Londonwide LMCs Guide

Londonwide LMCs Guide: Covid-19 - Supporting Safe Care In General Practice - A Londonwide LMCs Living Guide

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Londonwide LMCs Guide

Londonwide LMCs Guide: Covid-19 - Supporting Safe Care In General Practice - A Londonwide LMCs Living Guide

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A list of links to key guides and templates within this guide can also be found here.

To access updates please bookmark our website (www.lmc.org.uk/coronavirus-covid-19.html) which will link to latest version as this document will be regularly updated.

Preface

This living document is produced by the GP medical directors of Londonwide LMCs in collaboration with clinical colleagues withing the NHS system in London to guide London's GP practices to best help our patients. We have produced this guide in the early stages of an unprecedented coronavirus (Covid-19) pandemic during which the imperative is to flatten the curve to enable NHS services – emergency, hospital, community and primary care – to work together to beat the consequences of a novel infectious disease which has no vaccine, in the context of substantial risk that services might become overwhelmed. Such times demand rapid learning and change in practice.

The balance of power between our ability to prevent disease versus end of life care has, for now at least, shifted. Given time this will change. But during this period where drastic social distancing appears to be the main defence, we must park our accustomed practices and give permission to ourselves to concentrate on the task at hand. That task is defined by safely caring for our patients' most pressing needs - be they Covid-19, or related to other key disease - maintaining immunity against diseases preventable by immunisation, preventing practice staff from being vectors of disease and caring for ourselves so that we remain fit to care for our patients.

We draw on available evidence and information from multiple sources, including real-time examples from China, Italy and elsewhere, and we recognise that, as in all times of trouble, there will be innovations and advances in both clinical practices and in the systems to support them. These may well challenge decades of traditional practice but our hope, as we work through this coming period, is for us all to get through and come out the other side safely, armed with those new solutions and ways of providing the care that will enable us to meet our patients' whole person needs for the rest of the decade and beyond.

Finally, I wish to pay special tribute to Londonwide LMCs' GPs Dr Lisa Harrod-Rothwell, Deputy CEO and Dr Elliott Singer, Medical Director for their unheralded insight and tireless work in creating this living guide.

Dr Michelle Drage MBBS FRCGP
CEO Londonwide LMCs

Before we start with practical details, please always remember…

You matter too!

It is important to acknowledge that a lot of us are feeling fearful and anxious. We are reminded that, as a profession and as individuals health care workers, we have a duty to our communities and patients, and yet many of us are also concerned about our own family members, and that we may be exposing them to risk.

We are operating in a time of rapid change, moving away from the model of care that we were trained for. We are moving into new ways of working, pushing us out of our comfort zones at best.

We are trying to maintain the high standards of care for our patients - trying to keep on top of guidance, which is changing daily, sometimes hourly, and working in an understandably chaotic system in which roles and responsibilities of all providers and health care professionals in responding to the Covid-19 pandemic are urgently being determined.

We are repeatedly told that things will get worse before they get better. For many of us, this will be the toughest challenge that we have ever faced; it's understandable that many of us are experiencing fight, flight or freeze reactions.

Physical health

Remember:

1) Health care worker safety is paramount.
2) Protecting health care workers protects patients.

See our later sections on safe operating models and personal protective equipment (PPE).

Mental health

Remember:

1) Your emotional and psychological wellbeing matters too.
2) You are not alone.

See our later section on 'Caring for Ourselves'.

And finally, before we move onto the nitty gritty, please do remember that:

This Too Shall Pass

With that in mind, let's now move onto the practical advice and resources to support you during these challenging and unprecedented times.

