

Action	Details	Umbrella Status	Umbrella Implementation	Main Benefits	Main Risks	Safety Impact	Quality Impact	Resource Requirement or Impact	Contractual Considerations	Practical Considerations			
<b>Prevention of Spread In Work Environment</b>											Medium Risk	ACTION NOW	
Protect vulnerable staff	Consider special arrangements for older staff or staff with existing health conditions making them vulnerable to COVID-19. Adopt a lower threshold for working in isolation or from home to avoid direct patient contact	ACTION NOW		Reduce risk to vulnerable staff	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk					High Risk	Not Yet
Utilise Staff Teams	Consider separating staff into teams who always work together to minimise spread and service impact in event of pandemic	ACTION NOW		Reduce risk of staff to staff spread	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk						
Separate Staff from Patients	Keep at least some staff away from patient contact and ideally working remotely to prevent most or all practice staff being isolated or infected at the same time	ACTION NOW		Reduce risk of patient to staff spread	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk						
Reduce cross-site working	Consider limiting the use of staff who work across multiple sites who have the potential to spread infection quickly. Specific consideration should be paid to staff with prolonged face to face contact such as CPNs, midwives and Diabetes Nurse Specialists.	ACTION NOW		Reduce risk of staff to staff spread	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk						
Reduce volume of people in surgeries	Encourage patients to bring as few relatives or carers as necessary or alone if possible, and to not turn up too far in advance of their appointment time	ACTION NOW		Reduce risk of patient/carer to staff spread	Reduced support mechanism for patients	Low Risk	Low Risk						
Remote working	Explore remote working options for clinical and admin staff in case of the need to self-isolate	ACTION NOW		Reduce risk of patient to staff and staff to staff spread	Reduce staffing capacity and/or efficiency	Low Risk	Medium Risk	Increased provision and use of remote access using laptops and/or iPads. It is unclear how many surgeries currently have access to such a facility. It would be recommended that the COVID-19 Response Team work with IT Services to explore					
Triage all potential COVID-19 patients	All patients with cough, shortness of breath or fever are telephone triaged prior to being offered an appointment	ACTION NOW		Reduce risk of patient to staff spread	Increased inconvenience to patients	Low Risk	Low Risk						
Triage all patients	All patients are telephone triaged prior to being offered an appointment	ACTION NOW		Reduce risk of patient to staff spread	Increased inconvenience to patients	Low Risk	Low Risk						
Do not routinely review patients with respiratory symptoms in surgery	It may be necessary to consider that no patients with acute viral symptoms (fever, cough, myalgia, diarrhoea) are to be seen in the practice unless serious concern for their health	ACTION NOW		Reduce risk of patient to staff spread	Increased clinical risk of incorrect management of patient	Medium Risk	Medium Risk						

Adopt a reduced threshold to treat	Clinicians may need to adopt a reduced threshold to treat without clinical examination and increase treatment empirically by telephone/remote consultation	ACTION NOW	Reduce risk of patient to staff spread	Increased clinical risk of incorrect management of patient	Medium Risk	Medium Risk	
Remote consulting instead of face to face surgery appointments	Use of technology for remote consulting e.g. Skype or WhatsApp to allow sharing of pictures or videos of rashes, etc	Not Yet	Reduce risk of patient to staff spread	Increased clinical risk of incorrect management of patient	Medium Risk	Medium Risk	
Remote consulting instead of home visits	Use of Skype or WhatsApp to deal with patients who would usually be seen in a home visit	Not Yet	Reduce risk of patient to staff spread	Increased clinical risk of incorrect management of patient	Medium Risk	Medium Risk	Provision of a smart mobile phone for each practice for secure video consulting
<b>Modify Working Practices</b>							
Issue scripts for longer duration to reduce demand and footfall in the practice	Issue 4w scripts for 8w, 8w scripts for 12w, etc	Not Yet	Reduces staff workload	Increased waste	Medium Risk	Low Risk	
Increase use of EPS2	Send more prescriptions electronically by asking patients to nominate pharmacy then sending script straight to pharmacy	ACTION NOW	Reduce risk of patient to staff spread	None identified	Low Risk	Low Risk	
Lower threshold to issue acute medicines on request rather than make contact with patient	Issue scripts for clotrimazole cream, steroid creams, pain killers with a lower threshold for review than would usually be the case	ACTION NOW	Reduce risk of patient to staff spread	Inappropriate prescribing	Medium Risk	Medium Risk	
Lower threshold for treatment without face to face assessment		ACTION NOW	Reduce risk of patient to staff spread	Increased clinical risk of incorrect management of patient	Medium Risk	Medium Risk	
Early supply of anticipatory medicines	Issue medications earlier than expected date. Lower threshold for anticipatory medications in palliative care patients	ACTION NOW	Reduce risk of patient to staff spread	Increased waste	Low Risk	Low Risk	
Review processes for issuing Med3 certification	Issue MED3 in accordance with current guidelines. NOT required for self isolation. Consider emailing rather than asking patient to collect.	ACTION NOW	Reduce risk of patient to staff spread	Economic issues	Low Risk	Low Risk	

