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This letter is one of a series of regular updates to general practice regarding the emerging COVID-19 situation. An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care/>

27 March 2020

Dear GPs and their Commissioners,

Thank you again for your hard work and resilience in helping to tackle this pandemic. At this extremely busy time, it is of paramount importance that you look after your own health and wellbeing including that of your staff. You can also access support for managing your own mental health from the free, confidential NHS Practitioner Health Service: <https://www.practitionerhealth.nhs.uk/>. The BMA has wellbeing support services here: <https://www.bma.org.uk/advice/work-life-support/your-wellbeing>

This letter includes the following:

- Guidance on COVID-19 primary care operating model and implementation within general practice
- Patient registration
- Further support for the workforce
- Returning to general practice
- Digital isolation note for patients now available online
- Information governance
- Potential of different medicines for use in treating COVID-19
- Use of fax machines
- Electronic Prescription Service (EPS)
- Bank holiday preparations
- Details of our next webinar
- Additional sources of information



We know that one of the issues we're hearing most from you is about PPE distribution.

For immediate short-term issues National Supply Disruption Response (NSDR) are able to issue 'pre-packed kits' with a minimum of 100 Type IIR facemasks, 100 aprons and 100 pairs of gloves within 72 hours.

Primary care providers who raise requests for kits through NSDR must to be able to make arrangements to receive emergency delivery of these pre-packed kits outside business hours.

NSDR 24/7 telephone helpline: 0800 915 9964.

We are focused on providing swift responses, for example, to meet gaps until scheduled deliveries arrive and until orders with wholesalers through BAU are back up and running.

COVID-19 primary care operating model and implementation

On 19 March you received a letter setting out the next steps in the general practice response to COVID-19. This letter builds on that guidance as we deliver care in an ever-changing environment.

The principles set out in this letter are intended to help achieve three key aims:

1. successful shielding of those identified as most at risk from complications of COVID-19 and actively managing their ongoing, often significant, health and care needs
2. supporting the rest of the population, including those who you suspect have COVID-19, by delivering primary care services, including to those discharged from hospital
3. minimising health risks to yourselves, your practice staff and your local multidisciplinary teams.

The system will need to work to the following principles:

- I. Utilising NHS 111 online as the first port of call for people with COVID-19 symptoms rather than approaching their GP practice.
- II. Prioritising support for those patients identified as being at the highest risk from COVID-19 and who have been advised to shield themselves, proactively

managing a comprehensive medical support package drawing on volunteers and wider services.

- III. Adopting remote triage as the default and delivering care and treatment remotely wherever possible and appropriate, based on your clinical judgement, as well as home visits whenever clinically necessary.
- IV. Managing essential face-to-face services (including home visits) by designating facilities/premises and teams to minimise the spread of infection to those who are suspected non COVID-19, particularly those most at risk and our healthcare workers.

The next version of the standard operating procedure (SOP) will give further guidance on implementation, but the principles are fleshed out below.

Utilising NHS111 online as the first port of call for people feeling unwell with possible COVID-19 symptoms, rather than approaching their GP practice

NHS 111 has been commissioned nationally to provide a dedicated COVID-19 response service to free practices to focus on managing those most at risk of complications from COVID-19. A consistent algorithm will be used to stream patients into the following cohorts:

- Cohort 1 – patient demonstrating severe symptoms, requires treatment in hospital and will likely require an ambulance response
- Cohort 2a – symptomatic patients requiring further clinical assessment before final disposition is decided (these are referred to the COVID Clinical Assessment Service or CCAS)
- Cohort 2b – patient exhibiting mild symptoms but has self-declared high at-risk status, having received a letter from the NHS – a post-event message recording this contact will be sent to registered GP for information
- Cohort 3 – patient is showing mild symptoms and advised to self-isolate at home and to reassess via NHS 111 (online whenever possible) if symptoms deteriorate (GP informed via a post event message).

To deliver this service we are mobilising additional workforce, including from the experienced retired doctors' community. They will be immediately employed to remotely support CCAS ensure high quality clinical triage on which practices will be able to rely. The reliance on NHS 111 online will minimise the number of patients contacting their practice for advice unless they have been triaged as requiring it.

