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Guidance and standard operating procedures

Coronavirus (COVID-19) and general practice

This guidance is correct at the time of publishing.

However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating to the public is accurate.

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1. Scope

This guidance is applicable in England. General practices operating under contract to the NHS in Northern Ireland, Scotland and Wales should refer to guidance and standard operating procedures (SOPs) produced by the governing bodies and regulators in their devolved administration.

We are grateful for the support of the Royal College of General Practitioners (RCGP) in helping develop this document.

2. Background

Novel coronavirus may be referred to as:

- severe acute respiratory syndrome coronavirus 2, SARS-CoV-2: this is the name of the virus
- coronavirus disease, COVID-19: this is the name of the disease.

Updated case definition and household guidance

Public Health England (PHE) has updated its possible COVID-19 [case definition](#), guidance on **testing** and on which cases should be **reported to local health protection teams**.

The government has published [stay at home guidance for households](#) where a household member meets the possible case definition.

Staff who meet the possible COVID-19 case definition will need to stay at home, as per guidance for the general public, but can work remotely if they are well enough to do so.

Travel history is no longer relevant to the possible case definition.

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3. Generic principles for primary care settings (community pharmacy, optical, dental and general practices)

The collaborative endeavours of the primary care workforce in delivering the national strategy on COVID-19 are an essential element of the NHS measures and our national response. We recognise the impact that the COVID-19 response is having and will continue to have on our staff, and we are deeply grateful for your dedication and care.

Guidance for patients and the public

General information

Guidance is available on [nhs.uk](https://www.nhs.uk) and on the [government website](#) including what to do if people have symptoms, stay at home guidance, advice on handwashing, and advice on social distancing.

NHS 111

NHS 111 has an [online coronavirus service](#), running alongside its standard online service, which can provide advice to patients with an urgent health concerns. The NHS 111 telephone service should be used only when absolutely necessary.

People at increased risk from COVID-19

Those who are at increased risk of severe illness from coronavirus (COVID-19) are advised to stringently follow social distancing measures. This includes anyone over 70, anyone under 70 who would qualify for a flu jab on health grounds, and pregnant women. Full guidance can be found [here](#).

Guidance for staff

We recognise the pressures and anxieties that frontline staff face in response to the coronavirus pandemic.

A [national letter](#) was published supporting doctors and healthcare professionals in the coronavirus pandemic.

Major regulators have issued [guidance](#) to support healthcare professionals in these challenging circumstances, encouraging partnership working, flexibility and operating in line with the best available guidance.

Staff meeting possible case definition

Staff who meet the possible case definition should stay at home as per advice for the public. Staff who are well enough to continue working from home should be supported to work from home.

Guidance for staff at increased risk from COVID-19

The government has issued [guidance](#) about social distancing and shielding for vulnerable groups at particular risk of severe complications from COVID-19.. Staff who fall into these categories should not see any patients face-to-face, regardless of whether a patient has possible COVID-19 or not. Remote working should be prioritised for these staff.

4. COVID-19: Standard operating procedure (SOP) for general practice

Key principles for general practice

Practice staff are to be made aware of this SOP, the current guidance and the possible COVID-19 [case definition](#).

All patients should be remotely triaged to assess whether a face-to-face appointment is clinically necessary or whether follow up care and advice can be given using remote consultation. All currently pre-booked face-to-face appointments without prior triage need to be remotely triaged following this process.

Remote consultations should be used when possible to minimise risk of transmission.

Infection prevention and control measures should be applied when seeing patients for face-to-face consultations.

Practices should carefully assess where they can safely segregate, as much as possible, non COVID-19 from possible COVID-19 patients.

All staff should be risk assessed on an ongoing basis to protect them.

Advice on self certification can be found [here](#).

Planning for new ways of working

Collaboration between practices within primary care networks (PCNs) **and** with community services is likely to be needed as pressure on the health system escalates. Practices should consider how best to work together as PCNs to deliver the best care for patients and communities, and how best to protect and maximise the capabilities of staff across practices.

