

In this Bulletin:

- GP SOP Update

GP SOP Update

The General Practice guidance and standard operating procedures, also known as the GP SOP, was recently updated and is now Version 3.4.

Here is an update of the main changes:

Case Definition of COVID-19 and Government Guidance

Patients who meet certain criteria (inpatient definition) of COVID-19 include those who have an influenza like illness (fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset:

- Persistent cough (with or without sputum)
- Hoarseness
- Nasal discharge or congestion
- Shortness of breath
- Sore throat
- Wheezing
- Sneezing

Face Masks

The safety of staff and patients must be of paramount importance and face coverings or face masks should be worn by Patients in a Practice setting, in line with Government guidance. It is expected that all Patients who can do so will follow these recommendations.

However, for the small number of Patients who may not follow this guidance, NHS England fully supports Practices in ensuring that they can take all reasonable steps to identify practical working solutions with the least risk to all involved. Therefore, Practices should undertake a risk assessment and consider, for example:

- Offering the Patient a mask if the Patient is willing to wear one
- Booking the Patient in for a quieter appointment slot, or in a separate area
- Providing care via a remote appointment

Symptomatic Patients could be given a surgical face mask to minimise the dispersal of respiratory secretions and reduce environmental contamination.

People Who are Clinically Extremely Vulnerable (CEV)

Patients who are (CEV) may be anxious about accessing health services, so GP Practices should support them by explaining the infection prevention and control measures that they have taken to make their Practices safe.

111 Direct Booking

Until 30 September, Practices need to make one appointment per 500 registered Patients per day available for direct booking.

Medicines Supply

Electronic repeat dispensing should be used where suitable to help Patients secure their regular medicines supply.

Patient Registration and Access

Where a Practice does not have online registration options, a supporting signed letter from the Patient - posted or emailed to the Practice - is acceptable to complete the registration.

Safeguarding

Clinicians should consider when remote, video and face-to-face consultations are appropriate, particularly for vulnerable Patients. All clinicians need to remain vigilant and professionally curious, and should retain a low threshold for bringing in Patients for a face-to-face consultation if there are safeguarding concerns.

Practices should ensure their safeguarding policy is updated and accurately reflects issues around conducting remote consultations and managing digital imagery.

Specialty Referral Pathways

GPs should continue to use specialist advice and guidance where available to inform the management of Patients in primary care and avoid unnecessary outpatient activity. These services should strengthen existing care pathways and keep Patients away from hospital settings unless a referral is necessary.

Fit Notes (MED3)

Fit notes should be scanned and emailed or posted to a Patient. Employers should accept emailed notes which are classed as 'other medical evidence'. GPs can issue fit notes for a clinically appropriate period of up to 13 weeks in the first six months of a condition, in line with existing guidance.

Severe Mental Illness (SMI) Register

Practice staff should work proactively with secondary mental health care services to identify any individuals on the severe mental illness (SMI) register who are due a physical health check. Reasonable adjustments should be made to accommodate the needs of people with SMI in the completion of checks.

Health Inequalities

COVID-19 has had a disproportionate effect on certain sections of the population – including older people, men, people living in deprived areas, BAME groups, those who are obese and who have other long-term health conditions. General practices need to work collaboratively with local communities to make sure those who are most excluded have access to primary care services.

Care Homes

The clinical service requirements for the Enhanced Health in Care Homes service (EHCH) described in the Network Contract DES and NHS Standard Contract starts on 1 October. CCGs, general practice (as part of PCNs) and community health services should transition from the COVID-19 interim care home service to the EHCH service.

Symptom Management and End-of-Life Care

NICE has published guidance on managing COVID-19 symptoms (including at the end of life) in the community. The British Geriatric Society has produced a resource collating guidance on end-of-life care in older people in the context of COVID-19, including specific advice for end-of-life care for Patients with COVID-19 who have dementia. NHSE have published a SOP for children and young people with palliative and end-of-life care needs who are cared for in a community setting (home and hospice) during the COVID-19 pandemic.

Wellbeing Support for Staff

Frontline health and care staff can access volunteer support for themselves, including delivery of groceries, dispensed medication and essential items, by calling 0808 196 3646.

Staff at Increased Risk from COVID-19

All staff should be risk assessed and mitigations put in place as required. Consider whether staff should work from Practice premises or from home, whether they should see Patients face to face, and any additional measures that the Practice or PCN can put in place to support staff safety.

Staff Absence due to COVID-19

Practice staff should use the COVID-19 staff absence tracker to report COVID-19-related absence from work.

Remote Working

Remote working should be prioritised as appropriate for all staff to increase social distancing and reduce community transmission of COVID-19. Practices should also support staff to follow stringent social distancing requirements if they are not able to work from home.

General Key Requirements for General Practice

Practices should:

- Restore activity to usual levels where clinically appropriate, and reach out proactively to clinically vulnerable Patients and those whose care may have been delayed
- Be open for the delivery of face-to-face care, whilst triaging Patients remotely in advance, wherever possible
- Ensure that an online consultation system is in place to support total triage
- Work together to safely separate Patients with COVID-19 or symptoms of COVID-19 from the wider population
- Identify people who are clinically extremely vulnerable (CEV) from COVID-19, as advice to shield may be reinstated
- Assess Patients with symptoms of COVID-19 who present directly to the Practice, rather than redirected to NHS 111, as this poses significant risks to unwell Patients
- Consider the need for remote monitoring (where available locally) using pulse oximetry, of Patients with confirmed or possible COVID-19
- Follow the pathways for Patients with symptoms of COVID-19 for any face-to-face assessment of a Patient who is self-isolating (e.g. due to contact with someone with COVID-19) even if the Patient does not themselves have relevant symptoms
- Coordinate Patient care so that as much as possible is done in a single consultation, avoiding the need for multiple visits
- Consider measures such as asking Patients to wait in private vehicles (where possible) to reduce numbers in communal spaces
- Remember to refer to the Health and Safety Executive guidance on making your workplace COVID-secure, and government guidance on working safely during Coronavirus (COVID-19)