Coronavirus/COVID-19

This is a rapidly-evolving area and this information is a guide only, to help you think and plan ahead. If you have contact with a patient with, or concerned about, COVID-19, you MUST check the relevant government websites to ensure you are following the latest guidance. This document was last updated at 11am 23 March 2020.

UPDATED! Checklist for primary care

Oversight and leadership

- [ ] Appoint a COVID-19 lead to oversee the implementation of all things relating to coronavirus.
- [ ] Are you checking regularly what the latest definitions and advice are?

Avoiding exposure in the first place

The NHS advice to patients with **FEVER OR NEW CONTINUOUS COUGH** is that they should NOT present to primary care but use online 111 advice, and call 111 only if they cannot cope with their symptoms at home, they are getting worse or their symptoms are not improving after 7 days; 111 will then arrange appropriate care.

To reduce the chance of someone turning up with the infection in the first place:

- [ ] Have you moved to 'triage first' for all?
- [ ] Have you done everything to stop patients walking in without being triaged?
- [ ] Have you got notices on your doors?
- [ ] How will you manage online bookings to ensure patients are screened before attending?

Advice to patients

- [ ] Have you communicated key information to patients about what to do if coronavirus is suspected?
- [ ] Do you have clear advice for those advised to 'stay at home'?
- [ ] Have you reviewed the care of those identified as 'extremely vulnerable' who need to be 'shielding'?

Keeping patients safe

Does everyone in the practice know what to do if:

- [ ] Someone presents at reception with suspected COVID-19?
- [ ] A suspected case is identified during a consultation?
- [ ] Someone with suspected COVID-19 needs immediate care/immediate transfer to hospital?

Preparedness

Be prepared:

- [ ] Identify an isolation room and declutter it now. Prepare a patient 'support pack' for this room.
- [ ] Do staff have appropriate personal protective equipment (PPE)?
- [ ] Do staff know how to correctly put on/remove/dispose of PPE?
- [ ] Do staff know how to decontaminate a room after use?
- [ ] Do those who do home visits have PPE and TWO clinical waste bags in their vehicle?
- [ ] Ensure that you have ordered your 2020/21 flu imms by 31/3/2020 as requested by NHSE.

Mental wellbeing

- [ ] Are you looking after your own mental wellbeing and that of your staff?

Key documents

NHS England standard operating procedures (SOPs) for primary care have now been produced; this article is based on the SOPs, and our services should be modelled on these (as published on 19/3/20, summarised in this article and available here):

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Managing-coronavirus-COVID-19-in-general-practice-GP-SOP_19-March.pdf

Most of the clinical material in this document is based on the SOPs/Public Health England advice. Other useful resources are given at the end of this document.

At Red Whale, we recognise that in Scotland, Wales and Northern Ireland, things may be slightly different. However, we do not have the resources to update this document 4 times each time something changes (which seems to be several times a week at present!). We are very sorry!

The Scottish information is available here: https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/

Public Health Wales: https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/

Northern Ireland information is here: https://www.publichealth.hscni.net/news/covid-19-coronavirus

What is the role of primary care in the current situation?

- **Identify potential cases as soon as possible.**
- **Prevent potential transmission of infection to other patients, staff and the wider community.**
- **Offer appropriate care to those affected, whether this be at home or admission.**
- **Still do all the usual work of primary care that can't be delayed!**

NEW! What are the key changes?

I have flagged the key changes with NEW! so you can identify them without reading the whole document! The big changes are:

- New standard operating procedures for primary care, including managing patient flows.
- New guidance for the most vulnerable.
- Drug dilemmas: inhaled corticosteroids and COVID-19 (plus ACE/ARBs and NSAIDs and COVID-19).
- How to manage the usual primary care work – what can and can't be stopped.
- Appraisal, revalidation and performance.

What is COVID-19?

- COVID-19 is a new RNA virus from the coronavirus family that includes SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome). It is thought to have started in a fish/animal market in China.
- The main method of transmission is respiratory droplets, or, in a healthcare setting, contact with bodily fluids.
- Treatment is supportive. It is not known if antivirals are effective. There is currently no vaccine.