Where CCAS assessment is required, this will result in one of the following outcomes:

- reclassification as Cohort 1 – patient demonstrating severe symptoms, requires treatment in hospital and will likely require an ambulance response
- reclassified as Cohort 3 – patient is showing mild symptoms and advised to self-isolate at home and to reassess via NHS 111 (online whenever possible) if symptoms deteriorate (GP informed via a post-event message and call closed)
- requires proactive action from practice – eg telephone monitoring
- requires face-to-face assessment in primary care; message sent to appropriate service to arrange.

In a small number of cases, the patient cannot be managed remotely and requires face-to-face assessment by local primary care services. To implement this, the National COVID-19 Response Service will transfer the last two categories of patient to general practice for follow-up. Practices must therefore:

- **Enable GP Connect for both appointment booking and record access** – guidance on doing so can be found at: https://www.emisnow.com/csm?id=kb_article_view&sysparm_article=KB0063466
- **Ensure nominal appointment slots are always available into which the National COVID-19 Response Service can 'book' patients into a work list.** Patients will be told that they will be contacted by their practice with further information about the follow-up, not given a specific appointment time. No additional clinical triage will be required, but practices will decide how to deliver the appropriate care to each patient according to the record of the assessment already made and the local delivery model.

Swift changes to regulations are expected to give **statutory force to this position.** We will update practices once these regulations come into force.

In some case it may be necessary for the NHS 111 clinician to speak directly to the GP or the out-of-hours primary care service about a patient: for example, to inform them of the case.

Prioritising support for those patients identified most at high risk and proactively managing a comprehensive medical support package drawing on volunteers and wider services as required to meet their wider needs

By now you will have been notified of those patients most at risk from infection who are registered with your practice

<https://www.england.nhs.uk/coronavirus/publication/guidance-and-updates-for-gps-at-risk-patients/> and these patients will have been written to. There is scope for GPs to add to that list based on local knowledge in line with the guidance. However, please carefully consider who to add – the RCGP issued further guidance on this: <https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2020/covid19/RCGP%20guidance/202003233VulnerablePatients%20TheRoleGeneralPracticeduringCOVID19%20FINAL>

Specialist consultants have also been written to advising them of next steps.

The action required by GPs includes:

- Reviewing their care plans, adapting them where needed or appropriate, including undertaking any essential follow-up. This should be done remotely where possible.
- Helping patients receive their medicine supplies regularly by helping them to arrange electronic repeat dispensing and enlisting the support of local resource (this could be co-ordinated through your social prescribing link worker or equivalent) and voluntary sector partners to collect and deliver. Those people most at risk have been advised to access help by visiting www.gov.uk/coronavirus-extremely-vulnerable. You can refer people to receive the support of an NHS volunteer responder via www.goodsamapp.org/nhs. We have had a fantastic response from the public and we strongly encourage you to use this service.
- Speaking to patients (remotely where possible) who have an urgent medical question relating to their health and/or pre-existing condition (they may also need to contact their specialist consultant directly).

We would like you to complete your review of (i) which patients are at most risk, and (ii) their care plans, by the end of March. Further advice on managing

face-to-face appointments is set out below. **Annex B** also contains further advice on using social prescribing link workers whom you may have recruited to date as support in delivering these services.

Some of these patients may have additional needs including mental health needs, learning disability or autism. Their needs may be exacerbated by the impact of shielding and subsequent reduction in social contact and support. Social isolation, reduction in physical activity, unpredictability and changes in routine can all contribute to increasing stress and subsequently mental health needs. **Annex C** signposts to further advice on this issue.

Adopting remote triage as the default and delivering care and treatment remotely where appropriate and based on your clinical judgement

In line with previous guidance (19 March letter), **GP practices should adopt a full triage-first model** that supports the management of patients remotely where possible. This should be at the point of access by patients to general practice. In practice, this means GP practices using telephone, video and online consultation technology, potentially supplemented by any remote monitoring, available to the patient in their home (eg temperature, blood pressure) or provided as part of the local model.