Section 1: Ways of working

Additional LMC guidance referenced in this section:

- Operating a safe practice policy (updated 8.4.2020)
- Guide to practice closure consequent upon the impact of the Coronavirus (Covid-19) pandemic (updated 22.4.2020)

1.1 What is our new practice operating model?

Key messages

1) A different way of working is required to maximise the safety of patients, clinical and non-clinical practice staff.
2) Practices need to continue meeting the health needs of all their patients for non-Covid-19 related illness.
3) GPs/practice health care professional (HCPs) should undertake an initial remote assessment of all patients via online/telephone.
4) GPs should use video, if available, to undertake an initial examination, if technically possible and ethically appropriate.
5) GPs should only see patients face to face (in the surgery or through home visits) if an initial assessment deems it essential, and adequate precautions can be taken (including using appropriate PPE). See the link below for important advice to help determine whether a face to face encounter is warranted.
6) The duration of the face to face interaction, and the number of individuals who encounter the patient, should be minimised.
7) **Precautions, including wearing PPE, should be taken for all face to face encounters, irrespective of whether patients have do or do not have symptoms of Covid-19.**

There is much more very important advice, to support you in operating a safe model to deliver care, in our document: Safe Practice Policy.

1.2 A system wide approach to the care of patients with Covid-19

Key messages

1) Currently there is confusion regarding roles, responsibilities and pathways of care between practices and other providers (and new 'hot hubs' and 'cold hubs' where these have been set up).
2) We are working hard to urgently address this so that patients with Covid-19 infection have safe pathways of care, and practices can work effectively with all other providers.

1.3 Preparing a contingency plan for temporary closure of a practice

Key messages

1) Practices need to consider the impact of having 20-50% staff loss at any given time.
2) Practice closure should only be implemented if the practice has no other option and for as limited time as feasible.
3) Closure would be due to having insufficient staff to maintain a safe patient service.
4) Practice should discuss with their primary care network (PCN) and/or federation in the first instance how they can continue to support their patients.
5) Practices need to inform their CCG and NHS England's primary care commissioning team of the closure and, if possible, the expected period of closure.
6) Patients will need to be made aware and given advice on how they will continue to be able to access general practice care.

Please see our full policy for important full details.

Section 2: PPE

Key message

1) **'No PPE, No See'** - Appropriate PPE must be worn for all face to face encounters.

Please access the PPE guidance and helpful posters demonstrating correct donning and doffing techniques**.**

Section 3: Caring for patients with suspected Covid-19

Additional LMC guidance referenced in this section:

- The clinical course of Covid-19 – what do we know (updated 15.4.2020)
- Guide to using pulse oximeters during Covid-19 pandemic (updated 16.4.2020)
- Monitoring of patients with suspected Covid-19 (updated 22.4.2020)

3.1 The clinical course of Covid-19 – suspecting the diagnosis

Key messages

1) Our understanding of this condition is increasing, but there is still much uncertainty.
2) There are many different presenting symptoms; only 15% of patients present with fever, cough, and dyspnea.
3) Increasing evidence points to potentially large pools of asymptomatic transmission.
4) The main complications of Covid-19 mortality are pneumonia, or acute respiratory distress syndrome (ARDS) which can come on suddenly after seemingly mild symptom.

Please use this link for further information about the clinical course of Covid-19.

3.2 Assessment of the severity of Covid-19 Infection

Key messages

- Most patients with Covid-19 can be managed remotely with advice on symptomatic management and self-isolation.
- Although such consultations can be done by telephone in many cases, video provides additional visual cues and therapeutic presence.
- Breathlessness is a concerning symptom, though there is currently no validated tool for assessing it remotely.
- Safety-netting advice is crucial because some patients deteriorate in week 2, most commonly with pneumonia.
- The BMJ has a very useful article and info-graphic regarding assessment. BMJ pathway.
- NHS London: Primary and Community care resource pack during Covid-19 also has information regarding remote assessment.

3.3 Do I need an O2 saturation to complete the assessment? How do I obtain the reading?

Key messages

1) An O2 saturation test is only required if it may change management. However, be aware that a normal respiratory rate may be falsely reassuring as there are increasing numbers of anecdotal reports of patients without dyspnea who on testing are severely hypoxic.
2) The Roth score should **NOT** be used. It has resulted in false reassurance and critical events.
3) An O2 sats could be obtained through delivery models which minimise face to face exposure:
    a. Pulse oximeters delivered to a patient for ongoing monitoring.
    b. 'Drive through' pulse oximetry.
    c. 'Home visiting' pulse oximetry.

