

Guidance and standard operating procedures - general practice in the context of coronavirus (COVID-19) – Summary by GPC England

Background

NHS England and NHS Improvement has issued [updated guidance \(29 May\) on standard operating procedures in the context of coronavirus](#). This guidance applies to general practices operating under contract to the NHS in England, including those providers who operate outside core GP contract hours.

As before, it identifies three key patient groups:

- Patients with COVID-19 and symptoms of COVID-19
- Shielded patients
- Patients at increased risk of severe illness from COVID-19 (who are not part of the shielded group)

Below is a summary of the guidance, setting out the changes made since the publication of the original SOP and taking into account announcements made by government on 31 May.

Key principles for general practice

Practices should be focused on the restoration of routine chronic condition management and prevention wherever possible, including vaccination and immunisation, contraception and health checks.

However, practices should do so in the context of the following:

- All patients should be triaged remotely via an [online consultation system](#)
- Remote consultation should be used where possible, including the use of video consultations
- Patients should have clear information on how to access services
- Where possible, staff should be enabled to [work remotely](#)
- Staff should be allocated to either patients with symptoms of COVID-19 or other patient groups, where possible
- To protect the workforce, staff should be risk assessed to identify those at increased risk from COVID-19
- Shielded patients should have proactive follow-up to ensure they know how to access care and support; those requiring face-to-face assessment should be seen by home visit unless an alternative care setting is clinically indicated. However, [new guidance](#) has now been issued by government on this group
- For all face-to-face consultations, [infection prevention and control guidance](#) should be followed rigorously, while minimising the number of such consultations

It is expected most practices will already have been doing the above in line with previous guidance.



Options for face-to-face patient assessment

When there is no other option than face to face assessment, the following is recommended:

- Separate patient cohorts within practices, using designated areas and workforce
- Separate patient cohorts across a PCN footprint using designated GP practices or other sites, as appropriate

The use of GP practices that are co-located with pharmacies to deliver services to patients with symptoms of COVID-19 is not recommended. If this is not possible, cohorting with strict infection control and cross-contamination protocols must be in place between the GP practice and the pharmacy.

Home visiting can be organised at network or practice level to deliver care at home to shielded patients.

Home visits

It is recommended that as few healthcare professionals as possible visit the patient's home, especially if they are shielding. Staff should liaise with the wider community care team to ensure the most appropriate professional carries out the visit. They should follow infection [prevention and control guidance](#) and visit bags should contain appropriate PPE that should be disposed of in accordance with [Environment Agency guidelines](#).

Preparation of sites for COVID-19 face-to-face consultations

- Use clear signage to direct patients to the appropriate site/space
- Ensure alcohol gel/handwashing facilities are available for patients and staff
- De-clutter communal spaces and clinical rooms to assist decontamination
- Ensure clinical rooms have the necessary equipment for patient examination readily available, and adequate and accessible provisions of personal protective equipment (PPE) and clinical waste bins
- If possible, identify toilet facilities for the sole use of patients with symptoms of COVID-19

Guidance for staff**Staff with symptoms of COVID-19**

- Should stay at home
- If well enough to work from home, they should be supported to do so
- If they become unwell at work they should go home immediately
- The above also applies to staff with a household member with symptoms of COVID-19

Staff testing

Essential workers with symptoms of COVID-19, or who live with someone with symptoms of COVID-19, can access testing via the [GOV.UK website](#)

Staff at increased risk from COVID-19

Government advice on [social distancing for vulnerable people](#) and on [shielding for people defined on medical grounds as extremely vulnerable](#) have recently been updated and practices should ensure they have read both. Staff in these categories should not see patients face to face. We are seeking clarification on the status of vulnerable doctors who choose to work face to face despite the SOP with regard to their medico legal status and entitlement to death in service benefit.

NHS Employers has also published [guidance](#) on risk assessments for staff.

Staff exposed to someone with symptoms of COVID-19 in healthcare settings

PHE has published [guidance](#) for healthcare workers who have been exposed to someone with symptoms of COVID-19 in healthcare settings.

Guidance for patients**Managing patients with symptoms of COVID-19**

GP practices should make nominal appointment sessions available for NHS 111 and CCAS. This will act like a prioritisation list, which may result in a number of different outcomes, including remote management, future follow-up, or a face-to-face assessment, which may be at the practice or an alternative local service.

Until 30 June 2020, the national contract has been amended and sets out that practices need to make one appointment per 500 registered patients per day available for direct booking.

Shielded patients at highest clinical risk of severe illness from COVID-19

GPs will already have received letters containing guidance and actions for practices and the guidance updated with some additional key actions:

Key actions for general practice

- Ensure the situation is clearly flagged in the patient's healthcare records and visible to all teams involved in the patient's care
- Ensure a named, lead co-ordinator is in place, either in primary or secondary care
- Review and update personalised care plans and undertake any essential follow-up
- Support patient self-management
- Support patients with urgent medical needs (note that patients may also need to contact their specialist consultant directly)
- If the patient needs face-to-face assessment, they should be seen on a home visit, ideally by a dedicated team, and not brought into general practice premises unless clinically indicated
- Ensure that there has been at least one contact by the practice with all its registered patients on the shielded list, as a follow-up to the original letter and follow up as required
- Help patients secure their medicine supplies regularly by ensuring electronic repeat dispensing is used for all suitable patients, and ensure they know how to access information about how they can have their medicines delivered
- People in shielded groups may be particularly affected by mental health issues; GPs should work with local mental health, learning disability or autism services to review patients receiving care from these services

Practices should ensure they have read the latest guidance on shielded patients [here](#).

Wider group of patients at risk of severe illness from COVID-19

People at increased risk of severe illness from COVID-19 are advised to stringently follow social distancing measures, as the recent updated guidance makes clear. If face to face assessment is required, the procedure set out above should be followed.

Further considerations**People requiring translation and interpretation services**

The move to remote consultation and use of PPE in face-to-face consultations requires additional considerations; eg the impact of PPE on lipreading. Practices should consider how online and video consultation solutions can support interpreter-led, type-based, and lip-read communications.

Identifying patients at risk of deterioration from other conditions

It is important patients understand that although physical access to the practice is restricted, they can access help and advice remotely.

Specialty referral pathways

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.

Care homes

NHS England wrote to CCGs, general practice, and community health services on 1 May requesting that primary care and community health services help in taking immediate action, building on what practices are already doing, to support care homes in tackling COVID-19 and to ensure that care home residents receive the best possible NHS care in this challenging time. This should include:

- a consistent, weekly 'check-in', to review patients identified as a clinical priority for assessment and care
- developing and delivering personalised care and support plans for residents
- providing clinical pharmacy and medication support to care homes.

Reference to [government guidance](#) for care homes on the admission and care of residents during the COVID-19 pandemic may be helpful.