

Coronavirus/COVID-19/2019 novel coronavirus

This is a rapidly-evolving area and this information is a guide only, to help you think and plan ahead. If you have contact with a patient with, or concerned about, COVID-19, you MUST check the relevant government websites to ensure you are following the latest guidance.

Checklist for primary care

Oversight and leadership

- Appoint a COVID-19 lead to oversee the implementation of all things relating to coronavirus.

Avoiding exposure in the first place

The NHS advice to patients with/possibly infected with COVID-19 is that they should NOT present to primary care, but contact 111 which will arrange appropriate testing/care.

To reduce the chance of someone turning up with the infection in the first place:

- Have you got information on your website?
- Have you got notices on your doors?
- Are reception staff screening patients as they book in/on arrival?
- Are you screening all people requesting home visits by phoning ahead and checking symptoms?
- Have you considered (in consultation with your CCG) switching off online booking?
- Identify someone to check the updated list of affected category 1 and category 2 areas EACH MORNING as this is subject to change (category 1 areas = self-isolate, even if asymptomatic; category 2 areas = *if symptomatic*, self-isolate and contact 111). The latest info on affected areas is here: <https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>

Advice to patients

- Have you communicated key information to patients about what to do if coronavirus suspected?

Keeping patients safe

Does everyone in the practice know what to do if:

- Someone rings with suspected COVID-19? (direct them to the 111 service)
- Someone presents at reception with suspected COVID-19?
- A suspected case is identified during a consultation?
- Someone with suspected COVID-19 needs immediate care/immediate transfer to hospital?
- Someone with respiratory symptoms but no travel/contact history needs admission?

Preparedness

Be prepared in advance:

- Identify an isolation room and declutter it now.
- Prepare a patient 'support pack' for this room.
- Do staff have appropriate personal protective equipment (PPE)?
- Do staff know how to correctly put on/remove PPE?
- Do staff know how to dispose of this PPE after use?
- Do staff know how to decontaminate a room after use?
- Do those who do home visits have PPE and TWO clinical waste bags in their vehicle?

Key documents

NHS England Standard Operating Procedures (SOPs) for primary care have now been produced; this article is based on the SOPs, and our services should be modelled on these (as published on 6/3/20, summarised in this article and available here): <https://www.england.nhs.uk/wp-content/uploads/2020/02/20200305-COVID-19-PRIMARY-CARE-SOP-GP-PUBLICATION-V1.1.pdf>

Most of the clinical material in this document is based on the SOPs/Public Health England advice. Other useful resources are given at the end of this document. This article was written on 28/2/2020 and was updated to reflect the SOPs (6/3/2020).

What is the role of primary care in the current situation?

- **Identify potential cases as soon as possible.**
- **Prevent potential transmission of infection to other patients and staff.**
- **Avoid direct physical contact, including physical examination, and exposures to respiratory secretions.**
- **Isolate the patient, obtain specialist advice and determine if the patient is at risk of COVID-19.**

What is COVID-19?

- COVID-19 is a new RNA virus from the coronavirus family that includes SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome). It is thought to have started in a fish/animal market in China.
- The main method of transmission is respiratory droplets, or, in a healthcare setting, contact with bodily fluids.
- Treatment is supportive. It is not known if antivirals are effective. There is currently no vaccine.

The BMJ suggests (BMJ 202;368:m800):

- Median incubation 5–6 days (range 0–14).
- >80% have mild disease, 15% get severe disease including pneumonia, 5% become critically unwell.
- Mortality 2% overall (0.2% in those <50y, 15% in those >80y. Those with chronic diseases are also at higher risk.

When should you consider COVID-19?

IMPORTANT: THIS HAS CHANGED SIGNIFICANTLY:

On 10 March, Public Health England updated its guidance on when we should consider COVID-19.

Previous guidance had required both clinical and epidemiological criteria (that is clinical symptoms and travel history/contact with known case). That was reasonable when the disease was not circulating freely in the community. However, we now appear to be in a transition phase where the virus is occurring in the community in those without epidemiological criteria. In light of this, PHE has updated its guidance (see boxes below for precise criteria).

Patients with clinical symptoms AND epidemiological criteria are still regarded as suspected COVID-19 cases. However, new criteria have been added: a patient may also be a possible COVID-19 case if they REQUIRE ADMISSION TO HOSPITAL AND have flu-like illness/evidence of pneumonia/acute respiratory distress.