Please click here for our guide to using pulse oximeters during the Covid-19 pandemic which includes a patient action plan for oxygen saturation monitoring template letter.

3.4 Triaging patients with Covid-19

Key messages

1) Patients' symptoms can be triaged into mild, moderate and severe.
2) There are very useful triage pathway diagrams and further information in NHS London: Primary and Community care resource pack during Covid-19.

    For example,
    I. Pathway diagram 1. Categorising patients with Covid-19 symptoms in the community.
    II. Pathway diagram 2. Triaging patients with moderate symptoms of Covid-19 but NO pre-existing lung disease or significant comorbidities.
    III. Pathways for patients with **pre-existing** lung conditions or comorbidities.

3.5 Monitoring patients with Covid-19

Key messages

1) We recommend that practices develop a system for remote follow up of patients with suspected Covid-19 in the community, including those discharged into the community with ongoing symptoms.
2) The operating model must consider the immense demand and reduced workforce.
3) We are currently exploring technical solutions for self-reporting and stratifying patients so that practices are supported to clinically prioritise the patients who require clinician review.
4) Practice must be aware that there is now a requirement from NHS England regarding patients who have been assessed by NHS 111 requiring further follow up by general practice. NHS England have now confirmed that practices need to enable one appointment per 500 patients per day to be available for direct booking by NHS 111.

    We would suggest that practices setup a Covid-19 emergency list for this specific purpose. The appointments should be used to follow up those patients assessed by NHS 111 as needing community monitoring. The list will need to remain active for the duration of the pandemic. Following the pandemic this list will no longer be required.

We have produced further advice regarding the operating model for monitoring of patients with Covid-19 which can be accessed here.

We will continue to further develop this resource.

3.6 Referral/admission criteria for patients with Covid-19

Key messages

1) The clinical criteria that would warrant emergency admission are detailed in the pathway diagrams in NHS London: Primary and Community care resource pack during Covid-19.

3.7 Management of Covid-related suspected or confirmed pneumonia

NICE have produced a very helpful guideline 'Covid-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community' that covers:

- Deciding about hospital admission
- Managing breathlessness
- Antibiotic treatment
- Oral corticosteroids
- Safety netting and review

Key NICE messages regarding antibiotic use:

1) Do not offer an antibiotic for treatment or prevention of pneumonia if Covid-19 is likely to be the cause and symptoms are mild.
2) Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if:
    a. the likely cause is bacterial, or
    b. it is unclear whether the cause is bacterial or viral and symptoms are more concerning. To help differentiate between bacterial and viral pneumonia the Centre for Evidence Based Medicine have produced some guidance, or
    c. they are at high risk of complications because, for example, they are older or frail, or have a pre-existing comorbidity such as immunosuppression or significant heart or lung disease (for example bronchiectasis or COPD), or
    d. they have a history of severe illness following previous lung infection.
3) When starting antibiotic treatment, the first-choice oral antibiotic is:
    - doxycycline 200 mg on the first day, then 100 mg once a day for five days in total (not in pregnancy).
    - alternative: amoxicillin 500 mg three times a day for five days.

3.8 Palliative care for patients with Covid-19

It is likely that we will be caring for many end of life patents in the community due to Covid-19.

Experts have been compiling resources to support us. For example:

- NICE and RCGP have both produced guidance regarding palliative care, including symptom management.
  - There is a palliative care section in the NHS London: Primary and Community care resource pack during Covid-19.
  - The London End of Life Care Clinical Network NHS England and Improvement have also produced a helpful Covid-19 London Primary Care Support document. This includes advice regarding:
    - compassionate conversations,
    - details of 'Coordinate My Care' resources,
    - decision making about admission to hospital,
    - care home considerations,
    - care after death and
    - self-care.

