17 March 2020

Dear Colleague,

NATIONAL SUPPORTING GUIDANCE FOR SCOTTISH GENERAL PRACTICE

The attached document brings together a range of guidance to support GPs, GPNs, practice and community nursing teams, other clinicians in the multidisciplinary team, and Practice management and administration staff to coordinate response activities for the Covid-19 pandemic. This has been developed and collated by the Primary Care Division in the Scottish Government, and has been accepted and co-signed by both the British Medical Association's Scottish General Practitioner's Committee and the Royal College of General Practitioners.

This guidance should be viewed alongside the joint Scottish Government, BMA and RCGP letter to GP practices issued on 13 March, as well as the Circular to Health Boards issued by the Scottish Government on 5 March (PCA(M)(2020)02).

This is intended to represent the most up-to-date and comprehensive set of guidance available to date. We appreciate that you are incredibly busy, but we ask that everyone working in General Practice try to find time to review or consult this document for the latest advice on a range of issues.

We recognise that the likely impact of Covid-19 on General Practice capacity and services, now and in the coming weeks, is rapidly escalating. It has been heartening to experience and hear of the many examples where members of General Practice have risen to this challenge, contributed incredible efforts individually and as teams well over and above the norm, and collaborated with their colleagues and counterparts across Practices, HSCPs and Health Boards. You are setting the example for helping to ensure that NHS Scotland is as prepared as possible for this challenge.
Helpful guidance and other forms of support for people working in the Primary Care community is emerging from many places as clinicians and practice staff pull together to respond to Covid-19. This is hugely encouraging. We also recognise that there is a complex landscape of advice emerging as the local, national and UK-wide landscape evolves rapidly, and that this is happening at a time when clarity is essential. To this end, the Primary Care Division in the Scottish Government is doing its utmost to bring all of this guidance together and ensure it is helpful, relevant, consistent and clear for Scotland’s General Practices and Primary Care staff.

Realistically this is not the last word on national guidance. New operational and planning questions are emerging every day. The Scottish Government will continue to work closely with the BMA, RCGP, the Royal College of Nursing and other professional bodies, as well as with Health Boards and HSCPs, to ensure as far as possible that we are responding collectively with timely advice. The Primary Care Division plan to issue regular weekly updates each Friday setting out the issues that have arose across Primary Care in the previous week, describing our engagement to inform our response, and signposting to any relevant places where further helpful information is available. Those updates, as well as this guidance, will be circulated widely across the system and published online so that we are minimising the chance that someone might miss something helpful when it is needed.

We remain immensely grateful to all clinical staff including GPs, General Practice and Community Nurses and the wider multidisciplinary team, Practice Managers, administrative staff and domestic staff who are working hard to meet the needs of their patients and communities.

Yours sincerely

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NATIONAL SUPPORTING GUIDANCE FOR SCOTTISH GENERAL PRACTICE - COVID-19

Version 1.1 – Issued 18 March 2020
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BACKGROUND

1. Novel Coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. Clinical presentations may range from mild to moderate illness to pneumonia or severe acute respiratory infection. As a result, patients with COVID-19 could present to primary care either via telephone or in person.

2. As of 12 March 2020 the UK has moved into the ‘delay phase’ of management. This includes significant changes to the identification and management of possible cases.

3. Health Protection Scotland are publishing regular updates to case definitions which are changing rapidly. Please ensure that all members of the practice team are aware of the most current definition.

4. GP practices have a duty to protect and provide care to their patients including vulnerable groups, and a duty as employers to support and protect their staff. As independent contractors practices need to be proactive in managing these risks.

5. This guidance has been produced by Scottish Government with support from RCGP Scotland and the Scottish General Practitioners Committee of the BMA to pull together all relevant information and advice into one resource. The document will be reviewed and updated on a regular basis as the situation changes.

6. Any comments or suggestions on additions or improvements to the document should be sent to fiona.duff@gov.scot

AIMS

7. To act as a good practice resource for all members of the practice team including GPs, Practice Managers, General Practice Nurses and other clinical, administrative and domestic staff.

8. To support practices to maintain the best possible and safest service to patients.

9. To enable practices to provide the best possible support to practice employed staff. Including protection of staff from infection, support in the event that staff have to self-isolate, and support in the event of other eventualities such as the need for staff to take on new or different roles, or be deployed to work with other practices etc in collaboration with your local Health Boards, HSCPs and Health Protection Teams.

SOURCES OF INFORMATION AND CURRENT ADVICE RELATING TO COVID-19

10. There are a number of sources of online advice for patients and clinicians relating to Covid-19:

   • The NHS Inform website is the most appropriate source of advice for patients. It is being updated regularly. Please ensure that there are clear links to NHS Inform on all patient facing messaging eg Practice Websites, practice texts, practice emails, practice information screens, waiting rooms etc. Please ensure that there
are no links to any NHS England resources, which could vary from the Scottish advice.

- The **Health Protection Scotland (HPS)** Website is the most appropriate source of clinical advice for all practice clinicians (GPs, ANPs, General Practice Nurses, AHPs etc) and practice management. Please make sure all members of the team are aware of the links to both the HPS website and the NHS Inform Website.

- The **Scottish Government website** is most appropriate for situation updates, policy updates etc.

