15 June 2020

**Re: NHS Test and Trace: implications for GP practice settings**

Dear Colleague

Following the [communication](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf) to practices from NHS England and NHS Improvement dated 9th June 2020 (Appendix A), the CCGs and LMC have worked together to offer advice to practices with regards to the implications of the Test and Trace service for Primary Care, and reducing the risk of nosocomial infection. The protection of staff and resilience of services to ensure high quality care remains of paramount importance.

As you will be aware the new [NHS Test and Trace](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings) service has been launched. [PHE Guidance](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings) does clarify that close contact excludes where PPE has been worn in line with [IPC Guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe), specifically table 2 of the guidance as there is sustained transmission of Covid-19.

**Social distancing (two metres) does remain the single most important factor in reducing spread of SARS-CoV-2.** However, we understand that within some Primary Care estate this can be a challenge. Practices should ensure IPC measures such as cleaning down, handwashing, PPE and disposal of waste are followed and should consider for example, staggering breaks amongst other locally agreed practical measures to support effective social distancing. Further guidance on workplace settings are [here](https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19). Some scenarios and further detail on how Test and Trace (TnT) may affect practices are shown in Appendix B

**Should all patients and staff in primary care now wear masks?**

The expected guidance around this was not forthcoming.  Contrary to the [national letter around reducing nosocomial infections dated 9th June](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0586-minimising-nosocomial-infections-in-the-nhs.pdf), **the PPE recommended for staff in primary care has NOT changed**.  [Table 2 of the PHE guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf) should continue to be followed.  Practice staff in non-clinical areas are NOT mandated to wear masks if they can maintain 2m social distancing.  Patients are NOT mandated to wear masks when visiting primary care settings unless possible or confirmed cases. Whilst the national guidance does not mandate it, we would suggest practices consider advising patients and staff to use face coverings where possible on a precautionary basis. The final decision is however up to individual practices’ discretion at this time.”

**For staff who are unable to maintain 2m distancing and do wear masks in non-clinical settings, which masks are suitable?**

Sessional use of Fluid-resistant (Type IIR) surgical masks is suitable.  Face coverings (eg scarves/home-made masks) are NOT suitable.

**How do we prevent other staff being identified as contacts if Test and Trace identify a member of staff as being a confirmed case?**

Social distancing (2m) is the most important factor to stop other members of staff being identified as contacts (and therefore needing to isolate for 14 days).  If staff are unable to maintain social distancing but do wear masks, regional PHE advice is very clear that a mask alone will not prevent those staff being identified as contacts. This underlines the need to ensuring social distancing and workplace adjustments are in place as much as possible, and business continuity plans are reviewed and robust in case multiple staff are identified as contacts.

We acknowledge that this may increase demand on existing stocks of PPE and would ask practices to follow the stepped process as described below to access PPE.

|  |  |
| --- | --- |
| 1. Routine Ordering of PPE Supplies | Business as Usual Supply Route |
| 2. Emergency Top-Up of PPE | Emergency PPE [Supply Portal](https://www.nhs-ppe.co.uk/customer/authentication) and [Guidance](https://www.gov.uk/guidance/ppe-portal-how-to-order-emergency-personal-protective-equipment) |
| 3. Critical levels of PPE | LRF Ordering |

**Business continuity and mutual aid**

Many practices are already working within PCNs or have other buddy type agreements to ensure continuation of services due to an outbreak of COVID-19. We would request that practices review their business continuity plans to ensure that mutual aid is available should a COVID-19 outbreak occur within the practice. The CCG can advise if required.

Business continuity plans should consider making Practices Covid Secure in accordance with the advice on the gov.uk website. The guidance as at 15 June 2020 is attached below along with a poster to display once you have undergone the assessments.





**Action for practices if a case is identified in a member of staff or asymptomatic patient**

Please inform the CCG through [voyccg.covid19tandt@nhs.net](mailto:voyccg.covid19tandt@nhs.net) if you have a case (either staff or asymptomatic patient) identified through NHS Test and Trace. The actions needed are summarised in Appendix B.

Actions for practices if an outbreak is identified

An outbreak is defined as two or more confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days AND identified direct exposure between at least two of the confirmed cases in that setting (e.g. within 2 metres for >15 minutes) during the infectious period of the recognized index case. Providers should inform the CCG as soon as an outbreak within the practice has been identified.

The CCGs, with the LMC, are developing a protocol for managing an outbreak in Primary Care but in the meantime if a practice identify a COVID-19 outbreak the following should be initiated by the Practice:

\*\* The following detail should be submitted to the CCG as a minimum wherever possible – Operational Impact/Mitigation, Compliance with IPC, Staff Absence (Sit Rep) and if possible the planned process for reinstating services when safe.

It would be helpful if when informing the CCG that a telephone number (preferably a mobile) is supplied to enable the CCG to contact the practice to understand the support required.

Enclosed:

Appendix A: Letter from NHS England on Nosocomial infections

Appendix B: Scenarios and further detail on Test and Trace implications on primary care