Section 4: Continuing to meet essential non-Covid-19 health needs

Additional LMC guidance referenced in this section:

- Remote examination guide (updated 15.4.2020)
- Remote GP assessment pathway for patients during Covid-19 pandemic (updated 1.4.2020)

4.1 Principles

Key messages

1) The principles of providing safe care during the Covid-19 described in section 1 all apply.
2) Practices will only be able to offer essential care and services.
3) Although we will all be experienced in providing non-Covid-19 care, we will need to rapidly adapt how we diagnose, assess and manage these conditions in order to minimise risk to our patients.
4) Please consider our flow chart for an example remote GP assessment pathway for patients during the Covid-19 pandemic.

4.2 Remote examination

Key messages

1) We are all learning how to diagnose, manage and review our patients' conditions in the context of limiting all face to face interactions.
2) We have produced a document on initial thinking on remote examination techniques.
3) We are currently working with GP colleagues to develop this further and will be sharing work on safe remote examination for each system in due course.
4) If anyone has any expertise in remote examination and would like to assist with this work, please contact Londonwide LMCs.

Section 5: Essential non-Covid-19 services

Additional LMC guidance referenced in this section:

- Non-acute essential care (updated 17.4.2020)
- Requirement for home visiting during Covid-19 pandemic (updated 8.4.2020)
- Medicines management: drug monitoring during the Covid-19 pandemic (updated 7.4.2020)
- Mental health drug monitoring guide (updated 16.4.2020)

Previous viral outbreaks have demonstrated that morbidity and mortality associated with reduced access to care can be of equal, if not greater, significance than the impact of the infection itself.

Attendances at emergency departments and two-week wait referrals have fallen significantly, and hospital colleagues are telling us that people, both with and without Covid-19 symptoms, are delaying accessing care leading to very poor outcomes for some, including children.

This is partly a result of public anxiety, with people staying at home too long with symptoms.

It is vital that we do not compound the problem inadvertently with our own messaging to patients. Where clinically necessary, and in the appropriate clinical setting, we should continue to examine people physically, taking the appropriate precautions, particularly where this could inform the diagnosis of an acute condition or risk of deterioration.

5.1 Workload prioritisation

Key messages

1) Workload can be categorised into:
    a. Green: aim to continue regardless of the scale of the virus outbreak.
    b. Amber: continue if capacity allows and if appropriate for your patient population.
    c. Red: postpone, aiming to revisit once the outbreak ends, ensuring recall dates are updated where possible.
2) The RCGP has produced useful guidance on workload prioritisation during Covid-19.
3) Practices must ensure that new patient registrations continue, facilitated through online registration where possible.

Futher detail is contained in our non-clinical FAQs web page.

5.2 Non-acute general practice services

Key messages

1) The RCGP guidance lists non acute services that should be continued regardless of the scale of the outbreak.
2) Please note that NHS England London has provided an update to the RCGP guidance, stating that the threat posed by Covid-19 outweighs the benefits of cervical screening and that all cervical screening is paused until further notice.

3) Services that rely on other providers can only continue if work force allows across all providers.
4) Information on drug monitoring can be found here. Specific guidance on Warfarin and switching from Warfarin to DOAC are also available. And our guide on medicine management and monitoring for mental health is here.

We have pulled together a document of resources to help support you to deliver essential non-acute general practice services, inluding guidance on vaccinations.

5.3 Non-Covid-19 acute care

Key messages

Immediately life threatening

1) Practices need to continue to diagnose non-Covid-19 life threatening conditions. This should be carried out remotely wherever possible. However, examination may be required and, if so, this should be arranged according to our key principles (section 1.1).
2) There are clinical indications for calling 999. However, with increased demand on ambulance services, and consequent likely increases in wait times, the threshold for calling 999 rather than using own transport may change. We are liaising with LAS to provide further guidance for practices and safe advice regarding this.

