**NHS England and NHS Improvement**

**South East Region**

**Briefing document to support reporting of general practice based Covid-19 outbreaks or service disruption due to test and trace**

**Introduction and Context**

[The letter](https://www.england.nhs.uk/coronavirus/publication/minimising-nosocomial-infections-in-the-nhs/) from Amanda Pritchard, Ruth May and Professor Stephen Powis of the 9th June 2020 sets out how nosocomial infections should be minimised in the NHS and gives information about test and trace and managing outbreaks. Following this, a process has been established for reporting general practice based outbreaks or closures or service disruption that are related to Covid-19.

For primary care, it is feasible to consider managing outbreaks across three levels:

1. Provider - outbreak has occurred in an individual provider.
2. Local - outbreak impacting several providers within a local area (i.e. CCG or Regional footprint). Any impacts likely to be compounded by (1) high levels of staff absence, (2) closure of more than one primary care provider and/or (3) changes to and/or strain in secondary care provision due to possible outbreak in an acute trust(s).
3. National - outbreaks occurring across several regions, with a significant rate of transmission.

This briefing focuses on general practice level closures or service disruption due to outbreaks and the application of the test & trace system.

Please also refer to the [General Practice SOP](https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/) updated to include a section on outbreak management in the context of COVID-19 – with a recommendation to review business continuity plans.

**Public Health England (PHE) defines an outbreak as:**

* an incident in which two or more people experience a similar illness are linked in time or place
* a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

**NHS Test and Trace - impacting individual general practice closures**

General practices are asked:

1. To prepare for potential staff absence, providers should review their existing business continuity plans and take actions as required. This includes ensuring that arrangements are in place within a primary care network or between buddies to maintain patient access to services.
2. Providers should inform their commissioner as soon as they consider that delivery of the full contracted service may be compromised by staff absence due to track & trace. The commissioner will work with the contractor to put business continuity arrangements in place and to maintain access to services for patients. The provider will need to update information on patient accessible websites and the impacted NHS 111 Directory of Services profiles will need to be updated.

The commissioner will inform the Regional Incident Coordination Centre (ICC) without delay and work with the provider to implement appropriate business continuity measures. The Regional ICC will notify the National ICC.

**Management of outbreaks**

Where a general practice outbreak has been identified, in accordance with the [PHE guidance](https://www.gov.uk/government/publications/communicable-disease-outbreak-management-operational-guidance), general practices will be required to follow the actions outlined as follows:

1. Use existing [infection prevention control guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) (IPC) and operate in line with it
2. Initiate business continuity, including buddying arrangements
3. Inform CCG and agree:

* Operational impact / mitigation
* Staff absence (Situation Report)
* Compliance with IPC guidance
* Process for reinstating services when safe

1. Update Directory of Services and provide patient facing communications on how to access services (websites, voicemail, posters)

**Mitigations for general practice outbreaks: actions for general practices:**

1. Implement existing infection prevention control guidance and operate within it.
2. Initiate business continuity processes, including:
   * remote triage
   * reduction of face-to-face services
   * implementation of remote working
   * use of PPE and infection control
3. Seek support from buddying practice or Primary Care Network (PCN).
4. Inform the commissioner and agree:
   * Operational impact and any mitigating actions
   * Compliance with IPC guidance
   * Report to CCG or NHSE/I Regional Incident Coordination Centre
   * Process for reinstating services when safe to do so
5. Ensure patient facing communications are in place and advise on how to access services e.g. website, posters, voicemail.