General Practice - Recovery Consolidated Guidance for Practices 2022

Primary Care Team – Working Together

Additional Guidance and Support

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Version Control

Version Number and Date	Additions/Deletions
Version 0.1 26 April 2021	
Version 0.2 18 June 2021	Additions: 2.2 Its kind to remind tool kit (linked to Appendix L) 3.4 Care navigation diagram (Linked to Appendix H & I) 3.4 Home and Nursing Home Visits 3.9 Accessibility and Dementia 3.10 Vaccine Certification 4.3 Lateral Flow Testing 6.2 Link to MDDUS training Section 7 Pharmacy First Section 8 Long Term Condition Management (linked to Appendix J & K) Section 9 Summary and Conclusion (previously section 7) Appendix H Care Navigation – diagram Appendix I – Scottish Government Care Navigation in Primary Care Appendix J – Long Term Conditions – case study Appendix J Guidance on Long Term Condition Management Appendix L Kind to Remind: Health Care Workers Tool kit. Amendments: 4.2 Staff Welfare – additional resources
Version 0.3 1 September 2021	Additions: Section 1.3 Moving to Level 0 and Beyond Section 2.5 revisions to social distancing Section 4.4 Staff Safety Huddles and related appendices Section 4.5 Whats App for Team Communication Section 4.6 Recruitment Assistance Section 5 Near Me Quick Start Guide for Practice Admin Staff Section 6.3 Management of Distressed Patients Section 8 Motivational Interviewing Appendix I GP Care Navigation Updated August 21 Appendix Ja & Jb Example LTC Letters Appendix M Pulse Huddle Article Appendix Ma What is a Huddle Appendix Mb Team Huddle Checklist Appendix Mc Dr Miles Mack's Huddle Appendix N Changes to Social Distancing Guidance
Version 0.4 January 2022	Additions: Section 2.6 Summary of the Respiratory Pathway Section 6 – Provision of Contraception Amendments: Sections 2.7 and 2.8 renumbered Appendices renumbered Removed: Former Section 6 Managing Public Messaging & Communication and added to Access Toolkit – subsequent sections renumbered

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All appendices are available on the NES Practice Managers page together with:

- the Access Toolkit
- Long Term Condition Management Resources
- Business Continuity and Mitigating the Risks of Covid-19

Section 1 Introduction and the Patients Perspective

1.1 Introduction

In the past year general practice teams have risen to the challenge of dealing with the Covid-19 pandemic, adapting services to meet patient demand and developing innovative ways of working. This has required clear leadership, determination and flexibility.

Re-mobilise, Recover, Re-design, published in May 2020, set out the Scottish Government's plans to restart as many aspects of our NHS services as possible. It set out that restoring normal services should mean capitalising on the gains we have made in new ways of working, prioritisation and collaboration, with the roll-out of new techniques, technology and clinically safe but faster pathways to care for patients.

We undoubtedly face significant challenges going forward. To step up to meet these challenges, we must look to the achievements and successes of those working in general practice during this challenging period and to celebrate areas of innovation and good practice to meet the needs of the public (patients) and practice teams.

This document brings together (and signposts to) current guidance to ensure that good practice is shared, and questions answered so that the way forward becomes clearer and general practice is supported to continue to deliver the high level of care it has always provided, but in a different way.

It has been designed as a "*work in progress*" in order to receive feedback from practices and to allow for further expansion in future versions as more examples of good practice are shared and questions answered. The contents are by no means prescriptive as there is recognition that practices across the country are managing different challenges with diverse patient populations in different ways so each practice will need different solutions. We hope this document will give you and your team ideas and suggestions for consideration.

This document has been supported by a series of webinars (MS Teams live events) provided by NHS Education Scotland (NES), Health Improvement Scotland (HIS) and Scottish Government working collaboratively.

This document is not a substitution for any other form of Covid-19 guidance and one of the risks in operationalising guidance is that guidance is regularly changing. Therefore, it is strongly recommended that practices have their own operational plans in place which are reviewed and updated regularly following appropriate national guidance provided by Scottish Government and Public Health Scotland (PHS).

Please submit your feedback, any further questions, and examples of further good practice to: charlotte.leggatt@nhs.scot. If you require any additional advice or have future training requirements, then please let Charlotte know.

1.2 The Patients Perspective - the findings of ALLIANCE Scotland

Work by the ALLIANCE, which reported on patients experience of accessing care during the pandemic , not only highlighted the many positive experiences patients had accessing care but some less than positive examples were also cited by both patients and staff. Therefore, as we move forward, it will be important that we all engage and communicate with patients about what, how and why services are being delivered both at a national and local level. In addition the ALLIANCE have reviewed these findings specifically for Primary Care and these are attached in **Appendix A.**

The Scottish Government has produced a "driver diagram" to support this work **(Appendix B).** The overarching aim of this work is: "**People will always be able to access the health and care services that are right for them, at the right time, from the right place"**, with outcomes seeking to improve the patient experience, reduce complaints and increase staff job satisfaction. The diagram highlights change ideas, building on areas that practices have been developing over the last ten years, namely the patient safety agenda, the continued need to avoid harm, ensuring an equitable, flexible service for patients, and for practices to continue to develop processes and systems which learn from improvements and share good practice. The overall intention is to support accessibility and continue to deliver high quality, person centred care that meets the needs of practice populations and practice teams.