Conditions for which delay in investigation or treatment would be clinically unacceptable

Key messages

1) Practices GPs will need to continue to be distinguish between serious and benign illness, through remote consultation wherever possible.
2) Patients should limit their journeys and encounters. If face to face appointments and urgent bloods are required, practices should consider offering this during single visit, limiting any wait times, wherever possible.
3) If there is doubt whether a referral is warranted during this time of suspension of routine care timely advice and guidance should be sought.
4) GPs should continue to make two week wait (2WW) and urgent referrals.
5) The policy remains that providers receiving referrals may not downgrade urgent cancer referrals without the consent of the referring primary care professional.
6) We are currently liaising with London and national cancer bodies to determine whether referral criteria will be changed to reflect need to limit face to face encounters.

5.4 Clinical care resources

Key messages

1) We are all learning how to manage Covid-19, and the management of long term conditions in the context of Covid-19.
2) We have collated useful clinician-facing and patient–facing resources to help support us and our patients, as we navigate this steep learning curve. These can be accessed here:
   a. Professional clinical resources for Covid-19.
   b. Health charities guidance for professionals and the public.

Section 6: General practice interface with other providers

During these unprecedented times, we may need to work differently with other providers to meet the essential need of our patients.

6.1 Acute trusts

Referrals

Key messages

1) **Acute referrals -** We advise discussion with the specialty admitting team (if possible) to consider if the benefit of hospital assessment/admission outweighs the risk to the patient.
   - o If the risk out-weighs the benefit, the speciality team may give advice and support so that the patient can be managed safely in the community.
   - o If the benefits outweigh the harm, the clinician will discuss with the patient the quickest, safest, most appropriate method of transfer from the practice or their home to the hospital.

2) **2WW referrals -** These should continue according to the normal local pathways.
   Healthy London Partnerships are working with experts to provide Covid–19 related support documents for primary care during the pandemic. It will include Covid–19 specific pan-London suspected cancer referral forms, a Covid–19 patient information leaflet as well as primary care educational guides and communications. Revised 2WW suspected lower gastrointestinal cancer referral forms are already available and others are in development. A summary sheet has been produced by the cancer network on the Covid-19 changes to the 2WW pathway.

3) **Urgent non-2WW referrals, such as for transient ischaemic attack and chest pain -** These should continue according to local pathways.

4) **Non-urgent referrals where a delay may not be clinically acceptable -** We advise that timely 'advice and guidance' is the primary method of referral. This will enable secondary care colleagues to advise on how to manage in the community or advise on the best way of access secondary care services during the pandemic.

5) **Conditions for which a delay is clinically acceptable -** Patients should be asked to re-present once the current emergency situation has passed, if the condition has not resolved and they still require further assistance.

The NHSEI Primary Care bulletin of 16 April advises that GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds. GPs should also continue to use specialist advice and guidance where available to inform management of patients whose care remains within primary care including those who are awaiting review in secondary care when appropriate. Further NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals.

We will continue to liaise with NHS England to ensure that we have shared understanding with our secondary care colleagues regarding the primary/secondary care interface, so that we can all work effectively in the best interests of our patients during these unprecedented and challenging times. We will update our advice accordingly.

6.2 NHS 111

We are currently working with STP, regional and national colleagues to clarify the rapidly changing pathways of care between practices, out of hours services and NHS 111.

6.3 Palliative care services

We are working with STP, regional and national colleagues to clarify the pathways that will deliver the potentially very high demand for palliative care services, from both medical and social perspectives.

6.4 London Ambulance Service

- LAS has produced a presentation for practices to help them better understand the LAS processes and how they categorise/prioritise calls.
- In response to the Covid-19 pandemic, LAS has enable a HCP to delegate the LAS request via the HCP line by completing the booking checklist form, which can be found within the presentation.
- Health care professionals should utilise the LAS HCP telephone number: 020 3162 7525.
- LAS do utilise the NEWS2 score in their assessments but are aware that this is not validated for general practice use and was developed for monitoring patients in hospital over time using repeat measurements.