- A number of circulars have been published by the Scottish Government. These are available on the **SHOW** website. At the time of writing, relevant publications are as follows:
  a. **PCA(M)2020(02)** – Covid-19: Guidance on Planning and Responding to Primary Care GP Practice Capacity Challenges
  b. **PCA(M)2020(03)** – NHS Near Me
  c. **PCA(M)20202(04)**- Suspension of Online Booking systems
  d. **GP Support Letter – 13/3/2020**

- Other organisations such as **RCGP** Scotland also have very helpful information. For example RCGP Scotland have published **actions cards** for use by different members of the team and have also developed some posters which practices may wish to use. There is also a template for a **Business Continuity plan**.

- Information for General Practice Nurses is available on the **Royal College of Nursing** Website.

- Practices should also keep up to date with any local Health Board and HSCP guidance and information and ensure it shared with the appropriate members of the team.

- **Google** publishes information for patients where English is not their first language.

11. Please ensure that all members of the clinical and administrative team are updated as the situation changes rapidly.

**INITIAL MEASURES TO BE CONSIDERED BY PRACTICES**

12. Current guidance from **Health Protection Scotland** is as follows:

*Triage of Patients.*

*Primary Care practices are advised to make every effort to triage patients by telephone to avoid the patient presenting at the practice unnecessarily and minimising any contact with patients with respiratory symptoms.*
Practices should consider if they are going to triage all appointment requests into the practice or only triage COVID-19 calls. They should also consider if initial clinical triage and follow up consultation will be done as one call or as two separate interactions.

There a number of actions which practices should implement/ consider as a matter of urgency.

13. Following the publication of PCA(M)20202(04) - Suspension of Online Booking systems, all online appointment systems should be suspended with immediate effect.

14. The practice should introduce processes to triage all appointment requests (on the day or in future). Each practice should identify the most appropriate clinical members of the practice team to carry out this role and ensure that they have appropriate internal training, guidance and support to carry out this role. See Annex A for further guidance on practice telephone triage.

15. The RCGP Action Cards should be reviewed and amended to reflect the agreed practice processes if required and then circulated to the appropriate members of staff.

16. The practice should review all current booked appointments with all clinical staff and consider if they need to go ahead or could be changed to a telephone or NHS Near Me remote consultation instead.

17. Decisions on whether to continue to bring in some patients for face to face consultations, or consider alternatives such as a telephone or NHS Near Me reviews should be based on a clinical judgement considering the balance of risk and benefit. Therefore a small number of face to face consultations may still be required.

18. Signage at the entry door to the practice and on external windows regarding coronavirus (such as “do not enter if anyone in your home has a cough or fever – go home and call practice”) should be clear and prominent. Examples are available on the NHS Inform Communications Toolkit and the RCGP Website. Please remember to update this signage in line with the latest advice for patients.

19. An example of a practice poster could be:

Changes to Access as a result of COVID-19.

This GP Practice is currently restricting access for the safety of all patients and staff.

The practice remains open for all essential primary care problems but on the advice of Health Protection Scotland we have put in place a process whereby everyone is screened by telephone prior to being seen.

All patients will still have access to the care they require.

We appreciate your patience and understanding at this time.
20. Patients should also be informed through the practice website, social media, texts etc not to come to the practice. Posters in the waiting room and notices on practice information screens should reiterate this advice.

21. Practices should consider the use of social media such as Facebook and Twitter to communicate with patients and share links to NHS Inform. Links with local community groups such as Patient Participation Groups, Community Facebook pages and community councils may be helpful to support local communications and messaging. Consideration needs to be given as to how to communicate with vulnerable groups such as frail elderly, learning disabilities and other vulnerable groups.

22. Practices should put a COVID-19 message on the practice phone line advising patients of the screening criteria (for those who should not come into the practice without phoning for triage) and directing appropriate patients to the NHS Inform website. The Practice Administrative Staff Collaborative (PASC) found that when one of the GPs recorded the phone message it would have more impact on patients to pay attention to the advice. An example of a phone message could be:

“Thank you for calling the practice. If you have a cough or fever but are well and managing, please self-isolate in line with national guidance. If you are unwell or feel you may need hospital assessment please stay on the line and we will answer your call. We will be not testing for coronavirus even if you have symptoms. If anyone in your household has developed a cough or fever in the last seven days, you should self-isolate for 14 days. Please check www.nhsinform.scot for more information.”

Please remember to update these messages according to the latest advice for patients.

23. Send SMS (text) notifications to all patients with a link to NHS Inform making patients aware of the screening criteria for triage and where to get help and advice. Further advice on the use of text messages is available in Annex B.

24. Implement NHS Near Me (Attend Anywhere) in the practice for all appropriate consultations. Further guidance is available on the TEC Scotland website, NHS Near me can also be utilised to support remote working, although access to the patients clinical record will also be required. Your local Health Board should provide information regarding the processes to be follow to implement remote working.

25. Guidance is available for employers and employees on the UK government website. Patients who ask for sick notes, within the 7 day self-certification period should be directed to this website.
26. NHS Inform have developed a COVID-19 Communication Toolkit and screening tool within the Information for professionals section.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)**

27. PPE should be worn in line with the National Prevention and Control Manual published by National Services Scotland.

28. Guidance on donning and doffing and disposal of PPE can be found in Appendix 2 of Novel Coronavirus (COVID-19) Guidance for Primary Care. This guidance includes instructional videos.


**PREMISES**

30. The practice should have clear patient signage on any access doors, and within the practice. Any isolation rooms should be clearly signposted.

31. **Practice Oxygen** - Supplies of oxygen to GP practices for use in an emergency are, for most practices, arranged with Dolby Vavisol. Details of how to obtain refills should be with the emergency oxygen bag, but Dolby can be contacted on GPoxygenbag@dolbyvivisol.com or on 0330 123 0305.

