General Medical Practice

Business Continuity & Mitigating the Risks of Covid-19

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Index Page

Section 1 Introduction and Background 3

Section 2 Infection Control and PPE 3

Section 3 Risk Management 4

Section 4 Infection Control, 4

Lessons Learnt & IPC Guidance

Section 5 Business Continuity Review 5

Section 6 Staff Absence 8

Section 7 Contact Tracing 10

Section 8 Incident Management Teams 12

**Section 1 Introduction and Background**

This document was originally published in November 2021 due to reports of some GP practices beginning to experience business continuity issues because of the covid19 pandemic. Over the last eighteen months, some practices have experienced a significant absence of staff with others having to close entirely for short periods of time.

The winter period poses significant challenges to the health service and new variants of covid19 pose ongoing risks to health services (and other key public health services) with the possibility of staff absences due to illness (or whilst awaiting test results). Therefore, now is a prudent time to remind practices of the need to plan for such absences and to have robust business continuity plans in place.

General Practice has been finding new ways of working since March 2020, as it comes to grips with managing a front-line service in a pandemic. GPs, Practice Nurses, their administration and management teams play a crucial role in managing the health of their population and a practice having to close because of a covid19 outbreak is not something that any of us wish to see. However, like any other business, General Practice is not immune to these risks.

The aim of this document is to bring together work that has taken place within ARHAI, Public Health Scotland, Scottish Government, Health Improvement Scotland and NHS Education for Scotland over the last year and a half and to combine these elements with guidance produced by some Health Boards (giving thanks in particular to NHS Tayside for sharing their work), to provide a document to help practices reduce the risks posed to them and to ensure they are as resilient as they can be.

This document should be read in conjunction with the [GP Recovery Guidance](https://www.scotlanddeanery.nhs.scot/your-development/practice-manager-development/general-practice-recovery/) and the [Winter Respiratory Infection Control Addendum.](https://www.nipcm.hps.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/). [FAQs and a summary of the Respiratory Pathway for GPs is also available.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.scotlanddeanery.nhs.scot%2Fmedia%2F547201%2Fappendix-d-respiratory-pathway-guidance-and-summary-for-general-practice-final.docx&wdOrigin=BROWSELINK)

This document is not prescriptive but highlights areas of good practice and signposts practices to other resources they may find helpful. There is also recognition that some practices will already have adopted many of the recommendations referred to in the following sections and it may, therefore, be of less importance but may act by way of reminder. Some Health Boards have also issued their own guidance which may go into further detail.

If you have any comments, further questions or would like to share your own learning then please email: [Fiona.duff@gov.scot](mailto:Fiona.duff@gov.scot) or [charlotte.leggatt@nhs.scot](mailto:charlotte.leggatt@nhs.scot)

**Section 2 Infection Control and PPE**

The infection control measures for General Practice can be found be in the National Infection Prevention and Control manual [here](http://www.nipcm.hps.scot.nhs.uk/). The manual describes the responsibilities of health and social care providers, together with the Standard Infection Control Precautions (SICPs) and the management of incidents and outbreaks. The addendum for Winter (21/22), Respiratory Infections in Health and Care Settings Prevention and Control (IPC) Addendum provides further information on enhanced infection control measures which are to be employed when managing patients displaying respiratory symptoms and describes the respiratory pathway which should be adopted to manage such cases.

**Section 3 Risk Management**

Managing any business at the present time is challenging but managing a business that provides health care comes with the increased challenge of patient expectations and the risk of covid19 transmission particularly amongst the most vulnerable groups in society. The Civil Contingencies Act 2004 places Health Boards in a Category 1 response, therefore it is essential that GP practices can maintain business continuity along with other areas of the health service. Under the Health and Safety at Work Act 1974, practices have a duty to protect patients and staff, ensuring that they are doing all that they can to reduce the risk of spreading the virus which could result in the practice having to close or having to work with high reductions in staff numbers which can increase stress for those still working. NES and HIS have produced risk management tools which practices may find helpful in supporting them to determine and manage the risks that Covid19 presents. Further information can be found [here](https://ihub.scot/improvement-programmes/primary-care/improving-together-interactive-iti/national-strategic-resources/remobilising-general-practice-risk-management-resource-pack/)

**Section 4 Infection Control, Lessons Learnt and FAQs**

**4.1 Infection Control and Lessons Learnt**

Since the declaration of the pandemic back in March 2020, much has been learnt about Covid19 from transmission rates to how patients can be managed more effectively. That said, we have also learnt how to live in a pandemic. We have had to change the ways in which we operate primary care services, in the same way as we have changed the way we shop, travel and provide education. That learning continues every day and there are lessons that we are continuing to learn.

