Publications approval reference: 001559
Date: 5 April 2020, Version 2

Guidance and standard operating procedures

General practice in the context of coronavirus (COVID-19)

Version 2

This guidance is correct at the time of publishing.

However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

NHS England and NHS Improvement

Contents

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1. Scope

This guidance is applicable in England. General practices operating under contract to the NHS in Northern Ireland, Scotland and Wales should refer to guidance and standard operating procedures (SOPs) produced by the governing bodies and regulators in their devolved administration.

It is recognised that communities and health systems vary in size and complexity. This document sets out general principles for the delivery of services but will need local interpretation according to local structures, geography and capacity.

We trust healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

We are grateful for the support of the Royal College of General Practitioners (RCGP) in helping develop this document.

2. Background

2.1 Novel coronavirus pandemic

Novel coronavirus may be referred to as:

- severe acute respiratory syndrome coronavirus 2, SARS-CoV-2: this is the name of the virus
- coronavirus disease, COVID-19: this is the name of the disease.

The Prime Minister's announcement on 23 March 2020 directs our entire population to stay at home and only go outside for food, health reasons or essential work. We have to develop new ways of working between NHS 111, primary care, community services and secondary care. In order to most effectively meet the needs of our communities in this challenging time, we must deliver care differently now and plan for how we will best deliver care in the future. Local systems will need to determine how they can best work collaboratively, informed by key principles to protect patients and staff.

In making these changes, we ask you to consider how best to collaborate and work together across systems. Making the most efficient use of local resources and working beyond traditional roles and boundaries may be needed to continue to deliver high quality care in these unprecedented circumstances. The COVID-19 response must deliver high quality care both for COVID-19 patients and for individuals requiring urgent care or essential routine care for pre-existing conditions that are non COVID-19. We ask you to look after yourselves, your staff, and your communities.

We will use the Central Alerting System (CAS) to communicate urgent patient safety information, and the commissioner's cascade for non-urgent communications. See Appendix 1- Communication and information.

2.2 Guidance for patients and the public

General information

General information on measures the entire population should take is available on the GOV.UK website. People are advised to stay at home unless they need to leave the house for food, health reasons, or essential work. Further guidance is available including information about COVID-19 and how to prevent spread, and what to do if people have symptoms.

NHS 111

NHS 111 has an online coronavirus service, running alongside its standard online service, which can provide advice to patients with an urgent health concern. Patients with possible COVID-19 are directed to NHS 111 online for health advice in the first instance. The NHS 111 telephone service should be used only when online access is not possible.

2.3 Key patient groups: summary of definitions

Patients with COVID-19 and symptoms of COVID-19

Public Health England (PHE) has defined the current case definition for COVID-19, and provided guidance on testing and case reporting**.**

The majority of patients with COVID-19 will have mild symptoms and will be able to care for themselves at home. There will however be a significant number of patients who contract moderate or severe illness from COVID-19 requiring primary or secondary care input.

For the purposes of this document, anyone living with someone who has symptoms of COVID-19 should follow the pathways for patients with symptoms of COVID-19.

For further information is available on page 11 of this document in section 4.2 Patients with symptoms of COVID-19.

Staff who meet the case definition for possible COVID-19 will need to stay at home, but can work remotely if they are well enough to do so. Plans for testing for NHS staff are outlined on our website.

Patients at increased risk of severe illness from COVID-19

Those who are at increased risk of severe illness from coronavirus (COVID-19) are advised to stringently follow social distancing measures. This includes anyone over 70, anyone under 70 who would qualify for a flu jab on health grounds, and pregnant women. Full guidance can be found on the GOV.UK website. Further information is available on page 17 of this document in section 4.3 Patients at increased risk of severe illness from COVID-19.

Shielded patients: highest risk of severe illness from COVID-19

Those at the highest risk of severe illness from COVID-19 are advised to shield themselves and stay at home for twelve weeks. For further information is available on page 17 of this document in section 4.3 Patients at increased risk of severe illness from COVID-19.

3. Summary

3.1 Primary and community care

The collaborative endeavours of the primary care workforce in delivering the national strategy on COVID-19 are an essential element of the NHS measures and our national response. A successful primary and community care response to COVID-19 requires us to adapt quickly to new ways of working to manage the new demand, while also maintaining access and services for people who need either urgent care or support for pre-existing conditions including essential routine care that are non COVID-19. Please consider the impact of changes to your practice across the local health and social care system.

Closer working between primary and community care services will be needed to manage patients in their own homes or care homes. Healthcare professionals may need to work across traditional boundaries to provide the best possible care for the patient.

Primary and community care services will need to work in new ways to:

- Shield those at most risk of severe illness from COVID-19 and manage their ongoing health and care needs, in partnership with community services, social care and voluntary organisations.
- Support the rest of the population by delivering essential primary and community care services, including to patients with possible COVID-19.
- Minimise the health risks to staff, patients and wider communities.

3.2 Key principles for general practice

- **All** patients should be triaged remotely.
- **Remote consultations** should be used when possible. Consider the use of video consultations when appropriate.
- Practices should work together to safely separate different patient cohorts: patients with symptoms of COVID-19; shielded patients; and the wider population.
- **Staff** should be allocated to either patients with symptoms of COVID-19 or other patient groups, where possible.
- In order to protect our workforce, **staff** should be **risk assessed** to identify those at increased risk from COVID-19 and the shielded group which includes

those at highest risk from COVID-19. For further information see Appendix 8 – Guidance for staff

- Dedicated home visiting services should be considered for **shielded patients.**
- Access to urgent care and essential routine care for individuals with underlying health conditions should be maintained.
- All patients without symptoms of COVID-19 booked for any face-to-face contact should be advised to inform staff if they develop symptoms, and rescreened prior to consultation.
- **Patients with symptoms of COVID-19:**
    - will be directed to NHS 111 (online, telephone if necessary) in the first instance.
    - may make direct contact with general practice or be referred by NHS 111/the COVID-19 Clinical Assessment Service (CCAS).
    - **Avoid redirecting patients to NHS 111** if they present to general practice either because they cannot get through to NHS 111 online/by telephone, or because an NHS 111 clinician has directed them to their GP: the risk of patients becoming stuck in a loop between NHS 111 and general practice poses significant risk to unwell patients. Further information on the interface between NHS 111 and general practice is available on page 12 of this document.
- For any face-to-face assessment, **patients living with someone with symptoms of COVID-19**, even if they do not themselves have relevant symptoms, should follow the pathways for patients with symptoms of COVID-19
- For a**ll face-to-face** consultations, infection prevention and control measures should be followed rigorously.

4. Standard operating procedure for general practice

Practice staff are to be made aware of this standard operating procedure (SOP), the COVID-19 case definition, and the guidance on patients at increased risk of severe illness from COVID-19, including those advised to shield themselves and the wider group of patients at risk.

4.1 Operating model for general practice in the context of COVID-19

As the COVID-19 pandemic escalates, collaboration between GP practices within primary care networks (PCNs) and federations, and the wider healthcare system will be crucial. General practice, pharmacies and community services need to work together to deliver the best care for patients. Local health systems should ensure clear leadership, robust workforce planning and appropriate data sharing and patient record sharing are established.

Operating model

Increasing patient need, reduced staff numbers and the need to separate face-to-face consultations for patients with symptoms of COVID-19 from other patients require new ways of working in the community setting.