32. Guidance on the steps that should be taken if a clinical assessment is required in the surgery of a patient with suspected COVID-19 is available in the HPS Guidance for Primary Care. This also includes guidance if a clinical assessment is required on a home visit. Ongoing management of patients and transfer to hospital is also covered.

33. Practices should consider practical approaches such as:
   - Identification of a room will be designated as the isolation room
   - Ensure clear signage is in place to direct patients to the room and on the room
   - Identifying a specific time of day when the room would be used, to allow for appropriate cleaning so that patients can be seen timeously, promptly and appropriately.
   - Enough time should be allowed to see patients, put on and take of PPE between and clean the room as per the HPS Guidance.
   - Ensure one set of examination equipment is available in the room and the room kept as clutter free as possible.
   - Cleaning requirements for the room after use.

**CLEANING**

34. The HPS guidance provides guidance on the steps that should be taken once a suspected COVID-19 case has left premises. Contact your local Health for local help and advice.
35. However there are also some basic cleaning and hygiene principles which practices should also consider:

- All non-essential items including toys, books and magazines should be removed from receptions, waiting areas, consulting and treatment rooms.
- Touch screens should be turned off.
- Reception surfaces should be regularly cleaned with appropriate cleaning products.
- Routine cleaning and disinfection of frequently touched objects and surfaces such as telephones, keyboards, door handles, desks and tables should be considered.
- Basic hand washing has been highlighted as the most effective way of preventing the spread of infection. Hand hygiene promoted by ensuring staff, contractors, service users and visitors have access to hand washing facilities and alcohol-based hand rub, where available.
- Crockery and cutlery in shared kitchen areas should be cleaned with warm water and detergent and dried thoroughly.
- Food such as crisps and sandwiches should not be left open for communal sharing unless individually wrapped.

36. Practices should review their normal routine cleaning schedules (especially if you employ the practice cleaner), and ensure the cleaner has the appropriate equipment, chemicals, cleaning schedules etc. Ensure that cleaning schedules include areas such as door handles and light switches and other areas which can be easily forgotten.

37. Practices should clarify who is responsible for cleaning areas such as phones, desks and keyboards, and ensure staff are aware if they are responsible for their own working areas. Appropriate equipment to clean these areas should be made available to staff.

38. Practices should make contingency plans in the event of the absence of the practice domestic cleaner who will carry out the routine cleaning and does the replacement have access to the practice cleaning protocols. NHS Scotland Guidance on routine cleaning schedules are available at available on the Health Facilities Scotland Website.

39. Practices should ensure supplies of alcohol hand gel and cleaning products are kept in stock.

**STAFFING**

40. On 13th March 2020, NHS Scotland published Coronavirus (Covid-19): National Arrangements For NHS Scotland Staff. Although this document does not apply to Independent Contractors, GP Practices should review the document and consider how the areas highlighted would apply to their own practice employed staff, any GP trainees working in the practice and to GP partners. These include:

- COVID-19 symptoms
- Self-Isolation
- Carer / Special Leave Provision
- Annual Leave
41. The HPS Primary Care Advice states that staff who are pregnant or immunosuppressed should not provide direct care to a patient with a possible or confirmed COVID-19. Further advice is available from local Occupational Health Departments. Information on how to contact your local GP Occupational Health Service should be available on your Health Board intranet.

42. The practice may wish to consider keeping some staff away from patient contact and working remotely to prevent most or all practice staff being isolated or infected at the same time.

43. Practices should review their current staff absence policies. Consideration should start be given as to how services will be provided when the number of staff absences increases.

44. In the event of routine work being stopped the practice should consider how staff can be utilised in different roles, and provide the appropriate training and support to allow staff to do that.

45. Where staff are being asked to take on new or different roles the practice may wish to consider reviewing the practice Indemnity policy to ensure that it covers all eventualities. For example, if general practice nurses were asked to support the Community Nursing team to do some home visits would they be covered by the Practice Indemnity? There are ongoing national discussions on this issue, and we further information as this develops.

46. The practice should explore remote working options for clinical and admin staff in case they need to self-isolate. This should include consideration of using their own devices such as mobile phones or tablets if required. The utilisation of NHS Near Me can help to facilitate this. Remote access to the patients clinical records will also need to be available. Your local Health Board will provide guidance on how this will be provided (eg EMIS web, Vision Anywhere). NHS Near Me can be accessed on any internet connection. For telephone consulting, practices may also need to have discussions with their telecoms provider around transfer of calls and consideration also needs to be given to the process for patients to receive any prescriptions issued.

47. If staff are being asked to use their own cars for work purposes eg Practice Nurses carrying out home visits, then again consideration should be given to individual car insurance policies are covered for business purposes, and that processes for reimbursing mileage / fuel costs are clear.

48. Guidance for GPs is available on the GMC Website

49. Guidance for General Practice Nurses is available on the RCN website.
PRESCRIBING

50. Practices should review their repeat and acute prescription request processes to reduce or stop the need for patients to present at the practice to request their prescriptions. Patients should also be discouraged from requesting prescriptions over the telephone to ensure that practice phone lines are not blocked with non-urgent requests. In the process of developing new systems / arrangements, consider the needs of vulnerable patient groups.

51. Practices should consider how all prescribing clinicians could best utilise their skills.

52. On-line repeat prescription processes should be introduced or maximised where possible. However there may be a small number of vulnerable patients where ordering their medication on-line maybe be difficult. Arrangements for this small group of patients should be considered eg via the Community Pharmacy or a mailbox at the front door of the practice.

