**To all practices Surrey & Sussex LMCs**

**20th July 2021**

**Dear Colleagues**

**Face Masks and other Social Distancing measures in General Practice from 19th July**

**The LMC has received numerous queries from practices regarding the use of face masks, and other Covid19 infection and prevention control measures, after 19th July, when across England almost all Covid19 pandemic related restrictions have been lifted.**

**NHS England last week published the following statement:**

***England’s Chief Nurse has today reminded the public that everyone accessing or visiting healthcare settings must continue to wear a face covering and follow social distancing rules.***

*Covid restrictions will end in many settings in England from Monday.*

*However, Public Health England’s infection prevention control guidelines and hospital visiting guidance are set to remain in place for all staff and visitors.*

*That means NHS visitor guidance will stay in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected.*

*Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment.*

*The NHS will continue to support staff in ensuring that the guidance is followed in all healthcare settings.*

BMA guidance on reducing risk continues to encourage:

* Minimising footfall within practices: this could be achieved by following NHS England’s guidance around ‘total triage’, although this needs to be balanced against the need to ensure that certain, particularly digitally excluded, sections of your registered patients can also appropriately access medical services. It is for GP practices to decide on their use of on-line consultation methods, but in the absence of adopting ‘total triage’, GP practices should **offer** 25% of all appointment types [not restricted to those with GPs] on-line.
* Footfall can also be minimised by measures such as emailing fit notes/letters to patients, use of electronic prescribing, which should now be default for all patients, using a nominated pharmacy.

Practices can also zone attendance times or rooms within their buildings, if lay-out and space permit. The LMC has already raised the likely need for additional zoning and ‘hot-sites’ provision with CCGs, if the expected respiratory virus infection and Covid variant rates continue to increase.

Practices can continue to use the PPE portal to obtain PPE.

Perspex screens should continue to be used in reception and (as appropriate) in other shared areas, and practices should create opportunities for staff (assuming their role allows it) to work from home on a part-time basis, thus reducing the toral number of people within the building at any one time.

Other social distancing measures, such as spacing chairs in waiting rooms and other areas, marking 2m distancing areas at reception desks, and Perspex screens, can continue to be used.

Whilst the great majority of patients can understand these approaches are appropriate, particularly in healthcare settings whether there may be particularly vulnerable patients present, and where staff may be recurrently exposed to higher risk individuals, clearly each practice may encounter, individual patients who take a different, more challenging view. Practices can be assured of LMC support: CCGs will follow NHS England’s advice as above, and also the current PHE guidance available at:

[COVID-19 infection prevention and control guidance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/990923/20210602_Infection_Prevention_and_Control_Guidance_for_maintaining_services_with_H_and_C_settings__1_.pdf)

which includes an expectation that patients [and any necessary accompanying individuals] should wear a mask/face covering in General Practice settings [Section 4.3]]

If patients refuse to wear a mask/face covering without a medical exemption, then possible strategies include:

* Rearranging a planned F2F appointment to a remote one
* Requesting images as an alternative to a F2F consultation,

both points caveated by needing to be clinically appropriate

* Rearranging a F2F appointment timing to a different time, day or room
* Wearing additional PPE
* Sending the patient, a warning letter that GP practice staff are following Public Health England Infection Protection and Control procedures, and compliance with these is expected as part of the joint responsibilities patients and GPs have to secure a safe environment for both patients and staff at the practice premises. If patients repeatedly make this impossible to achieve, they may not be able to receive GP services in the normal way. Clearly this escalates the situation, but it is for practices to decide on their response, particularly if other strategies have been discussed and rejected

I also enclose BMA posters which practices may find helpful

With best wishes



Dr Julius Parker

**Chief Executive**

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