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An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here:
https://www.england.nhs.uk/coronavirus/primary-care

13 May 2021

Dear colleagues

UPDATED STANDARD OPERATING PROCEDURE (SOP) TO SUPPORT RESTORATION OF GENERAL PRACTICE SERVICES

Guidance on the phased easing of Covid-19 restrictions continues to be issued by government, in line with the Coronavirus roadmap out of lockdown, with services following and adapting accordingly.

As such, ahead of government rules on social distancing changing from 17 May, we would like to draw your attention to the Standard Operating Procedure which will be published shortly, and which will update and replace previous guidance.

- **Half of all general practice appointments during the pandemic have been delivered in person, GP practices must all ensure they are offering face to face appointments**. As the chair of the Royal College of GPs has said 'once we get out of the pandemic and things return to a more normal way of living and working, we don't want to see general practice become a totally, or even mostly, remote service', so while the expanded use of video, online and telephone consultations can be maintained where patients find benefit from them, this should be done alongside a clear offer of appointments in person.

- Patients and clinicians have a choice of consultation mode. Patients' input into this choice should be sought and **practices should respect preferences for face to face care unless there are good clinical reasons to the contrary**, for example the presence of COVID symptoms. If proceeding remotely, the clinician should be confident that it will not have a negative impact on their ability to carry out the consultation effectively. The RCGP has published guidance on 'Remote versus face-to-face: which to use and when?'. We are asking CCGs to prioritise support to practices who are reporting very low levels of face to face appointments

- **All practice receptions should be open to patients,** adhering to social distancing and IPC guidance. This is important for ensuring that patients who do not have easy access to phones or other devices are not disadvantaged in their ability to access care. Receptions will not yet feel like they did pre-pandemic – for example where space is very constrained patients may be asked to queue outside. Individuals with COVID-19 symptoms or who meet criteria for self-isolation should continue to follow public health guidance. Posters providing information about the symptoms of coronavirus and to direct patients that have symptoms or a positive test result in the last 10 days not to enter the building are available on the Public Health England Campaign Resources Centre website.

- **Patients should be treated consistently regardless of mode of access**. Ideally, a patient attending the practice reception should be triaged on the same basis as they would be via phone or via an online consultation system.

- Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback.

Annex A contains more information on workload recording, communication with patients and the support available to practices.

Thank you for your continued hard work and and for your ongoing commitment to continuing to deliver the highest quality general practice services.

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Annex A

Communication with patients

Engagement undertaken by Healthwatch and other patient groups has shown that there are a number of patients struggling to navigate the current access routes into practices, and this difficulty can disproportionately affect some communities over others, for example those with poorer access to smartphones or those who have low confidence in using them, and those who may be traditionally underserved.

A communications toolkit for practices and networks can help ensure there is clear information available to all patients about how to access GP services; this information should be made available in accessible formats to all patients, including to those who do not have digital access and those for whom English is a second language. The GP access card supports patients who do not have a fixed address to register with a GP and further information and materials can be found here.

There are resources available on the Public Health England Campaign Resources Centre to support you with communications. Materials are available in different languages and easy read versions.

At a minimum, this information should be provided and maintained on all practice websites, with clear advice about:

- how to contact the GP and ask for help.
- how face-to-face or walk-in services can be accessed.

We recommend that practices review existing telephone and online access routes, with a view to avoiding lengthy or complex messages and other information which may be confusing for patients, and ensuring maximum transparency, being clear where possible about the length of time patients may be holding for on the phone. Example scripts and copy are available in the communications toolkit.

We will continue to communicate to patients through our #HelpUsHelpYou campaign.

Support available to practices:

There is a range of programmes available to practices to support workforce expansion, adoption of digital tools, communication with patients and embedding of new workflows. The majority of the funding associated with this is being deployed by CCGs and incorporates both short-term COVID-19 capacity funding and longer-term programme funding.

Supporting and expanding the workforce:

- Additional Roles, through the reimbursement scheme, has almost doubled this year, representing an average of 12-13 FTE in post for each PCN for the

whole year. Paramedics, mental health practitioners and advanced practitioners have been added to the scheme, and caps removed on first contact physiotherapists and pharmacy technicians. Significant funding is available in 2021/22 to support the development of PCNs and the ARRS workforce including for PCN development; for systems to commission learning and training from training hubs; and for estates and technology transformation for more modernised buildings and better use of technology.

- Funding for GP and nurse New to Practice fellowships, the Supporting Locums scheme and support for establishing GP flexible pools continues, as does local GP retention funding and access to the national GP retention scheme for those GP that require additional support to remain in practice
- Additional capacity is available through use of emergency registered GP returners, locums and vaccine volunteers
- As we move into the second phase of the vaccine programme, PCNs who are delivering to cohorts 10-12 should continue to access additional workforce in line with guidance on the 'Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme' published in March 2021. CCGs will be able to provide support where necessary.
- If you or your team need support, the Looking after you too and Looking after your team coaching support offer is available for all primary care staff.

Optimising your practice access model:

- The Access Improvement Programme is already supporting over 700 practices with advice and support to adapt the best operational processes as well as coaching and support for teams. This programme is prioritised on practices whose patients are experiencing the longest routine waits - if you feel you may benefit then get in touch with your local commissioner. There is nationally funded support, via commissioners, that is available for all practices to support them in using online consultation tools in a way that meets their needs, including support with demand modelling, implementation, communications and digital inclusion. This is in addition to the support that suppliers provide on use of their specific product(s). Where helpful commissioners should also use this funding to work with PCNs on collaborative models of care delivery to better match available capacity with demand, e.g. using virtual hubs across a PCN footprint or wider. These offer opportunities to share workload, bring in additional capacity, optimise use of team members such as ARRS roles and help manage excess demand.