53. Practices should not change their repeat prescription durations or support patients trying to stockpile - these actions may put a strain on the supply chain and exacerbate any potential shortages.

54. Practices should consider putting suitable patients on serial prescribing as soon as possible. Consideration should be given to staggering this work over several months to ensure that the annual reviews all don’t require to be done at the same time. The whole repeatable prescription can be valid for a year but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a month’s supply now then the repeat dispensing should be set up as 13 x 28 days’ supply.

55. The current process for passing signed prescriptions to local community pharmacies should be considered to reduce the number of staff interactions eg should one member of staff collect from printer and pass to community pharmacy.

56. The process for the management of prescriptions for telephone, NHS Near Me and remote working consultations will need to be considered.

57. Dispensing GP practices should consider alternative ways in which patients can collect their medication without having to present at the practice.

PRACTICE CAPACITY

58. The Scottish Government published the following guidance PCA(M)2020(02) – Covid-19: Guidance on Planning and Responding to Primary Care GP Practice Capacity Challenges. When considering reducing or stopping activity in the practice this document should be referred to and the local Primary Care Management Team consulted.

59. This document should also be referred to in the event that the practice is no longer able to provide services to patients due to an unprecedented number of staff
absences, particularly clinical staff. Practices should work closely with their Health Board / HSCP, GP Cluster and neighbouring practices on how they can support each other in these situations.

60. Consideration should be given to the role of the wider multi-disciplinary team and how they can support at this time. This should be discussed locally with your Health and Social Care Partnership.

61. The practice should start taking steps to review the broad spectrum of current GP services to assess how additional capacity might be released if required. Any decision on whether to suspend or limit services will need to be based on clinical judgement and on the risk to patients (in particular consider the needs of vulnerable patients).

Areas that could be considered for review by the practice:

- Routine bloods
- Routine BPs
- Other routine work
- Medication Reviews
- Long term condition/ Chronic Disease Reviews
- Review of Enhanced Services eg Minor Surgery, Diabetes etc
- Review all Private Work – routine medical reports, ESA, PIP forms, Insurance medical forms, HGV medicals etc
- Review all Subject Access Requests
- Lower threshold to issue acute medicines on request rather than make contact with patient
- Lower threshold for antibiotic prescribing without face to face assessment
- Early supply of anticipatory medicines
- Review workflow optimisations/ document management processes
- Review Home Visiting protocol and any other routine visits eg Community Hospital/ Care Homes
- Review other clinical, educational and professional roles carried out by clinicians to be stopped where appropriate to provide additional clinical input
- Review opportunities for staff overtime and partners additional sessions
- Review opportunities for staff to take on additional or alternative roles, especially in times of staff absence

FURTHER/ LONG TERM ISSUES

62. As the number of staff absences begins to increase it will be important for local practices to work together to support and help each other. Depending on geography and other local arrangements this could be done at local level, at GP Cluster level, Locality or district level. It will be important to work closely with your Health Board and HSCP when developing these plans.

63. Practices should start to identify who they could ‘Buddy up with’. This involves identifying 1-2 neighbouring practices who could see patients for each other in the event of all GPs being isolated; or the practice closed for decontamination; or provide nursing services in event of nurses being isolated or off sick; or provide practice
management or administrative support. Remote working via telephone and NHS Near Me may be especially useful in this situation.

64. The Scottish Government expects that the Health Board will have to make payment to the alternative provider or ‘buddy’ and suggests that this payment should be based on what the ‘buddy’ practice would be paid if the patients from the other practice registered with them, i.e. on a capitation basis calculated from the global sum of the practice suspending its services.

65. Arrangements for covering community hospital, care homes and other local facilities should be considered and agreed with local practices/buddies.

66. Ideally practices should pair with others using the same clinical system to allow shared access arrangements. Managers and other staff can cover if required. Consideration also needs to be given to contingency arrangements to cover administrative arrangements such as monthly payroll activity.

**BUSINESS CONTINUITY PLANS**

67. Practices should review their existing Business Continuity Plans, update and implement as required. If practices don’t have an existing business continuity plan, templates may be available from your local Health Board or neighbouring practice. There are also examples available on the RCGP Website and for those that are members on the First Practice Management Website.

**MISCELLANEOUS ISSUES**

68. **Community Pathway Model** - The GP Support Letter published on 13/3/2020 stated:

> In order to cope with rapid increase in numbers of people presenting with respiratory symptoms, as we move into the delay phase, a Covid-19 Community Pathway Model will be implemented from 23rd March (Annex A), with patients accessing through a single national NHS111 number. This will reduce flow through practices, enabling you to do more in your role as GPs to manage other presenting medical issues and to consider proactive anticipatory care for those who need it most.

Further information will be available as soon as possible as this work develops.

69. Practices should review vulnerable patients Anticipatory Care plans and Key Information Summaries (eKIS). This may also be an opportunity to discuss with patients issues such as DNACPRs, Power of Attorney. Further information is available on the iHUB website supported by Health Improvement Scotland.

70. **Financial Protection** - NHS Employers on behalf of the four UK countries and the General Practitioners Committee (GPC) of the BMA previously agreed arrangements for protecting GP practices’ income in the event of serious and sustained pressure from pandemic influenza. Following that agreement, the Quality and Outcomes Framework has been abolished in Scotland which leaves practices much less exposed to potential loss of income in this situation. The Scottish Government and the Scottish
General Practitioners Committee recognise that income stability is essential for practices and will agree a mechanism to protect practices from any loss of income should one be required.