This should include contingency planning to manage urgent presentations of possible COVID-19 ambulatory and housebound patients across networks, including

those in care homes, to protect practices and allow them to continue to manage their vulnerable cohort of patients as far as possible.

How we plan to communicate with you

1. At urgent times of need: Central Alerting System.
2. At less urgent times: commissioner's cascade.

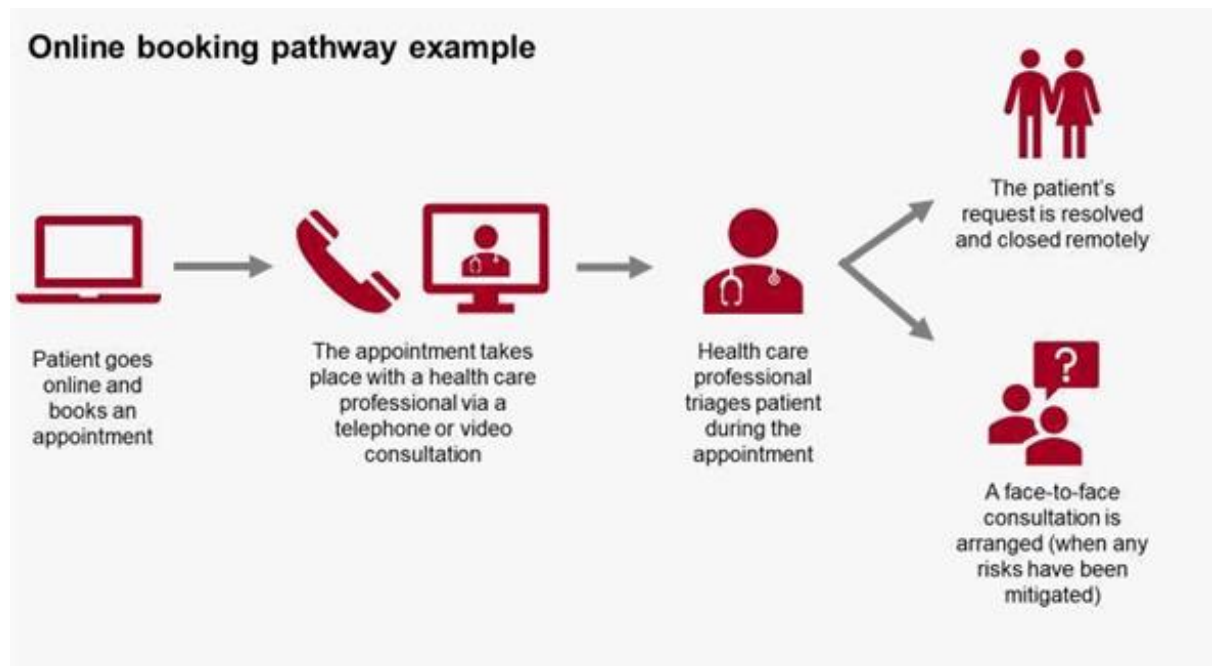
Please see [Section 5: Communication and information](#) for further details.

Practice communications

Practice communications (website, telephone, SMS) should direct patients to the latest guidance, templates can be found [here](#).

Changes to online booking

To mitigate any risk that potentially infected patients book appointments online and attend the practice when they should be receiving advice to stay at home or go through testing, all practices are now being advised to change any face-to-face appointments booked **without** prior remote triage to remote consultations. You can read more [here](#):



Remote triage and consultation (telephone, video, online): possible COVID-19

If the patient contacts the practice directly **or** is referred by NHS 111, GPs should assess the patient remotely, where possible, to minimise risks to patients and staff.