Review processes for completion of death certificates and cremation forms	Act on NHSE Guidance on Death Certification	ACTION NOW	Improve certification process. Reduce inconvenience for relatives at a stressful time.	Reduced death scrutiny	Low Risk	Medium Risk	Prior to more detailed guidance being released for the death certification process in an emergency scenario, please follow these recommendations: Covid-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death Covid-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009. That Covid-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010
Increase stock of hand sanitiser and cleaning products	Ensure continued ability to prevent transmission	ACTION NOW	Reduce risk of patient to staff, patient to patient and staff to staff spread	None identified	Low Risk	Low Risk	
<b>Suspend Routine Work</b> Suspend routine consultations for health promotion and prevention	Suspend routine consultations for well patients with routine reviews for prevention - eg annual blood tests and review, BP checks	ACTION NOW	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduced prevention interventions and increased intervals for monitoring and reviews could result in adverse outcomes for some patients.	Low Risk	Medium Risk	
Suspend routine consultations for symptoms unlikely to be due to a serious underlying cause	Suspend routine consultations for well patients with routine symptoms unlikely to be due to a serious underlying cause - eg wrist pain, ingrowing toenail, hair loss	ACTION NOW	Reduce risk of patient to staff, patient to patient and staff to staff spread	Delayed investigation of routine symptoms could result in adverse outcomes for some patients.	Low Risk	Low Risk	

Suspending or cancelling routine work should be done only if it is felt to be reasonable, proportionate and in the wider best interests of Walsall patients and staff.

Suspend routine consultations for symptoms which possibly be due to a serious underlying cause	Suspend routine consultations for well patients with routine symptoms which may possibly be due to a serious underlying cause - eg abdominal pain, headache	Not Yet	Reduce risk of patient to staff, patient to patient and staff to staff spread	Delayed investigation of routine symptoms could result in adverse outcomes for some patients.	Medium Risk	Medium Risk	
Suspend routine consultations for symptoms which are suggestive of a serious underlying cause	Suspend routine consultations for well patients with routine symptoms which are suggestive of a serious underlying cause - eg breast lump, haematuria	Not Yet	Reduce risk of patient to staff, patient to patient and staff to staff spread	Delayed investigation of routine symptoms could result in adverse outcomes for some patients.	High Risk	High Risk	
Increasing the interval between blood tests for drug or disease monitoring		Not Yet	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduced monitoring increases the risk for potential harm	Medium Risk	Medium Risk	
Increasing the interval between other routine monitoring	Increasing the interval between other routine monitoring such as BP checks, spirometry and coil checks	Not Yet	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduced monitoring increases the risk for potential harm	Medium Risk	Medium Risk	
Review non-NHS report arrangements	Defer or cancel routine reports (e.g. ESA, PIP forms, insurance medical forms)	ACTION NOW	Reduces staff workload	Increased inconvenience to patients	Low Risk	Low Risk	
Review non-NHS examinations medical arrangements	Defer or cancel routine medicals (e.g. DVLA, taxi medicals, fostering medicals)	ACTION NOW	Reduces staff workload	Increased inconvenience to patients	Low Risk	Low Risk	
Review GDPR obligations	Reply to all SAR requests explaining we will be unable to comply due to the service pressures (ideally the government will suspend our legal obligation to comply with this legislation)	Not Yet	Reduces staff workload	Increased inconvenience to patients	Low Risk	Medium Risk	Need approval for this
Suspend chronic disease monitoring clinics	Cease CVD, hypertension, diabetes, asthma, COPD and other routine monitoring clinics	ACTION NOW	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduced monitoring increases the risk for potential harm	Medium Risk	Medium Risk	
Cancel travel immunisations	Consider cancelling travel immunisation clinics	ACTION NOW	Reduce risk of patient to staff, patient to patient and staff to staff spread	Increased inconvenience to patients	Low Risk	Low Risk	

