

Covid-19

----- Guidance for practices



Revision Date: 24.8.2020

Please be aware that this is a rapidly evolving situation.

Londonwide LMCs' guide to operating a safe practice policy

The Covid-19 pandemic is placing extraordinary pressures on general practice, which have led to the need for practices to adopt a completely different operating model to the one traditionally used. When a face-to-face assessment is deemed clinically necessary (or when patients turn up at the practice unannounced), a safe practice policy is a reasonable way by which patients who arrive at the practice can be appropriately assessed without exposing themselves, other patients, clinical and non-clinical staff to the risks associated with face-to-face consultations.

Who this guidance is for and its purpose

This guidance is for practices who remain operational during the pandemic; it is not intended for practices who are required to close on a temporary basis due to the impact of Covid-19 on staffing levels, or on a permanent basis due to the outbreak or for any other reason.

Principles of the policy

- Patients need to be able to access general practice but the traditional model of service delivery must change and move to a [remote total triage](#) model.
- **Closing the practice doors does NOT mean the practice is closed.**
- Patients with non-Covid-19 related clinical needs should be prioritised and managed in line with: [RCGP guidance on workload prioritisation during Covid-19](#).
- In-hours general practice supported by primary care services should remain the primary method by which patients access healthcare.

How to implement the safe practice policy

The practice entrance should be closed, with a simple method (intercom, bell) for a patient to alert the practice that they wish to gain entry. Whilst the door remains closed, there should be clear and consistent messaging about how patients should access care and that the practice is open, it is only the door that is closed.

- Please consider how you can create a safe area within the practice for patients waiting for assistance / their appointment if they do not have a car to wait in and the weather is poor.
- You should have a written practice safe practice policy (based on this guidance) and make sure that all clinical and non-clinical staff are familiar with it.
- If you share a building with another practice (or practices), you should collaborate with them and develop a consistent cross-building safe practice policy.

Covid-19

----- Guidance for practices



Keeping patients informed

It is key that you keep patients informed on how they should access general practice care throughout the pandemic. 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

- Ways of disseminating the messaging to patients include:
 - A message on the practice website.
 - Email or text (with appropriate safeguards such that patient's contact details are not shared).
 - Alerting your Patient Participation Group (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.

Zoning versus designated assessment rooms

- We note that NHSE recommend categorising patients into two cohorts: those who have Covid-19 symptoms and those without Covid-19 symptoms. However, potentially, general practice face-to-face interactions will be required to meet the needs of three different cohorts, although universal precautions apply to all groups:
 - Patients who are not suspected to have Covid-19 who require essential interventions such as administration of immunisations and injections, and for urgent/essential phlebotomy. Some of these patients may be at particularly high risk of severe Covid-19 if infected;
 - Patients who are not suspected to have Covid-19 who require face-to-face assessment for a presumed non-Covid-19 condition. It must be borne in mind that Covid-19 typically presents with cough and fever, but there are other presenting symptoms and some may be atypical;
 - Patients who are suspected to have Covid-19 who require face-to-face assessment for a presumed non-Covid-19 condition.
- If possible, we recommend separating these three cohorts either through:
 - Having three separate rooms at each site (zoning), or;
 - Separating these cohorts in different site across a PCN footprint (practice designation).
- If dividing patients into three cohorts is not logistically possible, patients should be separated into the two cohorts as described by NHS England.
- Patients will at times require a home visit. The decision to visit will take into consideration the same factors that apply in the non-pandemic environment, (eg. extremely vulnerable and requiring shielding, frailty, or palliative care). These could be patients with or without Covid-19. The principles that are considered in deciding if a patient needs a home visit are the same as those for any face-to-face assessment. It is worth considering if a home visiting service could be organised at network or federation level.

Covid-19

----- Guidance for practices



Assessment rooms/centre

- Although nearly all consultations should be carried out through video or phone, a minority of patients are likely to need to be seen face-to-face in a primary care facility.
- GPs should consider the most appropriate population size across which to deliver this function be that at practice, primary care network (PCN) or federation population levels.
- The purpose of the assessment room/centre is to provide a safe environment to perform a physical examination or procedure when required.
- It is essential that practice follow the essential principles of universal precautions for any patient assessment or treatment, these include:
 - Wearing PPE when assessing all patients and donning and doffing the PPE appropriately before and after every patient contact.
 - Cleaning the consultation room after every patient.
 - Advising at the initial telephone/video assessment that the patient should not bring in relatives/friends into the appointment unless it is essential to do so (children, disabilities).

Remote triage prior to the patient attending the practice

- GPs/practice HCPs should undertake an initial remote assessment of all patients via online/telephone, depending on practice facilities.
- Ensuring that history taking and any part of the examination that can be done remotely is completed prior to arrival and physical assessment.
- GPs should use video if available to undertake an initial examination.
- In order to protect patients and staff, GPs should only see patients face-to-face (in the surgery or through home visits) if initial assessment deems it essential and adequate precautions are taken.
- To be aware of continuing safeguarding responsibilities and to adapt our practice to best fulfil these and to be aware of how best to protect our most vulnerable patients with our changed practice.
- Special consideration needs to be given for groups including patients who have difficulty with English, people with disabilities like deafness and blindness, homeless patients and others.
- We recommend that the decision to move to face-to-face assessment should require discussion between at least two clinicians, if possible, prior to the decision being made: the following issues should be considered:
 - What specific examination is needed?
 - Can the required information be obtained via another method?
 - How likely are the examination findings to change the diagnosis and management?
 - Is making the diagnosis essential at this point?
 - Will a delay in making the diagnosis or managing the condition have a significant impact on the morbidity/mortality of the patient?
 - Explaining to the patient in advance of attending what specific examination/treatment they are attending for, how this will be performed and reason for this.

Covid-19

----- Guidance for practices



Entering and leaving the practice

- All patients who are invited to the practice for a face-to-face consultation should have been appropriately clinically triaged first.
- If not in place, consider investing in an intercom system (including a digital door opening system) to allow patients to explain the reason for their attendance and for staff to either allow them access or advise what other steps they should take. If this is not feasible, as a minimum, a bell needs to be installed.
- If the patient needs to enter the practice, implement an 'at-door screening process' (with appropriate precautions), which may include taking a brief history and an assessment of temperature using a no-touch infrared thermometer. Consider the [diagnostic criteria](#), that the patient may be asymptomatic in the early stages of the Covid-19 illness and ensure findings are recorded in the medical records.
- Make hand sanitiser available and ask patient to use it upon entering the premises.
- Minimise the number of people the patient is required to have contact with. Ideally the person who screens the patient on entry should be the only person required to have contact with the patient throughout their attendance.
- The patient should go straight to the consulting room and not wait in the waiting area.
- When the consultation has concluded, patient should be directed to leave the practice immediately and directly.
- Conducting a further telephone consultation with the patient to conclude the clinical encounter, explaining findings and management plan.

Equipment claims

If you purchase additional equipment (eg. intercom systems, infrared thermometers etc) in connection with the Covid-19 pandemic, you may be entitled to claim for the associated expenses. A spreadsheet for claiming Covid-19 related expenses has been developed for this purpose and is [available here](#).

Further advice

If you have any further questions or require any further advice, please [contact our GP Support team](#).