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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 which has no vaccine, 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 6.5.2020)

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 do 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 messages

1) Care home residents include some of our most vulnerable patients.
2) Recent national evidence illustrates the devasting effect Covid-19 is having on care homes.
3) In response to this, NHS England issued guidance on 1 May 2020 outlining how general practice was to support care homes during the pandemic, in advance of the Care Home Service element of the PCN DES commencing October 2020. Following on from the 1 May letter from Nikki Kanani, Ed Waller and Matthew Winn, a further letter was sent on 12 May 2020, instructing CCGs to identify a named clinical lead for each CQC-registered care home in their area, with the view that this clinician provide clinical leadership and co-ordination of primary and community care support services to care homes. Further guidance was issued on 19 June called Admission and care of residents in a care home during Covid-19 and it is our understanding that additional information concerning the named clinical lead role is being prepared for release shortly. For more information on the background to this and wider considerations on care home service see our Covid-19 and care homes guidance.
4) 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 14 April 2020). This includes a list of 15 key recommendations, 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 and decisions about escalation of care to hospital.
5) 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".
6) Due to the current unprecedented impact of Covid-19, 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.

1.4 A system wide approach to the care of patients with Covid-19

Key messages

1) Currently there is confusion regarding roles, responsibilities and pathways of care between practices and other providers (and new ‘hot hubs’ and ‘cold hubs’ where these have been set up).
2) We are working hard to urgently address this so that patients with Covid-19 infection have safe pathways of care, and practices can work effectively with all other providers.
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 full details.
Section 2: 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

Additional LMC guidance referenced in this section:

- Requests for isolation letter (updated 19.5.2020)

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 9th 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](https://wwwщенитогов). 
- **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](https://wwwщенитогов), 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](https://wwwщенитогов) 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 6.8.2020)
- Monitoring of patients with suspected Covid-19 (updated 22.4.2020)

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) 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.

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 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.
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:
   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.

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) Practice 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:

   - the likely cause is bacterial, or
   - 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

   - 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

   - 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 patients 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.
- The London End of Life Care Clinical Network NHS England and Improvement have also produced a helpful [Covid-19 London Primary Care Support document](https://www.nhsengland.nhs.uk/coronavirus/primary-care-support/). 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.
Section 5: Supporting patients following Covid-19 infection

5.1 Managing 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 healthcare professionals and patients on a dedicated website www.post-covid.org.uk.
- NHSE has produced a review of what after care patients who have been discharged with COVID may require, please click here to access this review.

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

Additional LMC guidance referenced in this section:

- Principles of safe video consulting in general practice during Covid-19 (published 29.5.2020)

6.1 Principles

Key messages

1) The principles of providing safe care during the Covid-19 described in section 1 all apply.
2) Whilst it may only have been possible to provide essential services when the demand for Covid-19 services has been high, practices do need to consider how they should address patients with non-Covid-19 clinical needs using remote assessment.
3) Although we will all be experienced in providing non-Covid-19 care, we will need to rapidly adapt how we diagnose, assess and manage these conditions in order to minimise risk to our patients.
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 of safe video consulting in general practice during Covid-19 (please note that many of the principles in the guidance also apply to telephone assessment).
Section 7: Continuing to meet essential non-Covid-19 health needs

Additional LMC guidance referenced in this section:

- Non-acute essential care (updated 8.7.2020)
- Requirement for home visiting during Covid-19 pandemic (updated 1.5.2020)
- Medicines management: drug monitoring during the Covid-19 pandemic (updated 27.5.2020)
- Mental health drug monitoring guide (updated 20.5.2020)
- Management of long-term conditions during and post-Covid-19 (updated 11.6.2020)

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.

Further detail is contained in our non-clinical FAQs web page.

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.

2) NHS England London provided a further update on 8 June 2020 advising practices to recommence cervical smears for all patients following their notice at the end of March to stop the collection of cervical smear samples. Further advice is contained in our non-acute essential care guidance.
3) Services that rely on other providers can only continue if workforce allows across all providers.

4) Practices and PCNs looking to deliver mass vaccination programmes for their patient populations may find the guidance from the RCGP helpful for their planning. Wessex LMCs have also produced some helpful practical guidance and analysis.

5) Information on drug monitoring can be found here. Specific guidance on Warfarin and switching from Warfarin to DOAC are also available. And our guide on medicine management and monitoring for mental health is here.

