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## COVID-19 Support Fund for General Practice

NHS England has published details of the [COVID-19 support fund for general practice](#). Funding covered includes:

- Additional funding to deliver extra support for care homes (from 1 May until 30 September)
- Bank Holiday opening over Easter and on 8 May
- Backfill for COVID-19 related staff absences between 23 March – 31 July
- Additional staff capacity required between 23 March – 31 July
- Other COVID-19 related consumables
- Rates of reimbursement for staffing costs
- The claims process

Claims must be in line with the guidance and, in all cases, claims should only be made for unavoidable additional costs, taking account of offsetting savings and cost avoided. Practices should submit actual claims within six weeks of the date of this letter, i.e. **by 15 September** and CCGs will be asked to undertake a PPV process and review a sample of practice claims.

From 1 August 2020, the usual contractual and legal positions apply.

## COVID-19 Self-isolation:

### Health and Care Workers Travelling from High Risk Countries

From 31 July 2020, registered health and care professionals travelling to the UK from **high risk countries** are lawfully required to [self-isolate for 14 days](#). **They are no longer exempt**. The move brings health and care professionals in line with the public and further protects the NHS and social care system from the spread of coronavirus from overseas, as signs of second waves begin to show in other countries.

### Health and Care Workers Returning from a Country which has a Travel Corridor to the UK

The current list of countries exempt from self-isolation measures is available on [GOV.UK](#). Health and care professionals returning from **a country which has a travel corridor** to the UK **will not be required to self-isolate on return**. Information on travel

corridors can be found [here](#). This amendment to the regulations will ensure consistency with wider quarantine measures and continue to protect public health.

### Coronavirus Symptoms or a Positive Coronavirus Test

If a person has symptoms or has tested positive for coronavirus, they will now need to **self-isolate for at least 10 days**. A person will still need to [self-isolate](#) for 14 days if:

- Someone they live with has symptoms or tested positive
- Someone in their support bubble has symptoms or tested positive
- They have been told by NHS Test and Trace that they have been in contact with someone who has coronavirus

At QCS Ltd we have updated our policies, risk assessments and resources to reflect the changes to the self-isolation periods.

### COVID-19 Updates to Shielding Guidance

From 1 August, shielding advice to those who have been identified as clinically extremely vulnerable was being relaxed and the national shielding programme has been paused. The updated guidance was published on 1 August on [GOV.UK](#) and further details will be communicated in the [Primary Care bulletin](#) later this week.

People considered clinically extremely vulnerable **will not receive another letter** from the Government to confirm these changes. The relaxation of shielding measures was communicated to everyone on the Shielded Patient List (SPL) in a letter from the Government on 22 June, or more recently via their shielding letter if identified as clinically extremely vulnerable since then. There may be exceptions to lifting the shielding guidance in parts of the country experiencing community outbreaks.

Clinicians should continue to identify people who may be considered clinically extremely vulnerable based on the existing criteria and add them to the Shielded Patient List (SPL). An updated template letter for notifying people identified as clinically extremely vulnerable will be distributed to practices and trusts and will be made available on the [NHS Digital](#) website. Please be aware that NHS Digital is unable to provide a replacement letter if one is lost. **If a person requires a new letter, NHS Digital are advising them to contact their GP** or hospital consultant to issue a new one.

Practices should continue to support the process of reviewing and, where appropriate, removing **children and young people** previously identified as clinically extremely vulnerable from the SPL in line with new advice from the Royal College of Paediatrics and Child Health ([RCPCH](#)). The actions required must take place before the start of the new school term in September 2020.

It is essential that everyone who needs to access health services is supported to do so as services are restored. People who have been shielding may be particularly anxious about attending health settings, and this should be considered in care planning and in communications about attending appointments and visiting NHS sites.

## Face Covering Exemptions

With face coverings now mandatory in many public places, you may have patients contacting you, seeking verification of exemptions. There is no requirement for an individual to prove that they have a valid case for exemption if they cannot wear a face covering. Therefore, GPs are not expected to provide verification of exemptions.

It is not a legal requirement in health care settings for people to wear a face covering. Government advice says people should wear a face covering in enclosed spaces if they can, including places such as [primary care services](#). However, a patient should not be refused entry to a premises or access to care if they are unable to, or refuse to, wear a covering. We recognise you have a duty of care to your team so you may prefer to carry out a virtual consultation in these circumstances on the basis that this would not put the patient at any risk of harm or missed diagnoses.

Some people may feel more comfortable showing something that says they do not have to wear a face covering. This is a personal choice and is not necessary in law; verbal communication of this is good enough. Template [exemption cards](#) are available for patients to print or download and display on their mobile phone if preferred.

## Pulse Oximeters for Use with People at Home and in Care Homes

Pulse oximetry used under clinical supervision can help identify 'silent hypoxia' and rapid patient deterioration for patients with COVID-19 living at home including in care homes.

NHS England has purchased a limited supply of pulse oximeters that can be transferred to CCGs free of charge for local areas when there is an urgent need such as increased local infection rate, existing intention to purchase pulse oximeters, or care homes with insufficient oximeters (each care home is recommended to have around one oximeter per 25 beds, depending on the type and configuration of the home and with a minimum of two per home).

Primary care networks (PCNs) should contact their CCG if they feel they have an urgent requirement of which their CCG is not already aware. Oximeters will be transferred to CCGs so there is no VAT liability for practices or PCNs. [Guidance](#) is available on the use of pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings.

## Access to Repeat Prescriptions

During the COVID-19 pandemic many practices have adopted new ways of working and have encouraged patients to request repeat prescriptions online, where appropriate. Online ordering of repeat prescriptions has many benefits for practices and patients, but it is not suitable for everyone so practices must still have systems in place to enable patients to request repeat prescriptions by telephone or in person.