



Information & support for nurses working within General Practice during Covid-19

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Preface

The recent Covid-19 crisis has changed the traditional role of how nurses work in general practice and has the potential to impact on how care will be delivered in the future.

This document aims to recognise the current challenging times in practice and to support nurses in undertaking work that needs to be completed now. It will hopefully encourage nurses to reflect on what has been learnt and start thinking about the future role in general practice.

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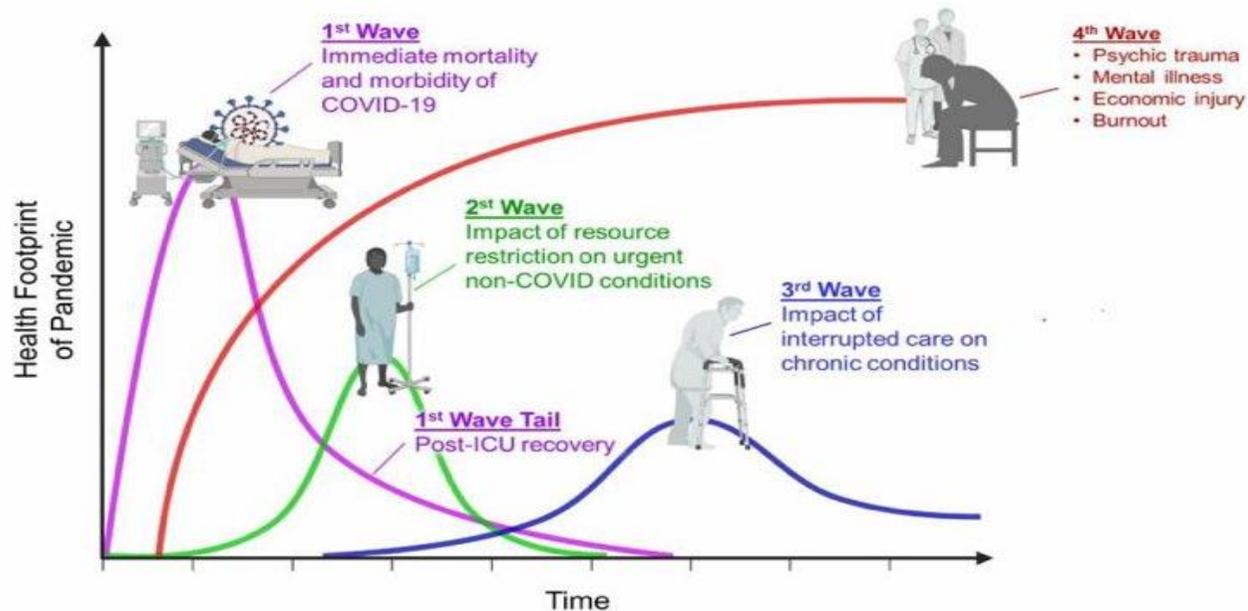
Introduction

The way primary care is working now has evolved quickly over the past few weeks in response to the challenges of Covid-19. This had led to many new ways of working many of which will shape Primary Care in the future. Many nurses will have will already have been involved or have had the opportunity to trial new ways of working during this time. **Please remember it is essential that all registered nurses continue to work within their scope of practice and capabilities.** This document aims to recognise the challenging times currently, support nurses with undertaking work now and to promote thinking about the future.

How and if this 'different' way of working is effective and sustainable will at some point need to be evaluated. Nurses are working differently sometimes taking on different roles including for example triage and video consultations, this impact on staff workload and patient care will need to be considered. Care still needs to be provided for 'routine' activities but possibly in a different way by nurses and HCAs, taking time to also plan for a gradual return to a new normality over the next months. The emphasis should be on providing safe, quality and effective care to our patients. It is also necessary especially in these challenging times to looks after the wellbeing of self and others. Some resources to aid this are listed at the end of this document.

What has happened?

Nationally and regionally the focus has been on patient safety, ensuring they receive the best possible care, support and advice. The challenge has been managing demand by balancing workload and workforce, including recruiting GP and nurse returners. The aim was to try and reduce the demand on hospitals to enable them to manage the increased capacity created by Covid 19. In a recent article written by a Canadian doctor this is referred to as stage 1 of the Covid 19 pandemic which is illustrated in the picture below. (Victor Tseng (Twitter@VectorSting 30/03/20)



In March the RCGP produced “[Guidance](#) on workload prioritisation during COVID-19” using a RAG rating:

- Green** category: Aim to continue regardless of the scale of the virus outbreak
- Amber** category: Continue if capacity allows and if appropriate for your patient population
- Red** category: Postpone, aiming to revisit once the outbreak ends, ensuring recall dates are updated where possible.