At the time of writing, some Primary Care services have been forced to close because of high levels of staff absence – we are sharing some of the factors leading to these closures to ensure that we can all learn and reduce the risks to our own practices.

The risks to small businesses are very real. When we consider the factors that have led to closures, there are common themes and the following tips are worth re-considering (making the assumption that practices already have Business Continuity Plans in place):

* Business Continuity Plans should be up to date covering all risks to the practice and should now include the risks associated with covid19 – therefore it is worth reviewing BCPs as a matter of urgency and further help is provided in Section 5.
* Practices could consider splitting staff into bubbles (recognising that this may not be possible in smaller practices).
* Ensure that staff are aware of their professional accountability and the risk that they could pose to the business if they do not follow national guidelines.
* Ensure that staff are aware that they should not car share to and from work.
* Further information about all Scottish Government regulations can be found [here](https://www.gov.scot/coronavirus-covid-19/) and it is worth everyone in the practice being familiar with them. They apply to all work and social settings.
* Ensure that health and social care staff who visit your building are aware of your current procedures and that they, as visitors, should also be wearing a face covering or mask in the practice and should be abiding by physical distancing guidelines.
* Ensure that staff are wearing face masks if they are entering clinical areas and face coverings or masks at other times.
* Ensure that staff are aware of, and following, the guidelines on the wearing of face coverings in corridors, canteens and other public spaces. In canteens where masks cannot be worn when eating, maintain 2 metre physical distancing.
* Try not to let down the “guard” by celebrating a birthday, or a retirement with a cake in the office or coffee room as it may lead to more people being present than should be. As difficult as it can be in a small team, try and carefully consider how to recognise these occasions within the guidelines.
* Think about non-clinical spaces carefully and how often touch points are cleaned – those with frequent contact areas such as kettles, microwaves, door handles, taps, fridge doors, handles on entry and exits doors.
* Be wary of training sessions where it may be tempting for staff to be standing around one PC screen – it’s very easy to forget social distancing particularly as the pandemic moves into the second year! You could use Microsoft Teams within your own practice for training purposes or meetings.
* Ensure that staff can attend for vaccination when required.
* Very few of the contact tracing situations in primary care have been due to clinical scenarios where clinicians have been wearing appropriate PPE. Handwashing and other infection control measures appear to have been practiced very well with patient facing situations. Many of the incidents reviewed relate to more generic “at work” situations where physical distancing and other measures have become “relaxed” and have caught people out. This doesn’t just apply to Primary Care settings, but also applies to a number of other business that have had to close.
* Ensure that staff are aware that they need to state that they are following physical distancing guidelines and wearing a face covering within the practice if they are contacted by the tracing team.
* The importance of communication and team working is essential at this time so think about how you can continue to deliver morning huddles and staff meetings within the physical distancing guidelines.

**4.2 IPC FAQS**

Following three separate Practice Manager webinars, during 2020, [FAQs](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.scotlanddeanery.nhs.scot%2Fmedia%2F547201%2Fappendix-d-respiratory-pathway-guidance-and-summary-for-general-practice-final.docx&wdOrigin=BROWSELINK) were produced and circulated.

**Section 5 Business Continuity - Review**

Under normal circumstances a Business Continuity plan is written, filed and updated roughly annually – they normally include all those things you hope will never happen like fire and flood. However, it’s unlikely that in General Practice a BCP has been written with a pandemic in mind. Some existing BCPs may include information from previous flu pandemic discussions which took place in Health Boards some years ago but it’s very unlikely that many would cover the now, very real risk, of a practice having to close due to a virus outbreak. It is also likely BCPs may have changed with altered practice to remote working which has happened at an accelerated pace in some areas as a result of the pandemic.

Therefore, now is a good time to review your Business Continuity Plans if you have not already done so, to ensure that they are designed to meet the current risk of practice closure or depletion of staff because of absence due to self-isolation or illness.

**5.1 What to do when staff can’t attend due to COVID19**

There are various scenarios that are more likely to occur, for example a staff member having to self-isolate or care for a child who is ill, which could potentially be readily managed by remote working. However, if a staff member tests positive for covid19 particularly with the new omicrom variant, other staff members could also become ill and this could have a devastating impact on the immediate sustainability of the practice. The risk can be reduced by following infection control measures and physical distancing guidelines.