Most patients presenting with symptoms of COVID-19 can be assessed and managed remotely. When face-to-face assessment is required, this will need to be managed either through use of designated sites (whether within practices or as separate locations, for example, hubs) or through home visiting services.

As well as separating services for patients with symptoms of COVID-19, and for shielded patients, some practices may wish to separate services for patients without symptoms of COVID-19 into those with urgent care needs and those for essential routine care (for example, childhood immunisations). Routine care should be delayed where possible for patients with symptoms of COVID-19.

Where possible, staff should be allocated to either patients with symptoms of COVID-19 and those living in a household with someone who has symptoms, or patients who do not have symptoms of COVID-19. We recognise that this may be challenging and will depend on staffing levels in a local area footprint. If it is not

possible to fully separate staff groups on a longer-term basis, consider separation on a day-to-day basis.

Local areas will need to consider, with their clinical commissioning group (CCG), the operating model that best suits their local context and arrangements. The model should be able to adapt to changing circumstances, for example if a practice needs to close due to workforce issues.

Patients, communities and local systems (including NHS 111, directory of services leads, pharmacies, community and secondary care services) will need to be kept up to date with changes to the configuration of general practice.

Reference to the Standard Operating Procedures for community pharmacy and community services (when published) may be helpful to ensure joined up working.

Signage and clear communication must clearly direct patients to the appropriate service. See Appendix 5: Preparation of sites for patients with symptoms of COVID-19 for advice on preparing practice spaces for face-to-face review of patients with symptoms of COVID-19.

Home visiting can be organised at network or place level to deliver care at home to shielded patients, and this will be needed in either model.

If local systems make provision of separate spaces or sites (for example, hubs) impossible, consider separating clinics into patients with symptoms of COVID-19 and patients without symptoms of COVID-19 at different times of the day. If local systems make separate home visiting services impossible, consider seeing patients with symptoms of COVID-19 at the end of visits, to reduce risk of cross-infection.

Whatever model is used, rigorous infection prevention and control procedures must be followed for any face-to-face consultation.

Options for managing face to face appointments

Option 1 – Zoning	**Option 2 – Practice designation**
Brief description Manage patients within practices but with designated areas and workforce to maintain separation.	*Brief description* Designate practices, across a PCN footprint, to either treat those with symptoms of COVID-19 needing further face to face contact or those patients without symptoms of COVID-19 needing essential care.

Considerations	*Considerations*
This may characterise the model that practices have implemented immediately to manage the risk of contamination. In practice, it requires designating a specific zone/area within each practice to treat patients triaged as urgent, separating into those with and those without symptoms of COVID-19, and routine, for those without symptoms of COVID-19. This option reduces the need for significant reconfiguration of existing patient flows. The interface between would need careful management to minimise cross contamination with strict decontamination protocols in place – this would need to be extended to staff to maintain a 'COVID-19 free' home service for shielded patients. Not all premises are likely to have separate entry/exits point to help maintain this kind of separation. The principles of this model could be extended to walk in centres.	Practices may wish to adopt such a model to better manage increasing demand as infection rates increase. Those sites that treat those without symptoms of COVID-19 will need protocols in place to ensure patients remain symptom-free prior to contact. These sites may also carry out other essential work such as childhood vaccines and immunisation. This option is likely to be the most effective option in managing cross contamination. Workforce capacity constraints means pooling may be required. Additional support will be needed for those staff working in sites dealing with those with COVID-19 symptoms. Walk in centres could follow this same designation model which could be particularly useful when demand with those showing symptoms surges. Any sites treating those without symptoms of COVID-19 that become compromised would need de-contaminating.

Practice resilience

During the COVID-19 pandemic, it is likely that members of staff (both clinical and non-clinical) may be off sick, self isolating, may need to work remotely, and may be working under increasing patient demands. To maximise clinical capacity and provide business continuity resilience, the following principles should be incorporated into local plans. They can be at a PCN level, Federation or other agreed geographical area according to local need and should be agreed with commissioners:

1. Establish which practices are going to work together as part of any escalation response to maximise clinical capacity and support your business continuity.
2. Appoint a clinical and managerial lead (and deputies) who will oversee and manage any difficulties including reporting/escalation to CCGs in line with local processes.

3. Ensure a baseline number of clinical staff, administrative staff and others including part-time and full-time members.
4. Establish a daily reporting system mechanism for your workforce issues (sickness absence, home isolation) – some national tools will soon be available to support.
5. Ensure the directory of services is kept up to date with any significant changes to services as this is important for NHS 111 pathways.
6. CCG and/or commissioning support unit (CSU) to support shared access administration, GP Connect, and continue to support enabling remote working for more staff.
7. CCG/CSU to help co-ordinate personal protective equipment (PPE) for practices.

The role of the clinical and managerial leads is to ensure local mitigating actions are identified and taken in response to capacity concerns, including possible reconfiguration agreed with the CCG to “flex” clinical and administrative capacity which could include from one location to another according to need. A key enabler will be ensuring that staff can access GP computer systems from locations other than their usual or base location. This will facilitate remote consultations and administration.

Separating patient cohorts: practical advice

To reduce the risk of patients presenting with symptoms of COVID-19 at a healthcare setting where this is not appropriate or being seen by a home visiting team designated for patients without symptoms of COVID-19 (for example, for shielded patients) all patients should be triaged before any face-to-face appointment is booked. Patients should be advised to inform staff if they develop symptoms of COVID-19 in the interim between remote contact and face to face assessment.

On arrival at healthcare setting

Signs and posters should be prominently displayed at site entrances with key information.

All patients presenting to services for patients without symptoms of COVID-19 should be screened on arrival by reception staff to ensure they have not developed symptoms of COVID-19. If they meet the case definition, they should be asked:

- Do you feel you can cope with your symptoms at home?

If they answer **yes,** ask the patient to go home and follow the NHS coronavirus advice.

If they answer **no,** the patient should be directed to an appropriate site, if easily accessible. If this is not possible, the patient should be immediately isolated in an isolation room away from other patients and staff and triaged remotely by a clinician in the practice.

If face-to-face assessment is required, follow face-to-face assessment of patients with symptoms of COVID-19.

Home visits

All home visit requests should be triaged in the same way as requests for ambulatory patients. The same principles for PPE apply, and resilience is likely only to be achieved by practices working together and with community partners.

Home visiting teams should screen patients, carers and household members for symptoms of COVID-19 on arrival at the patient's home. If they meet the case definition, further management should depend on the acuity of the situation. Where possible, the patient should be seen by the most appropriate review service, depending on local arrangements. If face-to-face assessment is required, see page 16 of this document for advice on home visits for patients with symptoms of COVID-19.

4.2 Patients with symptoms of COVID-19

For the purposes of this document**, anyone living with someone who has symptoms of COVID-19 should follow the pathways for patients with symptoms of COVID-19.**

COVID-19 Case Reporting and Coding

COVID-19 is a notifiable disease; this applies to all **test confirmed cases**. Additionally, the local PHE Health Protection team should be informed of **patients with symptoms of COVID-19** in the following settings:

- any case from a long-term care facility
- any case from a prison or prescribed place of detention
- any outbreak in a hospital or healthcare setting
- schools
- other unusual scenarios

Check the GOV.UK website for any updates to this guidance.

Please see Appendix 4 for SNOMED codes. Further codes are in development and will be published shortly.

