Covid-19 – – – – – – Guidance for practices

Revision Date: 26.5.2021

Please be aware that this is a rapidly evolving situation.

Londonwide LMCs' guide to operating a safe practice policy

Londonwide LMCs produced an operating a safe practice policy at the beginning of the pandemic in March 2021, which has undergone a substantial update in late May 2021. As the pandemic restrictions start to lift and in light of the NHS England SOP of 13 May 2020 there are significant changes that practices need to consider in providing care. To aid this we have produced this revised guidance.

Practices need to be aware that an NHS England SOP does not create a contractual requirement for practices, but they do need to be mindful of the SOP whilst considering the GMS/PMS contractual requirement to provide essential services. Essential services relate to the management of a contractor's registered and temporary patients and are to be delivered in the manner determined by the contractor's practice in discussion with the patient.

GPs need to abide by GMC guidance. Regarding patient safety, doctors must take prompt action if they think that patient safety, dignity, or comfort is or may be seriously compromised which includes if patients are at risk because of inadequate policies or systems. This requirement overrides any NHS England SOP

Principles of the policy

- Patients need to be able to access general practice but this needs to be done in a way to minimise patients and staff risk of cross infection especially from asymptomatic individuals
- **The practice door should be 'open' but in a manner to control the number of people in the practice at any one time.**
- In-hours general practice supported by primary care services should remain the primary method by which patients access healthcare.
- If you share a building with another practice (or practices), you should collaborate with them and develop a consistent cross-building safe practice policy.

How to implement the safe practice policy

1. **Patient numbers**
   The practice needs a method to limit the number of people able to enter the building at any one time. The number will be determined by the practice size and layout but must enable government recommendations on safe social distancing. Options to achieve this include;
   - Signs, floor markings and creating a single channel/route into the practice.
   - Door intercom system with entry system.
   - Secure collection box outside the practice to enable patients to drop off letters, requests etc.

2. **Entering and leaving the practice**
   - The majority of patients who are invited to the practice for a face-to-face (F2F) consultation will have been appropriately clinically triaged first.
   - For patients entering the practice, consider implementing an 'at-door screening process' (with appropriate precautions), which may include taking a brief covid history if the patient has not been triaged to attend. Consider both the diagnostic criteria and that the patient may be asymptomatic in the early stages of the Covid-19 illness.
   - Make hand sanitiser available and ask patient to use it upon entering and prior to exiting the premises.
   - Patients should wear a face mask when in the practice unless there is a clinically appropriate reason why they can be exempted.
   - Minimise the number of people the patient is required to have contact with. Ideally the person who consults with the patient should be the only person required to have direct contact with the patient throughout their attendance.
   - The patient should go straight to the consulting room, any wait in the waiting area should be minimised.
   - When the consultation has concluded, the patient should be directed to leave the practice immediately. This should be via a clearly defined route or alternatively the clinician should escort them out of the building.

3. **Waiting Rooms**
   - Please consider how you can create a safe area within the practice for patients waiting for assistance / their appointment. Depending on the capacity of the waiting room and the individual patient's situation it may be appropriate for them to wait in their car until called.
   - Reduce and space the number of waiting seats available. The practice policy should be clear on the cleaning schedule for these chairs.
   - It can be helpful to create an appointment list for patients needing to attend for F2F appointments so that these are distributed evenly across the working day.
   - Review the timings of additional clinics such as vaccinations, immunisations and phlebotomy which require patients to attend the practice, so that all patient attendances at the practice are spread across the working day.

4. **Consulting Rooms**

   With an increase in the number of patients being seen F2F, most practices will need to revert back from the previous guidance of having dedicated assessment rooms to the use of all consulting rooms for patient assessment. In order to maintain effective infective control measures;
   - Minimise contents of the room to aid cleaning.
   - PPE needs to be available in all rooms and worn when assessing all patients. PPE needs to be donned and doffed appropriately before and after each patient contact.
   - Rooms and equipment need to be cleaned after every patient according to the practice policy.

5. Working in partnership with patients

It is key that you keep patients informed on how they should access general practice care throughout the pandemic and beyond. This information will need to be reviewed on a regular basis and updated as new information becomes available and throughout the stages of the pandemic. Practices should consider;

- Involvement of the Patient Participation Group (PPG) in any proposed changes that affect how patients access healthcare advice and treatment. This could be done as a focus group with involvement from the social prescribing linkworker.
- Ways of disseminating the messaging to patients to include:
    - A message on the practice website.
    - Email or text (with appropriate safeguards such that patient's contact details are not shared).
    - Alerting your PPG.
    - A message on your telephone system.
- A poster should be displayed at the entrance and the waiting area. See the link for an example of this: NHS Resources for Hospitals, GPs, Pharmacies and Other NHS Settings.
- Alternatively, develop a clear, bespoke practice poster explaining how patients should contact the practice to gain health advice.

Practices to be aware that some patients have a preference to be seen F2F regardless of need. For practices continuing to operate a triage system, the standard operating procedure (SOP) would be to triage them first to see if they can be supported remotely in a more effective manner for both themselves and the practice team. To accommodate these patients, Londonwide LMCs would advise that a small number of F2F appointments should be made available for advance booking. The patient should be made aware that as they do not wish to being assessed prior to be offered an appointment, which is the practice system so that patients can be prioritised due to need, they may have to wait longer for their appointment. Should they believe that the issue is becoming more urgent or they do not want to wait until their pre-booked appointment, they should contact the practice again to be triaged according to the practice SOP.

Another cohort of patients may decline a F2F appointment despite it being clinically indicated. For these patients their concerns should be explored in detail and if these cannot be overcome the clinician will need to consider alternative ways in which the patient can be safely assessed. Any solution will need to recognise that general practice has finite capacity and how this will impact on other patient's care. The discussion and outcome should be clearly documented in the patient's medical record.

6. **Decision fatigue and safe workload levels**

As covid prevalence falls, general practice is under more pressure than ever before. Recent NHS digital data demonstrates that from February to March 2021 there was a 20% increase in GP appointments. On average, UK GPs consult considerably more patients per day than our European colleagues. From a practice perspective, it is imperative to consider what a safe level of consulting is and how clinics are structured. We know that decision fatigue leads to errors, but the demands placed on GPs by the NHS cannot be used as a defence if a significant error occurs.

The BMA has produced a safe working in general practice guide. Practices should consider this when reviewing their safe capacity and individual clinician workloads. In the current environment, practices need to recognise that for patients being seen F2F, time needs to be allowed to clean the room. Considering this, Londonwide LMCs would suggest that all GP appointments should be a minimum of 15 minutes in duration. This would not apply to GPSTs for whom the length of consultation will be determined by the trainee and their trainer.

This will not infrequently result in the demand for appointments on any one day exceeding the practice capacity. Practices should monitor demand as this tends to be fairly consistent depending on the day of the week over time and where possible put in place capacity to reflect the variation across the days of the week, whilst not exceeding safe consulting numbers for individual clinicians. Londonwide LMCs recognises that both practice financial resourcing and available workforce limits an individual practice's ability to safely absorb increases in demand.

Practices should have a system in place to safely respond to any requests above their safe capacity, this may involve booking the patient for an appointment at a later date, booking them into a GP hub, signposting them to an alternative healthcare provider or advising them to contact 111/UTC/A&E if of a more urgent nature. This system should form part of the practice access SOP so that all staff are aware, and it is consistently applied so equitable for all patients.

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