This opens a whole Pandora's box for primary care that doesn't seem to be addressed: what about those with respiratory symptoms who are not ill enough to go to hospital? How should we manage them? At the time of writing this (8am, 10 March), there appears to be no guidance on how primary care should manage this group. Many practices are moving to triaging all these patients by phone, but there isn't (as far as I can see) clear guidance on what to do if they need to be assessed, and so far the Standard Operating Procedures document from NHSE has not been updated to reflect these changes.

The guidance also reminds us that those who do not meet the COVID-19 criteria but have risk factors for avian flu or MERS-CoV should be assessed/tested for these infections.

Avian flu criteria are here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/857436/Avian_flu_human_cases_guidance_Jan2020.pdf. But, briefly, it requires illness + close contact (within 1m) with live/dying/dead poultry in a part of the world where avian flu is common in the past 10d (mainly Asia).

MERS-COV criteria are outlined here (but, briefly, it requires illness + middle east travel): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732267/Algorithm_case_v31-Aug2018.pdf.

Diagnosis of possible/suspected COVID-19

IF THESE CRITERIA ARE MET, THE PATIENT MUST BE ISOLATED IMMEDIATELY AND APPROPRIATE TESTING ARRANGED.

If these criteria are NOT met, then it seems the patient should be managed in primary care in the usual way, although many practices are triaging all those with cold/flu-like symptoms regardless of travel/contact history.

Possible cases are defined as:

Anyone requiring admission to hospital who has ANY of the following:
influenza-like illness or clinical/radiological evidence of pneumonia or acute respiratory distress
EVEN if they do not meet the epidemiological criteria set out below (that is, even if they have NOT travelled to affected areas/been in contact with someone with COVID-19)

Suspected cases are defined as:

CLINICAL SYMPTOMS

(remember: immunocompromised patients may present in atypical ways)

- Fever with no other symptoms.
- Acute respiratory infection of any degree of severity, including at least one of shortness of breath (breathing difficulties in children) or cough (with or without fever).
- Severe acute respiratory infection with clinical/radiological evidence of pneumonia/acute respiratory distress.

PLUS

EPIDEMIOLOGICAL CRITERIA

Travel history: in the 14 days before the onset of illness, travelled to [specified countries and areas](https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas) (this includes transit, for any length of time in these countries). Affected areas are updated regularly here:
<https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>

Contact with a confirmed case, defined as:

- Lives in same household as confirmed case.
- Direct or face-to-face contact with confirmed case (any length of time).
- Being within 2 metres of confirmed case for any other exposure not listed above, for >15 minutes.
- Direct contact with the case/their body fluids/their lab specimens, or during an aerosol-generating procedure, without appropriate PPE.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection#criteria>

Put measures in place to stop patients with COVID-19 coming to the surgery/prepare for if they do

- **Use messages on your website, texts and receptionists screening patients when they ring for an appointment/home visit to make sure patients are aware that they should not come to the surgery.**

The key message is: *if you suspect you may have COVID-19:*

- *Use the 111 online coronavirus service to find out what to do next (it's a few simple questions and then tells you what to do).*
- *Do not go to a GP surgery, pharmacy or hospital.*

In Scotland, call your GP or NHS 24 on 111 out of hours. In Northern Ireland, call 0300 200 7885.

It isn't clear what we should do with those with respiratory symptoms but without a travel/contact history. Many practices are triaging by phone, but it still raises the question of what to do if they need clinical assessment.

If a patient contacts the surgery and thinks they may have COVID-19

- **If they meet BOTH clinical and epidemiological criteria, refer them to the 111 online app or 111 service, advise them to self-isolate until they have had the appropriate input from 111, and that they MUST NOT go to a pharmacy, GP surgery or hospital.**
- **If they are CRITICALLY UNWELL, call an ambulance. Tell the call handler that this is a suspected COVID-19 case.**
- **If they do NOT meet either clinical OR epidemiological criteria but have respiratory symptoms, there is no guidance at present how to manage these patients.** Many practices are using phone triage, but this does not eliminate the need that some will need face-to-face assessment.