There is support available for GP practices to establish a remote 'total triage' model using online consultations. A blueprint guide has been developed – this is contained in a separate accompanying document (Remote Total Triage Blueprint). There has also been a rapid procurement exercise via the dynamic purchasing system (DPS) framework so that any commissioners who do not have a contract for an online consultation system that enables total triage can immediately call one off. These systems will be centrally funded. Please contact your regional NHS England and NHS Improvement team to take this forward, ensuring you have a solution by 3 April 2020 at the latest.

It is also essential that all practices have a video consultation system to support remote management of patients. Advice from NHSX on using free solutions has been published; all relevant products on the Digital Care Services Framework (GPIT Futures) have now been assured, and the rapid procurement via the DPS has also created an approved video consultation supplier list. Video consultation systems from the DCSF or DPS will be centrally funded. This means there are a variety of options available for practices to use and commissioners should support practices to

put these in place immediately where there is no video system currently available. For further information please see **Annex D** (Online consultations and video consultations in general practice – key points for commissioners and practices on procurement of solutions).

NHS England and NHS Improvement are also working with CCGs to enable secure remote working options for GPs and practice staff including social prescribing link workers that are supporting practices. The priority is to ensure secure NHS laptops and equipment are supplied where possible. **Annex A** sets out some further information including temporary solutions that can be implemented in the interim.

Manage essential face-to-face services (including home visits) through designating facilities/premises and teams to minimise the spread of infection to those who are suspected non-COVID, particularly those most at risk

It may be clinically necessary to come into direct contact with patients, for example, those identified most at risk, to provide them with the necessary treatment and care in a range of settings including the person's own home, the GP practice, a local hub or an alternative care setting in the community.

To manage this effectively and avoid any risk of cross-infection, there will need to be separation in terms of how services are configured, staffing and patient flow management. This principle applies equally to providers of community services and social care.

In practice, the vast majority of patients with COVID-19 symptoms can be assessed and managed remotely. Routine care for these individuals can usually be postponed to a later date. However, there will be cases where face-to-face assessment is required (eg COVID symptoms with an acute abdomen). These would need to be carefully managed either in a designated way on premises set up to deliver these services or by home visit, always with appropriate precautions and PPE.

Some practices may wish to separate services for those with urgent care needs (red or hot sites) from routine but essential care (green or cold sites, eg childhood imms), making provision for anyone with COVID symptoms.

Each local area will need to consider and agree with their CCG, the model that best suits their local context and arrangements. It might be necessary to change and/or

flex the chosen model depending on changes in demand and workforce capacity/availability.

For example, a scenario may arise in which a practice has to temporarily close its premises for contamination reasons, or due to a lack of workforce (any closures are subject to CCG approval) – in this event, the model would need to be flexed so that services to its patients using available staff can continue to be delivered from another site.

Options for managing face to face appointments

Option 1 – Zoning	Option 2 – Practice designation
<p><i>Brief description</i></p> <p>Manage patients within practices but with designated areas and workforce to maintain separation.</p>	<p><i>Brief description</i></p> <p>Designate practices, across a PCN footprint, to either treat those with suspected COVID-19 needing further face-to-face contact (rare) or those patients without COVID-19 symptoms needing essential care.</p>
<p><i>Considerations</i></p> <p>This may characterise the model that practices have implemented immediately to manage the risk of contamination. In practice, it requires designating a specific zone/area within each practice to treat patients triaged as ‘amber-red’. This option reduces the need for significant reconfiguration of existing patient flows.</p> <p>However, the interface between the red-amber and green zones would need careful management to minimise cross-contamination with strict decontamination protocols in place – this would need to be extended to staff to maintain a ‘COVID-19 free’ home service for ‘green’ patients including those most at risk. Not all premises are likely to have separate entry/exits point to help maintain this kind of separation.</p> <p>The principles of this model could be extended to walk-in centres.</p>	<p><i>Considerations</i></p> <p>Practices may wish to adopt such a model to better manage increasing demand as infection rates increase.</p> <p>Those sites that treat those without COVID-19 symptoms will need protocols to ensure patients remain symptom-free before contact. These sites may also carry out other essential work such as childhood vaccines and immunisation. This option is likely to be the most effective option in managing cross-contamination.</p> <p>Workforce capacity constraints mean pooling may be required. Additional support will be needed for those staff working in sites dealing with those with suspected COVID-19 symptoms – these cases should be rare.</p> <p>Walk-in centres could follow this same designation model, which could be particularly useful when demand from those showing symptoms surges.</p> <p>Any sites treating those without COVID-19 symptoms that become compromised would need decontaminating.</p>