Nurses and HCAs have an important role in supporting patient to maintain their current health and if there is capacity within the current system to continue to provide care. This may have to be done in a different way than the traditional “face to face” consultations.

Practices will need to consider how they plan to deal with the backlog of work and provide care to those people in waves 2 - 4 above. This will require nurses to work more closely with the multi-professional team across health and social care.

The daily workload in general practice in some areas appears to have been reduced though this will be a temporary measure. There may be a backlog of work to catch up on for non Covid 19 patients who have waited for appointments and for patients who will need care and support after exposure to Covid 19 (as demonstrated in the graph above).

One of the positives is that patients appear to be taking responsibility for their own health, this should be encouraged. However, patients who need support for potentially significant symptoms should be able to access services appropriately. The knowledge, skills and experience of the nursing workforce should be used effectively and appropriately to promote this.

Below is a list of activities that are categorised using the RCGP RAG rating tool with options of how care could be delivered. Some people appear reluctant to access care currently as they do not want to over burden an already overstretched system but also for fear of being exposed to Covid 19. New ways of reaching this group of people and others with LTCs and those who present with symptoms that require escalating e.g. cancer need to be found.

It is important where possible to reduce face to face contact. Each activity should be risk assessed and consider a suitable effective and appropriate alternative way of providing care. The emphasis should be on patient safety and ensuring the staff member still works within their [scope](#) of practice. NHS [Digital](#) provides resources on how to carry out remote consultations, you can register by accessing the link.

What nurses can do now?

(Based on the 2020 RCGP [RAG](#) Rating)

Green

Will remain in place regardless of scale of virus outbreak. The patients may need to be designated to specific clinics to keep people as safe as possible when coming into the surgery. Possibly allocate to cold sites. If a patient declines to come to the surgery due to coronavirus concerns the practice would need to agree a process for managing this.

	Options	Link
All Injections	<p>Prostap, aranesp, clopixol, testosterone, contraceptive depo, B12 discuss with colleagues how many of these are essential</p> <p>Could the patient/carer administer themselves e.g. contraceptive depo can an oral alternative be used</p>	<p>Patient guidance -Subcutaneous Self injection for anti-coagulation treatment Patient self-administration policy (example)</p> <p>Royal Pharmaceutical Society; NICE</p> <p>B12 deficiency – Gloucester pathway</p>
INR 's	Consider if the patient/carer could administer themselves or use oral alternative	<p>NICE</p> <p>Royal Pharmaceutical Society</p>
DMARD bloods	Will need designated DMARD clinics at the surgery due to additional immunosuppression risk	
Dressings	<p>Encourage self-care where this is feasible, especially for older more vulnerable patients consider if dressings could be left in place for longer periods Interact with patient using video consultations to review the wound or ask them to email a photo</p> <p>If the patient needs a home visit, ask the patient/care where possible to remove the dressing before the visit to reduce the time spent in the home Ensure national guidelines and best practice is followed</p> <p>Speak to your local district nurses and Tissue Viability lead for further advice on wound care</p>	<p>On Line training Wound care; E learning Leadership role Practical demonstration - You tube clip; AHSN – advice for patients & nurses</p> <p>Ensure you use appropriate PPE; RCGP; GOV UK; NMC; RCN</p> <p>TV Society</p>
Chronic reviews	<p>Most chronic disease reviews involve more vulnerable patients. Many of these can be undertaken over the phone or by video. Where a patient has a concern or symptoms this should be triaged and then the patient assessed as necessary.</p>	Primary Care Respiratory Society - Advice

Amber

These will remain in place for the time being but may need to be postponed. It will be dependent on capacity and patient demand