**5.2 Prevention**

To try and reduce the risks to staff and patients:

* Clinical staff should wear the appropriate PPE in clinical settings
* Clinical staff should be familiar with the Winter Respiratory addendum and the PPE recommendations contained within.
* Staff should be familiar with the Winter Respiratory addendum and the screening questions
* The practice should have a process in place to manage patients according to the Winter Respiratory addendum
* Admin staff and clinical staff should wear a face mask in all clinical settings (a cloth face covering is insufficient)
* Admin and clinical staff should wear a face mask or face covering in all non-clinical settings including reception areas, offices, canteens and corridors.
* Physical distancing should be observed wherever possible in both clinical and non-clinical settings, particularly in canteens and coffee rooms where people may remove their mask or face covering to eat and drink.

In addition, meticulous adherence to the latest good hygiene, surface cleaning, ventilation and handwashing advice is of extreme importance to reduce the chance of an outbreak

**5.3 Preparation and Mitigation**

**5.3.1 Remote Working**

Clearly if a staff member of staff is unable to work due to being unwell then they are unable to work. Locums may be available, but this can differ from area to area.

However, many staff members, particularly if well but self-isolating, could continue to perform some of their usual duties remotely.

To do this some preparatory work will be necessary and an up to date list kept of who can and who cannot work remotely to the practice. Some work laptops can be utilised but there will be a finite number.

It may be possible, in some Health Board areas, for clinical staff to set up a Virtual Private Network (VPN) on their personal computer so they can potentially work from home, without the requirement of a work laptop. Please note that some Health Boards are unable to support VPNs.

Your Health Board IT department will be able to advise if you log a call via their help desk. Where setting up a VPN is possible, they should then be able to provide instructions and assist setting this up. This process does take some time and you may need to complete forms and submit these so ideally the tasks should be performed as soon as possible, before the situation arises. It is not ideal to try to sort this out on the day that it is required but not impossible - the process is performed more effectively with a clear head rather than being in a state in which inevitable increased emotions will be occurring.

It is recommended that staff set up a VPN where possible although as indicated above, not every Health Board can support this. Once home working has been established it would be worth trialing to test equipment.

**5.3.2. Update Business Continuity Plan with potential reciprocal (buddying) arrangements**

It is strongly recommended that you have updated business continuity plans in place which have contingencies for whole practice closure or a practice running on reduced staffing levels. You may wish to discuss these at practice and/or cluster level, where it may be possible to put reciprocal or buddying arrangements in place.

If buddying arrangements are put in place, it is worth discussing these arrangements with your indemnity providers to ensure that all the legalities have been considered and are covered.

Even when a whole practice is ‘closed’, a staff member (or Health Board member of staff in the event of complete staff absence) would still be required to turn on and log into a PC, print prescriptions and attend to phone lines if these could not be diverted. If the person doing this does not usually perform this role, they would need a clear step by step guide. Ideally staff should have knowledge and the ability to perform other staff members’ roles, even if they don’t perform these duties regularly. Now would be a good time to consider these areas and to ensure that practice protocols are readily available, up to date and relevant to the current circumstances. Having members of staff that can cover key duties for one another provides additional resilience.

Remember, that a Health Board member of staff or a clinician covering admin duties, may be totally unfamiliar with the role and the equipment so have simple user guides available which may include passwords and log in details (for printing prescription requests from the internet, for example). A simple step by step guide for the essential tasks would be necessary.

If there were no clinicians to support urgent care needs in person or you were unable to utilise remote/Near Me consultations, you may need to collaborate with other urgent care providers such as minor injury units, emergency departments or advance paramedic services. It would be worth discussing this with your HSCP beforehand so that all options are considered and agreed, with the relevant information going into your BCP.

**5.3.3 Phone Lines**

**The business continuity plan should include clear instructions about how to divert the phone lines.**  For 2c practices or when phone services are provided by the Health Board, you would likely need to contact your Primary Care or IT department for assistance so ensure that these names, emails and phone contacts are in your plan. For other practices it is important to have your phone line provider’s contact details in your plan together with any customer account numbers so that you are aware of how to contact them. You will be required to provide the phone line operator with the relevant phone numbers that you would like the phone lines to be diverted to. It would be worth phoning your phone line provider now so that you are aware of the process (and include this process in the BCP).

**5.32.4. Have Contact Details for all staff in building**

In most general practices, there are not solely staff employed by the practice in the building. There may be multiple community staff members attending such as pharmacotherapy teams, immunisation teams, physios, district nurses, health visitors and other services which may work out of the practice. **It is important to know of the best way to contact all the services that use the premises** so that, if they may have been exposed to COVID-19 they can be contacted. Updated contacts for all the services and their line managers is essential so ensure these are up to date now. Don’t forget your cleaning staff. It may also be useful to have details of your own staff’s next of kin or staff representative, with their permission.