Home visiting can be organised at network or place level to deliver care at home to the most at risk of complications due to COVID-19, and these will be needed in either model.

In all variations, it will be vitally important to have strict infection control and decontamination proposals to minimise the risk of onward transmission from patients to healthcare workers and vice versa. That principle applies equally to home visits. The standard operating procedure will set out more detail about how this should work in practice from pre-contact to discharge. We will also write to you shortly setting out the principles and arrangements for workforce testing.

It might be the case that you need to use additional estate capacity in a way that supports your model for managing face-to-face services as outlined above. NHS England and NHS Improvement have been working in collaboration with both NHS property companies (NHS Property Services and CHP) and external landlords to identify suitable vacant estate that could provide additional capacity on a temporary basis. The NHSPS and CHP availability has now been mapped on to the SHAPE atlas <https://shapeatlas.net/> for ease of use.

In most circumstances, it has been agreed that these premises will be let on a cost-only basis for a fixed, short-term period. For use of these spaces, it has been agreed in these circumstances to allow commissioners to enter into the agreements either through a tenancy at will or a license for occupation. It will also be necessary to record the occupations on a central register. If a commissioner takes out an agreement, they will be required to update any documentation.

For further advice on this, please contact: england.gppremisesfund@nhs.net

Other key operating model considerations

Out-of-hours provision

Triage and follow up care out of hours should be delivered remotely where possible. OOH providers should manage face-to-face contact in line with the 'in hours' model that has been adopted locally.

Care/nursing homes

GPs should identify those on their most-at-risk list who live in a care or nursing home. Regular care home rounds by GPs and/or their MDTs should be delivered virtually unless physical presence is required for clinical reasons.

GPs will need to work with community service providers (whose contracts will describe their responsibility in this respect) to co-ordinate their interventions.

All health and care professionals who deliver care to these patients will need to follow strict infection control and decontamination protocols to keep themselves and others safe.

End-of-life care

In line with the operating model, the health and care needs of those people at the end of life should be delivered remotely where clinically possible, and as a general principle the number of health and care professionals entering into someone's home should be kept to an absolute minimum. To achieve this, GPs should work with providers of community services and specialist palliative care teams to co-ordinate those interactions.

Strict infection control and decontamination protocols will need to be in place for those health and care professionals who carry out a home visit. To help manage the health needs of people at the end of life, GPs have 24/7 access to local specialist palliative care advice as per their current local arrangements (in some places patients will be able to access this directly). Further guidance on end-of-life care will be set out in guidance for providers of community services.

Discharge

To free beds and increase bed capacity, providers of acute beds, community beds and community health services and social care staff are required to discharge all patients as soon as clinically safe. The guidance [COVID-19 Hospital Discharge Service Requirements](#) describes what the changes mean for all health and care sectors with a role in hospital discharge. Community health services will take overall responsibility for ensuring the effective delivery of the discharge service working with other delivery partners including GPs. For example, GPs may need to follow up particular patients who have been discharged and help ensure effective support. Part of the recommended guidance for effective discharge includes giving patients the

direct telephone number of the ward they are discharged from to call if they need advice relating to their discharge and not to contact their GP or visit A&E.

Funding to cover expenses incurred

In line with the letter to the wider NHS on next steps (dated 17 March) from Simon Stevens and Amanda Pritchard

<https://www.england.nhs.uk/coronavirus/publication/next-steps-on-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/>, additional funding will be made available to cover the extra costs of responding to this pandemic. As that letter emphasised, financial constraints must not stand in the way of taking immediate and necessary action. Items such as PPE and IT equipment will be provided free of cost. Further consideration is being given to other costs.