A number of organisations can provide support for practices to make these drivers a reality including: NES (in particular the Practice Manager and General Practice Nurse networks), HIS and the work of the Practice Administrative Staff Collaborative (PASC), on-going patient engagement through the work of the ALLIANCE, NHS inform (NHS24), SGPC (BMA) and RCGP.

In addition to this recovery guide, on-going work on the implementation of the 2018 GP Contract and the transformation of Primary Care will continue.

Realistic Medicine and the Chief Medical Officers (CMO) annual reports provide some overall themes to support delivering person centred care and engaging with patients in a patient centred way including shared decision making.

1.3 Moving to Level 0 and Beyond

At the end of August 2021, Scottish Government published its Recovery Plan as the country moved beyond level 0. The key changes for General Practice are outlined here:

Physical Distancing Changes – physical distancing in healthcare settings is being reduced from 2 metres to 1 metre in certain circumstances

Two metre physical distancing within the general community, healthcare and residential settings was introduced at the start of the COVID-19 pandemic as a mitigation measure to prevent transmission of the virus between individuals. Following the roll out of the successful vaccination programme, expansion of testing and the use of face coverings by the general public, physical distancing is no longer obligatory in the general community.

Having considered recommendations made by the COVID-19 Nosocomial Review Group (CNRG), the various Scottish IPC COVID-19 addenda on physical distancing in Health and Social Care have been reviewed and updated by NSS NHS Antimicrobial Resistance Hospital Associated Infection (ARHAI) and Public Health Scotland.

Health and care settings house some of the most clinically vulnerable in society and whilst the COVID-19 pandemic remains a threat, it is recommended that physical distancing remains, although reductions from 2 metres to 1 metre can now be advised in some areas. It should be noted that COVID-19 is still a threat and as a result this is not a return to pre pandemic 'business as usual'.

The full guidance on changes in community care settings including primary care should be digested before implementation and a summary can be found in **Appendix C.**

Where practices are consulting with patients who have tested positive for Covid-19, patients who are symptomatic or where there is a clinical suspicion of Covid-19, or patients with new respiratory symptoms, guidance indicates that 2 metre social distancing should be maintained, and these patients should be isolated from others in a separate waiting area where possible.

Staff are being asked to maintain a 2m physical distance in areas where fluid resistant face masks (FRSM type II) are not in use (e.g. canteens, changing rooms). This will reduce the loss of large staff numbers during any potential contact tracing.

Triage of Patients/types of appointments/open access – it is not mandatory for practices to clinically triage all patients.

Triage of patients may be necessary for practices to manage workload and to prioritise those whose care needs are to be managed most urgently. Whilst many practices may wish to continue with clinical telephone triage and the offering of telephone and digital appointments as part of a blended approach, clinical triage is not mandated. We would therefore encourage practices to consider how they provide services in a patient-centred and flexible way including the opening of front doors where these remain locked and offering further face to face appointments.

We know that many practices have been offering face to face appointments throughout the pandemic and have gradually been increasing this over time, as changes to infection control measures have allowed. We also know that many

practices have an open door (unlocked) policy. We do, however, still have some practices who have taken a more cautious approach about unlocking their doors. We also have reports from practices who wish to open their doors but are tenants of buildings who also house council and/or other health and social care services where they have been informed by the landlord to keep the doors closed (locked). From an infection control and Scottish Government policy perspective, there is now no need to close or lock doors to general practice and we would encourage practices to think about how their services can be widely available to the public in the broadest sense.

Screening of all patients for Covid-19 symptoms prior to attending the practice is still recommended, together with patients with respiratory symptoms.

Isolation Exemptions for Health and Social Care Staff

From 9 August 2021 people (including health and care workers) identified as close contacts of someone who has tested positive for Covid 19 are no longer required to automatically self-isolate if they are double vaccinated with the 2nd dose of COVID-19 vaccine at least two weeks prior to exposure to the case, have no COVID-19 cardinal symptoms (i.e: a new continuous cough or high temperature of 37.8 or above or a loss of, or change in, normal sense of taste or smell (anosmia)) and return a negative PCR test taken after exposure to the case.

An updated Policy Framework outlining the clinical safeguards necessary to reduce any residual risk with close contacts returning to work within Health and Social care can be found on the SHOW website. This framework replaces the 'in extremis' Framework for the implementation of isolation exemptions for Health and Social Care staff DL(2021) 22.

Assessing risk will still be important whilst the Covid-19 pandemic is still a threat so the following sections will still be of help as practices plan their services going forward.

Section 2 Managing Health and Safety, Infection Control & PPE, Risk and Business Continuity.

2.1 Health And Safety

GPs, General Practice Nurses and other professionals need no reminder of their professional responsiblities in relation to their role as a clinician. But GP Partners as independent contractors (who are the employers of the staff) also have other responsiblities. These responsiblities have been in existance for many years but, given the nature of the pandemic, it is worth re-emphasising those responsiblities which relate specifically to Health and Safety.

General practice, like any other business in the UK, is governed by the Health and Safety at Work Act 1974 (the Act) which places a duty on employers to ensure that their workplaces are safe. The Act requires all businesses and employers to:

- Appoint a responsible person
- Provide information and training to staff
- Provide insurance
- Provide facilities such as toilets
- Provide first aid
- Undertake risk assessments
- Provide a health and safety at work policy and to display the appropriate poster
- Report accidents and illnesses

All of the above requirements of the Act should be very familiar to practices and practice managers and are expanded further in Health and Safety Made Simple.