NHS 111, COVID-19 Clinical Assessment Service and GP interface

Patients with symptoms of COVID-19 are directed to NHS 111 online as a first access point for urgent medical concerns. If patients with symptoms of COVID-19 contact their GP practice, either because they are unable to speak to an NHS 111 clinician or because they have been advised to do so by NHS 111, they should be assessed rather than directed to NHS 111.

NHS 111 clinicians may need to speak to the patient's GP practice or the local out of hours service directly during or after assessment. Some patients will need input from their general practice team following clinical assessment through NHS 111.

NHS 111 triage for patients with symptoms of COVID-19:

- Cohort 1: Severe symptoms. Urgent hospital admission, likely ambulance transfer to hospital.
- Cohort 2: Further clinical assessment required. Referred to COVID-19 Clinical Assessment Service: remote consultation by clinician.
- Cohort 3: Mild symptoms, self-care advice, safety netting advice to contact NHS 111 if symptoms worsen. Patient's general practice informed via post-event message.

The **COVID-19 Clinical Assessment Service** (CCAS) will use additional workforce, including retired GP capacity, to provide further clinical assessment of patients. CCAS is a remote (telephone-based) service and does not offer face-to-face assessments. After clinical assessment, patients will be categorised as follows:

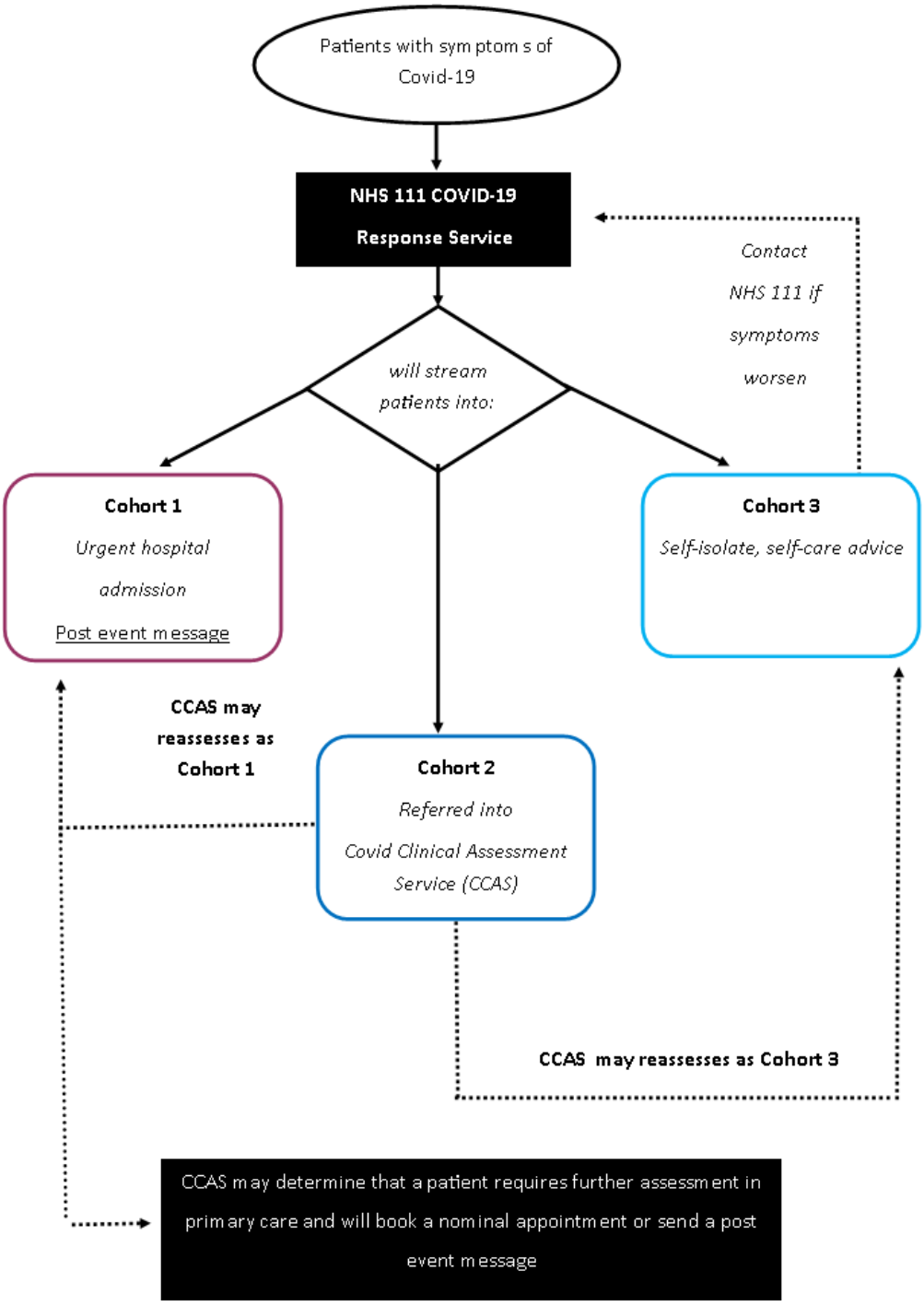
- Reclassification as Cohort 1: Severe symptoms. Urgent hospital admission, likely ambulance transfer to hospital.
- Reclassification as Cohort 3: Mild symptoms, self-care advice, safety netting advice to contact NHS 111 if symptoms worsen. Patient's general practice informed via post-event message.
- Referred to patient's GP practice for further action, for example, telephone monitoring.
- Requires face-to-face assessment in primary care, referred to appropriate local service to arrange.

To enable transfer of patients to local primary care services (for remote or face-to-face input), practices should:

- enable GP Connect for appointment booking and recording access (see guidance)
- ensure nominal appointment slots are available so that patients can be 'booked' into a worklist.

When NHS 111/CCAS books patients into a nominal appointment slot, they will be informed that their practice will contact them to arrange appropriate follow up, as required. They will not be given a specific appointment time. Practices should triage patients booked into these appointments based on the CCAS clinician assessment, and arrange ongoing management based on the degree of urgency, and on local systems for face to face consultation of patients with symptoms of COVID-19, as appropriate.

Visual algorithm for NHS 111, COVID-19 Clinical Assessment Service and GP Interface



Cohort 1: Patient demonstrating severe symptoms, requires treatment in hospital and will likely require an ambulance response.
Cohort 2: Symptomatic patients requiring further clinical assessment before final disposition is decided, this will include all shielded patients. (these are referred to the COVID Clinical Assessment Service or CCAS).
Cohort 3: Patient is showing mild symptoms and advised to self-isolate at home and to reassess via NHS 111 (online whenever possible) if symptoms deteriorate (GP informed via a post event message).
CCAS: An NHS 111 service staffed remotely by experienced retired GPs.
Post event message: A tool for NHS 111 to inform GP that a clinical assessment for COVID-19 has taken place.

Remote assessment of patients with symptoms of COVID-19

- Patients with symptoms of COVID-19 may make direct contact with their GP practice rather than NHS 111; avoid redirecting patients to NHS 111 where possible
- Guidance on remote assessment of patients with symptoms of COVID-19 can be found on the BMJ website.
- In deteriorating patients with symptoms of COVID-19, clinicians should be alert to potential alternative diagnoses.

Face-to-face assessment of patients with symptoms of COVID-19 following remote assessment

If patients with symptoms of COVID-19 require face-to-face assessment, they should be managed depending on local system provision as described on page 9 of this document. See Appendix 5: Preparation of sites for patients with symptoms of COVID-19 for advice on preparing practice spaces.

