

**To all practices Surrey and Sussex LMCs**

27<sup>th</sup> March 2020

Dear Colleagues

**Maintaining Essential Services: Update**

I am writing following an RCGP update on workload prioritisation during the COvid-19 emergency.

I would wish to emphasize to colleagues that you, and your practice staff, cannot do everything; workload requests will need to be prioritised, and this includes NHS England's requests regarding higher risk patients about which practices are currently receiving emails, and the LMC will provide a separate update on this.

The LMC continues to negotiate locally to ensure practices can focus on their Covid19 response as their practices first priority

The top priority is to ensure patients receive appropriate medical advice to manage their illness, which may well involve self-care, signposting to other services, and remote phone/video assessment and treatment. Only patients for whom no safe management plan can be devised, or who may require hospital admission, contingent on your assessment, should be seen face-to-face. Your local areas are likely to be developing models along the line of hot/cold sites, including mobile cars, which may determine where such patients are referred if they are not seen at your practice

The following advice is at your discretion, and is a guide, as on an individual patient basis you may decide another approach is appropriate. The RCGP suggests that practices should aim to continue the following services:

**Higher Priority**

1. **Essential Services:** the assessment [remotely initially] of patients who are ill or believe themselves to be ill.
2. **Medication Issues** that cannot be resolved by Community Pharmacists or other advisers

3. **Investigation and/or referral of those with 'immediately necessary' symptoms suggestive of serious illness** [ local arrangements will apply in terms of phlebotomy, diagnostic testing, including radiology, and referrals]
4. **Palliative care and anticipatory EoLC**
5. **Wound management/regularly required dressings**
6. **Childhood immunisation schedules**, PPV eligible vaccination, and stock ordering for seasonal flu (2020/21)
7. **LTC monitoring of high-risk individuals** [RCGP suggestions include INR, DMARDS, immunosuppressants, if commissioned locally]
8. **Essential on-going injections** [RCGP suggests Prostag, Aranesp]
9. **Maternal Post-natal checks** [combine with 1<sup>st</sup> childhood immunisations]
10. **Cervical smears for high risk individuals**
11. **Dispensing [if a dispensing practice]**

The RCGP recommends the following work should be considered either of low or medium priority, and should cease or only be undertaken if the practice has capacity in the context of its Covid-19 response:

### **Low Priority**

1. **Minor Surgery** [under DES or LCS, the latter should be suspended]
2. **All routine QOF or LCS commissioned services** [unless medically appropriate in relation to the patient's clinical condition]
3. **All data/audit work unless associated with Covid-19 response**
4. **Friends and Family Test**
5. **Engagement and feedback with PPG**
6. **New patient checks** (including > 75s)
7. **NHS health checks, including Learning Disability Checks**
8. **Stop smoking clinics**
9. **Travel vaccination and travel advice**



10. **Ear syringing** [if commissioned locally]

11. **All private certifications**, unless e.g. HGV/PSV licences that are needed for a public benefit

### Medium Priority

1. **Contraceptive services**: further advice is available at

<https://www.fsrh.org/documents/fsrhposition-essential-srh-services-during-covid-19-march-2020/>

2. **Vit B12 injections**

3. **Smears in low risk individuals** [defer for six months]

4. **Complaints** investigations of other than serious complaints can be deferred. A possible template is being prepared

I appreciate it is difficult to encapsulate all General Practice work, but hopefully this along with my earlier letter [19<sup>th</sup> March] on Maintaining Essential Services will be helpful in assisting practice colleagues to prioritise their workload.

With best wishes

A handwritten signature in black ink, appearing to be 'JP', followed by a long horizontal line extending to the right.

Dr Julius Parker  
**Chief Executive**