An employee also has a duty under section 7 of the Act to take reasonable care for the health and safety of him (herself) and of any other persons affected by his acts or omissions.

In relation to Covid-19 there are additional areas that practices (and any other business in Scotland) now have responsibility for, namely:

- Risk assessments specific to Covid-19
- Physical distancing
- Cleaning, hygiene and handwashing
- Ventilation and air conditioning
- Working from home
- Vulnerable workers

Further information can be found below:
Making your workplace COVID-secure during the coronavirus pandemic (hse.gov.uk)
https://www.gov.scot/publications/coronavirus-covid-19-safer-work-places-statement/

Management of the Health and Safety at Work Regulations 1999 requires employers to consider risks to their employees, how significant these risks may be, and to identify

what can be done to prevent and control any risk by producing a clear management plan to achieve these aims.

Although the Covid-19 pandemic has not provided any prescriptive or mandatory training for clinical and other staff within a GP practice, business compliance with the Act mandates that all businesses must comply with Covid-19 measures and provide the necessary training and information to their staff.

2.2 Infection Control

Infection Control Manual:
Infection control measures for the Health Service in Scotland are written by ARHAI (Antimicrobial Resistance and Healthcare Associated Infections) colleagues who sit within National Services Scotland (NSS). Over the last eighteen months they have been responsible for reviewing and updating the infection control guidance for both community (primary) and secondary care at a national level and providing advice to local Health Board health protection teams on matters relating to infection control.

The Infection Control Manual, Section 7 pertains to community care settings (which covers GP and other Primary Care settings). This should not be confused with section 5 which covers the acute and secondary care settings.

The Infection Control Manual has been in existance and applicable to Primary Care settings since 2012 and all staff should comply with the infection control measures within. It is likely that much of the information from within the manual, pre Covid-19, would have been found within practices health and safety policies and the focus would likely have been concerned with hand hygiene, sharps management and clincial waste disposal. Your staff may well have complied very well but possibly did not know the origins of the information with which they were complying.

The most pertinent information within the document for general practice is that relating to PPE which is necessary for all clinical staff and the wearing of face coverings by the general public when accessing practice buidlings. In addition there are FAQs provided in **Appendix D**.

At the time of writing there has been some confusion about the wearing of face coverings by the general public when accessing Primary Care Premises. The Infection Control Manual states:

"*The extended use of facemasks by health and social care workers and* ***the wearing of face coverings by visitors*** *is designed to protect staff*".

Therefore, face coverings (and not facemasks) for members of the public accessing Primary Care premises are adequate. Guidance should be regularly reviewed for any changes.

All Staff:
The Infection Control Manual should be familiar to all staff in the practice and the practice has a duty to provide this information and related training under the requirements of the Health and Safety at Work Act. Section 7 describes those areas that apply particularly to community care settings (including GP practices) and staff should be encouraged to familiarise themselves with the areas that affect their roles (and from this link you can access the rest of the document).

Members of the public should still wear face coverings, clean hands and remain at 1 metres when in the practice. Continuing to provide hand gel or a place where patients and staff can wash their hands and keeping chairs at 1 metres in waiting rooms is still important. Screens separating reception staff from patients are still a good idea

Further information about managing your environment can be found in section **2.5** of this guidance below.

Displaying posters at the front door reminding patients to wear a face covering is important as well as asking them not to attend if they have any of the three key symptoms of Covid-19: temperature, cough or asnosmia (loss of taste or smell).

Clinical Staff Training:
In addition to the above, all clinical staff should have access to training on infection control and be encouraged to participate.

There are good Infection Prevention and Control resources for all members of the team and training is provided at Foundation, Intermediate and Improver level. There are training modules on handwashing and PPE donning and doffing.

Signing up for a NES Turas account is a good idea for all staff as there are many resources and training materials and courses within Turas. **See Appendix E**.

Car Sharing:
Car sharing should be avoided. However, when car sharing is necessary and unavoidable, such as with medical students on placement, this guidance should be followed.

Posters and Leaflets:
There are many good resources in the Infection Control Manual including posters which may be suitable for displaying at entrances to buildings.
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Its kind to remind toolkit:
The Scottish Government is supporting a national campaign for use in NHS Boards to encourage staff to speak up and remind their colleagues to keep each other safe by adhering to infection prevention and control (IPC) measures. This is a specific campaign for Healthcare Workers focusing on non-patient facing areas, which have

been identified as areas of higher transmission risk (staff rooms, canteens, corridors, etc.). It has been recognised that staff may drop their guard when tired and when with trusted colleagues on IPC measures such as physical distancing, wearing masks, hand hygiene, and ventilation. Further information can be found at **Appendix F.**

2.3 PPE

NSS is continuing to provide the necessary PPE to Primary Care contractors. Initially this was via a "push" model whereby estimated amounts of PPE were delivered via Health Boards to practices but over the last 9 months a "pull" model has been implemented in many Health Boards whereby practices can now order via PECOS the PPE that they require. This does mean that practices need to establish an internal system for stock management, storage and ordering to ensure that they do not run short. NSS recommends ordering for a four-week period.

The current PPE requirements for practices can be found in Section 7.5 of the Infection Control manual.

