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Latest Guidance on the Use of Face Masks

Public Health England (PHE) has published the government policy recommendations, for hospital settings including use of face coverings for those visiting hospitals and face masks for staff when in non-clinical areas.

The recommendations state that from **15 June 2020:**

- Hospitals should ensure that measures are in place so that all settings are, where practicable, COVID-secure, using social distancing, optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate
- In all settings that are unable to be delivered as COVID-19 secure, **all hospital staff** (both in clinical and non-clinical roles), when not otherwise required to use Personal Protective Equipment (PPE), **should wear a facemask**; worn to prevent the spread of infection from the wearer
- **Visitors** and outpatients to hospital settings **should wear a form of face covering** for the same reason, to prevent the spread of infection from the wearer

This guidance will be reviewed as new detail/evidence on COVID-19 emerges.

Although there is no specific advice yet for **General Practice** about wearing facemasks, the recommended PPE for Primary Care still applies and the following 5 steps to working safely principles should still be followed:

1. Carry out, and regularly review, a COVID-19 risk assessment
2. Maintain appropriate cleaning, handwashing and hygiene procedures
3. Help people to work from home, to minimise contact with others
4. Maintain 2m social distancing, where possible
5. Where people cannot be 2m apart, manage transmission risk
   - Consider whether an activity needs to continue for the business to operate
   - Keep the activity time involved as short as possible
   - Use screens or barriers to separate people from each other
   - Use back-to-back or side-to-side working whenever possible
   - Stagger arrival and departure times
   - Reduce the number of people each person has contact with by using 'fixed teams or partnering'

GP Standard Operating Procedure Updated: Staff Risk Assessments

NHS England has revised the GP SOP v3 section (page 9/19) about staff at increased risk from COVID-19 and risk assessments as follows:

- The government has issued guidance on shielding for people defined on medical grounds as **extremely clinically vulnerable** from COVID-19. Staff who fall into these categories **should not see patients face to face**; this takes precedence over any other risk assessments
- All other staff including BAME staff and people identified as clinically vulnerable who are asked to apply stringent social distancing should be risk assessed to consider if they should see patients face to face. The Faculty of Occupational Medicine has published the Risk Reduction Framework for NHS staff (including BAME staff) who are at risk of COVID-19 infection. NHS Employers has also published guidance on https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff. Staff may be referred to an occupational health professional for further advice and support (contact your commissioner for details of your local occupational health service if not known).

Test and Trace

The overview of the NHS test and trace service, including what happens if someone tests positive for coronavirus (COVID-19) or has had close contact with someone who has tested positive, is available with actions to minimise the spread of infections in the NHS.

Guidance for General Practice Ordering PPE

All GP practices can register on the new online personal protective equipment (PPE) portal for ordering emergency PPE from a central inventory. This is to supplement (not replace) the wholesale supply route that already operates. Current order limits mean that GP practices can order one combined pack, containing 50 IIR masks, 200 aprons and 400 gloves (200 pairs), per week or up to this number of separate items. These limits may change over time. Orders through the portal should arrive within 48 hours if placed before 1pm. Orders placed after 1pm will be subject to an additional 24-hours. Contact customer services on 0800 876 6802 with any queries.

Cervical Screening Update

To support GP practices to respond to the impact of the COVID-19 pandemic, the intervals at which invitation and reminder letters are issued for the NHS Cervical Screening Programme were extended. As a result, invitations have been issued 12 weeks (rather than the usual 4 weeks) after Prior Notification Lists were sent to GP practices and reminder letters have been sent 30 weeks after the initial invite, rather than the usual 18 weeks. Intervals for invitation and reminder letters have now begun to return to normal. Therefore, practices should expect to start receiving more requests for appointments and should ensure that appointments are offered to women who are eligible and due to be screened. If practices need any advice, please talk to the local NHS England and NHS Improvement regional public health team. Further guidance is available on FutureNHS.

