

## **RESUMING SERVICES IN GENERAL PRACTICE GREATER MANCHESTER BEST PRACTICE GUIDE**

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The purpose of this GM guide is to support General Practice to continue to deliver primary medical services during the COVID pandemic and to resume some services which have been previously paused. General Practice, like other service providers has had to implement stringent measures and ways of working in order to protect its staff and patients and as we now start to move into the next phase and consider resuming some services, General Practice and commissioners are looking at how they do this safely.

The Primary Care Cell agreed to develop a 'GM Best Practice Guide' to support localities and providers to resume primary medical care services. This first iteration focuses on General Practice however some of the tools and guidance are equally applicable to Dental Practices, Community Pharmacy and Optometry although discipline specific guides will be developed. This is one of a series of documents originating from the GM Primary Care Cell which aim to support Localities and Primary Care Providers as they work through COVID.

The GM Best Practice aims to bring together a suite of tools and documentation along with guidance to assist General Practice and Localities to review, assess and adapt their working arrangements. It is not mandated and is intended to be a useful resource for Localities and General Practices to adopt and adapt as appropriate. It does not replace clinical judgement, nor does it supersede NHS England and other national guidance. It is advised to continue to refer to the [NHS England Standard Operating Procedures, \(SOP\)](#).

The Primary Care Cell wishes to acknowledge those Localities who have contributed to the development of the guide, with particular reference to Manchester Health and Care Commissioning for permission to include their risk assessment checklist and risk assessment tool for General Practice along with Tameside and Glossop CCG, Wigan Borough CCG and Bury CCG for sharing their approaches.

## Service Delivery

In order to resume services safely, GP practices will continually need to review their processes, procedures and ways of working. A 'total triage' approach, as outlined in the NHS England SOP is still recommended. This means that no patient enters the surgery building without having been spoken to first and so mitigates the risk of somebody coming into the practice who may have active COVID. It also assists in managing the capacity and flow within the practice, ensuring that only patients who need to be seen are brought in for a face to face appointment as physical space within the practice is constrained as a result of social distancing measures. There will also be workforce implications in terms of protecting our [most vulnerable staff](#) along with those who need to self-isolate as a result of coming into contact with COVID.

### Key Considerations for General Practice:

*What services should we resume?*

[RCGP Guidance](#) on workload prioritisation during COVID, provides a 'traffic light' approach to reinstating services at different stages of the pandemic – the guidance can be found at **appendix one**. General Practices should ensure that they are continuing to provide all services in the green column. Subsequent [RCGP guidance](#) issued in June 2020 advises practices (staffing dependent) to begin to bring back relevant services that are appropriate for the local population, including those previously on the "red list", maximising remote consultations, drawing down on new ways of working, social distancing and PPE requirements.

Continuing to provide essential, primary medical services during a pandemic has necessitated new ways of working, with an increased reliance on digital innovations and remote working. General Practice has had to deliver its services in a different way, such as face to face appointments only when necessary and operating in a manner which avoids numbers of patients being in the practice at any one time. Practices will need to consider how they continue to work within these parameters for the foreseeable future whilst social distancing measures remain.

*Styles of delivery:*

In thinking about how General Practice may wish to deliver services differently, building on what has already changed, they may wish to consider the styles of delivery as detailed in box one.

### Box one – Some considerations when thinking about styles of delivery

- Does this patient need a face-to-face (F2F) consultation?
  - Consider double triage with a colleague
  - If does need F2F, who needs to do it? What else can be done at the same time? Can multiple tasks usually requiring different members of staff be done by just one person instead?
  - And if F2F contact is required the aim should be to minimise the time within any patient consultation to protect the patient and health care professionals
- Does the patient need to come into the building? Could care be delivered outside e.g. injections? INRs? Blood tests?
- Continue to manage possible or confirmed COVID positive patients remotely where clinically appropriate to do so
- Continue to use remote saturation monitoring if available
- Home visit requests: consider if care can be provided by telephone or video consultation.
  - Can a family member or neighbour help with this if the patient doesn't themselves have a smartphone or tablet?
  - Could another HCP visit the patient and do observations and provide the video link back to a GP working in the practice or remotely?
- Can you stagger patient appointment times?
- Consider having one list on your appointment book for all face-face appointments so everyone knows when patients will be entering the building and from which entrance.
- Consider trying to ensure that clinicians are ready and waiting for patients when they arrive.

### *Digital Solutions*

While lockdown restrictions are easing, it is still important to reduce everyone's risks and continue with social distancing measures. On-line consulting can also help with this and [guidance is available](#) to assist practices to use an online consultation model for triage.