This previously split PPE effectively into two categories: treating **medium** and **high risk** patients. This has now been replaced by the Winter Respiratory Pathway which has two pathways. Those for patients who answer NO to screening questions (those without respiratory symptoms) and those who answer YES to screening questions (those with respiratory symptoms. Practices should familiarise themselves with the Winter Respiratory Pathway. A summary of the pathway can be found in **Appendix D** and may help practices to operationalise the pathway to provide a practice protocol for staff.

Type IIR facemasks should be worn for all direct care regardless of the risk category. This is a measure which has been implemented alongside physical distancing specifically for the Covid-19 pandemic. FRSMs should be changed if wet, damaged or soiled.

Staff should wear face masks if entering a clinical area and face coverings should be worn at all other times except when eating.

Within the Infection Control Manual there is additional guidance on sessional use and disposal and all those using PPE should read the manual.

In order to make the operational running of the practice as smooth as possible, practices may want to change the running order of the day so that any patients in the high risk category (those answering YES to screening questions) are seen at the end of surgery or later in the day apart from more urgent scenarios.

PPE is one of several mitigation measures which include hand washing, isolation if you experience symptoms, vaccination, avoiding crowds, social distancing and ventilation.

2.4 Public Health – Covid-19 Guidance for health care settings

PHS has responsibility for writing guidance for health care settings and the most recent version can be found entitled guidance for healthcare settings.

Guidance is updated on a regular basis so it will be important for someone in the practice to be checking updates and versions on a reasonably regular basis.

Within this document and the Winter Respiratory Pathway, screening patients prior to attendance is still recommended although clinical triage of patients is no longer mandated.

2.5 Managing the Environment

Cleaning
Advice on cleaning a building can be found in the Infection Control Manual in Section 7.7 and further information can be found in the GP Shortened Summary of the Winter Respiratory Pathway (Appendix D).

The above advice is no substitute for reading the complete guidance and the Infection Control Manual provides additional, more substantive information, and is continually under review.

Social Distancing and Face Coverings
Although some measures changed on the 19th July 2021, the Scottish Government is still mandating that the public wear face coverings in public places and that physical distancing is still followed in health care settings. The following points are also worth bearing in mind:

- **Pinch points** –you may have pinch points in corridors or at the front reception desk so marking out one metres for queues is a good idea. Avoiding queues building up, if at all possible, and creating one-way systems for entry and exit can also help to avoid gatherings. Try to avoid gatherings in office spaces and coffee rooms which may also be tight on space. You may need to stagger coffee and lunch breaks.

- **Use of temperature reading guns/machines** – as not every patient who has Covid-19 presents with a temperature, the use of such guns to screen patients may not suffice as an adequate screening tool and may provide a false impression. Guns are also subject to environmental influences and so may not provide an accurate reading. Screening questions by staff (as described previously) are the best option along with posters at the front door, messages on phone systems and information on websites asking people not to attend if they have any of the three key symptoms.

- **Ventilation** – good ventilation is one of a range of mitigation measures recommended to mitigate against Covid-19 spread. The use of desk and standing fans (which simply re-circulate existing air) to achieve appropriate air flow is not recommended. Opening doors and windows where possible is recommended, recognising that the opening of some windows may not be possible, particularly where confidential information may be overheard so will, therefore, be a matter of judgement. Further guidance on ventilation can be found on the Scottish Government website

- **Face Coverings –** members of the public and staff should wear face coverings. Staff should wear face masks upon entering a clinical area such as a consulting room and a face mask or face covering in office and reception spaces.

- **Hand Hygiene –** providing toilet facilities where people can follow good hand hygiene is important. Hand gel can also be provided in waiting rooms, offices break rooms and points of entry to buildings.

- **Provision of Information** – reviewing information regularly as the situation concerning the pandemic changes and providing information to the public about what is expected of them when attending the practice is very important, so make good use of:

    - clear messaging on practice phone systems
    - clear information on practice websites
    - screening by staff when making appointments (for the 3 key symptoms)
    - clear information provided by staff on what can be expected when people attend for an appointment
    - good clear signage around the building
    - physical distancing tape can be used on the floor to manage queues
    - display posters at entrances
    - screens at front reception
    - information and arrows if you are using a one-way system

2.6 2.6 GP Summary of the Respiratory Winter Addendum (Pathway)

The respiratory pathway was published on the 29th November 2021 and recommends the use of screening questions to determine whether patients should or should not be managed according to the pathway recommendations. Patients answering YES to screening questions will be managed according to the pathway and a summary has been provided in **Appendix D**. However, it is recommended that practices familiarise themselves with the full Winter Respiratory Pathway.

2.7 Managing Risk

Under the Health and Safety at Work Act, all businesses have a duty to manage risk in their own environment so having read and digested the guidance available it would

be advisable to carry out a Covid-19 risk assessment to ensure that you have complied as far as you can in order to minimise risk to both staff and the attending public.

2.8 Business Continuity Planning

It has previously been recommended that Practices review their business continuity plans to ensure they are up to date. As the vaccination programme rolls out it becomes less likely that staff will become seriously ill and require long term sick leave. However, increased numbers of people may have to isolate, and this could affect the smooth running of a practice and the services it offers. A practice business continuity plan is good practice in normal circumstances and should be reviewed on a regular basis. Further information can be found in the document Business Continuity Planning and Mitigating the Risks of Covid-19.

