

Covid-19

----- Guidance for practices



Date: 8.7.2020

Please be aware that this is a rapidly evolving situation.

Non-acute essential care

- There are many routine general practice services which are essential to maintain health in the shorter and long term period.
- While some services have been de-prioritised during the immediate pandemic response, it is important to look at how we continue to offer important aspects of routine care to our patients through remote consultations where possible, prioritizing those with the highest health need.
- Some will require face to face interventions and these should be combined into the least number of appointments where possible.

These services include (but are not limited to):

1. Routine vaccinations
2. Seasonal vaccinations
3. Cervical smears
4. Essential injections
5. Postnatal checks
6. Contraceptive services
7. Drug monitoring (see our additional guidance)
8. Long term condition management (see our additional guidance)

1. Routine vaccinations

- During a pandemic it is important to maintain good vaccine coverage and uptake to reduce the likelihood of preventable disease outbreaks.
- NHS England have provided guidance on [maintaining vaccination programmes](#) during the pandemic.
- Londonwide LMCs have developed [separate guidance on delivering a safe immunisation programme during the pandemic, taking into account IPC principles](#).
- Prioritisation should be given to time-sensitive vaccines for babies, children and pregnant women.
- The London Immunisations team have released a [set of FAQs for practices and patients](#).
- Childhood Immunisations
 - All routine childhood immunisations from birth up to and including vaccines due at one year of age should continue including the first MMR dose.
 - All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner.
 - Please continue to offer and provide BCG vaccinations where available. Please risk assess and prioritise those infants aged 0-1 who either reside in a borough of a TB incidence rate of >40 per 100,000 or live in a household with a parent or grandparent from a country with a TB rate of >40 per 100,000.

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- Maternal Vaccinations
 - Please ensure that pertussis vaccination continues to be offered to pregnant women. Where vaccination cannot be provided in maternity, this should be given by the GP.
- Pneumococcal vaccination
 - To continue for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritization). Risk groups include patients:
 - With a solid organ transplant.
 - Undergoing active chemotherapy or radical radiotherapy for lung cancer.
 - With leukaemia, lymphoma or myeloma at any stage of treatment.
 - Having immunotherapy or other antibody treatments for cancer.
 - Having other targeted cancer treatments which can affect the immune system.
 - Who had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
 - With severe respiratory conditions.
 - With rare diseases and inborn errors of metabolism that significantly increase the risk of infections.
 - On immunosuppression therapies sufficient to significantly increase risk of infection.
 - Who are pregnant with significant congenital heart disease.
- Shingles vaccination
 - Practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

2. Seasonal vaccinations

- Practices need to consider preparation for the flu 20/21 season. NHS England have [published their annual letter](#) regarding eligible cohorts, alongside the letter with the [JCVI recommendations](#). The [DES specification](#) is also available on the NHS England website.
 - In summary, the JCVI advises:
 - I. for those aged 65 and over – the adjuvanted trivalent influenza vaccine (aTIV) (with the cell-based quadrivalent influenza vaccine (QIVc) offered if aTIV is unavailable)
 - II. for under-65s at risk, including pregnant women, offer QIVc or, as an alternative, the egg-grown quadrivalent influenza vaccine (QIVe)
- Innovative schemes for flu vaccination delivery may need to be considered, taking into account local needs and at scale options where appropriate

3. Cervical Smears

- Following the suspension of the collection and processing of smear samples in London due to laboratory and workforce capacity in March, a further letter was issued on the 8th of June **advising that cervical screening would recommence, including sending out reminder letters to eligible women.**

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- Practices will need to email or call the CSL laboratory collections service on couriers@tdlpathology.com or 020 7307 7373 to arrange sample collection and transport. HSL have provided an [updated list of contact details](#) for other enquires.
- High risk patients who were already referred to colposcopy will continue to receive services under the colposcopy unit.
- Further details for sample takers was released in the following updates on the [6 June](#) and [7 July](#).

4. Essential injections

- Essential injections should continue to be provided e.g. Prostag, aranesp, clopixol, testosterone
 - Practices/PCNs to consider the safest way of delivering these, ensuring that risk of Covid-19 exposure is minimized and combining with other appointments if required
 - Patients should be taught to self-administer where appropriate
- Vitamin B12 injections
 - Depending on the cause of the B12 deficiency, it is worth considering if oral B12 supplements are appropriate. The BSH have issued further [guidance regarding B12 during Covid-19](#).
 - However, if oral supplementation, maintenance administration of B12 injections can continue. However, ensure that frequency is not more than 12 weekly. The RCGP suggests considering teaching appropriate patients to self-administer.

5. Postnatal checks

- Where possible combine maternal and child postnatal checks with childhood immunisations at 8 weeks; this may require designated clinics where capacity allows.
- Baby checks:
 - Remote consultation for verbal assessment of maternal and baby health and wellbeing and concerns prior to immunisation appointment should happen at 6-8 weeks, explaining that examination will take place at 8 weeks with immunisation appointment, followed up by a phone call to explain examination findings and outcomes if required. Explain partner will not be able to attend appointment. Please see our separate guidance on [managing immunisations](#).
 - To minimise risk of Covid-19 exposure, practices must ensure thorough infection control measures and ensure that the area and equipment have not been used by staff or patients with high likelihood of Covid-19 or exposure to Covid-19.

6. Contraception

- It is essential to maintain access to contraceptive services during the pandemic.
- The FSRH has produced [guidance for health professionals regarding the provision of contraceptive services during the pandemic](#).
- They have also produced a [patient information leaflet regarding contraceptive and abortion services for patients](#).

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7. Drug monitoring

- Essential drug monitoring must continue. This is particularly important for patients on DMARDs and warfarin. Please see our guidance on [drug monitoring](#) and [medicines management and monitoring for mental health](#).
- If possible, blood monitoring for lower risk medications and conditions, e.g. ACEi, antipsychotics, thyroid disease should continue where capacity allows. Consider increasing the interval of testing if clinically safe to do so.
- Medication reviews should be completed by Primary Care Network (PCN) or practice pharmacists where possible. Consider 6-8 months repeat prescribing of 28 day supplies to prevent supply issues. Avoid lengthening supplies of repeat medication unless clinically indicated.

8. Supporting patients to manage long term conditions

- The RCGP has produced guidance on the [prioritisation of workload during Covid-19](#).
- Practice should consider prioritising reviews for those at higher risk.
- Management of long-term conditions (LTCs) should be carried out remotely wherever possible.
- Practices can consider signposting patients to online patient facing resources. [Please see our website for some links](#).
- Management should take into account the need to appropriately prioritise elements of routine preventative care due to reduced staff capacity, the limitations due to the need to limit face to face assessment, and the lack of access to routine investigations.
- Please see our separate guidance [on managing long term conditions in primary care](#).