How to communicate this to patients: suggested patient information for your telephone system and for texts, online booking service and practice website are available in **appendix 1** of this document: <https://www.england.nhs.uk/wp-content/uploads/2020/02/20200305-COVID-19-PRIMARY-CARE-SOP-GP-PUBLICATION-V1.1.pdf>

Be prepared for a scenario where they do turn up

- Identify a room to act as an isolation room (a room that could be decommissioned for a period before being appropriately decontaminated, with a phone, near a toilet that could also be put out of action until decontaminated?).
- Declutter it now so that non-essential furnishings and items are removed to aid decontamination after an event. Keep the phone – you may need this to communicate with the patient!
- Place a card in the room so that patients who are left alone in it will know what is to happen next. This should also include the practice name, telephone number, address, email and postcode (useful when they ring 111).
- Prepare a 'support pack' for this room: bottled water, tissues, clinical waste disposal, fluid-resistant surgical mask.

111 should NEVER refer a patient to primary care for assessment if COVID-19 is suspected.

If you identify a patient in the surgery who may have COVID-19

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

At present, none of these scenarios should occur: but what if they do?

To reduce the risk of these scenarios happening:

Use messages on your website, texts and receptionists screening patients when they ring for an appointment/home visit to make sure patients are aware that they should not come to the surgery.

Note: 'suspected coronavirus' in this document means the patient has clinical AND epidemiological criteria (symptoms + relevant travel history/contact with confirmed case).

Patient presents at reception with suspected coronavirus

- Advise to go home immediately and contact 111.
- *If too unwell or unwilling to leave surgery:* isolate them (+ any relatives and any clinical waste) immediately.

Consultation started, then coronavirus becomes a possibility

- Leave the room, closing the door behind you.
- Wash your hands thoroughly.
- Complete the consultation via telephone.
- Avoid physical examination of a suspected case.

- **If the patient is relatively well, ask them to ring 111 from within the room in which they are isolated. Ask them to use their own mobile if possible as this makes follow-up testing/contact tracing easier.**
- While the patient remains at the surgery:
 - Ensure no one enters the room.
 - Keep in regular contact with the patient, either on the phone or by talking to them through the closed door.
 - Do NOT enter the room unless the patient is very unwell, and then only if wearing appropriate PPE.
- **If the patient needs to use the lavatory:**
 - Direct them to go to the lavatory and return to their room immediately afterwards.
 - They should be told to wash their hands thoroughly afterwards.
 - **The lavatory should then not be used by anyone else until thoroughly cleaned (following advice on decontamination from the relevant authorities).**
- **If it is essential to enter a room where a patient is being isolated (i.e. the patient is very unwell):**
 - Wear PPE in line with standard infection control precautions, such as gloves, apron and fluid-resistant surgical mask. Afterwards, dispose of PPE as clinical waste.
 - Keep exposure to a minimum.
 - **Once the patient has left the building, DO NOT ENTER/USE the isolation room/lavatory until it has been appropriately decontaminated.**

Patient presenting with suspected coronavirus during a home visit

- Take the patient's telephone number, leave the room and close the door. Wash your hands thoroughly.
- Ask the patient/carer to ring 111.
- **If the patient needs immediate aid, apply appropriate PPE.** On removal, this should be DOUBLE bagged for transit (so visiting staff need PPE + TWO clinical waste bags).
- **If the patient is in a care home:** contact 111 AND inform the local health protection team to discuss possible contact tracing, decontamination and further follow-up.

If the patient requires urgent transfer to hospital

- Inform the ambulance service call handlers that it is 'suspected coronavirus'.
- All potential admissions MUST be discussed with the hospital first to ensure it is appropriately prepared.

How to arrange laboratory testing

Contact the lab for your area, as per the information on this page (England).

(<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories/wuhan-novel-coronavirus-who-to-call-to-request-laboratory-testing>)

On 28 February, the numbers for England were:

NHS region	Lab	Normal hours	Out of hours
East of England	Cambridge PHL	01223 257037	01223 245151 (ask for on-call virologist)
London	Colindale PHL	0208 327 7887	020 8200 4400 (ask for duty doctor)
Midlands	Birmingham PHL	0121 424 3111	0121 4242000 (ask for duty virologist)
North East	Newcastle lab	0191 233 6161 (ask for consultant virologist)	0191 233 6161 (ask for on-call consultant virologist)
North West	Manchester PHL	0161 276 8853	0161 276 1234 (ask for on-call microbiologist)
South East	Southampton lab	023 8120 6408	023 8077 7222 (ask for out-of-hours microbiology biomedical scientist)
South West	Bristol PHL	0117 414 6222	0117 950 5050 (ask for on-call virologist or microbiologist)
Yorkshire and Humber	Leeds lab	0113 392 8750 (option 2) (Leeds Teaching Hospitals Trust, switchboard; ask for on-call consultant virologist)	0113 243 2799 or 0113 243 3144 (ask for on-call consultant virologist)

What tests are required?