Patients who meet the possible COVID-19 [case definition](#) should be triaged as follows:

- **Non COVID-19:** manage as usual in general practice. This includes:
 - any patients who **do not** have **nor** live with someone who has relevant symptoms
 - patients with a **high temperature** but no cough who have an **alternative diagnosis** e.g. cellulitis, urinary tract infection, **unless** they are also staying at home because a member of their household has symptoms and is a possible COVID-19 case.
- **Possible COVID-19** (either due to their own or household member's symptoms): triage into:
 - **Category 1:** Severely unwell: admit to hospital. Call ambulance and inform call handler of COVID-19 risk.
 - **Category 2:** Need further clinical assessment:
 - manage remotely where possible
 - if [face-to-face assessment](#) is required, determine if practice or home visit is required
 - **Category 3:** Mild symptoms: stay at home, self-care advice, contact NHS 111 if urgent health needs (whether related to COVID-19 or another health issue).

Patients with possible coronavirus should be advised to delay any appointments for routine elective care with their GP and in secondary care. Patients should contact secondary care directly to delay appointments.

Patients presenting at their general practice

On arrival

Make sure [patient information posters for NHS settings](#) are displayed where they can be seen **before** patients enter the premises. Patient information should also be displayed at reception, by any patient touch screen booking-in, in waiting areas and at patient access points to clinical areas.

Face-to-face assessment of patients with possible COVID-19 following remote assessment

Patients with possible COVID-19 who require face-to-face assessment following remote assessment by the practice or through NHS 111 should be managed as follows:

- Use careful appointment planning to minimise waiting times as much as possible.
- Where possible, separate waiting areas or isolation rooms should be used for patients with possible COVID-19, with signage used to warn patients of the segregated area. Where possible, these areas should be separated by closed doors.
- Consider separating clinics into possible COVID-19 and non COVID-19 at different times of the day. (Non-essential GP clinics may need to be cancelled to enable this). This could be developed alongside other local practices.
- If this is not possible, determine whether the patient is happy and able to wait outside the practice:
 - If able to wait outside the practice:
 - advise to wait in a private vehicle if possible
 - otherwise, advise to wait outside and keep a distance of at least two metres away from others to prevent droplet spread
 - contact patients when an isolation room is ready
 - Patients who cannot wait outside should be advised to wait in the waiting room, keeping a distance of at least two metres away from others.

- Staff should wash hands and don and doff [PPE](#) for patient assessment, and keep exposure to a minimum. All PPE should be disposed of as clinical waste.
- **If the patient becomes critically ill** and requires an urgent ambulance transfer to a hospital the practice should contact 999 and inform the ambulance call handler of COVID-19 concerns.
- If following face-to-face consultation, the patient **does not** meet the possible COVID-19 definition, no additional measures are needed
- If following face-to-face consultation, the patient still has **possible COVID-19**, the room that the patient has used, including door handles, should be [decontaminated](#) before the next patient is seen **even** if the next patient has possible COVID-19.

Patients presenting to reception without a booked appointment

All patients should be triaged remotely before face-to-face appointments.

If the patient presents in the practice **without** prior triage, they should be asked:

- Do you have a new, continuous cough?
- Do you have a high temperature (37.8°C or over)?
- Does anyone in your household have a new, continuous cough or a high temperature?

If they answer **yes** to any of the above questions, ask:

- Do you feel you can cope with your symptoms at home?

If they answer **yes**, ask the patient to go home and follow the NHS coronavirus advice.

If they answer **no**, the patient should be immediately isolated in an isolation room away from other patients and staff, and triaged remotely by a clinician in the practice.

If face-to-face assessment is required, follow [face-to-face assessment of patients with possible COVID-19](#).

Patients presenting with possible COVID-19 during a face-to-face consultation

If COVID-19 is suspected when an appointment is in progress:

- close the consultation at a suitable point, withdraw from the room, close the door and wash your hands thoroughly with soap and water
- assess the patient remotely where possible.
- if face-to-face assessment is required, follow [face-to-face assessment of patients with possible COVID-19](#)
- if following face-to-face or remote consultation, the patient **does not** meet the possible COVID-19 definition, no additional measures are needed
- if following face-to-face or remote consultation, the patient **does** meet the possible COVID-19 definition, decontamination should be carried out in line with the guidance [here](#).