London Ambulance Service NHS
NHS Trust

Health Care Professional
(HCP)
Admissions

Phone number:
020 3162 7525

Can your patient organise their own transport?
Is your patient suitable for car or Non-Emergency Transport arranged by the London Ambulance Service?
Time frames are: 2 – 4 hours
1 – 2 hours
Other timeframes by arrangement with LAS clinicians

Non-emergency?
Provide oxygen therapy
Transport stretcher-bound patients including palliative care patients
Transport chair-bound patients
Response depending on clinical condition
2 – 4 hours
1 – 2 hours

Emergency ambulance needed?
For patients who will need treatment en-route to hospital
8 minutes Immediately life-threatening
20 minutes Emergency transport needed for clinical condition
45 minutes Urgent transport needed for clinical condition

6.5 Local authority social services

We are currently working with local and pan-London representatives of London local authorities and the London office of the Association of Directors of Adult Social Services (ADASS) to clarify the agreed process and packages of care and support that will be made available to key categories of patients/residents during this period, and to seek to understand any overlaps or gaps in support available to residents/ patients who are medically and/or socially vulnerable and who are shielding or self-isolating. Further details on London local authorities' Covid-19 advice can be found here and will be updated regularly.

6.6 Dentistry

We are liaising with the LDC Confederation regarding NHS urgent dental care in London. Details of urgent dental care sites for London are not being published as patients should be referred via the NHS 111 pathway. There are currently 30 sites across London, comprising dental hospitals, community dental service providers and primary care facilities. Currently, there is no expectation that the number of providers will increase but this will be kept under review. Details of the referral pathway can be seen here.

Section 7: Certification

Additional LMC guidance referenced in this section:

- Covid-19 processes concerning death of patients (updated 21.4.2020)
- Requests for Med3 'Fit Note' (updated 21.4.2020)
- Guide on shielding, self-isolation and social distancing (updated 15.4.2020)

7.1 Process concerning the death of a patient

Key messages

1) English law does not require a doctor to confirm death has occurred or that "life is extinct". Please see the letter from Buckinghamshire Senior Coroner confirming this.
2) In the event of a community Covid-19 death, Pandemic Multi Agency Response Teams (PMARTs) will verify the death.
3) Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate for Cause of Death (MCCD).
4) There are significant changes to the requirements on us regarding death and cremation certification.

For more information, please see our helpful and important guide on processes concerning the death of a patient.

7.2 Medical certification

If a patient is unable to obtain an isolation note via the above means and their employer requires ones, practices may wish to create one for the patient using this template.

MED3:

1) When required MED3s should be sent electronically. There are a number of ways of doing this electronically. Further guidance on eligibility is here.
2) Print, sign, scan and send as an email or text attachment.
3) Complete and don't print, then print a duplicate to a PDF file and attach to an email or text.
4) Complete electronically, including digital signature and attach to an email or text. For help on how to do this full guidance is available for Emis and Systmone.

7.3 Isolation and Shielding

Requests for certification of absence from the workplace relating to Covid-19 may fall into three main categories. Further information regarding these groups is in the attached guide.

1. **Those who are self-isolating because they are symptomatic or have a symptomatic household contact**
   Patients who are self-isolating because they or someone in their household has Covid-19 symptoms can get their own certificate using the online NHS 111 isolation note tool. We recommend that you add this link to your practice website. Patients do not need to speak to a GP unless their symptoms are worsening and they need clinical advice. If a patient does 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.

2. **Those in the stringent social distancing group (vulnerable but not shielded)**
   Patients in this group may ask for medical evidence they are in this vulnerable group as defined by the government, roughly equating to those eligible for the annual flu jab. Please use the template letter as these patients will not be eligible for a MED3 which is for certifying due to illness. If they become unwell, point 1 applies.

3. **Those in the shielded group (deemed extremely clinically vulnerable)**
   This group should receive a letter from the government confirming they are in the shielded category which can be used for the purposes of certification off work. The CMO has provided a specific list of which qualifying condition would be classified as defining a patient as extremely medically vulnerable. This means they should self-isolate within the home and only leave on clinical advice.