[New guidance](#) aimed at NHS general practice staff who are consulting via video with patients at home has been published. Supported by the Royal College of General Practitioners and other key stakeholders as part of the guideline development group, it includes the key principles for safely assessing patients using a video consultation. The guidance is split into two sections; the first section covers general information for staff such as information governance, medico-legal and consent. Section two outlines guidance for remote examinations including intimate examination and a practical step-by-step guide to starting a remote video consultation.

The GM, GP Excellence Programme has also produced a helpful resource to support remote consultations and provides links to a range of resources tailored to a series of scenarios. A copy can be found at **appendix two**.

### *Working differently*

There are a number of options which General Practices may wish to consider in order to minimise the risks of COVID and mitigate its impact in the event of a member of staff testing positive. These are merely suggestions and it is acknowledged that some will not be feasible for practices.

- Establishing work bubbles'

Organising small groups or 'bubbles' of staff are a way of protecting staff. Bubbles work as a protective measure to help reduce potential transmission of COVID by keeping the same staff together. It is best practice to limit the size of the bubbles as much as possible. The larger the bubble becomes, the riskier it becomes. Establishing small bubbles will help in the management of any cases of a positive COVID result within a practice and may prevent a whole setting having to isolate and close.

- Zoning

[NHS England guidance](#) outlines two options, 'zoning' and assigning a 'designate practice' for delivering face to face appointments. Zoning allows practices to manage their own patients within the practice with a designated workforce in a designated area to maintain separation. Practices would establish separate areas to treat and manage those patients triaged as 'amber/red' and another for those triaged as 'green'. Whilst this is considered as a relatively quick solution to implement, it does require consideration to prevent cross contamination across the interface of the 'red/amber' and 'green' zones and so requires strict decontamination protocols. Not all premises are likely to have separate entry/exit points either to help maintain this kind of separation.

- Designate Practice

An alternative option is to have a 'designate practice' across the primary care network, (PCN) footprint to either treat those with suspected COVID needed further face to face contact or those patients without COVID symptoms needed essential care.

## Protecting our vulnerable staff

### *Risk Assessment*

The latest report from [Public Health England](#) confirmed that the impact of COVID-19 has replicated existing health inequalities and, in some cases, has increased them. The risk of dying is higher among people aged 80 and over, higher in males than females, higher in those living in more deprived areas and among Black, Asian and Minority Ethnic (BAME) groups.

After accounting for the effects of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. It is therefore essential that we continue to risk assess staff.

All health and care providers should be undertaking a risk assessment for all their staff in order to safeguard them and others. The GM Risk Assessment process along with accompanying best practice has now been disseminated to all General Practices and a copy can be found at **appendix three**.

There are examples across GM where localities have developed effective and sustainable solutions in order to maintain quality services and support their staff to work safely, such as:

- Enabling remote working
- Establishment of resilience hubs
- Buddy practice arrangements
- Utilising the GM Workforce Bank

Further details can be found in the best practice guide at **appendix three**. There is also further guidance produced by [NHS England](#) on remote working.

### *Contact Tracing*

Contact tracing is now live and will require individuals who have come into contact with somebody who has tested positive for COVID to self-isolate. Those who are contacted as part of the 'test and trace' programme, will also be required to take a test. As with any frontline service delivering health and care, General Practice is considered a high-risk area and whilst every attempt has been made to mitigate the risk through infection control and prevention procedures and the use of PPE, it is inevitable that members of staff are likely to come into contact with someone has tested positive.

In addition to the national 'Test and Trace' service, all areas are required to have a local service. The GM service is now up and running and already has examples of 'use cases' in general practice. The GM service has developed a support pack which can be found at **appendix four** which outlines the process of contact tracing and provides helpful advice and guidance on what practices should do in the event of member(s) of staff being contacted by the service.

### **Ensuring a safe working environment**

General Practice has put measures in place in order to respond to COVID. As we remain in the midst of the pandemic, it may be advisable to review these arrangements and consider any areas that still may require action.

In line with [government guidance and IPC recommendations](#), practices should follow social distancing principles and ensure patients and staff remain at the recommended distance apart and spend as little time as possible near each other. Services need to consider the risk and options to mitigate these as much as reasonably practicable. This may include zoning, facility separation and staff separation/cohorts of staff, keeping in mind the need to access multi-disciplinary support as needed. A number of options for consideration are listed in Box 2.