We have pulled together a document of resources to help support you to deliver essential non-acute general practice services, including guidance on vaccinations. For guidance on long-term conditions see section 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, the threshold for calling 999 rather than using own transport may change. We are liaising with LAS to provide further guidance for practices and safe advice regarding this.

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) We are currently liaising with London and national cancer bodies to determine whether referral criteria will be changed to reflect need to limit face to face encounters.
7.4 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:
   b. Health charities guidance for professionals and the public.

3) Services that rely on other providers can only continue if work force allows across all providers.

4) Information on drug monitoring can be found here. Specific guidance on Warfarin and switching from Warfarin to DOAC are also available. And our guide on medicine management and monitoring for mental health is here.

We have pulled together a document of resources to help support you to deliver essential non-acute general practice services, including guidance on vaccinations.
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.
   - 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.
   - 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 are working with experts to provide Covid–19 related support documents for primary care during the pandemic. It will include Covid–19 specific pan-London suspected cancer referral forms, a Covid–19 patient information leaflet as well as primary care educational guides and communications. Revised 2WW suspected lower gastrointestinal cancer referral forms are already available and others are in development. 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 where a delay may not be clinically acceptable** - We advise that timely ‘advice and guidance’ is the primary method of referral. This will enable secondary care colleagues to advise on how to manage in the community or advise on the best way of access secondary care services during the pandemic.

5) **Conditions for which a delay is clinically acceptable** - Patients should be asked to re-present once the current emergency situation has passed, if the condition has not resolved and they still require further assistance.

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. Further NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals.

We will continue to liaise with NHS England 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. From 8 June dental practices are open for some treatment. Practices will be prioritising patients with the most urgent need. 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. Details of urgent dental care sites for London are not being published. There are currently 30 sites across London, comprising dental hospitals, community dental service providers and primary care facilities. Details of the referral pathway can be seen here.
8.7 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 believe they are exempt from wearing a face covering for a reason on the TfL exemption list, to print out an exemption cards 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](https://www.lmc.org.uk)
- [Read the full TfL guidance here](https://www.lmc.org.uk)

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**
TFL have listed a number of ‘reasonable excuses’ for not wearing a face covering, specifically:

- Where a person cannot put on, wear, or remove a face covering because of a physical or mental illness or impairment or disability (within the meaning of section 6 of the Equality Act 2010), or without severe distress.
- Where a person is providing a lip-reading service to a person they are travelling with.
- Where a person removes their face covering to avoid harm or injury, or the risk of harm or injury, to themselves or others.
- Where a person is travelling to avoid injury, or to escape a risk of harm, and does not have a face covering with them.
- If it is reasonably necessary for a person to eat and drink, and the person removes their face covering to eat or drink.
- Where a person is required to remove the face covering by a police constable (including a British Transport Police officer) or another authorised person.

8.8 Driver and Vehicle Licensing Agency (DVLA)

The DVLA has produced a [leaflet suggesting that the GP should supply an opinion on fitness to drive](https://www.lmc.org.uk). GPs can provide factual reports to DVLA for them to determine fitness to drive but should not be giving an opinion on an individuals fitness to drive unless, in their professional opinion, the patient has a condition which is an absolute, clearly defined contraindication to driving.
Section 9: Certification

Additional LMC guidance referenced in this section:

- Covid-19 processes concerning death of patients (updated 21.5.2020)
- 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)

9.1 Process 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.

2) Pandemic Multi Agency Response Teams (PMARTs) were established at the outset of the pandemic to respond to excess deaths in the community when Covid-19 was suspected or confirmed but these were stood down on 15 May 2020.

3) Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate for Cause of Death (MCCD).

4) 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

Government have announced (on 22.6.20) that shielding will be relaxed, with the scheme being paused from the 1 August. From this date, the Government is advising currently shielding patients to adopt strict social distancing rather than full shielding measures. Further details can be found on the Government website. This means that people in the shielding category no longer need to follow shielding advice and can return to work if it is in a Covid-secure environment. They are also able to attend appointments at the GP surgery and outpatients with appropriate PPE and IPC measures.

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

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](https://www.nhs111.org.uk/coronavirus) 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. **Those in the stringent social distancing group (vulnerable but not shielded)**

Patients in this group may ask for medical evidence they are in this vulnerable group as defined by the government, roughly equating to those eligible for the annual flu jab. Please direct patients to download and use the Londonwide LMCs' [template letter](https://lmc.org.uk/healthnet/2020-04-10-template-letter-for-vulnerable-but-not-shielded) as these patients will not be eligible for a MED3, which is for certifying due to illness. If they become unwell, point 1 applies.