Supporting Remote Monitoring Using Pulse Oximetry

There is now clear evidence that patients most at risk of poor outcomes are best identified by oxygen levels. The use of oximetry to monitor and identify 'silent hypoxia' and rapid patient deterioration at home is recommended for this group. Guidance has been published setting out principles to support the remote monitoring, using pulse oximetry, of patients with confirmed or possible COVID-19 in the community, focused on primary care.

Electronic Repeat Dispensing

NHS England and NHS Improvement wrote to community pharmacists and GPs to say the requirement for patients to consent to receiving their regular medication via eRD had been temporarily suspended until 30 June 2020. Any patient who is already receiving or who has agreed to receive electronic prescriptions may now begin to receive the regular medication in this way, subject to the practice confirming that the service is both clinically and practically appropriate for the patient. Practices may also seek consent and pharmacy nomination from patients who are suitable but currently receiving paper prescriptions. Community pharmacies are likely to be experiencing an increase in electronic repeat dispensing (eRD), and patients whose prescriptions are moving to eRD may need advice and support on how to use the service as they adjust to the new arrangements. GP practices are advised to discuss the changes with local community pharmacies.

Minimising the Spread of Infection

NHS England and NHS Improvement have highlighted actions to minimise the spread of infections in the NHS while maintaining patient access to services. Ongoing and consistent implementation of national infection prevention and control guidance, including in staff areas, will be paramount in reducing healthcare associated infections. This includes all staff adhering to social distancing (2 metres) wherever possible.

Patients who Decide Not to Proceed with Medical Hospital Procedures

NHS England has received several inquiries about what it means for patients who decide not to proceed with medical hospital procedures during COVID-19 and whether they would be discharged back to general practice. The advice is that: 'If a patient cancels, rearranges or postpones their appointment, this has no effect on the Referral to Treatment (RTT) clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; this should always be a clinical decision, based on the individual patient's best clinical interest.'

NHS Volunteer Responders Ready to Help Health and Care Frontline Staff

Health and care staff working in frontline services can now get help with essential tasks such as shopping and collecting prescriptions from NHS Volunteer Responders. Access to this service will help staff working at the forefront of the COVID-19 pandemic so that they can continue to support those most in need at this time. **Anyone working in frontline services can ask for help from NHS Volunteer Responders** by calling 0808 196 3646 (8am to 8pm). When requesting support, staff will need to provide an email

address, which should ideally be their work email address. It is quick and easy to request support.

New Support Package to Help Manage Patients with Long-term Conditions

UCL Partners has launched a new package of digital resources and practical support to help primary care teams to continue providing proactive care to patients with long-term conditions during and post COVID-19. The support on offer can help stratify care for patients according to level of risk, using new models of care that are virtual by default, mobilise the wider workforce, draw on digital innovation and support patient self-management. The support package **focusses on the management of asthma and COPD**, with resources for the management of type 2 diabetes and cardiovascular disease being added soon.

GP Webinar

The next GP webinar with Nikki and Ed will be on Thursday 18 June, 5-6pm.

CQC Update

A) Emergency Support Framework (ESF)
ESF conversations will not be conducted with every service but instead the CQC will assess the need for these based on risk indicators for each sector and provider. The CQC is now using the ESF with General Practice and a video is available which explains what to expect.

B) COVID-19 Aftercare Guidance
Guidance has been published about the aftercare needs of inpatients recovering from COVID-19. The document is designed to support local primary care and community health services as they work with partners to develop recovery/rehabilitation services for patients after they have been discharged following an acute episode of COVID-19.

C) Latest Mythbusters
The latest Nigel's Surgery mythbusters have been updated to include information about the coronavirus (COVID-19) emergency.

1. 97: Responding to coronavirus (COVID-19) - 13 May 2020
    * Mandatory training during the coronavirus (COVID-19) pandemic
    * Keep in touch (with the CQC)
    * Notifications to CQC, e.g. deaths
    * 'Hot hubs/red sites': registration applications and notifications

2. 70: Mandatory training considerations in general practice - 13 May 2020
    * Mandatory training during the coronavirus (COVID-19) pandemic
    * When we inspect