The BMJ suggests (BMJ 202;368:m800):

- Median incubation 5–6 days (range 0–14).
- >80% have mild disease, 15% get severe disease including pneumonia, 5% become critically unwell.
- Mortality 2% overall (0.2% in those <50y, 15% in those >80y). Those with chronic diseases are also at higher risk.

When should you consider COVID-19?

IMPORTANT: THIS CHANGED SIGNIFICANTLY ON MONDAY 17 MARCH (PHE Guidance):

- **The virus is assumed to be moving freely in the community so travel history or contact with an infected person are not required to suspect COVID-19.**
- Those being admitted will be tested. There is clear guidance on how to manage these patients (summarised below).
- **Those with 'possible COVID-19' (defined below) who are well enough to stay at home are asked to self-isolate ALONG WITH THEIR WHOLE HOUSEHOLD and follow 'stay at home' guidance for a period of time** (see section on returning to normal activities for details of how long 'stay at home' guidance should be followed for).

Definition of 'possible case' in those well enough to remain in the community:
• **New continuous cough.** • **High temperature (not defined in primary care criteria, ≥37.8 in hospital definition).** *(Remember: immunocompromised patients may present in atypical ways.)*

'Possible cases' who remain in the community should be directed to the 111 online symptom checker which says:

- If they are **very unwell**, they should contact 111 on the phone and wait to speak to a nurse.
- If they are **relatively well**, they should follow the online 'stay at home' advice. They should not contact 111 by phone unless they cannot manage their symptoms at home, their condition is deteriorating, or their symptoms are not getting better after 7 days. They should NOT go to a GP, pharmacy or hospital.

Definition of 'possible case' in those requiring admission:
Anyone requiring admission to hospital who has ANY of the following: Influenza-like illness OR Clinical/radiological evidence of pneumonia OR Acute respiratory distress Influenza-like illness is defined as T≥37.8C AND at least 1 of (acute onset) sore throat, hoarseness, sneezing, nasal congestion/discharge, cough, wheeze, shortness of breath.

The guidance also reminds us that those who do not meet the COVID-19 criteria but have risk factors for avian flu or MERS-CoV should be assessed/tested for these infections (we are thinking this is for hospital cases only).

- Avian flu criteria are here (briefly, require illness + close contact (within 1m) with live/dying/dead poultry in a part of the world where avian flu is common in the past 10d (mainly Asia) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857436/Avian_flu_human_cases_guidance_Jan2020.pdf
- MERS-COV criteria are outlined here (but briefly, requires illness + middle east travel): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732267/Algorithm_case_v31-Aug2018.pdf

Remember, patients can present with symptoms other than respiratory symptoms, but this is relatively rare! A King's College Critical Care evidence summary highlighted that in the largest cohort of patients studied (1000 patients in China), the symptoms AT PRESENTATION to a health facility were as follows:

Classic symptoms	Other respiratory symptoms	Other constitutional symptoms	GI symptoms
Cough 68% Fever 43%	Sputum 34% Dyspnoea 19% Haemoptysis 1%	Myalgia 15% Headache 14%	Nausea/vomiting 5% Diarrhoea 4%

NEW! Organising patient flows

- ALL patients should be remotely triaged.
- Online booking may be used BUT all patients must be triaged by telephone before attending.
- Remote consultations (that is without seeing the patient face to face) should be used when possible to minimise the risk of transmission.
- When seeing patients, the infection control and prevention measures should be applied.

I have written this in the form of a GEMS (Guidelines and Evidence Made Simple) – feel free to photocopy and share! (You can do this with all our COVID-19 articles!)

Managing patient flows

Based on primary care standard operating procedures from NHSE on 23/3/2020

Red Whale
GEMS
Guidelines & Evidence Made Simple

TRIAGE FIRST – for every primary care contact

- ALL patients should be remotely triaged.
- Online booking may be used BUT patients must be triaged by phone before attending.
- Remote consultations (that is without seeing the patient face to face) should be used when possible to minimise the risk of transmission.
- Stop patients walking into the surgery without first being triaged: ensure door notices in place and visible BEFORE patient enters the building, asking everyone to RING for triage before entering.