Home visits

Remote **triage** for possible COVID-19 should take place **before** a home visit is arranged. Consultation should be remote rather than as a home visit, where possible.

Healthcare staff performing non-deferrable essential visits to households with possible COVID-19 should follow the infection control measures as outlined [here](#), including use of personal protective equipment (PPE).

Consult this [infection prevention and control guidance](#) **before** visiting a patient with possible COVID-19 who is on home non-invasive ventilation, as additional PPE precautions should be taken.

If possible COVID-19 is identified **during** a home visit, staff should ensure they have the patient's (or carer's) telephone number. Staff should then withdraw from the room, close the door and wash hands thoroughly with soap and water. Further communication should be via telephone. If face-to-face assessment is required, PPE must be used.

If possible COVID-19 is identified **during a care home visit**, please inform the local health protection team.

If the patient needs **emergency medical care** in hospital, an ambulance should be requested where appropriate, and the 999 call handler informed of COVID-19 risk. If the patient requires emergency care while awaiting ambulance transfer, the healthcare professional should use PPE and keep exposure to a minimum.

Careful handwashing must be observed before and after home visits.

Ensure that 'home visit' bags contain necessary additional PPE and clinical waste bags.

Personal protective equipment

Please see [here](#) for the latest guidance on PPE.

Before any face-to-face consultation, staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken. All staff should be trained in the proper use of all PPE that they may be required to wear.

The current list of PPE for possible COVID-19 patients in primary care is as follows:

- disposable plastic aprons
- disposable gloves
- fluid-resistant surgical mask (FRSM)
- eye protection, depending on risk of being splashed by bodily secretions, see full guidance [here](#) for further information.

The guidance suggests that respirators (FFP-3) and fluid-resistant surgical face masks offer a similar level of protection – up to an 80% reduction in risk of infection, except when performing aerosol-generating procedures. See [here](#) for full list of aerosol-generating procedures and PPE requirements; note that in primary care, this applies to home visits for patients on non-invasive ventilation.

An initial stock of **protective kit** (PPE) has been issued to each practice, including 400 general use aprons, 300 pairs of examination gloves and 300 fluid-resistant surgical face masks. Larger practices will receive repeat deliveries to ensure they have sufficient stock. Delivery of eye protection to GP practices has been urgently requested.

Decontamination

- Cleaning and decontamination should be carried out in line with the government guidance [here](#).
- If practices need to close temporarily for cleaning of communal areas, usual business continuity arrangements should be followed.
- Practices should otherwise remain open unless advised to close by the health protection team.

5. Preparation guidance

Appoint a COVID-19 lead for the in-practice co-ordination of activities, training, preparation and implementation of this SOP and any subsequent revisions to guidance. Ensure daily communication with the practice team.

Communication and information

How we plan to communicate with you

1. At urgent times of need: Central Alerting System:

- For urgent patient safety communications, we will contact you through the **Central Alerting System (CAS)**.
- Please ensure that you have registered for receiving CAS alerts directly from the Medicines and Healthcare products Regulatory Agency (MHRA):
<https://www.cas.mhra.gov.uk/Register.aspx>

Practice action: when registering on CAS, please use a general practice email account, not a personal one – for continuity of access. Ideally use a nhs.net email account – it is more secure. Please register a mobile phone number for emergency communications using the link above.

2. At less urgent times: commissioner's cascade:

- For less urgent COVID19 communications, we will email you through your local commissioner.

Practice action: Please share a dedicated nhs.net COVID19 generic practice email with your commissioner to receive communications and also share this email with your local medical committee. In the event of user absence, practices should ensure e-mails are automatically forwarded to an alternative nhs.net account and designated deputy.