- Staff should wash hands, don and doff PPE for patient assessment and keep exposure to a minimum. All PPE should be disposed of as clinical waste. Further guidance is available on the GOV.UK website.
- **If the patient becomes critically ill** and requires an urgent ambulance transfer to a hospital the practice should contact 999 and inform the ambulance call handler of COVID-19 concerns.
- If non-ambulance hospital transfer is required, see the hospital admission for patients with symptoms of COVID-19 section on page 16 of this document.
- Spaces should be decontaminated as described in PHE guidance.

Patients presenting with symptoms of COVID-19 during a face-to-face consultation

If COVID-19 is first suspected when an appointment is in progress:

- Close the consultation at a suitable point, withdraw from the room, close the door and wash your hands thoroughly with soap and water.
- Assess the patient remotely where possible.
- If face-to-face assessment is required, follow face-to-face assessment of patients with symptoms of COVID-19
- Decontamination should be carried out in line with this guidance.

Home visits for patients with symptoms of COVID-19

Before visiting

- Remote **triage** for symptoms of COVID-19 should take place before a home visit is arranged. Where possible, remote consultation should be used rather than visiting.
- Staff planning a home visit should follow the infection prevention and control measures as outlined on the GOV.UK website, including use of PPE.
- Consult the infection prevention and control guidance before visiting a patient with symptoms of COVID-19 who is on home non-invasive ventilation, as additional precautions must be taken.
- Ensure that 'home visit' bags contain necessary additional PPE and clinical waste bags.

During a visit

Infection prevention and control measures, including handwashing and the use of personal protective equipment, should be used for home visits. Further information is available on page 19 and 20 of this document.

If symptoms of COVID-19 are identified **during** a home visit, staff should ensure they have the patient's (or carer's) telephone number. Staff should then withdraw from the room, close the door and wash hands thoroughly with soap and water. Further communication should be via telephone. If face-to-face assessment is required, PPE must be used.

If symptoms of COVID-19 are identified **during a care home visit**, please inform the local health protection team.

Hospital admission for patients with symptoms of COVID-19

For guidance on when to consider hospital admission for patients with symptoms of COVID-19, please refer to the NICE COVID-19 rapid guideline.

If an ambulance is required, the call handler should be informed of the risk of COVID-19.

If an ambulance is not required, the admission should be discussed with the relevant hospital team first, to inform them of the risk of COVID-19 and agree method of **transport** to hospital:

- Patients can travel by private transport, accompanied by a family member or friend **if** they have already had significant exposure to the patient **and** are aware of the risk of COVID-19.
- Otherwise, hospital transport should be arranged.
- Patients should not use public transport or taxis to get to hospital.

Hospital discharge for patients with symptoms of COVID-19

In order to free up beds and increase bed capacity, providers of acute, community beds and community health services and social care staff are required to discharge all patients as soon as clinically safe. The guidance COVID-19 Hospital Discharge Services Requirements describes what the changes mean for all health and care sectors with a role in hospital discharge. Community health services will take overall responsibility for ensuring the effective delivery of the discharge service working with other delivery partners where appropriate including GPs. For example, GPs may receive a request to follow up with particular patients in some circumstances. Part of the recommended guidance for effective discharge includes giving patients the direct telephone number of the ward they are discharged from to call if they need advice relating to their discharge, instead of contacting their GP or visiting an accident and emergency department.

4.3 Patients at increased risk of severe illness from COVID-19

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

Letters have been sent to patients identified as being at the highest risk of severe illness from COVID-19. They are advised to stay at home and avoid any face-to-face contact for twelve weeks. Patient facing guidance is available on the GOV.UK website.

Letters have been sent to GPs and specialist consultants. GPs can update this cohort if necessary.

Key actions for general practice teams are to:

- Ensure the situation is clearly flagged in the patient's healthcare records and visible to all teams involved in the patient's care.
- Review and update care plans and undertake any essential follow up.
- Support these patients with urgent medical needs (note patients may also need to contact their specialist consultant directly).

- Ensure patient review is done remotely (telephone, video, online) where possible, otherwise by home visit.
- Helping patients receive their medicine supplies regularly by helping them to arrange electronic repeat dispensing and enlisting the support of local resource (this could be coordinated through your social prescribing link worker or equivalent) and voluntary sector partners to collect and deliver.
- Liaise with social prescribing link workers and/or signpost to the GOV.UK website to provide non-medical support.
- Liaise with local community health services to review patients receiving mental health or learning disability support, who may need additional input. For further information see the mental health section on page 23 of this document and this letter.

Local services will need to work with their local authority who will be coordinating social support for this group.

Specialists have also been asked to review ongoing care arrangements and will contact patients directly to make adjustments to hospital care and treatment as needed.

Face-to-face assessment by home visit

If the patient needs face-to-face assessment, they should be seen on a home visit, and **not** brought into general practice premises. The number of healthcare professionals visiting the patient's home should be limited as much as possible, and ideally these professionals should be part of a dedicated team. Where possible, liaise with the wider community care team looking after the patient to ensure that the visit is carried out by the most appropriate professional. Any healthcare professional who visits the patient should consider whether they can perform duties of other team members to avoid multiple visits.

Patients should be screened for symptoms of COVID-19 prior to a home visit and advised to inform the team if they develop symptoms in the interim between remote contact and home visit. Shielded patients with symptoms of COVID-19 should be referred to the most appropriate service, depending on local arrangements.

Strict infection prevention and control measures should be followed at all times for the protection of shielded patients.

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

Guidance relating to this group of patients can be found on the GOV.UK website.

Wherever possible, patient contact, triage and treatment should be delivered via phone, email or online. If the patient needs face-to-face assessment, assess local options for patient review. Home visit by dedicated team is the preferable option where capacity allows. Otherwise, the patient should be reviewed in whatever local option best separates them from patients with symptoms of COVID-19.

4.4 Infection prevention and control

Standard infection control precautions are to be maintained by all staff, in all care settings, at all times, for all patients whether COVID-19 is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment. Hand hygiene is a simple but essential practice in reducing the transmission of infectious agents and staff should ensure strict adherence.

Personal protective equipment (PPE)

The use of PPE
Please see the GOV.UK website for the latest infection prevention and control guidance. This includes information on when staff should use PPE, what PPE is appropriate in different settings and for different procedures, when patients should be advised to wear face masks, and clothes laundering guidance.

Before any face-to-face consultation, staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all PPE that they may be required to wear. All staff should ensure they are familiar with correct procedures for donning and doffing of PPE prior to use.

Guidance on handling the deceased is available on the GOV.UK website.

PPE supply
NHS advice on the supply of PPE is available on our website.

For supplies, practices should contact the National Supply Disruption Response (NSDR) unit and their regional EPRR teams.

Supply distribution helpline: 0800 915 9964

Email: supplydisruptionservice@nhsbsa.nhs.uk

Open 24/7. Emails will be answered within one hour.

Decontamination

- Cleaning and decontamination should be carried out in line with the Public Health England guidance.
- If practices need to close temporarily for cleaning of communal areas, usual business continuity arrangements should be followed.
- Practices should otherwise remain open unless advised to close by the health protection team.

4.5 Technical and regulatory considerations for general practice in the context of COVID-19

The COVID-19 pandemic will change the way care is delivered in general practice, having impacts beyond specific patient groups. Key areas for consideration are outlined below.