Annex A

Telephone Triage Guidance

1. Current guidance from Health Protection Scotland is states:

Primary Care Practices and other face to face settings are advised to make every effort to triage patients by telephone to avoid patients presenting unnecessarily to practices. This will minimise contact with patients with respiratory symptoms and help ensure patient safety and the safety of staff required to support the sickest in our communities

Aims

2. To implement a safe and sustainable telephone triage service that supports all patients. All patient contacts should be triaged (not just those relating to COVID-19) to reduce the number of patients presenting at the practice.

3. To implement a telephone navigation and triage service that supports administrative and clinical staff to carry out their roles in a safe and manageable way. Telephone triage can, at times, be challenging and stressful for all staff involved, especially for staff not familiar with the process. Clinical triage should only be carried out by clinical staff supported by clear guidelines and processes. The support of staff and their wellbeing should be considered at all time.

Practical Considerations

4. There are a number of issues which practices should consider when implementing Telephone Triage:

a) What are the different roles of practice administrative staff and clinical staff? Clinical Triage should only be done by clinical staff but administrative staff can play an important role in signposting / navigating patients and gathering basic information by utilising the NHS Inform Self Help Guide.

b) Whenever conversations occur with patients, confidentiality should be maintained at all times.

c) Whether additional equipment is required e.g. headsets or hand free functionality that will allow simultaneous talking and typing.

d) Take special care to document all interactions, including the agreed management plan.

e) For efficiency, clinicians may be triaging and consulting at the same time. Follow up arrangements need to be clear (eg appropriate date/who/when, and to clarify if it a remote assessment). Ensure there is a way to flag this in the system (such as by using workflow). Clinicians need to ensure the patient understands what is happening next.

f) Review appointments systems needed to ensure that clinical staff have enough time to carry out triage and undertake follow up consultations.
Role of Practice Administrative Staff

5. Many practices have already introduced care navigation and signposting by practice administrative staff through work undertaken with the Practice Administrative Staff Collaborative (PASC). Practices who have not implemented this should consider what role practice administrative staff can play in the triage process, eg initial signposting / care navigation, utilising the NHS Inform Self Help Guide and symptom checker. Administrative staff need to gather basic patient information to allow the clinicians to prioritise the triage of patients, but clinical triage itself should only be carried out by clinical staff.

6. Information on the Practice Administrative Staff Collaborative (PASC) is available on the iHub.

7. An example of a practice telephone administrative protocol is attached below (Appendix 1). If a practice does not have a protocol this could be developed and adapted for use in your own practice.

Role of Practice Clinical Staff

8. Practice clinical staff eg GPs, GP Trainees, General Practice Nurses, Advanced Practitioners, Pharmacists should be supported to provide telephone triage. For many staff who have not triaged before this could be scary and stressful. Support and supervision should be provided as appropriate, especially when staff are inexperienced or lack confidence.

9. There are a number of key principles which clinical staff should consider when carrying out triage:

   a) Gain a shared understanding with the patient around what you are aiming for from the conversation
   b) Allow enough time
   c) Develop a systematic approach (see below)
   d) Remember to do what you always do
   e) Listen – employ active listening
   f) Use open and closed questions
   g) Summarise the call
   h) Ensure both parties understand the next steps and are satisfied with the outcome of the call.
   i) Document plans for follow up or circumstances when a person should seek advice.
10. A systematic approach is described below:

Develop a systematic approach
(minimises the risk of missing something)

11. Clinical Triage Guidelines to support practice staff have been developed in partnership with NHS24, senior expert clinicians and Scottish Government (see Appendix 2).

12. The **COVID-19 Assessment Tool** (provided below) will be updated and disseminated as the situation develops.
   a. This is nationally governed, safe content. GPs can use it and apply their clinical judgment when using for each individual patient as we do in NHS 24.
   b. This is based on content developed for H1N1 so please be assured we have tested and used over 11 years
   c. It has been adapted with Respiratory Physician input for COVID 19 and will continue to be updated as required
   d. The endpoints GP 1 and GP4 we would suggest are for GPs or whomever they competently choose to delegate to speak to the patient. Appropriate delegation is a decision for individual General Practices.

Please ensure that your practice protocols/ guidelines reflect these national guidelines. (Appendix 2 and 3)
Appendix 1

TELEPHONE USAGE (example protocol)

Answering protocol

- All staff are required to answer the practice telephones in the same manner, answering as follows:
- Use the appropriate salutation – good morning, good afternoon, good evening, *(insert name of practice)* Medical Centre
- Give your name and ask, “How can I help you?”
- Ask the caller for their name, confirm with dob and address as necessary.
- Action the request as appropriate.
- If not a straightforward appointment booking ensure you obtain all the necessary information from the caller.
- If appropriate, place the call on hold (advising the caller that you are going to do so) until you are able to process the request/ ask colleagues for assistance.
- Speak in a polite and professional manner at all times

Taking messages for staff

- Should a caller wish to leave a message for a member of staff, e.g. a doctor, staff must ensure that they:
  - Annotate the date and time of the call
  - Record who is calling, obtaining their name and telephone number
  - Record the subject they wish to discuss with the member of staff
  - Repeat the information to confirm accuracy
- Once the call has ended, the staff member receiving the call can either:
  - Send a message (mechanism for this to be agreed by practice)
  - Email the intended recipient if they are out of the office
- For urgent messages, staff must ensure that the message is relayed in a timely manner, ideally in person. If the person is out of the office, alternative arrangements for managing the message should be considered.
Administrative Staff Telephone Triage (example protocol)

Process

Patients telephoning the practice to request an appointment with a clinician are initially managed using telephone triage.