3. **Those in the shielded group (deemed extremely clinically vulnerable)**

This group should receive a [letter](https://lmc.org.uk/healthnet/2020-04-10-template-letter-for-vulnerable-but-not-shielded) from the government (or their GP/specialist if not identified through the central process) confirming they are in the shielded category which can be used for the purposes of certification off work. The CMO has provided a [specific list](https://lmc.org.uk/healthnet/2020-04-10-template-letter-for-vulnerable-but-not-shielded) of qualifying conditions that would be classified as defining a patient as extremely medically vulnerable. This means they should self-isolate within the home and only leave on clinical advice.

Further guidance on isolation, stringent social distancing and shielding is available [here](https://lmc.org.uk/healthnet/2020-04-10-template-letter-for-vulnerable-but-not-shielded).

Details of borough based local authority telephone helplines for vulnerable and shielding residents can be found [here](https://lmc.org.uk/healthnet/2020-04-10-template-letter-for-vulnerable-but-not-shielded).

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

1. There have been reports that as schools re-open, they are requesting medical certificates on fitness to return.

2. Practices are unable to make judgements on individual children’s suitability to return to school.

3. We have produced a [template letter](https://lmc.org.uk/healthnet/2020-04-10-template-letter-for-vulnerable-but-not-shielded) 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](https://www.rcpch.ac.uk/).

4. 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. TFL have instructed passengers who believe they are exempt from wearing a face covering for a reason on the TfL exemption list, to print out an exemption cards and display it on clothing or a lanyard. Further details are in [section 8.7](#).

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.*

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)

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.

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:

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.
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.

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 11: Practice management resources

Additional LMC guidance referenced in this section:

- Covid-19 human resources support (updated 24.6.2020)
- LMC Law HR FAQs (updated 28.5.2020)
- 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) (updated 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 FAQ provides 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 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.
11.5 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.

11.6 Practice cleaning guidance

Londonwide LMCs’ Coronavirus (Covid-19) communication

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 6.5.2020)
   - NHSE letter re: identifying a clinical lead for all care homes (issued 12.5.2020)

1.4 A system wide approach to the care of patients with Covid-19

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 (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
   - Requests for isolation letter (updated 19.5.2020)

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 6.8.2020)

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
   - Patient action plan for SpO2 monitoring

4.4 Triaging patients with Covid-19
Londonwide LMCs’ Coronavirus (Covid-19) communication

4.5 Monitoring patients with Covid-19
- Monitoring of patients with suspected Covid-19 (updated 22.4.2020)

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 Clinical course of Covid-19
- The clinical course of Covid-19 – what do we know (updated 6.8.2020)

Section 5 (Supporting patients following Covid-19 infection)

5.1 Managing 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

6.2 Remote examination
- Principles of safe video consulting in general practice during Covid-19 (published 29.5.20)
- Feverpain score
- RCPCH guidance on treating acute tonsillitis (updated 27.3.2020)
- Paediatric remote assessment guidance

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

7.1 Workload prioritisation

7.2 Non-acute GP services
- Non-acute essential care (updated 8.7.2020)
- Requirement for home visiting during Covid-19 pandemic (updated 1.5.2020)
- Medicines management: drug monitoring during the Covid-19 pandemic (updated 27.5.2020)
- Monitoring for patients on warfarin (updated 7.4.2020)
- Safe switching from Warfarin to DOAC (updated 7.4.2020)
- Mental health drug monitoring guide (updated 20.5.2020)
- Medicine shortage update (updated 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)

7.3 Non-Covid-19 acute care

7.4 Clinical care resources for professionals and the public
- Management of long-term conditions during and post-Covid-19 (updated 11.6.2020)
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)

8.7 Transport for London (TfL)
- TfL guidance on wearing face coverings
- TfL print at home face coverings exemption card

8.8 Driver and Vehicle Licensing Agency (DVLA)

Section 9 (Certification)

9.1 Death certificates and cremation forms
- Covid-19 processes concerning death of patients (updated 21.5.2020)

9.2 Medical certificates: fitness notes (MED3)

9.3 Information regarding shielding, self-isolation and social distancing
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9.4 Isolation notes and letters for Covid-19 related absence from the workplace
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- 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)

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)

Section 11 (Practice management resources)

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11.2 HR FAQ
- Covid-19 human resources support (updated 24.6.2020)
- LMC Law HR FAQs (updated 28.5.2020)

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

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

11.6 Practice cleaning guidance
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