Preparedness

- Identify isolation room.
- Declutter it now so that non-essential furnishings and items are removed to aid decontamination after an event. Keep the phone – you may need this to communicate with the patient!
- Prepare 'support pack' for this room – bottled water, disposable tissues, clinical waste disposal facility, fluid-resistant surgical mask.

OUTCOME OF TRIAGE

Non-COVID-19

- No symptoms.
- Doesn't live with someone with symptoms.
- Fever WITHOUT cough but WITH another plausible diagnosis (e.g. cellulitis, UTI).

Manage remotely if possible. Can be seen face to face if needed.

Possible COVID-19

Severely unwell (category 1)
Admit by ambulance: tell call handler 'possible COVID'.

Needs further clinical assessment (category 2)
Manage remotely if possible – if needs face-to-face assessment, decide whether home or practice is best place to see them.

Mild symptoms (category 3)

- Stay at home advice (them + household).
- Self-care advice.
- Contact 111 if need urgent care (COVID related or not).

POSSIBLE COVID-19 patient needing face-to-face assessment

- Use careful appointment planning to minimise waiting times. Consider running COVID-19 and non-COVID-19 clinics at different times (possibly in conjunction with other practices).
- If possible, have separate waiting areas/use isolation rooms (or can the patient wait in the car and be called through without waiting in the building?).
- Patients using the waiting room room should keep at least 2 metres from other patients to reduce spread by droplets.
- If, after assessing the patient, they are still thought to be a possible COVID-19 case, the room (and door handles) must be decontaminated BEFORE the next patient is seen, even if the next patient is also a possible COVID-19 case (plus toilet and any waiting area if the patient used these). **This has huge implications for us in primary care – see the section on decontaminating rooms….**

If a patient does somehow get in without telephone triage, ask them:

- Do you have a new, continuous cough?
- Do you have a fever?
- Does anyone in your household have either of these symptoms?

If yes, ask: do you feel you could cope at home with your symptoms?: if yes, ask them to go home and follow NHS coronavirus advice; if they don't feel they can cope, isolate the patient immediately and then triage them remotely (phone probably easiest).

Home visits

- Triage BEFORE visit to assess COVID risk.
- If patient is on non-invasive ventilation, different PPE is needed (gloves, gown, different face mask, eye protection).
- PPE used during a home visit must be DOUBLE BAGGED.
- If emergency admission needed, tell call handler the patient has suspected COVID.

Stay at home/social distancing

Based on PHE advice on 23/3/2020

Red Whale
GEMS
Guidelines & Evidence Made Simple

'Stay at home' guidance for those with possible COVID-19 (111 does NOT need to be informed)

To protect others in the community: not leaving the house and, if living with others, minimising shared space with others. *In an ideal world, this means:*

- Sleeping alone. Not sharing a bed, toothbrush, crockery, towels or food.
- Staying in one room, into which others do not go, as much as possible. If rooms do need to be shared, using them when others are not present.
- If possible, using a separate bathroom; if this is not possible, the patient cleans the bathroom after each use.
- If possible, having meals brought to the room rather than the patient preparing them in a shared space.
- Regular handwashing by all in the household, with the patient having a separate towel from others.

Looking after self

- Identify those who can help provide supplies (dropping on the doorstep, not stopping to chat!), and keeping in touch by phone/social media, not face to face. Pets are not at risk of getting coronavirus.
- Can you exercise? If essential, once daily, and keep a safe distance (at least 2m) from others. Go in the garden? Yes.
- Breastfeeding is safe (there is no evidence that COVID-19 is transmitted through breast milk).

Detailed patient guidance is available on the NHS website.

Returning to normal activity after COVID-19

- **Symptomatic people must self-isolate for SEVEN days.** After 7d, if they are well, they can return to normal activities.
- **EVERYONE in the household of the index case needs to isolate for FOURTEEN days** (to stop community spread). *(Index case = first person to get sick in the household.)*
  - **If, during the 14d, a household member develops symptoms, they can return to normal activities SEVEN days after the first day of their symptoms** (provided they are well), even if they are still within the fourteen days.
  - **Any member of the household who does NOT develop symptoms can return to normal activities after FOURTEEN days isolation** FROM THE FIRST DAY OF THE INDEX CASE'S SYMPTOMS (you do not need to keep restarting the 14 day clock each time a person gets sick).