The Call Answerer will:

- Introduce themselves clearly, stating their name and role at the practice
- Verify the ID of the caller, ensuring that they are the patient or they have the consent of the person they are calling to discuss.
- Ask caller for a contact number on which they should be contacted and verify this number by repeating back to the caller.
- Explain the purpose of telephone triage (to ensure the right care, with the right person, at the right time).
- Ascertain, if the patient is happy to share this, the nature of the presenting complaint.
  - If the presenting complaint appears to be an emergency (e.g. Chest Pain, Severe Shortness of Breath, Loss of Consciousness, Stroke), advise the patient to hang up and call 999. If unsure, continue the call but find a clinician at the earliest opportunity to flag the case and appropriately call-back slot.
- Advise the patient that a telephone consultation with a GP, ANP, Practice Nurse or Pharmacist will be arranged.
- End the call by providing an overview of the discussion and the plan, ensuring that the patient (or caller) fully understands what happens next and when to expect a call back from a GP / ANP / Pharmacist.
- Advise the patient that the GP will attempt to call a maximum of two times during the advised time period and a third time later in the day; if the patient fails to answer the call, the GP will not attempt a fourth call but will leave a message where the facility exists. Any message left should be carefully worded to ensure that patient confidentiality is not breached in the event of someone else accessing the message.
- Advise the patient or caller that ‘if the condition worsens’ they should ring back or call 999.

Allocation of Call Back Appointments: for example

- Calls 08:00–12:30: AM Telephone triage list (09:00–13:00)
- Calls 12:30–16:30: PM Telephone triage list (14:00–17:00)
Call after 16:30: Advise to call back the following day if non-urgent, discuss with duty doctor if urgent.

Recording information

- Staff must ensure that they record all relevant information gleaned during their telephone call in the appointment booking comment in Vision.
- If a patient fails to answer a call after 3 attempts, this must also be documented in the individual’s healthcare record as it may be needed as evidence should a complaint be raised in the future. Practices should also document if a message has been left.
Document in notes – “Triaged by phone due to Covid-19 as per current NHS Scotland guidance”.

<table>
<thead>
<tr>
<th>Before Calling</th>
<th>Notes checked.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Special notes checked.</td>
</tr>
<tr>
<td></td>
<td>Appropriate protocol available?</td>
</tr>
<tr>
<td></td>
<td>How are you, are you ready for the next patient?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Ask to speak to the patient first. Confidentiality point-you may speak to a relative first who wasn't aware the patient had called the doctor and the patient may not want them to know. Ask if the patient is happy for third party to answer questions (if appropriate).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduce yourself.</td>
</tr>
<tr>
<td></td>
<td>Identify patient (Name, DOB, Address).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for call</th>
<th>Presenting complaint (open question) and patient concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>History of presenting complaint.</td>
</tr>
<tr>
<td></td>
<td>Recent GP contact?</td>
</tr>
<tr>
<td></td>
<td>Exclude emergency.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History</th>
<th>For respiratory presentations use the COVID-19 Assessment Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Past Medical History.</td>
</tr>
<tr>
<td></td>
<td>Drug History.</td>
</tr>
<tr>
<td></td>
<td>Social History – ascertain baseline function and support structures</td>
</tr>
<tr>
<td></td>
<td>Allergy?</td>
</tr>
</tbody>
</table>

| Assessment 'Examination'          | Any observations? |
|-----------------------------------| Description (by caller / third party). |
|                                   | Functional Assessment |

| Conclusion                        | Most likely diagnosis. |
|-----------------------------------| Patient informed and empowered. |
|                                   | Likely progress of illness. |
|                                   | Patient understanding checked. |

| Management                        | Plan (aim for agreement/collaboration with patient). |

| Prescription                      | Own medication / new prescription? |

| Empowerment of Patient            | Diagnosis*. |
|-----------------------------------| Management Plan*. |
|                                   | Involved in decision-making. |
|                                   | Any further concerns / questions. |
|                                   | Additional information source advised. |

| Safety-netting                    | NHS Inform self-care information available for wide range of conditions |
|-----------------------------------| When to call back: 2 factor approach* |
|                                   | How to call back (Practice/ NHS24 111) |
|                                   | Follow up plan* |

| Rapport                           | Caller satisfied with plan. |
|-----------------------------------| Any communication difficulties. |
|                                   | Confirm understanding. |

| Triage Outcome                    | Face-to-face/NHS Near Me interview indicated by clinician. |
|-----------------------------------| Review call planned by clinician – time |
|                                   | Other (Document) |

**Consider using NHS Near Me. If face-to-face consultation indicated, arrange this now.**

| Ending                            | Allowed caller to terminate call |
ADDITIONAL TIPS FOR TELEPHONE & NHS NEAR ME CONSULTATIONS

Take history as per usual.

But take particular info about:
Ask what the patient is doing now: (if child and playing/watching TV, less concerning than lying in bed not wanting to do anything at all).

FEVER/COUGH/SHORTNESS of BREATH/UNWELL:
- Use the NHS24 COVID-19 Assessment Tool (see below)
- Remember, some patients have BP machines and pulse oximeters at home - ask. What is normal for them?
- Assess whether they need hospitalisation. If symptoms of pneumonia (green/yellow sputum) prescribe antibiotics. If not send them the COVID-19 Self Care document. You do not need to examine them unless you can't tell how unwell they are.