Maintaining an up to date key contact list with phone numbers is as vital as is ensuring authorised personnel know where to find this, when they are needed.

Finally, ensure that a copy of your Business Continuity Plan, once updated, is readily available. Make sure that the only copy isn’t locked in the filing cabinet of the Practice Manager who may be the first person off sick/or in isolation. Its good practice to have a copy sitting with each of the GP Partners and the Practice Manager or a copy in a shared practice folder (in Microsoft Teams for example) – emailing a copy to the key players on an email system that can be accessed on a phone or from home is a good idea (ensuring that you are not breaching any GDPR regulations). It may be possible to lodge a copy with your Health Board by way of back up.

**Section 6 Staff Absence due to Covid19**

**6.1 Report the Absence**

Staff can be absent from work due to a number of reasons but this section will cover absence due to a staff member having contracted covid19 (confirmed by PCR testing).

It is understandable that in a situation like this, it will be extremely difficult for the team and all involved. With both thoughts about colleagues who are unwell, and the additional difficulty of attempting to run a practice with fewer staff, some of whom may be remote working, a team approach and a resilient mindset will be needed.

Ideally dedicated staff members will co-ordinate the contingency arrangements and liaise with the relevant people, allowing other staff members to focus on their clinical and administrative duties. These staff members will provide strategic oversight over this challenging time.

The business continuity plan should be activated and the people below informed:

* **Public Health – Local Health Board Health Protection Team**
* **Primary Care – Local Health Board Primary Care Team**
* **IT – Local Health Board IT Department**
* **Occupational Health – Local Health Board Occupational Health Dept (if deemed necessary or further advice needed)**

**6.2 Good communication within the practice team**

Staff members will be no doubt be concerned about their colleagues and eager for the latest update. A plan and system to communicate with members of staff factoring in that people may be working from different locations would be extremely useful to have.

It is worth considering if staff members from the practice have telephone numbers for one another or a WhatsApp group. Applications such as WhatsApp and group messaging have been found to be extremely useful allowing urgent messages to be relayed to all in a timely fashion, helping all staff to be up to date with the latest message. Using one platform to communicate messages in a timely manner can be useful as well. This of course requires staff to agree to this and we should be mindful of confidentiality.

In addition, use of Microsoft Teams for remote video staff meetings can be very useful to collectively agree on working arrangements.

Staff will likely be required to be contacted on an individual basis by the person co-ordinating who will assess who has been potentially exposed to those who have confirmed covid19 and will continue to work with the local Health Protection Teams. It is important that all staff are aware of, and are following, guidance and that they specifically state this if they are contacted by the Health Protection or tracing teams.

**6.3 Re-prioritise Clinical Duties**

Depending on how many people are off, it may be necessary to re-prioritise clinical and administrative workload. Clinicians may need to prioritise urgent patient consultations, home visits and telephone / video consultations. Administrative staff may need to prioritise phone lines, repeat prescription management and test results.

It may be necessary to reschedule or defer appointments previously booked as routine appointments. Rescheduling appointments will, in part, depend on which existing staff remain in the practice available to work. This should be directed and /or performed by the dedicated staff member (s) who is co-ordinating the contingency arrangements, in conjunction with clinical staff where necessary.

Appointment structures may need to be reviewed and an on the day triage system adopted.

Efforts can be made to call in locum, temporary or bank staff although it is anticipated there may not be many available.

**6.3 Remote Working**

**6.3.1 Administrative Staff**

A staff member self-isolating (who is otherwise well) may be able to work remotely from home. The kinds of duties they could perform include:

* Remote docman such as filing, coding although not scanning
* Managing test results
* Managing patient recalls
* Mail Manager
* Imports and exports
* Typing digital dictation such as referrals

**6.3.2 Clinical Staff**

A clinician self-isolating (who is otherwise well) may be able to work remotely from home. The kinds of duties they could perform include:

* Telephone Consultations
* Video Consultations
* Medication Reviews

It is recognised that remote working could be up to 25% less efficient than working within the practice because of the reliance on IT connectivity and stability. Therefore, it is important to ensure that workload is recognised and adjusted where necessary to keep it manageable.