	Options	Links
Cervical cytology	<p>If a woman has received a letter for her routine 3-5 yearly smear, and has no symptoms, the risk is extremely low. It is likely safer at the current time to postpone this rather than attend the surgery. If a woman wants to attend, then they should be seen but made aware of the potential risks of exposure. Consider creating designated smear clinics.</p> <p>If a woman has had treatment to her cervix, and is therefore receiving smears more regularly, it is more important to continue than delay and they should be encouraged to attend keeping exposure to risk to a minimum.</p>	<p>Please check your regional guidance as the process can be variable across the region</p> <p>NHSE & PHE Guidance during Covid 19</p> <p>The Eve Appeal – patient information during the Covid 19 crisis</p>
Child Immunisations	<p>These are to continue for the time being in designated clinics. Children receiving their vaccinations could be seen in the surgery at the same time as undertaking baby checks and post-natal checks</p> <p>Older children could be seen at a different time in a designated clinic</p>	<p>WHO RCN</p>
Post-natal checks	<p>Continue to offer designated clinics for the 6-8-week postnatal checks these can be combined with the immunisation of younger children.</p> <p>Where a mother prefers to not bring her baby for a check then a phone consultation may be helpful</p>	
Shingles/Pneumo vaccinations	<p>These patients will not be routinely called for vaccinations. If a patient is eligible and wants to attend then they should be made aware of the potential risk to exposure</p>	
Coils / implants	<p>Continue to offer contraceptive services if a patient needs a change of coil / implant.</p> <p>Book specific contraception clinics to minimise the risk to them and other patients.</p>	

Red

These activities currently could be postponed or where feasible converted to a telephone consultation, there may be exceptions

	Options	Links
Ear Irrigation	This is not a clinically urgent procedure the risks of coming into a GP surgery for this procedure outweigh the benefits. Patients should be encouraged to use oil for longer or consider paying for microsuction if available. If there are any 'red flags' the patient needs to be reviewed.	NICE Ear irrigation evidence Ear care guidance
Q risk	These appointments can be done on the phone rather than face to face	CQC NICE guidelines
Medication monitoring bloods	Annual blood test monitoring for most conditions is not essential and can be delayed. Except for DMARDs, blood tests will still need to be arranged and monitored	
Pill Check	There is the potential for an increased risk of pregnancy due to patients not accessing services, consider providing adequate oral prescriptions. PCWHF provides advice on remote prescribing for contraception and managing vaginal bleeding	FSRH Remote prescribing for contraception FSRH advice Primary Care Women's Health Forum NHS Sexual health services
Dopplers	These should only be undertaken unless deemed essential	
Statin blood tests	It is not necessary currently to bring patients in for routine cholesterol / blood tests the risks are likely to outweigh the benefits	
Spirometry	Most spirometry is not essential.	ARTP advice during Covid 19
Medicals	This is non-NHS work patients are advised to search online for private providers for example HGV medicals	HGV medicals information for patients
NHS health Checks	Not necessary	
24 hr BP	Routine 24-hour BP recordings, or BP checks are not essential. If a patient has concerns, then they can be contacted by phone/video.	
ECGs	ECGs should only be done if they are clinically indicated such as chest pain. Routine annual ECGs can be delayed	
Smoking	Patients are encouraged to speak to their local pharmacist	NHS – patient tips to stop smoking

What else can be done?

Please see below for some suggestions for work which can be carried out [remotely](#) from the surgery or home.

Topics	General information	Links
Online & remote consultations	This approach is a relatively new development for many since Covid 19 but is likely to continue in the future.	RCGP - Remote consultation and triaging RCN – Having courageous conversations by telephone or video during the Covid-19 pandemic NHS Digital Wessex LMCs links NHS Securing Excellence in Primary Care (GP) Digital Services Digital training - NHS NHS Digital Training Resources Video consultations – University of Oxford Information for GPs
Wellbeing	<p>Covid 19 will have an impact on staff in many ways – possibly through direct experience of the illness, bereavement or through the different/increased pressures of working during and after a pandemic.</p> <p>Practices should consider identifying someone within the organisation who can signpost colleagues to organisations that can provide support. Some organisation may have access to a Mental Health 1st Aider.</p> <p>Please speak to a colleague if support and advice about your mental health would be valuable. The list to the right is not exhaustive. It's good to talk.</p>	<p>Covid 19 General support and advice “The calm before the storm” podcast “Supporting you and your practice” podcast GOV UK Guidance for the public on mental health & wellbeing Mental Health Foundation The Samaritans - 116 123 NHS Free 24 hr support line: Telephone 0300 131 7000; Text 85258 NHS Practitioner Health Programme RCN wellbeing and-your-mental-wellbeing NMC – Covid 19 and raising concerns NHS Employers Guidance for the NHS workforce The Joyful Doctor My Internal World Web based mental health assessment and programmes Anxiety helpline NHS Mindfulness app Free for NHS using NHS email until end Dec 2020 Unmind This link allows all those with and NHS email address to sign up for an online resource to support the mental health of our teams Sleepio - online sleep improvement programme - sleepio.com/redeem and enter the code NCE2020 Daylight Red Whale PHE Every Mind Matters Help Guide to Mental Health Burnout Health & well-being; BMA Mental health in the workplace </p>

