CEBM on differentiating between viral and bacterial pneumonia

4.8 Palliative care for patients with Covid-19 infection

- RCGP guidance on palliative care
- NICE guidance on palliative care
- NHS London resource pack
- NHS London EoL care clinical network guide from the London End of Life Care Clinical Network NHS England and Improvement

4.9 Antibody testing

Section 5 (Supporting patients following Covid-19 infection)

5.1 Long Covid

- Long Covid (published 26.10.2020)
- NICE Covid-19 rapid guideline: managing the long-term effects of Covid-19
- National guidance for post-Covid-19 syndrome assessment clinics

5.2 Managing other post-Covid-19 complications

- NHSE guidance on after-care needs of inpatients recovering from Covid-19

Section 6 (Meeting essential non-Covid-19 health needs)

6.1 Principles

- Remote GP assessment pathway for patients during Covid-19 pandemic (updated 1.4.2020)

6.2 Remote examination

- Principles for supporting high quality video consultations in general practice during Covid-19 (Version 2, 20.8.2020)
- Feverpain score
- RCPCH guidance on treating acute tonsillitis (updated 27.3.2020)
- Paediatric remote assessment guidance
- Advice on how to establish a remote total triage model in general practice using online consultations (Version 3, 15.9.2020)
- Key principles for intimate clinical assessments undertaken remotely in the context of Covid-19 (Version 1, July 2020)
- GMC - remote consultations
- Remote consultation guide - Arc Health

Section 7 (Continuing to provide essential non-Covid-19 services)

7.1 Workload prioritisation

- RCGP guidance on workload prioritisation during Covid-19 (updated 11.1.2021)

7.2 Non-acute general practice services

- Non-acute essential care (updated 7.4.2021)
- Requirement for home visiting during Covid-19 pandemic (updated 26.10.2020)
- Monitoring for patients on warfarin (uploaded 7.4.2020)
- Safe switching from Warfarin to DOAC (uploaded 7.4.2020)
- Mental health drug monitoring guide (updated 7.4.2021)
- Medicine shortage update (uploaded 8.4.2020)
- RCGP guidance on delivering mass vaccinations during Covid-19 (updated 25.8.2020)
- Wessex LMC guidance on operational aspects of influenza immunisation 2020/21 (uploaded 23.7.2020)
- Medicines management: drug monitoring and administration during the Covid-19 pandemic (published 7.4.2021)

7.3 Non-Covid-19 acute care

- Febrile illness in children and Covid-19 risk flow chart (published 29.10.2020)
- GP management of febrile children during the Covid-19 pandemic (published 30.10.2020)
- Implementing cancer care guidelines during Covid-19 (published 29.3.2021)

7.4 Long-term condition clinical care resources

- Management of long-term conditions during and post-Covid-19 (updated 7.4.2021)

Section 8 (General practice interface with other providers)

8.1 Acute trusts

- 2WW Pan-London Cancer referral forms during Covid-19 pandemic

8.2 NHS 111

8.3 Palliative care services

8.4 London Ambulance Service (LAS)

8.5 Local Authority Social Service

8.6 Dentistry

- A summary flowchart for the patient pathway (updated 2.6.2020)

Section 9 (Certification)

9.1 Death certificates and cremation forms

- Covid-19 processes concerning death of patients (updated 15.10.2020)

9.2 Medical certificates: fitness notes (MED3)

9.3 Information regarding shielding, self-isolation and social distancing

- Guide on shielding, self-isolation and social distancing (updated 8.7.2020)
- Requests for isolation letter (updated 19.5.2020)

9.4 Isolation notes and letters for Covid-19 related absence from the workplace

- Guide on shielding, self-isolation and social distancing (updated 6.8.2020)
- Londonwide LMCs template isolation letter for patient use (updated 19.5.2020)
- Londonwide LMCs template response to a request for a letter regarding returning to school (updated 21.5.2020)

9.7 Transport for London (TfL)

- TfL guidance on wearing face coverings
- TfL print at home face coverings exemption card

9.8 Driver and Vehicle Licensing Agency (DVLA) - temporary arrangements regarding medicals

Section 10 (Healthcare professional support services)

10.1 Caring for yourself and your general practice guide (including a list of professional support services)

10.2 Risk assessment

- Maintaining staff safety in general practice (updated 3.6.2020)

10.3 Healthcare professional testing for Covid-19 infection

- Caring for yourself and your general practice team in the Covid-19 pandemic (updated 23.4.2020)
- Letter to patients about understanding the antibody blood test for Covid-19 (updated 11.6.2020)
- General practice staff Covid-19 testing in London (published 13.10.2020)
- Covid-19 lateral flow testing guidance (published 23.12.2020)

Section 11 (Practice management resources)

11.1 Tracking Covid-19 related expenses

11.2 HR FAQs

- Covid-19 human resources support (updated 22.12.2020)
- LMC Law HR FAQs (updated 16.9.2020)

11.3 Practice contractual requirement and funding FAQ

- Primary Care Network Directed Enhanced Service (PCN DES) FAQs (updated 23.4.2020)
- Practice cleaning guidance from SEL

11.4 Data subject access requests and freedom of information requests FAQ

- LMC guidance on managing Data Subject Access Requests (DSARs) (updated 19.1.2021)

11.5 Indemnity FAQs

11.6 NHS pension scheme's death in service benefit

11.7 Patient registration

- Patient registration during the Covid-19 pandemic (updated 6.5.2020)

11.8 Business continuity planning

- Service Continuity Resource Early Warning System (SCREWS) (published 1.5.2020)
- Guide to practice closure consequent upon the impact of the Coronavirus (Covid-19) pandemic (updated 22.4.2020)

11.9 Practice cleaning guidance

11.10 NHS Covid-19 app

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