NHS London

London Principles of Managing Infection Prevention and Control in General Practice whilst caring for all patients during the COVID-19 Pandemic

Version: 1.0

Circulated date: 26/05/2020

Agreed date: 21/05/2020

Review date: July 2020

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London Principles of Managing Infection Prevention and Control in General Practice whilst caring for all patients during the COVID-19 Pandemic

General Practice has changed how we manage all patients as a result of COVID-19. Patients will continue to have other healthcare needs that must continue to be dealt with. It is recognised that there is a move to use digital enablers to support the assessment of patients remotely. This is a good public health intervention for people who are self-isolating. It reduces risk to staff and protects patients.

There are however circumstances where a face to face assessment will be required for full clinical evaluation and management of clinical risk.
In these circumstances this needs to be done with scrupulous attention to minimising risk to patient, staff or contamination of the environment. We must balance the risk of not physically seeing and assessing patients with the risks of the transmission of COVID19. **Please see patients face to face safely.**

The purpose of this document is to provide some principles of how to do this whilst keeping risks to patients and staff to a minimum. This document is based on the Pan-London Guidance on the Principles for Infection Prevention & Control (IPC). Further National Guidance is awaited. This will be a working document as things may well change as we learn more and as further evidence emerges. The principles are designed to best manage risks to patients and staff but should not prevent delivery of right care at right time in right place.

It is recognised that managing IPC may require working across organisational boundaries, perhaps at PCN levels or CCG borough levels or STP level. How this is done will vary according to the needs of patients, staff and estate. New ways of doing this could include home visiting services, hot sites, staff working across sites and practices, phlebotomy services and other innovations.

This document is not intended to prescribe a one-size -fits- all approach. Instead it hopes to offer guiding principles that allows for flexibility in how we meet the infection and protection control standards for patients and staff. This will include working through patients being seen in the safest location for them when they do need to be physically seen. It will also include risk assessment for staff.

The Londonwide LMC in addition to supporting this document have produced excellent detailed work on this which may be accessed here:

https://www.lmc.org.uk/visageimages/Covid-19/Role_of_GP_during_Covid-19.pdf

In addition, NEL CSU Primary Care Infection Control Team have been re purposed to provide advice and support across the primary care spectrum. It is hoped this will also support best practice when patients need to be seen and treated on a face to face basis.

Key Principles

- Comply with current national guidance on patient management in community and other settings
- Comply with current PPE guidance
- Consider the best place for the assessment to take place taking account of
    - Local pathways and site differentiation/use of home visiting
    - Infection Prevention & Control Guidance
    - Availability of PPE
    - Staff safety and risk assessment
    - Patient status; suspected Covid-19 symptoms/routine care/shielding patient
- Equality of patient access and outcomes must be maintained
- Enhanced arrangements for vulnerable (shielding) patients (see below)
- Plan daily activities by patient COVID risk. For example, consider having separate teams and seeing patients who are less likely to have COVID19 first
- For staff, ensure line management daily check in for teams working remotely to ensure robust symptom checking, welfare support and testing as required

Talk-Intervene-Walk for Planned care

Talk

- Initial triage by telephone or video consultation
- Condition related or COVID related?
- Add information in letters/ text messages prior to attending the practice
- If symptomatic for COVID19 defer and/or move to hot hub/site

Intervene

- Virtual where possible
- Linking with community services will be key. The principles will be the same regarding 'talk-intervene- walk'
- We may need to review how primary care is providing domiciliary services.

Walk

- Asking patients to wear a facial covering is not part of the national IPC guidance but may be discussed and may be agreed with the patient.
- Screen on arrival with hard stop at entrance (questions +/- temp)
- Environment that can support good IPC
- Surface and equipment cleaning between patients
- Comply with social distancing
- Specific appointment slots and minimise time patient is in the practice
- Distancing in waiting rooms

Talk- Intervene- walk for urgent on the day primary care

Talk

Initial triage by phone

- Condition related or COVID related
- If symptomatic for COVID19 manage on phone and/or refer hot site

Intervene

- Virtual where possible
- Linking with community services will be key. The principles will be the same regarding 'talk-intervene- walk'
- We may need to review how primary care is providing domiciliary services.

Walk

- Asking patients to wear a facial covering is not part of the national IPC guidance but may be discussed and may be agreed with the patient.
- Separate pathways for COVID likely (hot hub) and COVID unlikely patients
- Screening on arrival at practice (questions +/- temp)
- Environment that can support good IPC
- Cleaning between patients
- Comply with social distancing
- Specific appointment slots and minimise time patient is in the practice
- Distancing in waiting rooms

Things to consider

- Measures to reduce waiting
    - Appointment timings with specific appointment slots
    - Staggered appointment slots throughout the day to avoid large numbers in waiting room
    - Reduce early arrivals. For example, patient to phone on arrival, wait in car and enter when called
- Environment / layout that enforces social distancing
- Physical separation of patient pathways, consider one-way system
- Maximise physical separation of areas used by patients with likely COVID19 and patients at lower risk of having COVID19, whilst accepting they could be asymptomatic.
- Consider planning of care delivery at PCN/CCG/STP level, and within multiple occupancy buildings
- Hard stop triage at front door

- Identified isolation area if needed

- Staffing considerations
    - Minimise movement of staff between caring for patients who are likely to have COVID19 and COVID indeterminate patients
- Follow the single national IPC guidance
- All areas must be free from clutter and easy to clean
- Hand washing facilities for staff and patients and monitoring of use

Shielded patients

Key points all providers should consider in delivering care to the clinically extremely vulnerable are:

- **Provide care at home where possible;** virtually or online by preference or via safe home visiting where necessary. Care should be provided in clinical settings only where its unsafe to do so from home
- **Continue to access regular checks and treatment** where needed; in specialties such as audiology, dentistry and eye checks careful consideration should be given to the benefit of immediate treatment against the potential risks.
- **Making every contact count**; which may involve upskilling some staff to deliver more than one check or treatment when visiting someone's home and coordinating activity across primary, community and hospital care. This is particularly important to ensure regular mental health and safeguarding checks.
- **Planned care and treatment**: everyone should have proactive care and treatment plans
- **Patient centred care:** that takes account of individual preferences and circumstances, such as access to plus confidence and ability in using digital tools / technology; balancing wellbeing and treatment needs with risks of exposure
- **Self-management support:** health professionals, care teams and services (both NHS and others) should help ensure patients have the knowledge, skills, confidence and support they need to manage their condition(s) effectively in the context of their everyday life during this pandemic. Patients should also be encouraged to actively maintain their wellbeing and given information to help self-care
- **Care and treatment in appropriate locations**: providing care at home where possible – the recommended approach is that this should be online/ virtual, or via home visit if necessary, for example home phlebotomy. Patients should only go to a clinical site (NHS or other) when there is no other alternative, for example invasive treatments or procedures
- **Maximising local capacity and capability and practical within the geographic footprint**: new and innovative delivery models should take account of local capability, capacity and 'mutual aid' arrangements in place within systems to make every contact count across the whole workforce; this should also consider the practicalities of delivering care in rural vs. metropolitan areas

Delivering care for all patients will require innovative and flexible approaches, drawing on the whole workforce to provide safe, accessible care that meets individual needs.

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