QOF work – reviewing progress	Patients can be contacted by phone/video and results documented in the patients notes	CQC guidance NHS Digital
Long term conditions Sign posting patients	Consider undertaking virtual group consultations. There is now the opportunity to access training to undertake these via video links.	www.events.england.nhs.uk Enter VGC or Sentinel in the search box and tick the date of the training session. You will need to click buy but the sessions are free to attend. Group consultations Patient societies
Patient resources	There are number of websites that patients can be signposted too. This could be a key role for social prescribers. There may be an opportunity to update patient information/health promotion materials in the practice	The handwashing rap , produced to help people who have a learning disability Public Health England stay at home guidance , translated and in easy read Public Health England guidance on social distancing , translated. NHS guidelines translated into 32 languages by Doctors of the World Easy read information on COVID-19 from Mencap Public Health England resources in accessible formats COVID-19 guidance for providers of services for people experiencing rough sleeping
Do you have a list of carers in the practice	Your link worker or social prescriber could undertake this	Supporting carers in general practice
Do you have a list of veterans?	Ensure you and your practice team are adequately informed to meet the physical and mental health needs of this patient group	Care of military personnel and veterans NHS e-lfh – NHSE armed forces programme
Learning disabilities	An average practice of 8,000 patients could expect to have between 50-100 patients with LD. The Annual Health Check (AHC) is a holistic view of our patients and a recognised, evidenced method of improving the health of individuals with LD. The national Directed Enhanced Service (DES) for Learning Disabilities Health Check Scheme was designed to encourage practices to identify all patients aged 14 and over with LD, to maintain a LD “health check” register and offer them an AHC, with includes producing a health action plan. Consider if this review could be undertaken by video.	LD annual health check LD & screening - including cx smears and breast screening; GOV UK Videos for patients with LDs about Annual Health Checks: https://www.youtube.com/watch?v=7gANZupyBHM&feature=youtu.be https://www.youtube.com/watch?v=p4T9QrUchTU&t=

Look at becoming a dementia friendly/ LD friendly surgery	Dementia can present in several different ways. Raising awareness with all members of staff can be beneficial in providing care to this group of patients and their families.	Dementia links Alzheimer's society Wessex Academic Science Network
Are the safeguarding lists up to date?	Ensure all staff have undertaken the appropriate level of safeguarding training, policies have been updated and staff know how to escalate an issue if required	podcast e-lfh safeguarding training CQC
Audits	Undertake audit or a quality improvement project	RCGP Audit tools RCGP Bright ideas RCGP Quality improvement activity First practice management audit information NHSE
Clinical governance	Update policies and protocols that will be needed for CQC in the future	Information governance
Training	Ensure everyone is up to date with mandatory training including e.g. safeguarding. Many can be undertaken online Digital training	Mandatory training e-lfh Sepsis ; Sepsis Trust; e-lfh NB Medical Lunch & Learn On line training for practice staff e-lfh - Covid 19 Digital training - NHSE NHS Digital Training Resources Video consultations – University of Oxford Information for GPs HEE training hubs LMCs
Prescribing	If you are an NMP you could undertake medication reviews using telephone/video consultation. There may be other prescribing related work you could assist with e.g. Optimise switches. What are your highest potential cost saving areas for your practice identified by optimise? Your CCG pharmacist will be able to tell you e.g. reducing Lansoprazole form 30mg to 15mg where possible. Searching for any patients who have been on a bisphosphonate for over 5 years, do they need another DEXA, a drug holiday?	Royal Pharmaceutical Company – NMP competencies Non-medical prescribing - guidance RCN Advice for NMPs HEE training for NMPs NICE CCGs MHRA