Patient registration

- The regulations require that ‘an application for inclusion in a contractor's list of patients must be made by delivering to the contractor's practice premises a medical card or an application signed (in either case) by the applicant or a person authorised by the applicant to sign on the applicant's behalf**.**
- Delivery of application may be by any means, including post and digital (for example, scanned copy).
- Practices should continue to register new patients, including those with no fixed address, asylum seekers and refugees (note that absence of photo identification and proof of address is not a reason to refuse registration).

Digital working, online and video consultations

Remote triage and consultation will require an increase in digital working. Please see guidance on digital working and guidance on video consulting for further information.

Prioritisation of workload

Advice for practices on what work can be stopped to free up clinical capacity is available on our website.

Repeat prescribing

The government has been working with manufacturers and suppliers to ensure people can continue to access the medicines they need. Practices should not be increasing repeat prescription durations at this time and should not be routinely authorising repeat prescriptions before they are due as this could create pressure on the medicines supply chain; consider the use of electronic repeat dispensing instead.

Some practices do not accept orders for repeat prescriptions from third parties, for example, from community pharmacies, digital apps, and expect to receive them directly from patients, usually on paper repeat slips. Any practice following such a policy should review this urgently, as it may not support people to meet guidance on social distancing and isolation and may delay shielded patients from receiving their medicines.

Self certification and MED3

Guidance for employees on COVID-19 can be found on the GOV.UK website.

Digital isolation note for patients now available online
To reduce the burden on GP practices, a new online system, created by the NHS and the Department for Work and Pensions, is now live for patients to be emailed a digital isolation note. Isolation notes provide patients with evidence for their employers that they have been advised to self-isolate due to coronavirus, either because they have symptoms or they live with someone who has symptoms, and so cannot work. As isolation notes can be obtained without contacting a doctor, this will reduce the pressure on GP surgeries and prevent people needing to leave their homes. The notes can be accessed through the NHS website and NHS 111 online. After answering a few questions, an isolation note will be emailed to the user. If they do not have an email address, they can have the note sent to a trusted family member or friend, or directly to their employer. The service can also be used to generate an isolation note on behalf of someone else.

Death certification

Updated guidance for GPs will be published shortly. In the interim, please follow these key principles:

- COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death.
- COVID-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009.
- That COVID-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 does not mean referral to a coroner is required by virtue of its notifiable status.

The updated guidance will be available here.

Research

Practices are encouraged to engage with research programmes to improve our understanding of COVID-19 epidemiology and contribute to testing interventions as they are developed.

4.6 Clinical considerations for general practice in the context of COVID-19

Mental health

It is important to consider the impact on patients of staying at home, separation from loved ones, and worries about the future. People in shielded groups may be particularly affected. People with pre-existing mental health problems, drug and alcohol addiction, a learning disability, autism, dementia and others may find their needs are exacerbated by the reduction in social contact and support, by changes to their routine, and by worries about the future.

Every Mind Matters has now released expert advice and top tips on mental wellbeing during the COVID-19 outbreak. The NHS website has information on stress, anxiety, depression, and wellbeing.

Those requiring specialist input should be referred using usual pathways.

Social prescribing link workers can provide support to patients who are following shielding advice, as well as those with additional social and emotional needs that affect their health and wellbeing.

Care homes

General practice has a key role in supporting the care of people living in care homes. Populations in care homes will include:

- patients requiring routine primary care input
- patients requiring urgent assessment for non COVID-19 related problems
- patients at increased risk of severe illness from COVID-19, including shielded groups
- patients with COVID-19: this may include patients needing urgent assessment for COVID-19 symptoms; patients who do not want admission to hospital, including those receiving end of life care at home; and patients discharged following acute hospital admissions.

To reduce risk of infection, any regular care home ward rounds or multi-disciplinary team meetings should use remote consultations where possible.

Advance care planning should be reviewed and updated as needed for care home residents.

Practices should work with partners across the health system, including the wider primary care workforce, acute providers and community services, to offer the highest quality of care to these patients. They should work collaboratively to deploy the most effective, person-centred care which minimises the number of healthcare professionals visiting the care home whilst ensuring that the needs of the residents are met in a timely and clinically safe manner.

NHS guidance on care homes, including guidance on patients with COVID-19 discharged to care homes, is being developed. The British Geriatric Society has published guidance on managing the COVID-19 pandemic in care homes.

Advance care planning

Supporting patients to plan for the end of their lives is critical to ensuring patient dignity and will also avoid unnecessary or unwanted hospital admissions. Patients with COVID-19 may deteriorate rapidly so it is helpful if advance care planning conversations have taken place beforehand in relation to the possibility of getting

COVID-19. Patients at increased risk of severe illness from COVID-19 should be encouraged to consider having such conversations in advance. Patients who have capacity should be centrally involved in planning their care.

If there is no relevant advance care plan, discussions about plans for treatment escalation will need to take place very quickly if the person gets COVID-19.

In the context of the COVID-19 pandemic, the following steps are recommended:

- Discuss existing advance care plans with patients and carers to update them in the context of the COVID-19 pandemic.
- People without advance care plans should be supported to consider and document advance care plans in the context of COVID-19.

Advance care plans should be made on an individual basis. It is not acceptable for advance care plans, with or without Do Not Attempt Resuscitation forms, to be applied to groups of patients.

Guidance on advance can planning can be found on the NHS website. See Appendix 7: Advance care plans for a template advance care plan and accompanying patient-facing guidance in the context of COVID-19.

Palliative care

NHS guidance on palliative care in the context of the COVID-19 pandemic is being developed and will be published in the near future. Principles to use in the interim are:

- Care should be provided remotely where possible.
- The number of healthcare professionals visiting a patient's home should be minimised.
- GP teams should be aware of local policies being developed in conjunction with their local palliative care teams and community pharmacy for supply of end of life care medicines.
- GP teams should liaise with community services and specialist palliative care teams to coordinate multi-disciplinary team input.
- GP teams should use existing 24/7 telephone access to specialist palliative care for support.

5. Appendices

Appendix 1: Communication and information

How we plan to communicate with you

1. **At urgent times of need: Central Alerting System:**
   - For urgent patient safety communications, we will contact you through the **Central Alerting System (CAS)**.
   - Please ensure that you have registered for receiving CAS alerts directly from the Medicines and Healthcare Products Regulatory Agency (MHRA)

   Practice action: when registering on CAS, please use a general practice email account, not a personal one – for continuity of access. Ideally use a nhs.net email account – it is more secure. Please register a mobile phone number for emergency communications using the link above.

2. **At less urgent times: commissioner's cascade:**
   - For less urgent COVID-19 communications, we will email you through your local commissioner.

   Practice action: Please share a dedicated nhs.net COVID-19 generic practice email with your commissioner to receive communications and also share this email with your local medical committee. In the event of user absence, practices should ensure e-mails are automatically forwarded to an alternative nhs.net account and designated deputy.

3. **Supportive additional information:**
   We will use a variety of different additional methods to keep you informed of the emerging situation, alongside royal colleges, regulators and professional bodies, through formal and informal networks, including social and wider media. You can follow these Twitter accounts to keep up to date:
   - NHS England and NHS Improvement: @NHSEngland
   - The Department for Health and Social Care @DHSC
   - Public Health England @PHE_uk

Practice communications:

With staff and local healthcare system

Practices should consider how best to communicate rapidly with their staff, with other practices in their wider footprint, with local pharmacies and with community healthcare teams to ensure that the local healthcare system is as robust as possible in a pandemic surge.