Encourage patients to self-dress wounds	Consider encouraging patients to self-dress wounds where clinically appropriate	Not Yet	Reduce risk of patient to staff, patient to patient and staff to staff spread	Increased clinical risk of incorrect management of patient	Medium Risk	Medium Risk
Suspend QOF work	Suspend work towards QOF. Would need formal approval	ACTION NOW	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduced quality outcomes	Medium Risk	Medium Risk
GPs and clinical staff asked not to attend teaching or CPD events	GPs and clinical staff asked not to attend teaching or CPD events due to the risk of one infected individual at such an event causing a mass isolation or infection of healthcare professionals that would put a large number of patients at risk	ACTION NOW	Reduce risk of staff to staff spread	Impact on staff training	Low Risk	Medium Risk
Review arrangements for surgery/locality educational events	Consider cancelling or holding remote surgery/locality educational events	ACTION NOW	Reduce risk of staff to staff spread	Impact on staff training	Low Risk	Medium Risk
Review undergraduate teaching arrangements	Review arrangements with the University of Birmingham or other undergraduate teaching providers to discuss suspend teaching placements or teaching remotely where practicable.	ACTION NOW	Reduce risk of staff to staff spread	Impact on undergraduate teaching	Low Risk	Low Risk
Review postgraduate training arrangements	Review arrangements with Health Education England WM to discuss suspend training placements or training remotely where practicable.	ACTION NOW	Reduce risk of staff to staff spread	Impact on GP training	Low Risk	Low Risk
Review PRG arrangements	Cancel or hold remote PRG Meetings and other non-essential meetings and events	Already Actioned	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduced PRG communication and input	Low Risk	Low Risk
<b>Use Local Resources to Deliver Segregated Services</b>	Explore novel ways of using local resources to separate staff from staff, staff from patients, and patients from patients according to level of risk and potential to spread infection. This could be by working at a PCN level, federation/superpartnership level or informal 'buddy' agreements between local practices	Not Yet	Reduce risk of patient to staff, patient to patient and staff to staff spread	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk
Consider using just one 'infection' surgery for those patients with COVID-19 symptoms if there is a clinical need for primary care assessment	These arrangements may be Walsall-wide, PCN specific, fedewration/superpartnersip orientated or on a 'buddy' basis depending on local requirements, skill mix and infrastructure	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduce staffing capacity and/or efficiency	Medium Risk	Low Risk

Consider using just one 'clean' surgery for well patients requiring routine care such as childhood immunisations or cancer care	These arrangements may be Walsall-wide, PCN specific, fedewration/superpartnersip orientated or on a 'buddy' basis depending on local requirements, skill mix and infrastructure	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk
Consider using a single surgery as an admin and/or triage hub with no patient contact	These arrangements may be Walsall-wide, PCN specific, fedewration/superpartnersip orientated or on a 'buddy' basis depending on local requirements, skill mix and infrastructure	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduce staffing capacity and/or efficiency	Low Risk	Low Risk
<b>Suspend Locally Commissioned Services</b>	The range of LCSs could be reviewed to determine which ones have the potential to be ceased or in someway					
ECGs	Suspend ECGs	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduction in quality of care	Medium Risk	Medium Risk
NHS Health Checks	Suspend NHS Health Checks	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Low Risk	Low Risk
Near Patient Testing	Suspend or increase the interval between the monitoring of high risk drugs 1. Sulfasalazine 2. Methotrexate 3. Hydroxychloroquine 4. Penicillamine 5. Sodium Aurthiomalate 6. Leflunomide 7. Azathioprine/6 mercaptopurine	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	High Risk	Medium Risk
Primary Care Offer	Suspend the PCO End of Life Supportive Care Osteoporosis: Prevention of fragility fractures Carers Multi-Disciplinary Teams (MDTs) supporting adults with complex health and care needs Primary Care Service Provision Supporting routine frailty identification and frailty care of moderately frail patients. National Cancer Diagnosis Audit Preconception support in Primary care Primary Care Promoting Smokefree Homes	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduction in quality of care	Low Risk	Medium Risk

Sexual Health LCS	Suspend IUCD - insertion / check / removal Implant - insertion / check / removal Screening - Chlamydia / HIV Screening	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduction in quality of care	Low Risk	Medium Risk
Minor Surgery	Suspend Excision & Incision Joint injections	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduction in quality of care	Low Risk	Low Risk
Spirometry	Suspend spirometry	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Low Risk	Medium Risk
Treatment Room	Consider suspending: Level 1 Simple procedure ( Dressing) Level 2 Complex procedure (Dressing) Other procedures Ear Syringing Zoladex Implants Prostap Implants	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduction in quality of care	Medium Risk	Medium Risk
SMI Health Checks	Suspend SMI checks	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Low Risk	Medium Risk
Phlebotomy	Suspend Phlebotomy phlebotomy	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduction in quality of care	Medium Risk	Medium Risk
Shared Care	Suspend shared care	Not Yet	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Medium Risk	Medium Risk
Clinical Peer Review	Suspend Clinical Peer Review	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Low Risk	Medium Risk
Learning Disability	Suspend Routine Learning Disability Reviews	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Low Risk	Medium Risk
Dementia Reviews	Suspend Routine Dementia Reviews	ACTION NOW	Reduce risk of patient to staff and patient to patient spread	Reduced monitoring increases the risk for potential harm	Low Risk	Medium Risk

Anticoagulation

Suspend Anticoagulation  
anticoagulation

Not Yet

Reduce risk of  
patient to staff  
and patient to  
patient spread

Reduced  
monitoring  
increases the  
risk for  
potential  
harm

High Risk

Medium  
Risk