   Details of borough based local authority telephone helplines for vulnerable and shielding residents can be found here.

Section 8: Healthcare professional support and services

Additional LMC guidance referenced in this section:

- Caring for yourself and your general practice team in the Covid-19 pandemic (updated 8.4.2020)

8.1 Caring for ourselves

Key messages

1. Many of us are feeling fearful and anxious.
2. You are not alone.

Please see our caring for ourselves and colleagues document for helpful advice and resources.

8.2 Testing

We understand how important it is for healthcare professionals to access to coronavirus testing. STPs have now confirmed the following arrangements:

North West London/North Central London: Testing is available in IKEA car park in Wembley. For NCL additional testing available from 21 April at a location at Kings Cross and a limited pilot of home testing is also available.

North East London/South East London: Testing is available at the O2 in Greenwich. For NEL a Home Testing pilot is now being rolled out as an offer for Covid-19 swab testing of front-line workers who meet the eligibility criteria. In particular this is being targeted (but not exclusively) at frontline workers who cannot access a drive through test site, for example, due to the requirement to attend in their own transport.

South West London: Testing is available from Chessington, St George's, and possibly Croydon later.

GPs will have received details regarding eligibility criteria and booking processes, albeit that slots appear to be limited. We will update you if there are any changes to these arrangements (please click here for the current advice regarding testing of healthcare professionals).

Section 9: Practice management resources

Additional LMC guidance referenced in this section:

- Covid-19 human resources support (updated 15.4.2020)
- LMC Law HR FAQs (updated 15.4.2020)
- Primary Care Network Directed Enhanced Service (PCN DES) FAQs (updated 23.4.2020)
- A Londonwide Guide to practice closure consequent upon the impact of the coronavirus (Covid-19) pandemic (updated 22.4.2020)

9.1 Tracking expenses

We recommend that you track Covid-19 related expenses. You may find our spreadsheet useful for this purpose.

9.2 HR FAQs

We have worked with LMC Law to address your HR queries.

The LMC Law HR FAQ provides GP employers with information and guidance about HR issues emerging from the Covid-19 crisis.

The document covers support that employers are encouraged to provide to employees, pay and absence scenarios and frequently asked questions.

Londonwide LMCs has produced a guide to assist in supporting staff with absences relating to Covid-19. This should be read in conjunction with the LMC Law FAQ, above.

We will continue to address your further HR queries and update the HR FAQs accordingly.

9.3 Contractual/funding FAQs

Thank you for your questions and queries. We have incorporated resolved queries in the appropriate sections of this guide. There are queries for which we are continuing to seek answers, and we will update you as soon as possible. We have produced, and will update, FAQs relating to the PCN DES for 2020/21.

To support practices in maintaining essential services during this time the DVLA has temporary removed the requirement of the routine D4 medical for bus and lorry drivers. Under this scheme, drivers will be able to receive a temporary one-year licence providing they do not have any medical conditions that affect their driving and their current licence expires in 2020. Full guidance can be found here.

9.4 Business continuity

Click here for our guide to support practices to predict and determine whether business continuity is possible, or whether the practices must temporarily close.

9.5 Practice cleaning guidance

South East London CCG produced a practice cleaning guide for room cleaning following an assessment of a patient with suspected Covid-19 infection.