Patient registration

General

We would like to clarify the application requirements regarding new patient registrations. The regulations require that “an application for inclusion in a contractor's list of patients must be made by delivering to the contractor's practice premises a medical card or an application signed (in either case) by the applicant or a person authorised by the applicant to sign on the applicant's behalf”. We would like to confirm that in the current situation, delivery may be by any means, including by post and digital options. A signed, scanned application or picture of a signed application emailed to the practice is acceptable.

Equally, where a practice has online registration options, a supporting signed letter from the patient, posted or emailed to the practice, is acceptable to complete the registration. Practices must, however, ensure that where online registration solutions are used, all GMS1 fields are collected and relevant information entered into the clinical system during registration. This will ensure Primary Care Support England can process the registration.

Registration of patients, including those with no fixed address, asylum seekers and refugees

Practices should continue to register new patients, including those with no fixed address, asylum seekers and refugees. Practices should agree how they can most

effectively connect and support locations that are accommodating people who are homeless. More detailed guidance on registering patients is being developed.

We would like to remind GP practices that the absence of photo identification or a fixed address is not a reason to refuse a patient registration. Homeless patients should be registered either at a c/o address where one is available (eg a shelter/ support service) or the GP practice address. We can assure practices using the GP practice address as a c/o does not place responsibility on the practice to repatriate correspondence (eg hospital letters). Homeless patients should be encouraged to keep in contact with the practice at regular intervals where they have ongoing health and care (primary and secondary) requirements.

Returning to general practice

Last week, regulators wrote to individuals who have retired in the last three years to ask if they would be willing to return to practice to support their colleagues and communities at this challenging time. [FAQs](#) were produced to help individuals to make this decision. This week, NHS England and NHS Improvement, with the Royal College of General Practitioners and the BMA's General Practitioners Committee, have written to a number of GPs to let them know how they can help if they would like to, including letting people know how they can ask to be temporarily registered on the England performers list.

We know that a lot of people want to help. If you know anyone who hasn't heard from us or from the GMC but wants to volunteer, please ask them to email nhsi.medicalgp.returners@nhs.net. We are working to bring people back as quickly and safely as possible, but we know that everyone's circumstances are different, so we ask for your patience while arrangements are finalised.

Digital isolation note for patients now available online

To reduce the burden on GP practices a new online system, created by the NHS and the Department for Work and Pensions, is now live for patients to be emailed a digital isolation note. Isolation notes provide patients with evidence for their employers that they have been advised to self-isolate due to coronavirus, either because they have symptoms or they live with someone who has symptoms, and so cannot work. As isolation notes can be obtained without contacting a doctor, this will reduce the pressure on GP surgeries and prevent people needing to leave their homes. The notes can be accessed through the [NHS website](#) and [NHS 111 online](#). After answering a few questions, an isolation note will be emailed to the user. If they

don't 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.

Information governance

The Secretary of State for Health and Social Care has issued a [legal notice](#) to ask that all healthcare organisations, including GP practices, process and share confidential patient information in line with the Health Service (Control of Patient Information) Regulations 2002 (COPI) to help the COVID-19 response.

To ensure staff can focus on the response, NHSX and NHS Digital have also made the decision to [extend the compliance deadline for the national data opt-out](#) and the final date for submission of the Data Security and Protection Toolkit to 30 September 2020. For information governance information and queries, see [here](#).

Potential of different medicines for use in treating COVID-19

The Department of Health and Social Care (DHSC) is considering carefully all available evidence around the potential of different medicines for use in treating COVID-19. Clinical trials are ongoing and being developed to assess the benefits of a number of different medicines in treating COVID-19. Further medicines may be trialled, should evidence indicate to DHSC this would be appropriate. Suppliers of medicines being tested have been asked to monitor requests and restrict orders in line with historic ordering requirements.

