

Joint checklist for:

- **NCL GP practices hosting external services during COVID-19 (host practice); and**
- **Providers siting services in NCL GP practices during COVID-19 (external provider).**

Where a GP practice is hosting an external service on site, for its own patients, or both its own patients and those of other practices, this check-list is intended to be completed and agreed **in partnership** by both the host practice and the external provider to support provision of services during COVID-19, in a way that is safe for patients and professionals. Both general practice and providers siting services within general practice will be experienced in managing infection prevention and control (IPC), therefore this is intended as a guide to be used as needed to support a collaborative approach to IPC in the general practice premises. Some aspects of this checklist may also be useful where staff from an external service are based in a host practice but not seeing patients.

The checklist below provides principles and guidance and is intended to support the return to delivery of routine care as per national and local guidance, and in a way that minimises the risks of infection transmission. Key national and local guidance is referenced in the document and in the appendix. It has been developed in collaboration with local providers, clinical leads and primary care teams.

Developed in August 2020, this checklist should be considered in the context of the latest Standard Operating Procedures for General Practice. All patient care should be provided in accordance with the *London Principles of Managing Infection Prevention and Control in General Practice whilst caring for all patients during the COVID-19 Pandemic* or latest infection control guidance. Please also ensure that all staff using the building are aware of the arrangements. Where the building is multi-use and not owned by the host practice, please let your local primary care team know if you would like support to make appropriate arrangements with the owner/landlord.

1. Overview – General principles for external services hosted in general practice premises

This checklist is based on the national [Standard operating procedure \(SOP\) for general practice in the context of coronavirus \(COVID-19\) \(11 August 2020\)](#) and adapted to consider roles and responsibilities for practices hosting external services and the external providers of those services. This is in addition to the self-assessment tool for all NCL GP practices to facilitate safe provision of primary care services, available here, and the External providers own approach to addressing IPC within service provision.

| Responsibility | Principle | Met? (Y/N) | Considerations / links |
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| Host practice | The host practice has shared site risk assessments with the external provider. This may take the form of the NCL practice self-assessment tool developed, available here . | | |
| External provider and host practice | The external provider has agreed with the host practice: <ul style="list-style-type: none"> the process for patients to be allocated an appointment the process by which the external provider will ensure, prior to the appointment, that the patient is COVID-symptom free the guidance to be given to patients about what to expect when invited to the host practice for a face-to-face appointment. | | |
| External provider | The external provider website and other resources (e.g. signage) have clear patient information on how to access services, specific to each host practice site where necessary. This: <ul style="list-style-type: none"> describes the process for being allocated an appointment; describes what to expect when invited to the host practice for a face-to-face appointment; and makes clear that there is no walk-in option for accessing care. This information is provided to the host practice to also provide on their website as appropriate. | | Patients may need active reassurance that they can be seen safely in order to minimise excess death and morbidity due to failure to access care |
| Host practice | The host practice has received the above information and considered whether to also incorporate this into the host practice website. | | |
| External provider | The external provider has agreed with the host practice whether and where service-specific signage should be displayed. Information should direct patients to the external provider website for more detailed information. | | |

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| External provider | <p>Patients should be provided with clear instructions by the external provider prior to attending the host practice premises and when returning home including -</p> <ul style="list-style-type: none"> • Protocols to be followed on arrival at the host practice, in waiting area etc. • Use of masks or face coverings • Use of host practice facilities e.g. patient toilets • To attend alone unless this is not realistic e.g. lone parents with young children, patients with dementia etc. • To notify the external provider in advance of their appointment if they or anyone they live with develop any COVID-19 symptoms • Actions to take to minimise spread if suspected of having Covid-19 | | |
| External provider | <p>Patients without symptoms of COVID-19 booked for a planned care face-to-face contact on site in host practice premises should be advised of the number to call to inform external provider staff if they, or anyone they live with, develop symptoms prior to their appointment, and should be risk assessed again before attending for a consultation (both through agreed methods of communication).</p> <p>Patients identified as having new symptoms suggestive of Covid-19 prior to a planned appointment should be advised to contact their GP for advice or if registered at the host practice, brought to the attention of the reception team to be triaged by the host practice clinical team. The external provider should offer a new planned appointment, if the original appointment has to be cancelled.</p> <p>Patients identified as living with someone who has developed symptoms suggestive of COVID-19 prior to their appointment should be asked to self-isolate and their appointment deferred.</p> | | Risks to patients of not being seen should be counterbalanced against the (generally, manageable) risk of seeing a symptomatic patient |
| External provider | <p>Staff should be risk-assessed to identify those at increased risk from COVID-19 and reasonable adjustments made to work patterns. For staff that will be working on-site at the host practice this includes communication of anything of relevance to the host practice to ensure the safety of the staff. This should be agreed with the member of staff.</p> | | Faculty of Occupational Medicine Risk Reduction Framework for NHS Staff at risk of COVID-19 infection |