Shortness of Breath (SOB) – document:
- How far can they normally walk, what can they do now?
- What are they able to do without getting SOB: getting dressed etc.
- Document if speaking in sentences on the phone.
- Document how often using their salbutamol – if using more than QDS this is more concerning.
- If you are speaking to the parent/relative - it is useful to speak to the child/patient for a short period so you can hear how they sound - document this.
- Can they take the pulse?
- If cough productive green/yellow sputum and in at risk group (over 65, obese, DM, other co-morbidities) consider antibiotics unless they are very well; in which case offer delayed script.
- If SOB and asthma/COPD - give steroids (only if steroids have been helpful in COPD before).
- Can treat pneumonia over the phone, providing they don't have symptoms of hypotension/significant SOB.

SORE THROAT – Document: can they swallow fluids?
- What pain relief have they had?
- Can they see their tonsils? If you're not sure if they have exudates then presume they do have.
- Do a FEVER/PAIN score on all patients - this is easy to do over the phone. Beware it's only validated for those aged over 3
- The fever PAIN score [https://ctu1.phc.ox.ac.uk/feverpain/index.php](https://ctu1.phc.ox.ac.uk/feverpain/index.php) allows you to chat with patient/carer about the chance of them having streptococcal tonsillitis. Also use NNT statistics to discuss the impact of antibiotics.
- If we give out a few too many antibiotics at this time it's not a concern, but equally don't give them out too easily.
- 99% will not need to come to surgery during COVID-19. Prescribe by phone.
If they can't swallow fluids then bring in for examination.

**OTALGIA:**
- We do not need to see/treat any ear pain under 2/7 unless they have facial nerve weakness, severely unwell (despite analgesia), under 2 years of age.
- Otitis Media - do not treat under 2/7 unless very unwell with discharging ear.
- 80% better after 48hrs, almost all better within 5 days • Advise if no better by 5 days/ear discharge/in pain despite analgesia then ring (will consider antibiotics over the phone).
- If itching or history of recurrent Otitis Externa - consider topical antibiotics after 2/7.

**UTI:**
If typical symptoms of uncomplicated UTI, treat over the phone.
If loin pain/tenderness but not vomiting and able to mobilise without being dizzy give antibiotics for pyelonephritis. (The risk of getting Covid-19 by coming to the surgery is greater than risk of prescribing too high a dose of antibiotics.)
Being dizzy when mobilising is a red flag for hypotension and needs to be assessed.

**SINUSITIS:**
Treat if unilateral facial swelling with green discharge and systemically unwell, or if over 10 days duration (some areas it’s now 5 days). They do NOT need to be seen unless you’re not sure of diagnosis.

| Know these time durations to advise patients: |
| Natural history and average illness length for common respiratory tract infections: |
| Average length of symptoms: |
| 1. Middle-ear infection 4 days |
| 2. Sore throat 7 days |
| 3. Common cold 10 days |
| 4. Sinusitis 18 days |
| 5. Cough or bronchitis 21 days |

For children with URTIs – direct them to [http://www.whenshouldiworry.com](http://www.whenshouldiworry.com) - this is a useful leaflet for parents.

If prescribing antibiotics utilise your local antibiotic prescribing guidelines to decide on appropriate antibiotic.

Direct patients to Health Protection Scotland (HPS) website for guidance on issues such as self-isolation etc.
Risk Factors for deterioration

- Age >60
- Respiratory or cardiac co-morbidities
- Immunosuppression; including cancer
- Frailty
- Diabetes

If clinical assessment is advised following the COVID-19 Assessment Tool

Consider Admission if:

- Sats <92%
  - In COPD: Sats < patients known baseline or <88%)
- RR≥24, increased work of breathing
- NEWS >2
- Complex risk factor for deterioration (see above)
- Remember to ask about an anticipatory care plan and be guided by the patient’s wishes
- If appropriate, consider asking the patient about what their wishes might be if they were to deteriorate
GP MESSAGING TO PATIENTS - GUIDANCE

Patient-facing information

COMMUNICATION TOOLKIT:
NHS Inform have developed a toolkit containing a poster, video and social media posts for organisations to print and share. (https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19#information-for-professionals)

Telephone system
This message should be added to your phone system. Ideally at the front end (so before a call is answered).

“Thank you for calling the practice. If you have a cough or fever but are well and managing, please self-isolate for seven days in line with national guidance. If you are unwell or feel you may need hospital assessment please stay on the line and we will answer your call. We will be not testing for coronavirus even if you have symptoms. If anyone in your household has developed a cough or fever in the last seven days, you should self-isolate for 14 days. Please check www.nhsinform.scot for more information.”

Please remember to update these messages according to the latest advice for patients.

Guidance on text messages and similar communications with NHSScotland registered individuals.
Scottish Government wants to give re-assurance with regards to this measure. During these difficult times, sending text messages to patients with further instructions around their health care, including attendance or not at certain premises and appointments, is necessary for reasons of public interest in the area of public health (exception point (i) (public health) on Art. 9(2)).

From the Privacy and Electronic Communications Regulations (PECR) point of view, these messages are not considered to be advertising or marketing material, but instead they provide further advice or instructions in relation to their health care, including attendance at appointments or non-attendance to specific locations, etc.