Hydroxychloroquine and chloroquine should be used only as part of a clinical trial for the treatment of COVID-19, and we ask pharmacists and GPs to support this message and restrict prescriptions and supply to those with current clinical need for licensed indications or as part of a clinical trial.

Fax machines

The GP contract 2019-24 requires GP practices to stop all use of fax machines for NHS business. The vast majority have already converted to secure email and direct digital communications. Providers such as pharmacies and care homes that have not yet implemented this need to set up a secure email address urgently. If there is no other means by which to transfer information to support clinical delivery, GP practices may temporarily use fax machines as a communication means of last resort.

Electronic Prescription Service

In line with previous advice, it is essential that GPs do not issue prescriptions for a longer duration, to avoid disruption to supply.

Electronic Prescription Service (EPS) nominations have increased by over 525,000 in the last week. This is good news, but practices are encouraged to continue to promote usage and where appropriate, move patients to electronic repeat dispensing.

A variety of online reordering mechanisms for repeat medications is also available for patients to use.

TPP sites are also now able to activate EPS Phase 4 functionality to allow prescriptions for non-nominated patients to be sent electronically. Further information is available at: <https://digital.nhs.uk/services/electronic-prescription-service/phase-4>

We are working with the suppliers to accelerate the deployment of EPS for GP hubs. Further information will be made available in due course.

Bank holiday preparations

Practices and the wider NHS will continue to be under ever-increasing pressure over the coming weeks, including through Easter (10 and 13 April) and, looking forward, to May bank holidays (8 and 25 May). We need your help to be prepared and aligned with the rest of the NHS, which will be treating these as ordinary working days and cancelling staff annual leave to ensure services are able to be maintained.

To enable this, changes to the GP contract coming imminently mean the April dates will now be identified as normal working days for GP practices, so that we can manage demand together. The position for the May bank holidays will be confirmed next month.

Details of our next webinar

Our next webinar will be held via MS Teams Live Events on Thursday 2 April, at 5pm. If you would like to view any slides or submit questions, please join online by using this link: <https://bit.ly/covid19gp0204>. Using this link, copy and paste it into Google Chrome or Microsoft Edge. The MS Teams joining screen will now be displayed:

- Select 'Watch on the web instead'
- Click on 'Join anonymously'
- You will now join the associated live event.

Joining by mobile phone or tablet: If you are accessing Live Events from a mobile phone or tablet, make sure you have the MS Teams app installed, via the App Store or Google Play. You do not have to sign in to the app, just click the link to go straight into the event.

Additional sources of information

All our guidance for healthcare professionals can be found on our website: <https://www.england.nhs.uk/coronavirus/primary-care/>. We will use a variety of additional methods to keep you informed of the emerging situation, alongside royal colleges, regulators and professional bodies, and 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
- Department of Health and Social Care @DHSCgovuk
- Public Health England @PHE_uk

Again, thank you for your incredible commitment and patience in this rapidly evolving situation.

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Annex A: Digital

1. Remote working

Additional laptops and associated equipment will be provided. Rapid assessment and approval of regional requirements for a large number of additional laptops and associated equipment will be completed over the coming days centrally, so that CCGs can deliver support for remote working to practice staff who need it.

CCGs that have implemented 'virtualised' desktop solutions are encouraged to expand those wherever possible as a safe and expedient mechanism to support remote working.

2. VPN tokens

VPN tokens are necessary to establish secure connection to NHS networks. We are working closely with clinical system suppliers and NHS Digital to ensure we can increase the supply of tokens for you. Our preference is for soft tokens, which are delivered to you electronically.

In the absence of availability of NHS standard equipment, some practices are implementing local solutions to enable staff to work remotely. These solutions should be confirmed via their local data protection officer and CCG to ensure they do not pose unreasonable security risks. If local commissioners are unable to respond, please contact your regional head of digital technology, who will be able to escalate if necessary.

3. Smartcards

New procedures have been agreed that will allow smartcards to be provided remotely. Guidance is being finalised and will be available shortly from NHS Digital. The current smart card session time of 10 hours will be increased to 12 hours.