REMEMBER: people are likely to cough for some weeks: they can return to normal even if they are still coughing.

For those who have tested positive for COVID-19/been admitted: they will be given specific advice on discharge.

'Social distancing' guidance for VULNERABLE groups (see main article for definition of who falls into this group)

- Avoid contact with those who have symptoms.
- Only use public transport if it is **really essential** – if you have to use it, use it at less busy times.
- Work from home if possible.
- Avoid large gatherings, gathering with friends and family – use technology to keep in touch.
- Contact essential services (GP, etc.) by phone/online means.
- Look after your physical and mental health, despite all of the above!

For those living with vulnerable groups: if someone in the household a vulnerable person lives in gets COVID-19 symptoms, be particularly careful to follow the guidance on self-isolation *within* the home to minimise contact between the ill person and the vulnerable person as much as possible.

'Shielding' guidance for the EXTREMELY VULNERABLE (see main article for definition of who falls into this group)

- Stay at home at all times and avoid any face-to-face contact.
- Minimise any non-essential contact with others in the household. This means families should not visit except for essential care (washing, feeding, dressing).
- Do not go out shopping, for leisure or for work.
- Essential visits from health professionals may continue, but these people must stay away if they have any symptoms of COVID-19, and anyone entering your home should wash their hands thoroughly on arrival.
- Ensure care providers are told that a client is in the extremely vulnerable group and is 'shielding' so they can apply additional precautions. Think now about who could help if the main carer was unwell/unable to come.
- When deliveries are made to the home, these should be left on the doorstep.
- Keeping in touch with friends/family/work on the phone/internet/social media, rather than face to face.
- Looking after mental wellbeing (see: https://www.nhs.uk/oneyou/every-mind-matters/). Exercise within the home. They can go outside into a garden if it is a private space. If they sit on the doorstep, keep at least 2m from other household members/any neighbours.
- If they need to contact the GP/hospital, do so online or by phone. Arrange for medicines to be left on the doorstep.
- **Those living in the house do NOT need to follow this guidance, but should follow social distancing advice, even at home, and reduce contact outside the home. This means not sharing a bed, using separate towels and avoiding being in shared spaces at the same time as other people.**

NEW! Advice for vulnerable groups and over-70s

Who are we talking about?

Vulnerable groups **These people should practice social distancing** *(see GEMS for more information on what this involves).*	**Extremely vulnerable** *These patients will receive a letter from the NHS shortly.* **These people should protect themselves by 'shielding'** *(see GEMS for more information on what this involves).*

• Those who are pregnant.
• Those over 70, regardless of any medical conditions.
• Those adults under 70 who qualify for a flu jab, which means:
  o Long-term respiratory conditions.
  o Chronic heart disease.
  o Chronic kidney disease.
  o Chronic liver disease.
  o Chronic neurological conditions.
  o Diabetes.
  o After a splenectomy/sickle cell disease.
  o Weakened immune system: HIV/AIDS, on steroids, having chemo.
  o Severe obesity (BMI ≥40).
	• Solid-organ transplant recipients.
	• People with specific cancers:
	  o People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer (which we take to mean chemo for ANY cancer or those with lung cancer undergoing radical radiotherapy).
	  o Those with haematological cancers (at any stage of treatment).
	  o Those having immunotherapy, other antibody treatments or targeted cancer treatments that affect the immune system (e.g. protein kinase inhibitors or PARP inhibitors) for cancer.
	  o Those who have had bone marrow or stem cell transplants in the past 6 months, or who are still taking immunosuppression drugs.
	• Those with severe respiratory conditions including those with cystic fibrosis, severe asthma and severe COPD.
	• Those with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell (not sickle trait)).
	• Those on immunosuppression therapies sufficient to significantly increase risk of infection.
	• Pregnant women WITH significant heart disease.

Full details of shielding advice can be found at: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Who will identify/contact EXTREMELY VULNERABLE people?

- Patients identified as being in one of these groups will be sent a letter directly by the central NHS outlining what shielding involves and why it is recommended.

What advice is recommended for the EXTREMELY VULBERABLE patients?

Patients in the EXTREMELY VULBERABLE groups should 'shield' themselves – in effect, not leave the house and isolate themselves within their home for at least the next 12 weeks.