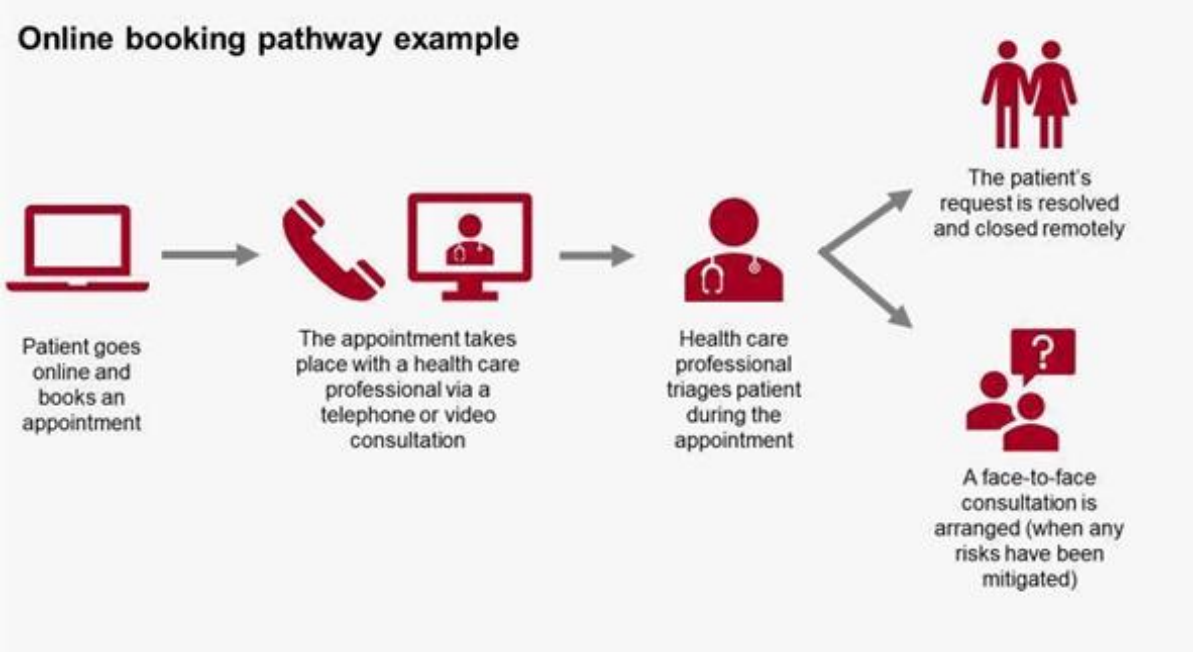
With patients

Remote communications: Practice communications (website, telephone, SMS) should direct patients to the latest guidance, templates can be found here

On arrival: Patients should be clearly signposted to the correct site/area/clinic using posters, signage, and by reception staff. Posters and signage must be displayed where they can be seen **before** patients enter the premises. Patient information should also be displayed at reception, in waiting areas and at patient access points to clinical areas.

Changes to online booking

Practice appointment systems should not allow patients to book face to face appointments without remote triage, more information on online booking pathways is available on our website.



Appendix 2: Digital working guidance and support

1. Remote working

Additional laptops and associated equipment will be provided. Rapid assessment and approval of regional requirements for a large number of additional laptops and associated equipment will be complete over the coming days centrally so that CCGs can deliver support for remote working to practice staff that need it.

CCGs that have implemented ‘virtualised’ desktop solutions are encouraged to expand those wherever possible as a safe and expedient mechanism to support remote working.

2. VPN tokens

VPN tokens are necessary to establish secure connection to NHS networks. We are working closely with clinical system suppliers and NHS Digital to ensure we can increase the supply of tokens for you. Our preference is for soft tokens, which are delivered to you electronically.

In the absence of availability of NHS standard equipment, some practices are implementing local solutions to enable staff to work remotely. These solutions should be confirmed via their local data protection officer and CCG to ensure they do not pose unreasonable security risks. If local commissioners are unable to respond, please contact your regional head of digital technology who will be able to escalate if necessary.

3. Smartcards

New procedures have been agreed that will allow smartcards to be provided remotely. Guidance is being finalised and will be available shortly from NHS Digital. The current smart card session time of ten hours will be increased to twelve hours.

4. Video consultations

NHS Digital have completed assurance in relation to a cohort of suppliers on the Digital Care Services Framework (GP IT Futures) that are able to offer video consultation services. Additional suppliers that offer services on the Dynamic Procurement Service (DPS) hub will be available in the coming days. These video consultation services are centrally funded. Commissioners or practices that are accessing solutions through either GPIT Futures or the DPS can be confident that these products are appropriate for use in general practice.

5. Electronic Prescription Service (EPS)

To reduce footfall, GP practices should convert repeat prescribing to Electronic Repeat Dispensing (ERD) or online repeat ordering and ensure that EPS nominations are in place for their patients. The benefits of this are already being felt with 500,000 new nominations set up in the last week.

6. Virtual Collaboration Tools

NHS organisations now have free access to Microsoft Teams communication and collaboration system. Advice and guidance and the steps needing to be taken by local organisations are available on the NHS Mail website.

7. SMS messaging

We recognise that GP practices will need to be able to send messages to patients in much greater volume than normal. Most areas already have unlimited SMS plans. For those that do not and need additional credits for SMS messaging, they should urgently secure the additional capacity through their local commissioning groups. If your CCG needs additional funding to cover this, please ask that they contact pcdt@nhsx.nhs.uk

Appendix 3: Online and video consultations

Online consultations and video consultations in general practice – key points for commissioners and practices on procurement of solutions

Online consultation and digital triage

- All general practices need to have the ability to carry out triage of all patient contacts, supported by an online consultation/digital triage system. A range of systems are available. Some systems support patients to send information to the practice online so that practice staff can triage the request, while others provide automated triage and send the outcome of this to the practice.
- Many practices are using these systems already and should now use them to handle all patient contacts, with non-digital users supported to go through the same system by practice staff. A blueprint guide has been developed to support practices in moving to a total triage way of working.
- For commissioners that do not have a contract in place for an online consultation system, a bundled national procurement has been taken through the Dynamic Purchasing System (DPS) Framework to provide an approved supplier list for online consultation products that commissioners can call off. This will be available from 24 March 2020. It will be centrally funded.

- As of 19 March 2020, NHS Digital has assured all video consultation products and some online consultation products on the Digital Care Services Framework (GPIT Futures) for the solutions submitted for compliance assurance. The full list of products can be found on NHS Digital's website.

What to do - commissioners

- Find out if your practices have an online consultation solution that they can use to triage patient contacts. If they do, encourage them to use it to manage all incoming patient contacts.
- If practices do not have an online consultation solution in place and you do not have an existing contract to provide them with one, contact your NHS England/ NHS Improvement regional digital team so that a product can be provided to you through the DPS bundled procurement. You can also contact the DPS team at commercial.procurementhub@nhs.net

What to do - practices

- If you have an online consultation tool available that you can use to triage all patient contacts, please use it to manage all incoming patient contacts.
- If you do not have an online solution in place, contact your commissioner so that one can be provided to you. You can also contact the DPS team at commercial.procurementhub@nhs.net
- All general practices need to have the ability to carry out video consultations between patients and clinicians.
- Advice from NHSX Information Governance team is that it is fine to use video conferencing tools such as Skype, WhatsApp, Facetime as well as commercial products designed specifically for this purpose, particularly as a short term measure.
- As of 19 March 2020, NHS Digital has assured all video consultation products and some online consultation products on the Digital Care Services Framework (GPIT Futures) for the solutions submitted for compliance assurance. The full list of products can be found on NHS Digital's website.
- Those commissioners/practices that are in contract for these products via the Digital Care Services Framework (GPIT Futures) can therefore be confident that these products are appropriate for use in general practice. These products will be centrally funded.
- The bundled national procurement through the Dynamic Purchasing System (DPS) Framework will also provide an approved supplier list for video consultation that commissioners can call off. This will be available from 24 March 2020. It will be centrally funded.