## Box Two – Considerations for enabling safe working environments

- Ensuring separation of patient and minimise waiting times within practice premises.
- Cohorting by time so that patients arrive at a dedicated time to reduce contact with others.
- Patient appointments may need to be flexible and extend through times not normally utilised for patient appointments and patients to arrive for appointment time, not before.
- Appointment duration to account for PPE use and IPC between patients.
- Determine whether the patient is clinically stable and able to wait outside. If able to wait outside then maintain government advised social distancing. Practice staff will then contact the patient when they are ready for them to enter the premises.
- Prepare appropriate signage to be used to help patients and staff understand the zoning and social distancing.
- Patients who cannot wait outside should be advised to wait in the waiting room, maintaining social distancing as in COVID secure environment advice.
- Patients to wear face coverings as per guidance when attending the practice whilst recognising patient exceptions
- Patients are registered as arrived by the receptionist rather than using a screen
- Consider a reception screen to protect staff and patients.
- As previously mentioned, where possible separate waiting areas should be used for patients with signage used to warn patients of the segregated area/zone and these areas should be separated by closed doors.
- Consider patient flow within the practice (e.g. one-way system)
- Identify toilet facilities designated for the sole use of patients and consult appropriate cleaning guidance.
- Consultation rooms need to be prepared in the standard way including de-cluttering and remove non-essential furnishings and items to assist decontamination using current cleaning guidance.
- Cohorting of staff to minimise cross contamination but being mindful of excessive exposure to individual staff members.
- PPE as advised in [Public Health England](#) and IPC guidance
- Staff to wear surgical masks when in non-clinical settings as per guidance.

Practices may also find the attached checklist and risk assessment helpful in order to review their arrangements including shared space, workforce and ways of working. The checklist can be found at **appendices five and six**.

Financial support is available to practices to make adjustments to their building and working areas in order to enhance IPC requirements, to enable safe distancing and enable flow within the practice. GP practices can apply for capital and revenue funding via their CCG to the GM Capital Fund – this is a limited resource however and so applications will be subject to a prioritisation process. CCGs will have received an e-mail from the GM Health and Social Care Partnership which outlines the process. The eligibility criteria and application for funding are appended (**appendices seven and eight**).

## **Wider system response**

This guide attempts to support General Practice and Localities to deliver primary medical services safety whilst recognising the risks and issues which remain whilst in the midst of COVID. It is recognised that individual practice circumstances will vary, we are in a changing and unpredictable environment and working in unprecedented times. Changes taking part in other parts of the system which will have a reliance on General Practice will require a wider system response. This has been recognised and will be progressed both within Localities and at a GM level where appropriate and is reflected in the 'GM Primary Care Response to Recovery'.







## **Next Steps**



This best practice guide incorporates national and local guidance to support General Practices and Localities as they continue to work with COVID. It is anticipated that this will be a 'live' document due to the ongoing situation with COVID and the need for continual adaptation and innovation which General Practice is having to make. The Primary Care Cell will therefore continue to update the guide with any new guidance, case studies and examples of best practice which are starting to emerge from within Greater Manchester. The GM Best Practice Guide will be uploaded onto the Primary Care area of the GM HSC Partnership website - <https://gmprimarycare.org.uk/coronavirus/>

We would like to invite feedback on whether you have found this guidance useful including anything else you would like to include. Please send any feedback to [england.primarycarecomms@nhs.net](mailto:england.primarycarecomms@nhs.net)



## Appendices

Appendix One	Resuming Services based on RCGP Guidance on workload prioritisation during COVID-19	 BMA RCGP Guidance - April 2020.pdf
Appendix Two	GP Excellence resources to support remote working in General Practice	 GP Excellence - Resources to support
Appendix Three	Supporting Risk Assessments of BAME Staff at Risk of COVID-19	 GM BAME Risk Assessment v7.docx   BAME Staff Risk Assessment Best prac
Appendix four	GM GP Support Pack – Contact Tracing	<a href="https://gmprimarycarecareers.org.uk/wp-content/uploads/sites/6/2020/07/Contact-Tracing-GM-GP-Information-Pack-100720.pdf">https://gmprimarycarecareers.org.uk/wp-content/uploads/sites/6/2020/07/Contact-Tracing-GM-GP-Information-Pack-100720.pdf</a>
Appendix five	GP Premises Risk Assessment Checklist	 GP Premises Risk Assessment Checklist
Appendix six	Building Health and Safety risk Assessment	 Building Health and Safety Risk Assessment

Appendix seven	Covid-19 Primary Care Premises Improvement Grant Eligibility Criteria	 PCD 6 Eligible works Checklist COVID-19 GI
Appendix eight	Bid against 20/21 BAU Capital to support practice recovery plans	 Covid 19 practice recovery bid template