Care homes	Consider how the time could be used to liaise with local care homes to review effective ways of working. For example, joint training, sharing of information and support, establishing regular communication.	SCIE
ReSPECT	It is likely that nurses will become involved in providing support to patients and families around discussions of what type of care they would want in an emergency situation.	Resuscitation council – ReSPECT e-lfh RCGP end of life care NICE NMC statement on advanced care planning (DNARCP) RCN verification of death during Covid 19
Mental health checks	Approximately a quarter of all people will experience a mental health problem in any one year, and 23 out of 30 who experience mental health problems will visit their GP. (RCGP) Consider the possible use of telephone and video consultations and Information available for patients	Mental Capacity e-lfh training Derby Primary Care Toolkit RCGP Mental health toolkit NHS – information for patients
Refresher training for health and care professionals returning to work	Returners are likely to require ‘refreshing’ on working in general practice and updates to undertake their roles	Blue stream academy QNI
Deployment of staff including student nurses	The Covid 19 situation has required some people to have to move into areas of practice that are not within their specific job descriptions. This should be a temporary measure, but it is an opportunity to review your current role and look for opportunities to work closer with colleagues across the PCN and for example district nursing. NHSE/I are planning to produce guidance on core competencies between primary and community care.	NHS Employers RCN Guidance on deployment Staff sick pay & employment during Covid 19 ACAS
Appraisals & revalidation	The time could be effectively used to ensure staff are up to date with appraisals and revalidation.	NMC Revalidation Appraisal Quality improvement activity

Clinical supervision	Clinical Supervision is essential to demonstrate the commitment of the organisation and its clinical staff. It encourages reflection on clinical practice using a constructive approach to support and increase the confidence and capability of staff, with the primary aim of improving the quality of care provided to the patient population. Clinical supervision can both enable and support those in clinical practice.	NHSEI GPN Single point
CQC	Currently CQC have put all visits on hold unless there are issues around safety. This is an opportunity to revisit areas that are commonly covered in CQC inspections and prepare for future visits. CCGs are a valuable source of support.	CQC How we monitor GP practices CQC Mythbusters CQC Preparing for an inspection CQC Supportive information
Workforce	<p>There are ongoing issues around the recruitment and retention of nurses and GPs, we also have an ageing workforce. This is an opportunity to review the competencies and capabilities of your staff and undertake a training needs analysis. New ways of working with increased flexibility across PCNs could encourage experienced staff to remain in work. Also consider having student nurses in your practice, a positive experience is more likely to encourage them to work as GPNs. Speak to your local training hub.</p> <p>The aim is to ensure that you have staff with the necessary skills and knowledge to meet the needs of your local population now and in the future.</p>	Skills matrix QNI GPN Nurse standards RCGP Nurse competencies Skills for Health ACP (Nurses) Core Competencies & Capabilities Practice Health Check Diagnostic Tool HEE training hubs

Further Support

<p>General support available</p>	<p>Guidance and SOP for General Practice Covid 19</p> <p>Covid 19 information</p> <p>Primary Care Webinars</p> <p>Fully funded support to implement rapid changes in response to Covid 19 is available for practices and PCNs to access at no charge.</p>	<p>NHS England</p> <p>HEE Covid 19 information</p> <p>NMC regulation during Covid 19</p> <p>RCN</p> <p>RCN FAQs</p> <p>QNI Covid 19 advice</p> <p>RCN Deployment guidelines & advice</p> <p>NHS Updates & guidance for general practice Practical & operational issues</p> <p>NHS England Advice for clinicians and NHS managers</p> <p>NHSE weekly webinars</p> <p>Academic Health Science Network</p> <p>List of General advice & resources</p> <p>Time for Care Programme</p>
<p>PPE & infection control</p>	<p>The guidance available is for the protection of staff and patients. It is important that all staff familiarise themselves with the 'donning, doffing' and appropriate disposal of PPE. Local CCGs can provide advice through their IC leads.</p>	<p>GOV</p> <p>Wessex LMCs</p> <p>Infection Control Advice for Practices</p> <p>RCN infection control</p> <p>GOV UK</p>
<p>Primary Care Bulletin</p>	<p>NHSEI will be publishing a frequent bulletin for primary care covering all guidance and information published for general practice, pharmacy, dental and optical.</p>	<p>Primary Care Bulletin</p>



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