What to do - commissioners

- Find out if your practices have a video solution that they can use effectively with the majority of patients. If they do, encourage them to use it as much as possible.
- If practices do not have a video solution in place, contact your NHS England/NHS Improvement regional digital team so that a video product can be provided to you through the Digital Care Services Framework or DPS bundled procurement.
- If practices have a video solution in place but there are concerns about its appropriateness or compliance, please let your NHS England/NHS Improvement regional digital team know so that a video product can be provided to you through the Digital Care Services Framework or DPS bundled procurement.
- You can also contact the DCSF team via gpitfutures@nhs.net or the DPS team at commercial.procurementhub@nhs.net

What to do - practices

- If you have a video conferencing tool available that you can use effectively for the majority of patients, please use it as much as possible to manage patient contacts remotely.
- If you do not have a video solution in place, contact your commissioner so that one can be provided to you.
- If you have a video solution in place but you have concerns about its appropriateness or compliance, please let your commissioner know so that a video product can be provided to you.
- You can also contact the DCSF team via gpitfutures@nhs.net or the DPS team at commercial.procurementhub@nhs.net

Appendix 4: SNOMED Codes for coronavirus

Clinical finding 1240581000000104 2019-nCoV (novel coronavirus) detected
1240591000000102 2019-nCoV (novel coronavirus) not detected
1240631000000102 Did not attend 2019-nCoV (novel coronavirus) vaccination
1240751000000100 Disease caused by 2019-nCoV (novel coronavirus)
1240561000000108 Encephalopathy caused by 2019-nCoV (novel coronavirus)
1240571000000101 Gastroenteritis caused by 2019-nCoV (novel coronavirus)
1240601000000108 High priority for 2019-nCoV (novel coronavirus) vaccination
1240531000000103 Myocarditis caused by 2019-nCoV (novel coronavirus)
1240521000000100 Otitis media caused by 2019-nCoV (novel coronavirus)

1240551000000105 Pneumonia caused by 2019-nCoV (novel coronavirus) 1240541000000107 Upper respiratory tract infection caused by 2019-nCoV (novel coronavirus)

Event 1240431000000104 Exposure to 2019-nCoV (novel coronavirus) infection

Observable entity 1240741000000103 2019-nCoV (novel coronavirus) serology

Procedure 1240491000000103 2019-nCoV (novel coronavirus) vaccination 1240511000000106 Detection of 2019-nCoV (novel coronavirus) using polymerase chain reaction technique 1240461000000109 Measurement of 2019-nCoV (novel coronavirus) antibody 1240471000000102 Measurement of 2019-nCoV (novel coronavirus) antigen 1240451000000106 Telephone consultation for suspected 2019-nCoV (novel coronavirus)

Qualifier value 1240421000000101 Serotype 2019-nCoV (novel coronavirus)

Situation with explicit context 1240661000000107 2019-nCoV (novel coronavirus) vaccination contraindicated 1240651000000109 2019-nCoV (novel coronavirus) vaccination declined 1240781000000106 2019-nCoV (novel coronavirus) vaccination invitation short message service text message sent 1240681000000103 2019-nCoV (novel coronavirus) vaccination not done 1240671000000100 2019-nCoV (novel coronavirus) vaccination not indicated 1240701000000101 2019-nCoV (novel coronavirus) vaccine not available 1240731000000107 Advice given about 2019-nCoV (novel coronavirus) by telephone 1240721000000105 Advice given about 2019-nCoV (novel coronavirus) infection 1240711000000104 Educated about 2019-nCoV (novel coronavirus) infection 1240761000000102 Suspected disease caused by 2019-nCoV (novel coronavirus)

Substance 1240401000000105 Antibody to 2019-nCoV (novel coronavirus) 1240391000000107 Antigen of 2019-nCoV (novel coronavirus) 1240411000000107 Ribonucleic acid of 2019-nCoV (novel coronavirus)

Appendix 5: Preparation of sites for COVID-19 face-to-face consultations

Appoint a COVID-19 lead for the in-practice coordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance. Ensure daily communication with the practice team.

The following measures will help to prepare sites or spaces for face-to-face consultations with patients with symptoms of COVID-19:

- Clear signage to ensure patients are directed to the appropriate site/space.
- De-clutter communal spaces, such as waiting rooms and clinical rooms to assist decontamination.
- Ensure clinical rooms have the necessary equipment for patient examination readily available.
- Ensure clinical rooms have adequate and accessible provisions of personal protective equipment and clinical waste bins.
- Identify toilet facilities for the sole use of patients with symptoms of COVID-19.
- Ensure relevant staff are trained in the appropriate use and donning and doffing of PPE.
- Ensure relevant staff are trained in decontamination guidance.

Appendix 6: Social and community support for shielded patients

Social prescribing link workers form part of the multi-disciplinary teams within primary care networks (PCNS)and are uniquely placed to work closely with GPs, local authorities, health and care professionals and voluntary sector partners to coordinate support for these people whilst they are self-isolating.

Supporting people at the highest risk during COVID-19 incident

The responsibilities of social prescribing link workers would be:

- To make initial contact with the person on the identified list via telephone or video appointments.
- To discuss their needs, such as help with shopping, medication, keeping physically active and emotional support.
- To work with the patient to develop a short plan which covers their practical, physical and emotional needs.
- In partnership with known voluntary organisations, local authority and appropriately trained volunteers, organise practical and emotional support for people at highest risk.
- Arrange follow-up phone calls as needed, to review needs and to help coordinate services that support the most at risk in their homes.

Mobilising local community networks to support those most at risk

The responsibilities of social prescribing link workers would be:

- To coordinate voluntary, community and social enterprise (VCSE) organisations, local authority, NHS volunteer responders, community groups and other partners to work together to implement the person's plan.
- To support voluntary organisations and community groups to switch their face-to-face activities to virtual services, helping them to run peer support groups, via teleconference and social media.
- To support your local public health team in training volunteers and community groups to keep themselves and others safe in relation to COVID-19.

Increasing social prescribing link work capacity

Those identified as most at risk may be referred to their social prescribing link worker. GPs together with their PCNs should assess that this is the case and also take steps to ensure other people who have significant social and emotional needs, but not on the list, can be supported in a way that their condition does not deteriorate and consequently add pressure onto the health service.

There are a number of steps that GPs and their PCNs can take to increase the number of social prescribing link workers:

- Draw down on the Additional Roles Reimbursement Scheme to recruit a team (for example four) of social prescribing link workers.
- Work in partnership with VCSE organisations to recruit and deploy social prescribing link workers (or equivalent named person coordinating care).

Appendix 7: Advance care plan: guidance notes and template

Guidance notes for completing 'My COVID-19 Advance Care Plan'

What is a COVID-19 Advance Care Plan?