4. Video consultations

NHS Digital has completed assurance relating to a cohort of suppliers on the Digital Care Services Framework (GP IT Futures) that are able to offer video consultation services. Additional suppliers that offer services on the Dynamic Procurement Service (DPS) hub will be available in the coming days. These video consultation services are centrally funded. Commissioners or practices that are accessing solutions through either GPIT Futures or the DPS can be confident that these products are appropriate for use in general practice.

5. Electronic Prescription Service (EPS)

To reduce footfall, GP practices should convert repeat prescribing to electronic repeat dispensing (ERD) or online repeat ordering and ensure that EPS nominations are in place for their patients. The benefits of this are already being felt, with 500,000 new nominations set up in the last week.

6. Virtual collaboration tools

NHS organisations now have free access to Microsoft Teams communication and collaboration system. Advice and guidance and the steps to be taken by local organisations are available on the NHS Mail website.

7. SMS messaging

We recognise that GP practices will need to be able to send messages to patients in much greater volume than normal. Most areas already have unlimited SMS plans. For those that do not and need additional credits for SMS messaging, they should urgently secure the additional capacity through their local commissioning groups. If your CCG needs additional funding to cover this, please ask that they contact pcdt@nhsx.nhs.uk

Annex B: Deployment of social prescribing link workers (or equivalent role)

Social prescribing link workers form part of the multidisciplinary teams in primary care networks (PCNs) and are uniquely placed to work closely with GPs, local authorities, health and care professionals and voluntary sector partners to co-ordinate support for these people whilst they are self-isolating.

Supporting people at the highest risk during COVID-19 incident

The responsibilities of social prescribing link workers would be:

- to make initial contact with the person on the identified list via telephone or video appointments
- to discuss their needs, such as help with shopping, medication, keeping physically active and emotional support
- to work with the patient to develop a short plan which covers their practical, physical and emotional needs
- in partnership with known voluntary organisations, local authority and appropriately trained volunteers, organising practical and emotional support for people at highest risk
- arranging follow-up phone calls as needed, to review needs and to help co-ordinate services that support the most at risk in their homes.

Mobilise local community networks to support those most at risk

The responsibilities of social prescribing link workers would be:

- to co-ordinate VCSE organisations, local authority, NHS volunteer responders, community groups and other partners to work together to implement the person's plan
- to support voluntary organisations and community groups to switch their face-to-face activities to virtual services, helping them to run peer support groups, via teleconference and social media

- to support your local public health team in training volunteers and community groups to keep themselves and others safe in relation to COVID-19.

Increasing social prescribing link work capacity

Those identified as most at risk may be linked to their social prescribing link worker. GPs together with their PCNs should assess that this is the case and also take steps to ensure other people who have significant social and emotional needs, but not on the list, can be supported in a way that their condition does not deteriorate and consequently add pressure onto the health service.

There are a number of steps that GPs and their PCNs can take to increase the number of social prescribing link workers:

- draw down on the Additional Roles Reimbursement Scheme to recruit a team (for example, four) of social prescribing link workers
- work in partnership with VCSE organisations to recruit and deploy social prescribing link workers (or equivalent named person co-ordinating care).

Annex C: People with mental health needs, learning disability or autism

Those with existing mental health needs, including those without, may feel anxious about this impact including support with daily living, ongoing care arrangements with health providers, support with medication and changes in their daily routines.

GPs should work with their local authority and providers of community mental health and learning disability services to review those people identified as most at risk who are receiving mental health or learning disability support, and they assess their current treatment/crisis care plan and make any alterations, including following up, as required.

These patients can also access advice and support to manage their mental health, and easy read versions are being made available, for example:

- Every Mind Matters <https://www.nhs.uk/oneyou/every-mind-matters/>
- NHS wellbeing: <https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/>

If they are still struggling and believe that they need more support, they can refer themselves or can be referred to their local IAPT service. These can be found using this link <https://www.nhs.uk/conditions/stress-anxiety-depression/free-therapy-or-counselling/>

Those requiring more urgent help should contact their local urgent community mental health telephone service, operated by the local mental health trust or learning disability teams as appropriate. Contact details for specialist urgent mental health or learning disability support will already be available to many GPs, and around half the country's mental health trusts have contact details clearly displayed on their websites. The rest of the country has been asked to rapidly put in place 24/7 urgent mental health telephone lines that are accessible to the public, as soon as possible. Where someone has urgent needs and it is not clear how to access local specialist mental health or learning disability support, they should be advised to contact their GP or NHS 111 (however, the current additional strain on these services should be considered, and they should not be the default option).

