

In this Bulletin:

- COVID-19 Self-isolation increase to 10 days
- Coronavirus test results now visible to GPs
- COVID-19 Personal protective equipment (PPE) and resuscitation
- Coronavirus (COVID-19): Travel corridors
- Coronavirus (COVID-19): Travellers exempt from border rules in the UK
- Coronavirus (COVID-19) Increase in use of NHS digital technology
- CQC Annual Update on the safe management and use of controlled drugs

COVID-19 Self-Isolation Increase to 10 days

How long someone needs to self-isolate depends on if they have coronavirus (COVID-19) or if they have been in close contact with someone who does. People must self-isolate if:

- They have symptoms of coronavirus and tested positive, had an unclear result, or did not have a test
- They tested positive but have not had symptoms

The guidance is expected to change by 31 July 2020 to increase the number of days of self-isolation from at least 7 days to 10 days. The 10-day period starts from when the symptoms started. If the person has not had any symptoms, the 10-day period starts from when they had the test.

Coronavirus Test Results Now Visible to GPs

Patients who use online Patient services such as the NHS App and who have requested full access to their GP medical records will now be able to access their results themselves, as well as receiving their results via communication from the NHS Business Service Authority (NHS BSA) as before. The results will appear in a Patient's record as a laboratory test result but appear in a way that makes them easily distinguishable from other types of test results.

Where it is possible to identify the test recipient's NHS number, the results will be shared. This applies to tests already carried out and for future tests. There may be a short time lag between the result being communicated to the Patient by NHS BSA and the results arriving in the GP system, but it should provide near real-time data. It applies to all tests booked via the nhs.uk/coronavirus or gov.uk portals for tests carried out at testing centres or at with at-home testing kits.

Patients do not need to be contacted by the Practice as the results will have already been provided to the individual by text and email. Guidance is provided in the text/email; for example, requirements on isolation, what to do if symptoms get worse; plus links to national guidance. Individuals do not need to contact their GP Practice.

COVID-19 Personal Protective Equipment (PPE) Guidance and Resuscitation

Public Health England (PHE) has updated the [PPE guidance](#) in section 8.1 around aerosol generating procedures (AGPs).

For resuscitation purposes, chest compressions and defibrillation PHE does not consider these to be AGPs; and state first responders (in any setting) can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other clinicians to undertake airway manoeuvres.

However, the Resuscitation Council UK ([RCUK](#)) maintains its belief that AGP PPE provides the safest level of protection when administering chest compressions, CPR, and advanced airway procedures in known or suspected COVID-19 Patients.

Therefore, the RCUK recommends that Practices protect their staff by advising them to wear FFP3 respirators, gowns, eye protection and gloves when performing chest compressions, but PHE strongly advises that there is no potential delay in delivering this life saving intervention. The QCS Resuscitation Policy and Procedure has been updated to reflect this.

Coronavirus (COVID-19): Travel Corridors

The Government regularly updates its [list](#) of countries and territories from where people can travel to England and may not have to self-isolate. It is important to be aware that countries and territories can be taken off or added to the exempt list at any time. Coronavirus regulations mean that people must self-isolate for 14 days if they arrive in the UK from a country outside the [common travel area](#).

Coronavirus (COVID-19): Travellers Exempt from Border Rules in the UK

Some travellers are currently exempt from border rules in the UK, including some workers. Registered health or care professionals travelling to the UK to provide **essential healthcare**, including where this is not related to coronavirus, are also currently exempt. However, they will need to complete the Public Health Passenger Locator Form before they travel to the UK and will need to show:

- They will start work within 14 days of their arrival in the UK
- Proof of professional registration with a UK-based regulator
- An employment contract or letter of confirmation from either an:
 - NHS Trust
 - Independent healthcare provider
 - Independent social care provider

Coronavirus (COVID-19) Increase in Use of NHS Digital Technology

There has inevitably been a significant increase in the use of digital technology and NHS Digital has produced the following stats:

- The number of visits to the NHS website (NHS.UK) has increased dramatically. On 17 March 2020 visits peaked at 3.4 million, the highest daily total ever. Of this, 2.2 million visits were to coronavirus pages
- Demand for the NHS App grew rapidly over the last month. In March 2020 registrations to use the NHS App increased by 111%, the number of repeat prescription requests made via the app increased by 97%, and the number of Patient record views rose by 62%
- In March 2020, the NHS Pathways software system was responsible for triaging 1,624,258 calls to 111 and 999, to direct callers to the most appropriate service available. This was a 12.2% increase from the same time last year
- During March 2020, NHS 111 Online's average number of users increased by more than 50 times, compared to average usage before the coronavirus (COVID-19) outbreak
- There are now more than one million NHS login accounts
- Electronic Prescribing Service (EPS) – Pharmacies have seen a large increase in the number of nominations, where a patient chooses which pharmacy they would like their prescription to be sent to electronically. Between 28 February and 27 March 2020, more than 1.25 million nominations were received
- In the week following the roll-out of Microsoft Teams to NHSmail users, daily users increased by almost 10 times

CQC Annual Update on the Safe Management and Use of Controlled Drugs

CQC have published their [annual report](#) the safer management of controlled drugs and make three recommendations for improvement based on analysis of the data on prescribing in NHS primary care services, issues raised at controlled drug local intelligence networks (CDLNs), and the CQC's wider inspection and regulatory work.

1. The level of controlled drug prescribing continues to increase year on year. Considering this:
 - Prescribers should regularly review Patients' clinical needs before prescribing and consider the quantity prescribed, particularly when issuing repeat prescriptions
 - Healthcare professionals are encouraged to fully explain Patients' medicines at the point of prescribing and supply. This should include giving guidance and warnings of the potential for dependence and actions to take, appropriate to the Patient's needs
2. The coronavirus (COVID-19) pandemic has highlighted the need to be able to access controlled drugs rapidly to manage care for people at the end of life, but there must be learning from this for the future. To achieve this:
 - CCGs should consider putting in place local arrangements to enable rapid mobilisation of medicines needed for end of life care in readiness for any future situation where the health and care system may come under similarly significant pressure

3. The failings at Gosport War Memorial Hospital were the result of a blanket approach to prescribing end of life medicines, irrespective of the circumstances of individual Patients. To continue to learn from this and experiences during the peak of the COVID-19 pandemic:
 - All healthcare professionals should consider the needs and wishes of Patients and carers on an individual basis, particularly at the end of their life