A page of information developed by you, with your family or friends (or somebody else if you need help). It outlines the decisions you have made about your treatment and the support you need if you develop severe COVID-19 symptoms and need to contact emergency services or be admitted to hospital. In these circumstances you are likely to be separated from people who usually support you or speak on your behalf, or COVID-19 may make you too breathless to speak. This plan is a way to capture and share, in an urgent situation, the advance decisions you have made around the care and treatment you would like.

What information is required for a COVID-19 Advance Care Plan?
You only need to note down brief information about the key things you want people to know under the following headings.

My name, NHS number, I like to be known as	Basic information about your name, NHS number and what you like to be known as.
Summary of my health conditions	Briefly list any underlying health conditions you have.
Who am I?	Let us know a few things about you as a person, for example, things you do when you are well, like drawing and painting or cycling. Or you are a mother of three and a grandmother of five, or whether you are generally very active etc.

Three important things I want you to know	This is one of the most important sections as it is a place for you to indicate the preferences you have for treatment if you have COVID-19.
	• **If you do not want to be admitted to hospital, please record this at number 1 in this section.**
	• You can indicate here if your priority is comfort i.e. managing symptoms, rather than prioritising sustaining your life, which may involve more invasive treatment.
	• Other things to record under this section might be
	  • that you usually have low blood pressure or body temperature, (tell us what they are)
	  • or that you have a phobia of needles or sickness.
	• Other helpful information would include how you react if you are very stressed as well as treatment that you have decided to decline.

Medication I take	A list of your medication, doses and frequency
How my medication is administered	How you take your medication, for example, orally or through a PEG etc.
How I communicate	It may be that you don't usually use words to speak, or English isn't your first language and a family member interprets for you. It might be useful to know how you would indicate distress or discomfort if you are unable to speak.

My emergency contacts	List the names and numbers of people you would like us to contact in an emergency.
Who has a copy of this plan?	Please tell us who knows about your plan and who we can contact about it if we need to.

My COVID-19 Advance Care Plan

1. **My name:**	2. NHS number:
3. **I like to be known as:**	
4. Summary of my health condition(s) …	
5. **Who am I?** Things I do when I am well/something about me as a person …	
6. Three important things I want you to know …	
7.	
8.	
9.	
10. Medication I take …	
11. How my medication is administered…	
12. How I communicate …	
13. My emergency contacts	
14. Who has a copy of this plan? Name:	

15. Name:	16. Name:
17. Relationship to me:	18. Relationship to me:
19. Telephone number:	20. Telephone number:

Appendix 8: Guidance for staff

A collection of special offers available for NHS staff can be found on our website.

Staff support and wellbeing

A national letter was published supporting doctors and healthcare professionals in the coronavirus pandemic. A national letter for allied health professionals has been published.

Major regulators have issued guidance to support healthcare professionals in these challenging circumstances, encouraging partnership working, flexibility and operating in line with the best available guidance.

Mental health and wellbeing resources

- NHS Employers has developed resources to support staff wellbeing during the COVID-19 pandemic.
- The World Health Organisation (WHO) has published WHO Mental Health Considerations During COVID-19.
- MIND UK and Every Mind Matters have published specific resources in the context of COVID-19.
- NHS Practitioner Health has developed frontline wellbeing support during COVID-19.
- The BMA offers confidential support services 24/7, free of charge to all doctors and medical students – call 0330 123 1245.
- The Royal College of Nurses has guidance on self-care during COVID-19 and a counselling service.

Learning resources

Health Education England (HEE) e-Learning for Healthcare has created an e-learning programme in response to the coronavirus (COVID-19) global pandemic that is free to access for the entire UK health and care workforce. More details are available on HEE's website.

Staff with symptoms of COVID-19

Staff with symptoms of COVID-19 should stay at home as per advice for the public. Staff who are well enough to continue working from home should be supported to work from home. If staff become unwell with symptoms of COVID-19 whilst at work, they should stop work immediately and go home. This guidance also applies to staff with a household member with symptoms of COVID-19.

Plans for testing for NHS staff are outlined on our website.

Decontamination should be carried out as for a patient with symptoms of COVID-19 Further information is available on the GOV.UK website. No additional precautions need be taken for patient and staff contacts **unless** they develop relevant symptoms.

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

Staff who have been exposed to someone with symptoms of COVID-19 in healthcare settings, even if not using adequate personal protective equipment (PPE), do not need to stay at home **unless** they develop symptoms.

Staff at increased risk from COVID-19

The government has issued guidance about stringent social distancing and shielding for vulnerable groups at particular risk of severe complications from COVID-19. Staff who fall into these categories should not see patients face-to-face, regardless of whether a patient has symptoms of COVID-19 or not. Remote working should be prioritised for these staff.

Staff returning to practice

Regulatory bodies (including the General Medical Council (GMC), the General Pharmaceutical Council (GPhC), and Nursing and Midwifery Council (NMC)) have

written to clinicians who have come off their register within the last three years to ask if they would be willing to return to practice. Different sets of FAQs have been produced for professional groups to help individuals to make their decision. NHS England and NHS Improvement have been working swiftly to set up appropriate processes to enable those who wish to return to work to do so. A model has been designed and tested for returning GPs; and we will now work swiftly to adapt this agreed model for other professional groups, to ensure that we are bringing people back as safely and as quickly as possible.

In addition, NHS England and NHS Improvement, the General Practitioners Committee of the British Medical Association (BMA) and the Royal College of General Practitioners have written to a number of GPs who will not have received the letter from the GMC to ask if there is any support they can give to the NHS at this time. Anyone wishing to return to working in primary care will need to be added as an Emergency Registered Practitioner on the England Performers List. An abridged process has been created to support this. In the first instance it is envisaged that any additional support will need to be directed to the national NHS COVID-19 Response Service, which gives individuals options to work remotely from home, by telephone or online.

Anyone wishing to volunteer their time can contact the team at nhsi.medicalgp.returners@nhs.net or nhsi.pharmacy.returners@nhs.net.

Clinical negligence arrangements

The Clinical Negligence Scheme for Trusts (CNST) and the Clinical Negligence Scheme for General Practice (CNSGP) will cover returning retired healthcare workers who work for NHS trusts and general practices undertaking normal NHS contracted work. These arrangements should cover existing and returning healthcare workers for the vast majority of NHS services. However, it is recognised that there will be a need for changes to working arrangements during this emergency period and therefore, NHS England has worked with the Department of Health and Social Care and NHS Resolution to ensure indemnity is not a barrier to such changes. In addition, Medical Defence Organisations will provide medico-legal advice and support to their existing members, and retired members that are returning to clinical practice to support the NHS COVID-19 response. The Royal College of Nursing has also committed to provide medico-legal advice and support to their members, including those with student or retired status.

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Appendix 9: Feedback

This is a dynamic document that will be reviewed as the situation changes, and will respond to evidenced feedback and identified lessons.

Feedback should be given in the template below and sent to england.spocskh@nhs.net. Subject line for your e-mail: COVID-19-PRIMARY-CARE-SOP-FEEDBACK; **add** your organisation and your initials.

COVID-19 standard operating procedure V2 – April 2020 Primary care – general practice							
No	**Name**	**Represented organisation**	**Observation and comments**			**Suggested amendments**	**Rationale for proposed amendment**
			Page number	**Original text**	**Comments**		
1							
2							
3							
4							