Section 3 Managing Demand, Access and Care Navigation

3.1 Patient Access

Over the last year, practices have offered very different ways of managing patient access, primarily because they have been telephone triaging most people who phone in seeking an appointment or advice. For many practices this has involved GPs and Nurses carrying out the triage role with a greater emphasis on telephone and video (Near Me) consultations and a lesser emphasis on face to face appointments. For some, where a mix of appointments was offered pre-Covid-19, this may not have been a huge change for the staff nor the patients. But for others, this has been a radical change process delivered at speed which possibly had little time for planning nor appropriate messaging at the time that it was introduced.

The ALLIANCE report on people's experiences of accessing GP services during the pandemic reflects this mixed approach with some people praising their GP surgeries for the work undertaken in the last year with others expressing less positive experiences reflecting the inconsistence in approach. Anecdotally there also appears to be an increase in patient complaints, and aggressive and occasionally violent situations against practice staff. This is not acceptable and there are existing mechanisms to manage violent and aggressive patients. However, we also need to consider why this is happening as well as how these situations should be managed if / when they do happen. Practices should consider how they can learn and adapt from these situations, including the learning from complaints and patient feedback.

It's important to recognise that no one system is going to suit all people or all clinical issues. Whilst many patients like the use of technology like Near Me and telephone consultations, for other people and clinical situations, these may be highly unsuitable.

It will be important as we move forward, to find longer term solutions to offer choice in order to maximise on the gains we have made in terms of technology whilst also reflecting and recognising that not all new ways of working provide appropriate access for everyone nor every clinical situation. A GP Access Toolkit has been provided for those practices who wish to explore this area further.

3.2 Triage vs Screening

As Covid-19 is likely to be with us for some time, screening of patients for respiratory symptoms will still be imperative in mitigating the risk of people bringing an infectious disease into the practice unawares. This is something that reception staff can be trained to undertake and a screening tool is available with the Winter Respiratory Pathway Addendum. Therefore, initial triage by clinically trained staff over the phone may not necessarily be required although for some practices this may still be the preferred option.

Simple screening techniques can be carried out by staff over the telephone or by an initial telephone message. Whilst people should still be seen in a way that minimises risk, we also need to ensure that people get the care that they need when they need it.

3.3 Practice Front door - Open or Closed?

Although some practices locked their doors during the pandemic to mitigate against people coming into the practice without appropriate screening, their intention was that the practice was still open. However, for many patients the perception was (and in some cases continues to be) that the practice was closed, and they could no longer access the treatment they needed.

The following may be useful for practice websites or practice phone messages:

- The practice is open, and services are being provided differently (for more details on the NHS Inform website).

- Patient consultations are now being delivered in a range of ways to help meet the needs of all patient groups including online, telephone, video and face to face.

- Patients may be asked for more information from the practice receptionist to help them navigate to the most appropriate service or professional**.**

As society opens back up, practices will need to consider how they appear to their practice populations. It will be important that the practice appears open to the public and practices may wish to consider how they are viewed and valued by their patients and community. Regular communication with your patients and communities will help to build a positive relationship.

The following considerations may help:

- Consider how your patients are feeling and focus on their needs and points of view. (put yourself in their shoes!).
- Consider how your patients will interpret your message (both automated and live responses) and be mindful they may not know how your practice works or have difficulty understanding or remembering your systems. Avoid using acronyms they might not understand. Keep it simple!
- Avoid blanket statements (e.g., ‘we are not seeing patients face-to-face’) and instead, reassure your patients you are open, treating most patients remotely, and face-to-face appointments are available where clinically necessary.
- Engage with your patients when considering your messaging (e.g. your Patient Participation Group, Community Council, patients, carers, family and friends). Your local Community Engagement Officer can provide support and resources to help you engage meaningfully with your patient groups.

- You can also take steps to access any emerging or on going issues via community social media sources found on facebook or similar websites. These will often flag concerns on emerging problems before a practice gets to hear about them through a formal complaint. However, it will be important for the practice to judge, or take advice from their indemnity provider, in situations where, to take action, may just escalate and worsen the situation.

3.4 Home and Nursing Home Visits

Some people will be unable to attend their GP practice for a face-to-face appointment due to frailty or disability, but these people must still be able to access the healthcare that they need. When required and clinically appropriate, visits to a patient's home or care home should take place in order to allow for clinical assessment and care. This will include proactive and anticipatory health reviews as well as urgent and emergency care. In many areas there are now very good remote arrangements in place with care homes.

3.5 Care Navigation

Drawing on the extensive work and learning from the Practice Administrative Staff Collaborative (PASC), HIS has developed the Care Navigation in General Practice: 10 Step Guide which provides practical guidance on how to set up, or review, care navigation processes and pathways within general practice at pace and scale. It also contains links and references to related support materials developed by our national partners and is accompanied by a recorded workshop which takes you through each step of the guide.

An example of a care navigation diagram has been included at **Appendix G**, provided by Dr Scott Jamieson GP from Kirriemuir Medical Practice. In addition, the Scottish Government has provided a Care Navigation Guide for other areas of Primary care which can be found at **Appendix H.**

3.6 Managing Prescriptions, Appointments, Serial Prescribing and Test Results – to reduce risk.

Whilst Covid-19 remains within our communities, practices will be keen to reduce risk as much as possible for both staff and patients. Some patients will still require to be seen face to face and the ability to reduce footfall through managing appointment type alone will be limited.