Links to key guides and templates within this guide

Section 1 (Ways of working)

1.1 What is our new practice operating model?

- Operating a safe practice policy (updated 8.4.2020)
- RCGP guidance on workload prioritisation during Covid-19
- NHS England's Standard Operating Procedure, Appendix 3: Online and video consultations (page 29)

1.2 A system wide approach to the care of patients with Covid-19

1.3 Preparing a contingency plan for temporary closure of a practice

- Guide to practice closure consequent upon the impact of the Coronavirus (Covid-19) pandemic (updated 22.4.2020)

Section 2 (PPE)

- PPE guidance (uploaded 8.4.2020)
- PPE Donning poster (uploaded 8.4.2020)
- PPE Doffing poster (uploaded 8.4.2020)

Section 3 (Caring for patients with suspected Covid-19)

3.1 Clinical course of Covid-19

- The clinical course of Covid-19 – what do we know (updated 15.4.2020)

3.2 Assessing severity of infection

- BMJ article on Covid-19 history and exam
- NHS London Clinical Networks Respiratory resource pack (includes pathways defining patient cohorts)

3.3 Pulse oximetry guide to systems for remote monitoring

- Guide to using pulse oximeters during Covid-19 pandemic (updated 16.4.2020)
- Patient action plan for SpO2 monitoring

3.4 Triaging patients with Covid-19

3.5 Monitoring patients with Covid-19

- Monitoring of patients with suspected Covid-19 (updated 22.4.2020)

3.6 Referral/admission criteria for patients with Covid-19

3.7 Management of Covid-19 related pneumonia

- NICE: Covid-19 rapid guideline: critical care in adults
- NICE COVID-19 rapid guideline: critical care in adults flowchart
- Latest evidence from Oxford CEBM on differentiating between viral and bacterial pneumonia

3.8 Palliative care for patients with Covid-19 infection

- RCGP guidance on palliative care
- NICE guidance on palliative care
- NHS London resource pack
- NHS London EoL care clinical network guide from the London End of Life Care Clinical Network NHS England and Improvement

3.9 Clinical course of Covid-19

- The clinical course of Covid-19 – what do we know (updated 15.4.2020)

4.0 **Section 4 (Meeting essential non-Covid-19 health needs)**

4.1 Principles

- Remote GP assessment pathway for patients during Covid-19 pandemic (updated 1.4.2020)

4.2 Remote examination

- Remote examination guide (updated 15.4.2020)
- Feverpain score
- RCPCH guidance on treating acute tonsillitis
- Paediatric remote assessment guidance

Section 5 (Essential non-Covid-19 services)

5.1 Workload prioritisation

- RCGP Guidance on workload prioritisation during Covid-19

5.2 Non-acute GP services

- Non-acute essential care (updated 17.4.2020)
- Medicines management: drug monitoring during the Covid-19 pandemic (updated 7.4.2020)
- Monitoring for patients on warfarin (uploaded 7.4.2020)
- Safe switching from Warfarin to DOAC (uploaded 7.4.2020)
- Mental health drug monitoring guide (updated 16.4.2020)
- Medicine shortage update (uploaded 8.4.2020)

5.3 Non-Covid-19 acute care

5.4 Clinical care resources for professionals and the public

Section 6 (General practice interface with other providers)

6.1 Acute trusts

- 2WW Pan-London Cancer referral forms during Covid-19 pandemic

6.2 111

6.3 Palliative care services

6.4 London ambulance service

6.5 Local Authority Social Service

Section 7 (Certification)

7.1 Death certificates and cremation forms

- Covid-19 processes concerning death of patients (updated 21.4.2020)

7.2 Medical certificates

- Electronic processing of MED3 Certificate (updated 21.4.2020)
- Guide on shielding, self-isolation and social distancing (updated 15.4.2020)
- Patient letter who needs to maintain stringent social distancing

Section 8 (healthcare professional support services)

8.1 Caring for yourself and your general practice guide (including a list of professional support services)

8.2. Healthcare professional testing for Covid-19 infection

- Caring for yourself and your general practice team in the Covid-19 pandemic (updated 8.4.2020)

Section 9 (Practice management resources)

9.1. Tracking Covid-19 related expenses

9.2. HR FAQ

- Covid-19 human resources support (updated 15.4.2020)
- LMC Law HR FAQs (updated 15.4.2020)

9.3. Practice contractual requirement and funding FAQ

- Primary Care Network Directed Enhanced Service (PCN DES) FAQs (updated 23.4.2020)
- Practice cleaning guidance from SEL

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