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Face Masks

Public Health England has **not yet published primary care specific guidance**, but the current guidance still stands, i.e. people must always wear a face covering on public transport or when attending a hospital as a visitor or outpatient. They should also wear a face covering in other enclosed public spaces where social distancing is not possible and where they will come into contact with people they do not normally meet. This is most relevant for short periods indoors in crowded areas.

Shielding

The Government is committed to **writing to shielding patients by 30 June**. They have also committed to reviewing shielding advice in line with wider measures to ease lockdown. Future announcements will take mental and physical health consequences into consideration and the guidance for those shielding has always been, and remains, advisory only.

Guidance for General Practice Ordering PPE

All GP practices can register on the new online PPE portal for ordering emergency PPE from a central inventory. This is to supplement (not replace) the wholesale supply route that already operates. Throughout May and June 2020, the Department of Health and Social Care (DHSC) has been emailing GP practices, inviting them to register with the PPE portal. The email should be coming from the PPE Dedicated Supply Channel ppe.dedicated.supply.channel@notifications.service.gov.uk so please check junk mail folders if it still hasn't been received.

Current order limits mean that **GP practices can order one combined pack** containing 50 IIR masks, 200 aprons and 400 gloves (200 pairs), **per week** or up to this number of separate items. These limits may change over time. Orders through the portal should arrive within 48 hours if placed **before 1pm**. Orders placed after 1pm will be subject to an additional 24 hours. Please contact the customer services team on 0800 876 6802 with any queries.

Flu Update

Practices should be actively planning now on how to deliver the programme in the context of COVID-19, as outlined in the [flu letter](#) published on 14 May 2020, recognising that there could be changes to guidance before the start, e.g. shielded patients, social distancing. Practices should be seeking to maximise uptake across all patient cohorts working in partnership with all local partners through coordinated planning with Commissioners, CCGs, PCNs, etc. More details from NHS England will follow as soon as possible.

GP SOP - Updated re staff risk assessments

NHSE has revised the current [GP SOP v3.2](#) section about staff at increased risk from COVID-19 and risk assessments as follows:

- The government has issued guidance on [shielding for people defined on medical grounds](#) as extremely clinically vulnerable from COVID-19. Staff who fall into these categories should not see patients face to face; this takes precedence over any other risk assessments
- All other staff including BAME staff and people identified as clinically vulnerable who are asked to [apply stringent social distancing](#) should be risk assessed to consider if they should see patients face to face. The Faculty of Occupational Medicine has published a [Risk Reduction Framework for NHS staff](#) (including BAME staff) who are at risk of COVID-19 infection. NHS Employers has also published guidance on [risk assessments for staff](#). Staff may be referred to an occupational health professional for further advice and support
- QCS has published a Risk Assessment for vulnerable staff groups

PCR COVID Test Results Flowing to Practices

NHSD has been working to ensure polymerase chain reaction (PCR) lab test results from the national Pillar 2 testing programme (booked through the online national system, mobile units, home testing, etc.) can flow into the individual's GP record. This does not include tests carried out in hospitals. Tests previously carried out will be bulk uploaded in batches. No clinical action is required by GPs on receipt of the result, and no notification is required to PHE.

Digital Primary Care Update

- **Virtual check-ins with Care Homes** – systems should be in place to have check-ins virtually with care homes and patients with learning disabilities who live in supported living, since COVID-19 began
- **Care Homes** – NHS mail roll out to almost 10,000 care homes and over 3,000 care providers. Over 2,000 portal devices going into care homes to support resident to family video calls
- **National Data Sharing** – all GP practices are enabled to use GP Connect for record sharing and 111 appointment booking. Enriched SCR rollout continues
- **Microsoft 365** – NHS has signed an agreement to make full Microsoft 365 available to practices, who should engage with CCGs

Cervical Screening Update

Intervals for invitation and reminder letters have now begun to return to normal. Therefore, practices should expect to start receiving more requests for appointments and should ensure that appointments are offered to women who are eligible and due to be screened.

Recovery and Innovation in Primary Care

Key actions:

- Maintain the positive innovation and transformation from this period
- Get back to doing the high value things that were deprioritised during the immediate response
- Try to avoid reinstating things that were not a good use of time before the COVID-19 response
- QCS has produced a Reflection Toolkit you can use to capture reflections, learning and responsiveness and will help with CQC evidence

Most useful innovations to aid recovery (active poll in order of priority):

1. Enhanced advice and guidance between secondary care clinicians and GPs
2. Full online or telephone triage
3. 'Drive through services' to minimise infection risk of entering building (with pre-appointment and follow-up information given virtually)
4. Virtual group consultations for patients with similar needs/virtual monitoring clinics
5. Virtual MDT/practice meetings and training
6. Send text messages to patients to self-assess risk of (for example) rheumatoid disease
7. Targeted and proactive virtual support for vulnerable patients
8. Community pharmacy support to discharges patients

The main things needed to introduce and embed innovations in primary care include time, funding, support, resources, leadership, collaboration, headspace, guidance, trust, reduction in bureaucracy, etc.

If practices have examples of innovation and want to share them, there will be a piece of work carried out by NHS England and examples can be submitted via a short web form by Thursday 25 June 2020. (Please copy and paste this link into a web browser: ipsos.uk/COVIDinnovation.)

COVID-19 GP Preparedness Webinar

The next webinar will take place on Thursday 2 July at 5pm – 6pm.