3. Supportive additional information:

- We will use a variety of different additional methods to keep you informed of the emerging situation, alongside Royal Colleges, regulators and

professional bodies, through formal and informal networks, including social and wider media. You can follow these Twitter accounts to keep up to date:

- NHS England and NHS Improvement: @NHSEngland
- The Department for Health and Social Care @DHSC
- Public Health England @PHE_uk.

Bookmark and regularly review the hyperlinks to official guidance from PHE and NHS England and NHS Improvement to ensure up-to-date knowledge and any changes to protocols. Information for primary care has been collated [here](#).

Register online with PHE to download COVID-19 resources:

- Registration: <https://campaignresources.phe.gov.uk/resources>
- Resources:
<https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->
- Review and amend the information on posters, practice websites, online booking, e-pages, appointment reminders/texts, voice mail/telephone appointment protocols using https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/New-resources-for-practice-websites-and-other-comms-channels_05032020.pdf
- Make sure [posters](#) are displayed where they can be seen **before** patients enter the premises. Patient information should be displayed at reception, in waiting areas and at patient access points to clinical areas.
- Review and update the contact details for:
 - regional/local health protection teams:
 - find your local health protection team at www.gov.uk/health-protection-team
 - your NHS regional infection prevention and control team
 - search: 'infection prevention control + your NHS region'
 - NHS local medical network (LMN)
 - local medical committee (LMC)
 - NHS regional medical director clinical advisory team
 - local NHS commissioning team.

- Consider reinforcing links with local NHS primary care colleagues, including the local pharmacy, dental and optical practice, to share knowledge and experience, and to co-ordinate and collaborate on training and mutual support.

Preparation of practice accommodation

- Identify multiple suitable spaces or rooms in the practice for patient/patient group isolation.
 - De-clutter and remove non-essential furnishings and items: this will assist if decontamination is required post-patient transfer.
 - Retain a telephone in the room for remote assessment.
- Brief all staff on the potential use of the rooms/areas and actions required in the event that it is necessary to vacate rooms/areas at short notice.
- Identify toilet facilities that will be designated for the sole use of patients with possible COVID-19.
- Rooms and toilet facilities should be cleaned between patients with possible COVID-19.
- Prepare appropriate space/room signage to be used if the space/room is occupied and for the toilet facilities.
- Prepare a patient 'support pack' (to be held in reserve). This may include items such as bottled water, disposable tissues, clinical waste bag and fluid-resistant surgical mask.

Preparation of practice for incident management

Practices may wish to draw on their existing protocols for dealing with medical emergencies in practice, but these should all follow the same incident management principles:

- Develop and rehearse the practice's COVID-19 triage protocols and isolation procedures:
 - agree practice approach for each stage of the potential scenarios
 - confirm role and responsibilities for each member of staff
 - appoint an incident manager
 - confirm lead for discussions with patients/NHS 111

- prepare an aide-memoire for staff; using guidance in Section 3: Generic principles for primary care settings (community pharmacy, optical, dental and general practices)
- rehearse practice response.
- Review the coronavirus infection prevention and control protocols [here](#).
- Anticipate impacts on practice schedule. Practices are advised to review:
 - the likelihood of disruption to services and prioritise the most urgent clinical work on the day.
 - their business continuity plan. The RCGP has provided examples of comprehensive business continuity plans [here](#).
- Ensure that home visit bags have necessary PPE and clinical waste disposal bags.

Appendix 1: Feedback

This is a dynamic document that will be reviewed as the situation changes, and will respond to evidenced feedback and identified lessons.

Feedback should be given in the template below and sent to england.spocksh@nhs.net. Subject line for your e-mail: COVID-19-PRIMARY-CARE-SOP-FEEDBACK; **add** your organisation and your initials.

COVID-19 standard operating procedure V2 – March 2020							
Primary care – general practice							
No	Name	Represented organisation	Observation and comments			Suggested amendments	Rationale for proposed amendment
			Page number	Original text	Comments		
1							
2							
3							
4							