However, the bulk of prescription requests, making appointments and giving of test results can be handled without most patients having to attend in person so having good systems that are well communicated to patients can reduce footfall in areas where it is not necessary for a patient to attend in person (albeit that a small minority of patients may have no other option but to attend in person). Engaging in serial prescribing can also cut footfall into the practice.

3.7 Covid-19 Assessment Centres

The arrangements for Covid-19 Assessment Centres (CACs) across Scotland are under review and vary from area to area. This may mean that over time we will see the role of the CACs change. For some more rural practices, the nearest CACs have been at some distance, so they have already been seeing some patients with respiratory symptoms. For these practices they may well have had consulting rooms already dedicated to seeing this patient group and have arranged the working day and practice layout to accommodate these situations to mitigate risk as far as possible.

It is worth considering how you could accommodate patients with respiratory or Covid-19 symptoms in the practice if you have not already done so. Remaining up to date with patient pathways is imperative as this time of change.

3.8 Patient Registrations and Temporary Patients

Patients who need to register with a medical practice should be registered as normal. In accordance with a letter dated 14 December 2020 to all practices, registrations can now be done electronically without the need for a patient signature. Further information on registering with a GP practice can be found on NHS Inform. Information for patients on how to register with the practice should be available on your practice website.

Registering patients for temporary treatment should be carried out as per GMS regulations.

3.9 Accessibility and Dementia

HIS have produced a useful guide to make general practice more accessible to those with dementia.

3.10 COVID-19 Vaccine Certification

NHS Inform contains lots of very useful information for patients concerning the COVID-19 vaccination programme. Because vaccinations are being provided in many different arenas (including general practice) patients should be advised not to contact their practice for proof of vaccination. They can gain further information on how to obtain vaccination proof from NHS Inform

Section 4 Managing the Workforce and Staff Welfare

4.1 Managing the Workforce

Staff in the NHS are our greatest asset and resource. Staff turnover and recruitment (and the associated training costs) are things that practices like to avoid wherever possible. Therefore, making the working environment a safe and pleasant place to be is very important. However, we also need to recognise that people have not only been working extremely hard over the last eighteen months, but they have also faced criticism in the social media and in some instances, rudeness and abuse by patients. This poses a significant risk and is a real issue now in many areas.

The pandemic did provide the need for some (shielding) members of staff or those self-isolating to work remotely from home and some practices have embraced the available technology to allow this to happen. There may be room to allow a degree of flexibility going forward to accommodate staff circumstances although this is very much for each practice to decide.

By way of example

Ensuring that staff can take appropriate rest breaks including annual leave is important in order for them to get a break from work even though they may have no actual holidays away planned. Therefore, proactively managing staff annual leave rather than letting leave accumulate may be prudent.

If you haven't been able to find time for appraisals in the last year, now may be a good time to schedule these even if these are just an opportunity to catch up with staff to ensure their well-being and reflect on how the last year has been for them, rather than the usual full appraisal which could perhaps wait to a more appropriate time. But ensuring staff feel appreciated, heard and valued just now is important for the whole team.

4.2 Staff Welfare

Staff welfare is something that every practice, as an employer, has a duty towards and there are resources available to help with well-being.

The GP Occupational Health Service available in every Health Board area can be a good source of referral for mental health, stress and anxiety issues particularly where staff may need to take time off as sick leave and to plan a safe return to work and each practice should have its own policy on absence management in place. Now may be a good time to revisit your policies and to review and update where necessary. For everyone in the practice, the following resources may be of help:

- The National Wellbeing Hub – provides a range of self-care and wellbeing resources designed to support the health and social care workforce and signposts to relevant services. The Hub offers advice and evidence-based digital resources to help staff cope with issues such as stress, resilience and sleep. It also includes Coaching for Wellbeing, a digital coaching service for all health and social care staff.

- National Wellbeing Helpline (0800 111 4191) - a compassionate listening service available on a 24/7 basis. If needed, and only with your consent, you can be referred to your local staff support services.

- Workforce Specialist Service (for regulated staff) – a confidential multidisciplinary mental health service with expertise in treating regulated health and social services professionals.

- ACAS

- NHS Inform

- NES

- NHS24 Stakeholder Toolkits

- The Scottish Practice Management Development Network offer peer support for GP Practice Managers, to access this service contact practicemanager@nes.scot.nhs.uk

- The General Practice Nurse networks offers a confidential listening service, which can be accessed through medicalpracticenurse@nes.scot.nhs.uk. There are 2 options: a 1 to 1 session where compassionate listening is offered, or group sessions which is based on the 'spaces for listening' framework. All sessions are listening only, not coaching or counselling, and open to the full practice team.

4.3 Lateral Flow Testing

Lateral Flow Testing can be used to identify asymptomatic individuals with a high viral load. Following a positive LFT test, a PCR test should be undertaken. Twice weekly LFD testing is available to healthcare workers in a wide variety of roles and the take up is encouraged in primary care. Further information and FAQs are available relating to asymptomatic LFD testing.

Symptomatic staff should not use LFD tests and should not attend work. They should access a PCR test as per the testing protocol in their health board area. If a symptomatic member of staff has used an LFD test and returned a negative result, they should still self-isolate and arrange a PCR test.

Asymptomatic staff who are negative on LFD testing should not regard themselves as free from infection – the test could be a false negative –they should remain vigilant for symptoms and follow existing IPC measures including physical distancing.