**6.4 Communication with Patients**

The practice should consider updating their **website and could utilise some of the following examples particularly if the practice has to restrict access or services due to large staff absences**, examples given below:

*Due to staff absences, this GP Practice is currently restricting access for the safety of all patients and staff. Please telephone first for advice or an appointment.*

*The practice* ***REMAINS OPEN*** *for all essential primary care problems but because of staff absences we have had to restrict all attendance at the practice so please do not attend in person unless instructed to do so.*

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

*We are currently offering telephone consultations with the clinicians, please call the surgery from 8am daily to book in for a call back.*

*If a clinician deems it necessary for you to attend the surgery, please attend on time and we would ask that you wear an appropriate face covering.*

*We appreciate your patience and understanding at this time.*

The practice should consider updating their practice **phone message particularly if services are affected due to large staff absences**, an example is below:

*‘Please be aware there will be a temporary reduction and modification in services at the surgery for the next two weeks due to illness in a small number of staff members. We can reassure the public that there is no direct risk to patients or the wider public at this time. We will be operating with a smaller number of staff so please bear with us’.*

The practice may wish to send a message out on their Facebook or Twitter page (if they have one).

A formal press release may be required in the event of a complete practice closure and it is strongly recommended to work with the Health Board’s communications teams to arrange this.

**Section 7 Contact Tracing**

NHS Inform is the best source of information about Contact Tracing in Scotland and further information can be found [here](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-contact-tracing). A clinical member may not be considered a contact if they have been wearing the correct PPE when consulting with patients and there are no other risks of transmission with the contact. Staff members may not be considered a contact if they have been physically distancing, wearing a mask and /or reception screens are in place.

**7.1 Self Isolation Policy for Healthcare staff**

You will be aware that the existing self-isolation policy for health staff who are household or passing contacts of covid-19 positive cases, exempts them from the requirement to self isolate for 10 days, where they are:

• double-vaccinated; • where they are and remain asymptomatic,

• where they undertake PCR test (which returns a negative test result before returning to work), and;

• where they undertake daily LFD testing for the remainder of the 10 day period.

This policy will remain in place, subject to the following substantive update, staff must be double-vaccinated and have received a covid-19 booster vaccination. In accordance with the terms of this existing policy: staff are ordinarily expected to return to work and to comply with the testing requirements set out therein.

**7.2 Preliminary Investigations if a member of staff tests positive**

In the event of a member of staff testing positive, the contact tracing team may well contact other members of the practice team. They will need to comply with 7.1 above in order to return to work.

It very much depends on the number of staff involved and how much the business will be affected as to whether an Incident Management Team (IMT) meeting is required with teams external to the practice participating. Initially the local Public Health Team will liaise with the practice to take details of any outbreak.

**Section 8 Incident Management Teams (IMT)**

**8.1 What is an IMT and when does one occur**

An IMT usually occurs if there is a local outbreak of covid19. The local Health Protection Team will judge if one is necessary following an initial review of the situation where they will consider how many people have been affected by covid19 and the circumstances in which the transmission took place (or is likely to have taken place).

**8.2 What will happen at an IMT**

An IMT meeting will be held, remotely with representatives from the practice clinical and management team, the relevant H&SCP and public health. These typically last around 40 minutes and are quite ‘high level’ with fairly wide attendance from public health, infection control, and may include representation from the Health Board Communications team, amongst others.

The aim is to have a supportive discussion to identify:

* who to test
* the impact on the practice
* the impact on the building
* make certain adequate continuity is in place
* learn from the incident

A practice would aim to leave an IMT meeting having explained what has happened and have a clear sense of exactly what will occur, what they need to do and the next steps.

**8.2 Lessons Learnt**

Discussions with practices that have attended an IMT have assisted in the production of this document.

Whilst it is worth acknowledging the potential anxiety that can accompany an IMT discussion, the process is supportive and designed to help highlight if and where changes can be made to IPC procedures.

It is important that individuals comply with the recommendations being made and support should be provided to enable staff and colleagues to follow the advice given.

Practices will inevitably question their infection control procedures and how the virus managed to find its way into the team. Remember that the Contact Tracing team will not be able to share confidential information provided to them by staff members, and there may be many factors at play which led to the incident.

The contact tracing team’s default position will be to act cautiously in all cases and may ask any potential contacts to self-isolate and test particularly in cases where booster vaccination hasn’t taken place (see 7.1 above).

However, it may that if compliant with 7.1 above, members of the team may not need to self- isolate. Discussion with Public Health colleagues will assist in making this decision and it is worth having copies of your covid19 procedures and BCP to hand.

The national contact tracing service is available on 0800 030 8012 for raising concerns if it appears that someone has been incorrectly asked to isolate. Alternatively, your local Public Health Team may be able to give you bespoke advice where appropriate.