For details of what this means, see the second page of the GEMS.

What should primary care do?

We should have received a list of patients who meet these criteria by 23/3/2020 (most have been identified from secondary care data). We should:

- Review this list for accuracy (those with a terminal diagnosis or thought to be in the last 6 months of life do not need to follow 'shielding').
- Note anyone with dementia/learning disability, and offer additional support to ensure they continue to receive appropriate care.
- Immediately review the ongoing care needs of this group.
- Contact, whenever possible, should be done remotely.

- Ensure they have easy access to their drugs (electronic prescribing, delivery of drugs). Electronic repeat dispensing is recommended (12 scripts for 28 days supply, or whatever their usual supply is).
- Those who do not have friends/family/local volunteers who can help can register for additional support at: www.gov.uk/coronavirus-extremely-vulnerable (but, given the demand, patients arranging their own support is preferred).

What advice should be given to those in VULNERABLE groups (but not the extremely vulnerable)?

Vulnerable patients should practice 'social distancing'.

For details of what this means, see the second page of the GEMS.

Staff in a vulnerable group

Staff who are defined as being in 'vulnerable' groups should not see ANY patients face to face – remote working should be prioritised for these staff.

Care homes

Detailed information for various different care settings is available here: https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance

In brief, this suggests:

Ensuring all staff:

- Self-isolate if they develop any COVID-19-type symptoms (fever, new persistent cough).
- Wash hands regularly and use appropriate PPE if residents are symptomatic.

Visitors:

- Asking those with COVID-19 symptoms/those who are generally feeling unwell not to visit.
- Ensuring good hand hygiene for all visitors.

Patients:

- Nursing in a single room with en suite if possible.

There is also guidance on how to manage waste and linen from infected patients in the document listed above.

Healthcare workers and staff: when should staff not work?

ANYONE (including NHS staff) with 'possible COVID-19' symptoms (fever or new persistent cough) OR with a household member with possible COVID-19 should follow 'stay at home' guidance (see section on returning to normal activities for details of how long 'stay at home' guidance should be followed for).

NHS staff tend to suffer from presenteeism, rather than absenteeism, so make sure your staff know you really don't want to see them at work if they have any symptoms, and that knocking back a few paracetamol and soldiering on is NOT acceptable and puts others at risk! Remember that for some, the financial implications of this mean they may be reluctant to report symptoms – have you specifically decided on how you will handle sick pay during such leave?

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection

Who needs what PPE?

- Clinical staff need disposable aprons, gloves and fluid-resistant surgical masks (gowns and eye protection needed if doing an aerosol-generating procedure: in primary care, this means CPR and manual ventilation, but nebuliser use is NOT on the list).
- Cleaners need disposable gloves and aprons.
- Reception staff do NOT need PPE.

All staff should know how to put on and remove PPE, and how to dispose of it, and must do this before leaving the contaminated area (in our surgery, we have put a PPE removal guide on the back of each door).

Instructions on how to put on and remove PPE are available here: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control.

- If PPE is used on a home visit, it must be removed at the house and then DOUBLE bagged while being transported back to the surgery for disposal.

If a practice has concerns about the availability of PPE, contact: NHS National Supply Disruption (supplydisruption-service@nhsbsa.nhs.uk, 0800 915 9964, Monday to Friday 08:00–18:00).

- Staff who have recovered from COVID-19 MUST still use PPE and take all necessary infection control measures.

Laboratory testing

- Testing is NOT routinely offered unless patients are ill enough to need admission. Results are taking up to 72 hours to come back.
- If you are asked about which tests are needed, see here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866111/COVID-19_Suspected_cases_samples_taken_A3_poster_AandE_09.pdf

Decontamination of primary care facilities

Remember: ideally, if we do need to SEE patients with possible COVID-19, they should be seen in either a different space or at a different time from patients with non-COVID presentations. Our own practice circumstances will determine how we do this.

Practices are responsible for the supply of clinical materials and PPE for staff, and ensuring they know how to use them. Cleaners should wear disposable gloves and an apron.

Practices may need to close temporarily for cleaning of communal areas: follow usual business continuity arrangements. However, the aim is that practices should remain OPEN unless advised to close by the health protection team.