The decision to undertake an LFD test is a matter for the individual and should not be a work based or practice decision. If you wish to order or cancel LFD test deliveries please email nss.PrimaryCareLFDOrderKits@nhs.scot

4.4 Staff Safety Huddles

One way of checking in with all members of the team (both clinical and administrative) is to run “team safety huddles” either daily or weekly. Practices many not currently have the “head space” to take on this additional task but some may find the following of help.

Running a regular huddle aids communication within the practice and allows you to check in with the staff and clinical team to ensure that everyone is “Ok”. It is important during this time, when people are tired and anxious, that people both look after themselves and each other. Stress, anxiety, and poor communication can quickly lead to staff absences and then you face a cycle of additional pressure being placed on other members of the team..

So, what is a team huddle and how can it help?

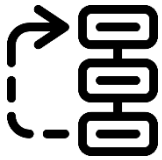
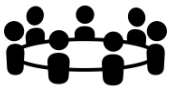
A huddle is an opportunity to check in with people on a regular basis to ensure that they are alright, and that everyone knows the priority for the week or the day. It’s an opportunity to share important news, to check if anyone needs additional help or can simply be used as a mechanism to celebrate successes. It can take a little as fifteen minutes daily.

Appendix I refers to an article from Pulse on the purpose of a team huddle along with **Appendix J** in which Tracey Cricket, Specialist Lead for Practice Manager Education at NES, provides further insight.

An example of a huddle check list which could be adapted for your own use is provided at **Appendix K** and Dr Miles Mack from Dingwall Medical Practice shares his thoughts on why they introduced huddles into their own practice (**Appendix L**)

A draft agenda is shared below and is something that you could use in your own practice on either a daily, twice weekly or weekly basis.

	**Check in** How is everyone doing? Are there any anticipated staffing issues for the day?
	**News Flash!** Any important announcements? Anything new happening soon?

	**Victories** What awesome things have happened since the last meeting? Let everyone know!
	**Priorities** What are we working on?
	**Stuck?** Is there anything that's getting in the way of you completing your tasks? Are you missing key information? Do you need any help?
	**A-Ha's** Any A-Ha moments that might be of interest to the team? This could be a discovery, a fact, feedback from learners, an observation, a trend and so on…
	**Next Huddle** Are you available for the next huddle? Who will lead the next huddle?
	**Catch-up** Fancy a chat? This is the opportunity to grab a cuppa and have an informal catch-up.

4.5 What's App for Team Communication

Some practices have also been using tools like "Whats app" to communicate with team members and the use of such tools can be helpful particularly when staff are absent or working from home. However, you may be unaware that there is also a free desk top version which sync's with your phone. The benefit of this is that you can copy and paste text from emails, include hyperlinks to other websites, and attach documents - or simply enter the context of the message from your QWERTY keyboard. Saves loads of time and vastly improves the quality of information being shared. Further information can be found on the whats app site.

4.6 Recruitment Assistance

We understand that an increasing number of practices are beginning to have staff vacancies for a wide range of staff including GPs, General Practice Nurses, Managers and Administrative staff and with the changes to the SHOW jobs website have struggled to know where and how to advertise vacancies. Scottish Government has been working closely with NSS and the Scottish Rural Medicine Collaborative (SRMC) to develop a robust and reliable system and guidance that will allow you to advertise your vacancies in a timely fashion going forward.

SRMC have developed a Recruitment Good Practice Guide which you may find useful when considering your vacancy, advert, job spec etc. SRMC have also worked with NSS to develop an Advertising System Guide for practices re how to place an advert which will appear at practice.jobs.nhs.scot. If the vacancy is for a GP it will also automatically appear on the GP Jobs website.

You will require a login in order to post vacancies on the system and if you do not have one then please contact nss.primarycare@nhs.scot . We understand that some practices have had difficulty in the past getting a response from NSS to queries but NSS have now developed a system to monitor this inbox in a pro-active way and have assured us that practices will get a response within 3 working days (if not sooner). If you have any issues or queries regarding the guidance, then please contact NSS on the email above or Ian Blair at SRMC ian.blair@nhs.scot

Section 5 Near Me

Many practices have adopted the use of Near Me (video conferencing) to some extent during the last year and offer it to patients as a consultation option on a proactive basis. However, for those practices who haven't fully embedded Near Me into their day to day systems and are looking for further guidance and training:

- RCGP elearning

- Links to Regional Primary Care Webinars delivered earlier this year with GP's describing using Near Me in Practice:

  https://youtu.be/wbXSWQfUQGI Western Isles, Shetland & Orkney

  https://youtu.be/8FazzSVfGEg Grampian, Forth Valley & Tayside

  https://youtu.be/vZXgUipo-BE GGC, Lothian & Fife

  https://youtu.be/kXWosnV5KN0 D&G, A&A, Borders and Lanarkshire

- Near Me training videos and bookable "live" training sessions to attend can be found:

  https://www.vc.scot.nhs.uk/near-me/training/

- Near Me Quick Start Guide for Admin Staff

- Public/Patient information video https://youtu.be/_WrHBghbU3U

- Clinician/Provider video:https://youtu.be/plc3pV7SJRI

A Fife practice has shared their recommendations for telephone, video and face to face consultations and this could be used as a "starter" for a practice discussion on appropriate appointment methods for patients recognising that this type of clinical discussion is never quite as black and white as the example shows **(Appendix M)** would need to be supported with clear staff training.