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866111/COVID-19_Suspected_cases_samples_taken_A3_poster_AandE_09.pdf

- Upper respiratory tract sample: nose or throat swab or nasopharyngeal aspirate

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- Sputum sample, if obtainable, in a universal container (i.e. a plain urine pot)

And, if admitted:

- A blood sample.

The lab should tell you which swabs/bottles to use, how to package them and where to send them.

Tests can take 24–48h to come back.

Who needs what PPE?

- Clinical staff need disposable aprons, gloves and fluid-resistant surgical masks (gowns and eye protection needed if doing an aerosol-generating procedure, but this is unlikely to be happening in primary care).
- Cleaners need disposable gloves and aprons.
- Reception staff do NOT need PPE.

All staff should know how to put on/remove PPE and how to dispose of it, and must do this before leaving the contaminated area (in our surgery, we have put a PPE removal guide on the back of each door).

Instructions on how to put on and remove PPE are available here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>.

- If PPE is used on a home visit, this must be removed at the house and then DOUBLE bagged while being transported back to the surgery for disposal.

Decontamination of primary care facilities

Practices are responsible for the supply of clinical materials and PPE for staff, and for ensuring they know how to use them. Cleaners should wear disposable gloves and an apron.

Practices may need to close temporarily for cleaning of community areas: follow usual business continuity arrangements; however, the aim is that practices should remain OPEN unless advised to close by the health protection team.

- **The room itself: once the patient has been transferred to the appropriate setting:**
 - Shut the door, open the windows and switch the air conditioning OFF.
 - The room then needs to be decontaminated.
 - After decontamination, the room can be put back into immediate use.
- **Communal areas (waiting room, toilet):**
 - Any blood/body fluids should be cleaned up immediately.
 - Clean the areas with detergent and disinfectant as soon as practically possible; once done, the room can be put back into immediate use.

All waste should be removed from the room and quarantined until the patient test results are known; if the patient is confirmed as having COVID-19, take advice from the local health protection team on what to do next. Your local health protection team can be found at: at www.gov.uk/health-protection-team.

Follow section 4 of this document for the nitty gritty of how to do it: <https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

When can an infected person return to normal activity?

We don't know!

In the US, the CDC says it doesn't know when someone is no longer infectious, but it is working on it being 14 days because that is the case for other coronaviruses. However, it isn't clear if the CDC means 14 days after onset of symptoms or after resolution of symptoms: be advised by your local health protection team!

PHE covers the following scenarios:

- Those who have travelled from a category 1 area and who test NEGATIVE: should still remain at home for 14 days and can then return to normal activity. If new symptoms develop, they should be reassessed and retested via the 111 service.
- Those returning from category 2 areas and who test negative: remain at home until either their symptoms resolve OR the 14-day observation period has ended (whichever is shorter). If new symptoms develop, they should be reassessed and retested via the 111 service.
- Someone with COVID-19 who is fit for discharge: they will be given advice about what to do in terms of self-isolation.

Contact tracing

This will be the responsibility of the public health teams.

The idea is to identify all those who the patient has come into contact with, assess the risk to those individuals and contact/offer advice/test if appropriate.

For more information, see this PHE blog:

<https://publichealthmatters.blog.gov.uk/2020/02/13/expert-interview-what-is-contact-tracing/>

Healthcare workers and staff: when should staff not work?