- **The room itself: once the patient has been transferred to the appropriate setting:**
  - Shut the door, open the windows and switch the air conditioning OFF.
  - The room then needs to be decontaminated.
  - After decontamination, the room can be put back into immediate use.
- **Communal areas (waiting room, toilet):**
  - Any blood/body fluids should be cleaned up immediately.
  - Clean the areas with detergent and disinfectant as soon as practically possible; once done, the room can be put back into immediate use.

All waste should be removed from the room and quarantined until the patient test results are known; if the patient is confirmed as having COVID-19, take advice from the local health protection team on what to do next. Your local health protection team can be found at: at www.gov.uk/health-protection-team.

Follow section 4 of this document for the nitty gritty of how to do it: https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care

NEW! Drug dilemma: inhaled steroids and COVID-19

The Centre for Evidence-Based Medicine has looked at the evidence for inhaled corticosteroids (ICS) in asthma and the impact on outcomes from COVID-19. It has concluded that:

- There are no studies looking at the relationship between ICS and COVID-19.
- Discontinuing ICS has, in past studies unrelated to COVID-19, shown a risk of increased exacerbations (double the risk).
- There is some evidence that ICS increase the risk of some respiratory infections and protect against others. We just don't have the evidence for where the balance sits for COVID-19.

Until we have evidence to the contrary, it seems sensible to aim for good asthma control, using the lowest dose of ICS to achieve this, which of course is what we should be aiming for with all our patients.

https://www.cebm.net/using-inhaled-steroids-in-asthma-during-the-covid-19-outbreak/

Drug dilemma: ibuprofen/NSAIDs and COVID-19

What is the latest? The current advice (letter from Prof Stephen Powis, Medical Director NHSE) says:

- Unpublished data from France, unseen by the UK authorities, has led to the French Health Minister advising against the use of ibuprofen.
- There is no current ***published*** evidence that NSAIDs have an impact on COVID-19.

NICE/Committee of Human Medicines (an advisory body of the MHRA) have been asked to review the evidence.

- **In the meantime, those with possible or confirmed COVID-19 should use paracetamol in preference to NSAIDs.**
- **Those on NSAIDs for other medical reasons (e.g. arthritis) should not stop them.**

Drug dilemmas: ACE inhibitors/ARBs and COVID-19

People with comorbidities (including hypertension) are at increased risk of death from COVID-19 infections. Some speculate that ACE inhibitors/ARBs may further increase the risk of serious illness/death from COVID-19.

The European Society of Cardiology (and many other bodies around the world) has been quick to use a statement dismissing this (https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang):

"Speculation about the safety of ACE-inhibitors or ARB treatment in relation to COVID-19 does not have a sound scientific basis or evidence to support it. Indeed, there is evidence from studies in animals suggesting that these medications might be rather protective against serious lung complications in patients with COVID-19 infection, but to date there is no data in humans.

The Council on Hypertension of the European Society of Cardiology wish to highlight the lack of any evidence supporting harmful effect of ACE-I and ARB in the context of the pandemic COVID-19 outbreak.

The Council on Hypertension strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACEi or ARBs should be discontinued because of the COVID-19 infection."

If you speak to people on ACE inhibitors/ARBs, remember to reassure them about this and check they are still taking their tablets!

NEW! Managing primary care workloads

In its latest letter to primary care, NHSE set out the following (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf):

- Move to remote **'triage first'** – put all necessary measures in place to prevent a patient turning up at the surgery without having been triaged.
- There will need to be local agreement within CCGs about which practice premises and which teams should be used to manage essential face-to-face services and build cross-practice resilience.
- Prepare for a significant increase in home visiting.
- Prioritise support for high-risk groups – see vulnerable groups section of this article.
- Ensure you have ordered your 2020/21 flu jabs by 31/3/2020 (to reduce demand on services next winter).
- Contact those eligible for pneumococcal vaccine who have not received it, and offer it, stocks permitting (who does that apply to?: https://www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf)

Activities that practices may wish to suspend to free up capacity (NHSE/BMA):