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| External provider and host practice | Where a member of staff tests positive for COVID-19, the employing organisation should inform the other organisation working on site in case of staff or patient exposure. The national Test and Trace service will, however, undertake the tracing of individuals. | | |
| External provider and host practice | <p>External provider staff should have access to experiential IPC training prior to the external provider returning to site to help ensure robust systems and procedures are in place for seeing patients safely. This may be provided, or topped-up, by the host practice clinical lead for infection prevention and control and should cover infection control processes in place. Resourcing of this training i.e. backfill funding if it takes a clinician away from provision of care, should be agreed between the external provider and the host practice. This may be a train the trainer approach to support the provider in covering the full team.</p> <p>External provider staff should, following the training, be able to describe the ways in which they can protect themselves, patients and colleagues from transmission of Coronavirus within the host practice. This should be confirmed by the external provider.</p> | | <p>Refer to PHE guidance here COVID-19 IPC guidance</p> <p>Queries can be directed to Infection Control Helpline 020 3816 3403 nclccg.COVID-19infectioncontrol@nhs.net</p> |
| External provider | External provider to demonstrate staff understanding that for all face-to-face patient contacts infection prevention and control guidance should be followed rigorously. Where possible, patients should wear masks, in line with latest guidance , on entry to the host practice ¹ . IPC procedures apply at the entry point to the service, in the waiting area, at reception, in the consultation and through to departure. NHS England has stated that they expect that all patients who are able to do so will follow these recommendations. For the small number of patients who may not follow this guidance providers should ensure that they can take all reasonable steps to identify practical working solutions with the least risk to all involved. Providers should undertake a risk | | |

¹ <https://www.gov.uk/government/publications/staying-safe-outside-your-home/staying-safe-outside-your-home>; https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own?utm_source=2d7326a0-7616-463f-9f56-5dcc4a615f9f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

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| | assessment which should consider, for example: offering the patient a mask, if the patient is willing to wear one; booking the patient into a quieter appointment slot, or in a separated area or providing care via a remote appointment. | | |
| Host practice and external provider | <p>External provider and host practice to agree arrangements for use of the building by staff and patients attending the service, for example:</p> <ul style="list-style-type: none"> • arrangements for flow through the building i.e. any one way traffic through the building particularly where teams are large; where space is very restricted or where visibility (at corners) is limited and unmanageable using other approaches); • use of face coverings by patients and by staff where social distancing cannot be maintained. See guidance. • assurance that, where facilities are handed over from one service to the other, the shared clinical and non-clinical areas will be left in a clean state • access for disabled individuals; • access to the toilet; • fire evacuation; • minimising use of consultation rooms; • routine between-patient cleaning of touch points. | | |
| External provider and host practice | External provider and host practice have agreed IPC procedures where a joint consultation is to be undertaken between the external provider service, a host practice member of staff and a patient. | | |
| External provider | Patients on the shielded patient list should have proactive follow-up to ensure they know how to access care and support; those requiring face-to-face assessment should be seen at home, unless an alternative care setting is clinically indicated or a shared decision has been reached. | | COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable |
| External provider | Use of phone and video consultations should be maximised and triage used to select those patients requiring a face to face consultation. You may want to consider senior triage/advice where it is difficult to decide if a patient should or should not be seen. | | Audit and reflective learning to ensure that patients are readily seen when this is indicated. |

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| External provider | Careful appointment planning systems should be in place and agreed with the host practice to minimise waiting times and maintain social distancing in waiting areas. Advise patients not to come early or late to reduce patient contacts and waiting times. | | You may want to consider reviewing appointment book to ensure appointment times are longer to allow for robust IPC process to be implemented. |
| External provider | <p>It is the external provider's responsibility to agree with the host practice how the following will be resourced:</p> <ul style="list-style-type: none"> • Screening of patients before entering the premises to advise on use of face masks or coverings, to provide face masks where not available, to undertake any hard stop screening (see below) to offer sanitiser and to ensure touch points are cleaned. • External provider should make arrangements to screen patients on arrival; you may want to consider, in consultation with the host practice, hard stop at entrance (questions +/- temp). <p>It is the external provider's responsibility to provide masks where patients are asked to wear one and do not have own face covering on arrival or to agree arrangements to reimburse the practice.</p> <p>External providers should agree with the host practice how hand sanitiser is to be provided and, where this is provided by the practice, funding should be provided to cover increased usage as a result of hosting the service.</p> | | <p>Host practices and external providers adopting a 'hard stop' should regularly evaluate the evidence base for temperature screening. They should ensure:</p> <ul style="list-style-type: none"> • Staff understand that asymptomatic afebrile patients can also transmit coronavirus and should be managed as such • Patients in need of urgent care while under the care of the external provider, who are also registered with the host practice, are brought to the Duty Doctor attention. Patients who are not registered with the host practice who are identified as having a fever but not in need of immediate treatment should be asked to return home and contact their own GP. Patients should be discouraged from using public transport to return home, however if this is not feasible then they would be advised to take additional precautions to limit contact with the general public. • Where patients are in immediate need of support this may require 'immediate necessary' treatment²: Immediately necessary treatment is that which a patient needs promptly: |

² See <https://www.england.nhs.uk/wp-content/uploads/2019/04/general-medical-services-contract-19-20.pdf> section 8.1.2(b)(iii) or 8.1.5

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| | | | <ul style="list-style-type: none"> ○ to save their life; or ○ to prevent a condition from becoming immediately life-threatening; or ○ to prevent permanent serious damage from occurring³. ● Thermometers are provided and cleaned between use by the external provider ● Offering masks and hand sanitiser on arrival |
| External provider | <p>It is the External provider's responsibility to provide all staff with appropriate PPE. Ensure clinicians and staff have ready access in their rooms to PPE, IT equipment with access to EMIS, and telephones. External provider staff should be aware of location of defibrillator and onsite oxygen and nebulisers, within the host practice.</p> <p>All equipment that has touched patient clothing or skin should be cleaned after use. This includes tympanic thermometers. External providers should agree with the host practice how hand sanitiser is to be provided and, where this is provided by the practice, funding should be provided to cover increased usage as a result of hosting the service.</p> | | |
| External provider and practice | External provider and host practice to agree allocated staff space for storage of personal items and clothing during shifts. | | |

³ <https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/access-to-healthcare-for-overseas-visitors/non-urgent-urgent-and-immediately-necessary-treatment-of-overseas-visitors>