Advice on what to do if your staff have a relevant travel history, have a household contact or are exposed to COVID-19 in the healthcare setting:

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-for-healthcare-providers-with-staff-who-have-travelled-to-china/guidance-for-healthcare-providers-healthcare-workers-who-have-travelled-to-china>

Asymptomatic healthcare worker with exposure within the past 14 days	14-day work exclusion?	Other actions
Exposure due to TRAVEL		
Travel to specified category 1 countries/areas: (at time of going to print, but this may change rapidly) specific areas in China, Iran, Korea and Italian towns under lockdown.	Yes	Self-isolation at home for 14 days after return to the UK.
Travel to specified category 2 countries/areas: check website as rapidly evolving, but includes the rest of China, much of the far east (including Japan) and the whole of Italy (excluding areas under lockdown).	No	Inform line manager and occupational health. No restrictions unless advised by occupational health, employers or local health protection team.
Contact with a confirmed case in any country.	Yes	Self-isolation at home for 14 days after return to the UK.
Exposure due to HEALTHCARE WORK (in UK or overseas)		
Contact with a symptomatic possible case while wearing recommended PPE with no breaches.	No	No restrictions.
Contact with a confirmed case while wearing recommended PPE with no breaches.	No	No restrictions, but passive follow-up for 14 days after last exposure.
Contact with a symptomatic possible case without wearing recommended PPE.	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by occupational health, employers or the local health protection team.
Contact with a confirmed case <u>with-out</u> wearing recommended PPE.	Yes	Self-isolation at home for 14 days after last contact (health protection team will advise on follow-up).
Exposure to healthcare settings (e.g. working in healthcare, or admission or visit to hospital) in specified category 2 countries/areas.	Yes (from last healthcare exposure)	No other restrictions unless advised by occupational health, employers or local health protection team.
OTHER exposure, including household contact		
Contact with a possible case.	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by occupational health, employers or the local health protection team.
Contact with a confirmed case.	Yes	Self-isolation at home for 14 days after last contact (health protection team will advise on follow-up).

What does self-isolation mean?

In practical terms, it means:

- Go home and stay at home, avoiding contact with other people.
- Do not go to work, school or public areas.
- Do not use public transport (including taxis).
- Avoid visitors to your home.
- Ask friends, family members or delivery services to carry out errands for you – such as getting groceries, medications or other shopping.

- Do not go to the GP/attend hospital without ringing in advance.

There is more detailed advice here:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing/advice-sheet-home-isolation>

Take home messages: coronavirus/COVID-19

- Have you gone through the checklist at the top of this article to ensure you are as ready as you can be?

Useful websites

For primary care:

Main advice for GPs on the NHS website: <https://www.england.nhs.uk/coronavirus/primary-care/>

The key page from NHS England, with all the resources: <https://www.england.nhs.uk/coronavirus/primary-care/> (for Scotland, Wales and NI, please follow your own guidance, although it will not be that dissimilar).

The standard operating procedures on the following website were the basis of most of this summary; they will be regularly updated, so please check: <https://www.england.nhs.uk/wp-content/uploads/2020/02/20200305-COVID-19-PRIMARY-CARE-SOP-GP-PUBLICATION-V1.1.pdf>

Main information for GPs on gov.uk website: <https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care>

The RCGP COVID-19 page can be found here, and includes prompt sheets for receptionists, and a leaflet for patients in isolation within the surgery: <https://www.rcgp.org.uk/policy/rcgp-policy-areas/covid-19-coronavirus.aspx>

COVID resources from PHE can be downloaded from the PHE website: register at: <https://campaignresources.phe.gov.uk/resources> then you can download resources at: <https://campaignresources.phe.gov.uk/resources/campaigns/101-coronavirus->

For patients:

Main advice to patients on NHS website: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

The coronavirus symptom checker is available at: <https://111.nhs.uk/covid-19>



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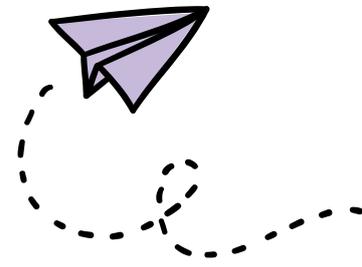
- Menopause, HRT and perimenopausal contraception
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- Look after yourselves as health professionals.

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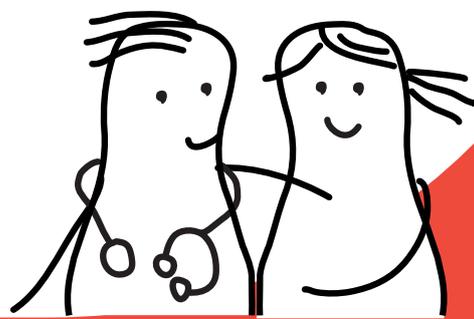
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