Continue	Suspend (unless clinically necessary)
• Clinically necessary care. • Cancer/2ww referrals. • Immunisations for children. • Flu and pneumococcal immunisations.	• New patient checks (and alcohol dependency assessment). • Over-75 health checks. • Annual reviews (including for QOF) unless they can be done remotely. • Routine medication reviews – defer unless can be done remotely. EXCEPTION: monitoring of medications that require regular monitoring should continue. • Frailty reviews. • Friends and family test. • Review of/implementing feedback from PPG (and avoid bringing groups of potentially vulnerable patients together). • Dispensing list clearing. • PCN clinical directors may delegate many of their non-clinical functions where appropriate, and the £1.50/head can be used for additional non-clinical support for the director. • LES that don't support COVID-19 care. • Data collections and audits unless to support COVID-19 efforts. The BMA also suggested the following activities should stop: • Travel advice and travel vaccinations. • Minor surgery. • All non-essential phlebotomy.

(Taken from Table 2 of: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf plus BMA document: https://i.emlfiles4.com/cmp-doc/3/7/7/5/2/files/659228_bma-gpc-covid-19-guidance-to-practices-19.03.20.pdf?utm_source=The%20British%20Medical%20Association&utm_medium=email&utm_campaign=11412703_GP%20ENEWSLETTER%20190320%20-%20COVID19&dm_i=JVX,6SM3J,3MCFUH,R6ZP3,1)

Other actions by NHSE to support practices

Area	Action taken to free up primary care capacity
QOF	• **QOF 2019/2020:** if a practice earns less than in 2018/19 because of COVID-19, their 2019/20 will be adjusted. • **QOF 2020/21:** income will be protected.
Dispensing practices	• **Dispensary Services Quality Scheme** payments will be suspended and income protected.
GP retainers	• Those GP retainers who wish to work additional hours over and above the usual cap may do so. • They should notify their CCG if they want to do this. Additional sessions will NOT attract additional scheme payments.

These are the highlights; for more detail and other services affected, see Table 1 in this document: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf

NEW! Appraisal, revalidation, performance

What is happening in these areas?

Appraisal	• Suspended until further notice, except in exceptional circumstances. • Delayed appraisals will be classified as 'approved missed' if you see this in your appraisal tool.
Revalidation	• GMC has said all due to revalidate before September 2020 will have their revalidation deferred by 1 year.
Concern about professional performance	• Oversight of concern about professional performance must continue, but priority will be given to those considered to be high risk.

	• The Statutory Regulators of Health Care Professionals (which includes the GMC and NMC) has said that in the light of COVID-19, professionals may need to deviate from established procedures, and that context will be taken into account if concerns are raised about a registered professional.
CQC	• All routine CQC inspections have been suspended.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/letter-from-prof-powis-to-ros-and-mds-19-march-2020.pdf

https://www.gmc-uk.org/news/news-archive/how-we-will-continue-to-regulate-in-light-of-novel-coronavirus

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf

Take-home messages: coronavirus/COVID-19

- **Have you gone through the checklist at the top of this article to ensure you are considering all the relevant areas?**

Useful websites

For primary care:

Main advice for GPs on the NHS website: https://www.england.nhs.uk/coronavirus/primary-care/

The key page from NHS England with all the resources is this: https://www.england.nhs.uk/coronavirus/primary-care/ (For Scotland, Wales and NI, please follow your own guidance, although it will not be that dissimilar).

The standard operating procedures on this website were the basis of most of this summary and will be regularly updated, so check regularly: https://www.england.nhs.uk/wp-content/uploads/2020/02/20200305-COVID-19-PRIMARY-CARE-SOP-GP-PUBLICATION-V1.1.pdf

Main information for GPs on Gov.UK website: https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care

The RCGP COVID-19 page can be found here, and includes prompt sheets for receptionists and a leaflet for patients in isolation within the surgery: https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx

COVID resources from PHE can be downloaded from the PHE website: register at: https://campaignresources.phe.gov.uk/resources then you can download resources at: https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus-

Infection prevention and control guidance is available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

For patients:

Main advice to patients on NHS website: https://www.nhs.uk/conditions/coronavirus-covid-19/

The coronavirus symptom checker is available at: https://111.nhs.uk/covid-19

Public Health England 'stay at home' advice to patients:

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection

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