Annex D: Online consultations and video consultations in general practice – key points for commissioners and practices on procurement of solutions

Online consultation and digital triage

- All general practices need to be able to triage all patient contacts, supported by an online consultation/digital triage system. A range of systems are available – some support patients to send information to the practice online so that practice staff can triage the request, while others provide automated triage and send the outcome of this to the practice.
- Many practices are using these systems already and should now use them to handle all patient contacts, with non-digital users supported to go through the same system by practice staff. A blueprint [guide](#) has been developed to support practices in moving to a total triage way of working.
- For commissioners that do not have a contract for an online consultation system, a bundled national procurement has been taken through the Dynamic Purchasing System (DPS) Framework to provide an approved supplier list for online consultation products that commissioners can call off. This will be available from 24 March. It will be centrally funded.
- As of 19 March, NHS Digital has assured all video consultation products and some online consultation products on the Digital Care Services Framework (GPIT Futures) for the solutions submitted for compliance assurance. The full list of products can be found [here](#).

What to do – commissioners:

- Find out if your practices have an online consultation solution that they can use to triage patient contacts. If they do, encourage them to use it to manage all incoming patient contacts.
- If practices do not have an online consultation solution and you do not have an existing contract to provide them with one, contact your NHS England and NHS Improvement regional digital team so that a product can be provided to you through the DPS bundled procurement. You can also contact the DPS team at commercial.procurementhub@nhs.net

What to do – practices:

- If you have an online consultation tool available that you can use to triage all patient contacts, please use it to manage all incoming patient contacts.
- If you do not have an online solution, contact your commissioner so that one can be provided to you. You can also contact the DPS team at commercial.procurementhub@nhs.net

Video consultation

- All general practices need to be able to carry out video consultations between patients and clinicians.
- [Advice from NHSX information governance team](#) is that it is fine to use video conferencing tools such as Skype, WhatsApp and Facetime, as well as commercial products designed specifically for this purpose, particularly as a short-term measure.
- As of 19 March, NHS Digital has assured all video consultation products and some online consultation products on the Digital Care Services Framework (GPIT Futures) for the solutions submitted for compliance assurance. The full list of products can be found [here](#).
- Those commissioners/practices that are in contract for these products via the Digital Care Services Framework (GPIT Futures) can therefore be confident that these products are appropriate for use in general practice. These products will be centrally funded.
- The bundled national procurement through the Dynamic Purchasing System (DPS) Framework will also provide an approved supplier list for video consultation that commissioners can call off. This will be available from 24 March. It will be centrally funded.

What to do – commissioners:

- Find out if your practices have a video solution that they can use effectively with most patients. If they do, encourage them to use it as much as possible.

If practices do not have a video solution, contact your NHS England and NHS Improvement regional digital team so that a video product can be provided to you through the Digital Care Services Framework or DPS bundled procurement.

- If practices have a video solution but there are concerns about its appropriateness or compliance, please let your NHS England and NHS Improvement regional digital team know so that a video product can be provided to you through the Digital Care Services Framework or DPS bundled procurement.
- You can also contact the DCSF team via gpitfutures@nhs.net or the DPS team at commercial.procurementhub@nhs.net

What to do – practices:

- If you have a video conferencing tool available that you can use effectively for most patients, please use it as much as possible to manage patient contacts remotely.
- If you do not have a video solution, contact your commissioner so that one can be provided to you.
- If you have a video solution but you have concerns about its appropriateness or compliance, please let your commissioner know so that a video product can be provided to you.
- You can also contact the DCSF team via gpitfutures@nhs.net or the DPS team at commercial.procurementhub@nhs.net