Section 6 Pharmacy First

NHS Pharmacy First Scotland (NHS PFS) is a consultation service designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions. This service replaced the previous minor ailment service in July 2020.

No appointment is usually necessary, and members of the public can visit any community pharmacy.

As a broad overview of how the service will operate: A person will consult with a member of the pharmacy team, who will assess their symptoms resulting in one or more of the following outcomes:

Advice Treatment Referral to another service

Who is eligible?

- Everyone registered with a GP practice in Scotland or the Defence Medical Services on a permanent or temporary basis (including care home residents).
- People who live in Scotland (including gypsy or travellers / asylum seeker or dependant of an asylum seeker).

The conditions covered by the service include:

Acne	Diarrhoea	Mouth ulcers
Allergies	Dry eyes (acute)	Nappy rash
Athlete's Foot	Dry skin – eczema/dermatitis	Pain
Backache	Earache	Period Pain
Bacterial conjunctivitis	Haemorrhoids	Ringworm
Blocked/runny nose	Hay fever	Scabies
Cold sores	Headache	Scalp disorders
Colic	Headlice	Shingles (from 15th June)
Constipation	Impetigo	Skin Infections (from 15th June)
Cystitis	Indigestion	

A guide for general practice teams provides further information. Public facing information is available on NHS Inform.

Provision of Contraception – progestogen-only pill

In addition, from 9th November, community pharmacies will be able to offer individuals a temporary 3-month supply of desogestrel (progestogen-only pill) if clinically appropriate to do so. This approach is not intended to replace existing services currently providing contraception, but is to widen access and bridge the gap

between EHC and use of longer term contraception, therefore minimising the risk of unplanned pregnancy.

GP practice staff should be aware that community pharmacies will be able to supply the progestogen-only pill for a 3-month period in line with a national Patient Group Direction (PGD). Thereafter, individuals wishing to continue with a regular supply or access an alternative method of contraception, may contact their GP practice to request a repeat prescription or request an appointment to discuss their options.

Community pharmacies will notify an individual's GP practice that a supply has been made, so that their medical history may be updated and to support the provision of ongoing care. They will also direct individuals to patient information about the different types of contraception available.

Additional learning resources can be found on the NHS Education for Scotland Turas Learn site. You will need to register for a Turas Learn account first and the resources can be found under Pharmacy – CPD resources – Pharmacy First.

Section 7 Long Term Condition Management (rest, refresh, recover and re-design)

The General Practice Nurse Network at NES organised two webinars to consider the future of Long Term Condition Management, first broadcast on the 1st June and the 24th June 2021.

Dr Scott Jamieson GP, Dr Nico Grunenberg GP and Alison Fox, Practice Manager shared their thoughts with us at these Teams live events and further guidance has been produced for those practices who are reviewing their processes and looking to learn from others. Resources can be found in the Long Term Conditions Management Resources.

To gain the most from this guidance, it is worth reviewing the Teams Live events to gain a better understanding of what re-design can look like and the evidence which underpins Long Term Condition Management. Copies of speaker presentations and recordings of the events are available.

The take home message can be summarised as follows:

- There is no handbook for managing long term conditions. It is a question of gaining a common practice understanding of the evidence – engaging with the team – designing and planning – testing – reviewing.
- Consider the evidence
- Consider the value of the indication
- Consider the value of review timing
- Consider the value of the tests that you are undertaking
- Inform and involve the patients
- Keep the whole team informed of the process (including your admin staff)
- Test out your process
- Review the process and adjust where necessary

And remember, that redesigning such a service, is a marathon and not a sprint!

Motivational Interviewing techniques and related training is provided via Turas Learn. You will need to register for an account first and can then search for motivational interviewing training within the search function within turas learn.

You can also find further information on the GPN NES page: https://learn.nes.nhs.scot/31253/coronavirus-covid-19/practice-in-the-community-setting/community-nursing/general-practice-nursing

Section 8 Summary and Conclusion

The last eighteen months have been difficult for so many people, both those at work trying to manage a fragmented service and for those using these services. Whilst the future is beginning to look a lot brighter with the continuation of the vaccination programme, we now face the challenges of getting society back to some form of normality. The health service is not alone in these challenges which are also faced by the rest of the public sector as well as all commercial businesses, retail outlets and the hospitality sector.

We are all having to manage the additional Covid-19 measures as well as manage a back log of work which will require patience, planning, leadership and empathy.

We should not forget the huge sacrifices that people have made in the last eighteen months which has been extraordinary in so many ways. Whereas we were thrown into the pandemic with fast paced change and no time to prepare, we now have the opportunity to redesign services allowing reflection, engagement, planning, communication and delivery.

This will involve engagement from all members of the team to ensure processes and delivery are as smooth as possible for our practice populations, keeping them up to date with the changes that are made over the next few months.

On-going support will be provided to practices by Scottish Government Primary Care Directorate, NES, HIS, NSS, Public Health, the BMA and RCGP in the form of further guidance, updated FAQs, and the continued sharing of good practice via webinars.

This document has been put together with assistance from a number of people and is very much a collaborative effort. As a “work in progress” we welcome your feedback, further questions and thoughts on future training and support.

We would like to thank those practices and individuals who kindly agreed to share their ideas and examples.