This is also in line with existing guidance provided by the Information Commissioner’s Office – ICO (https://ico.org.uk/media/2616882/direct-marketing-code-draft-guidance.pdf) regarding Direct marketing.
Having been shown a few messages that have been issued by GP practices, we have considered appropriate to issue some additional advice and examples.

- There is an expectation that senders of text messages clearly identify themselves. At the moment some patients are receiving messages from a random mobile number, with no indication if that mobile number can be used for any other purposes (e.g. are people trying to reply to the message, call the number).

- Wherever possible refer to a trusted source of contact numbers (e.g. NHS 24, NHS Inform, a health board or a GP website). There is a risk of messages being ignored because people may think it is spam or a scam. Please do not refer patients to any NHS England sources.

- If considering texting patients their test results, ensure the person understands this is the means of communication to be used. This is important in order to ensure there is a reasonable expectation that the result will be communicated in this manner to an agreed and verified number.

- Provide advice to staff to ensure every opportunity is used to verify the mobile phone numbers of individuals that they hold.

- Use plain English and consider easy read messages that everyone can understand and is culturally appropriate.

- Ensure the message doesn’t add unnecessary confusion, specially across the elderly or any groups who may not be greatly familiar with digital technologies or the NHS services. Do not make big assumptions. Keep it clear and simple. When choosing the words, be sensitive about the psychological and emotional reactions that a people may experience as a result.

  - Consider an option for those who cannot read due to eye sight, cognitive difficulties or with literacy and language problems. Perhaps in addition to the website, a recorded message should also be available when telephone contact is made with the GP Practice/health board.

- Also remember that the general SMS good practice guide (2012) is still applicable  

- Evaluate the benefit for patients and the wider NHS before you decide to use SMS for whatever specific communication you have in mind.

- Additional security advice is provided by the National Cyber Security Centre:  
  Protecting SMS messages used in critical business processes.  
If you have any doubts, follow the advice from your health board Data Protection Office as well as the Communications Department.

Providing security assurances to patients

- Calling back patients: When advising the public that your service will call back, ensure risk for spam and fraud are minimised, for example:
  - In your website, clarify that you will not call back unless the person has initiated the communication (first call), and that you will not require them to:
    - provide your financial details or passwords as part of any COVID-19 communications
    - “verify” or “update” your details or “reactivate” an account or anything like that.
    - reply to the text message
    - If you think you might have responded to a text message scam and provided your personal or financial details, contact your bank immediately.
  - Your website should also include advice in case of suspicious Coronavirus call, for example:
    - If you think you have received a call or text message related to coronavirus that you think is fraudulent please refer to the Action Fraud website. [https://www.actionfraud.police.uk/alert/coronavirus-scam-costs-victims-over-800k-in-one-month](https://www.actionfraud.police.uk/alert/coronavirus-scam-costs-victims-over-800k-in-one-month)
  - When possible, indicate a time frame in which the person should expect the call back and ensure this is updated if needed (e.g. in the event of delays in call handling etc.).

**TEXT MESSAGE EXAMPLE FOR NOT ATTENDING YOUR APPOINTMENT**

[please note this is an example message. Please refer to latest HPS guidance for appropriate clinical information]

“If you've developed a cough or fever in the last 7 days you should self-isolate for 7 days from the day your symptoms started. You can return to work after 7 days if you're improving. You don't need to be symptom-free to return to work. You do not need to attend or contact your GP Practice. If anyone in your household has developed a cough or fever in the last seven days, you should self-isolate for 14 days.
NATIONAL COVID-19 SUPPORTING GUIDANCE FOR SCOTTISH GENERAL PRACTICE

If your symptoms don’t improve after 7 days, contact your GP. You can phone [GP Practice name/health board] on [Telephone number] or the NHS 24 helpline on 0800 028 2816.

You can find the most up to date information about Coronavirus on www.nhsinform.scot website.

Whenever possible we recommend that you check the numbers provided above with any previous information you have about your GP Practice/health board, including their telephone number and website before dialling to avoid fraudulent messages.

[sender]

TEXT MESSAGE EXAMPLE FOR CHANGES TO APPOINTMENTS

“To ensure patient safety during the Coronavirus outbreak, the way we normally offer appointments is temporarily changing.

The [name of the relevant health service] will close from dd/mm/yy until further notice /OR INSERTDATE.

If you feel you require to see a [GP/HEALTH PROFESSIONAL] urgently, please phone (insert number) on the day to discuss how best to manage your situation.

If you don't have symptoms and are looking for general information, a free helpline has been set up on 0800 028 2816 or visit www.nhsinform.scot

The helpline is open every day, 8.00am to 10.00pm.

For more information refer to our website [website] or call [NUMBER].

Whenever possible we recommend that you check the numbers provided above with any information you have about your GP Practice/health board, including their telephone number and website before dialling to avoid fraudulent messages.

[sender]

Online booking service
Online appointment booking should be suspended.

Information for practice web pages
All practice websites should prominently display a link to www.nhsinform.scot for advice on coronavirus.

Where it is within the GP practice’s control, the landing page of the website should display the following message prominently:

“If you’ve developed a continuous cough or fever/high temperature in the last 7 days, stay at home for 7 days from the day your symptoms started.
Only phone your GP if your symptoms are severe. If your GP is closed, phone NHS 24 (111).

If anyone in your household has developed a cough or fever in the last seven days, you should self-isolate for 14 days. Please check www.nhsinform.scot for more information.

Visit www.nhsinform.scot for the latest coronavirus advice or phone 0800 028 2816."