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**From:** Gregor.Smith@scotland.gsi.gov.uk [Gregor.Smith@scotland.gsi.gov.uk]  
**Sent:** 22/01/2020 11:41:05  
**To:** RITCHIE, Lisa (NHS ENGLAND – X24) [lisaritchie@nhs.net]; MCMENAMIN, Jim (NHS NATIONAL SERVICES SCOTLAND) [jim.mcmenamin@nhs.net]  
**CC:** Andrew.Riley2@scotland.gsi.gov.uk [NR]@scotland.gsi.gov.uk; HAWKINS, Gill (NHS NATIONAL SERVICES SCOTLAND) [g.hawkins2@nhs.net]; THOULASS, Janine (NHS NATIONAL SERVICES SCOTLAND) [janine.thoulass@nhs.net]  
**Subject:** RE: Wuhan novel Coronavirus and implication of NIPCM advice for General Practice  
**Flag:** Follow up

Thanks Lisa – so I think we have a consensus and I'm content to support the approach that's been outlined.

**Dr Gregor Smith**  
**Deputy Chief Medical Officer for Scotland**  
**Scottish Government**  
**Honorary Clinical Associate Professor, University of Glasgow**

[I&S] St Andrews House  
Regent Road Edinburgh EH1 3DG  
Telephone: [I&S]

Twitter: [I&S]

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**From:** RITCHIE, Lisa (NHS NATIONAL SERVICES SCOTLAND) <lisaritchie@nhs.net>  
**Sent:** 22 January 2020 11:36  
**To:** MCMENAMIN, Jim (NHS NATIONAL SERVICES SCOTLAND) <jim.mcmenamin@nhs.net>; Smith G (Gregor) <Gregor.Smith@gov.scot>  
**Cc:** Riley A (Andrew) Dr <Andrew.Riley2@gov.scot> [NR]@gov.scot>; HAWKINS, Gill (NHS NATIONAL SERVICES SCOTLAND) <g.hawkins2@nhs.net>; THOULASS, Janine (NHS NATIONAL SERVICES SCOTLAND) <janine.thoulass@nhs.net>  
**Subject:** RE: Wuhan novel Coronavirus and implication of NIPCM advice for General Practice

Dear Gregor,

Re your question about options considered:

- The option for FFP3 respirators is not one that can be easily and quickly implemented in general practice nor effectively sustained - specifically, given the need for fit testing.
- The option to offer no respiratory protective equipment (RPE) for general practice does not sit comfortably with me personally; as an infection prevention and control specialist and also being pragmatic, the option to recommend disposable fluid resistant surgical facemasks (FRSM) is, I would suggest, a practical and realistic precautionary measure to offer to primary care practitioners in this situation, Notwithstanding that disposable gloves, aprons and surgical facemasks (face/eye protection) are items that I would recommend that general practices have available as part of Standard Infection Control Precautions (SICPs) anyway. This is consistent with the NIPCM.

Happy to further discuss.

Kind regards,

[PD]

Fax: [I&S]

Email: [jim.mcmenamain@nhs.net](mailto:jim.mcmenamain@nhs.net)

<http://www.hps.scot.nhs.uk>

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**From:** [Gregor.Smith@scotland.gsi.gov.uk](mailto:Gregor.Smith@scotland.gsi.gov.uk) <[Gregor.Smith@scotland.gsi.gov.uk](mailto:Gregor.Smith@scotland.gsi.gov.uk)>

**Sent:** 22 January 2020 10:26

**To:** MCMENAMIN, Jim (NHS NATIONAL SERVICES SCOTLAND)

**Cc:** [Andrew.Riley2@scotland.gsi.gov.uk](mailto:Andrew.Riley2@scotland.gsi.gov.uk); [NR] [\[redacted\]@scotland.gsi.gov.uk](mailto:[redacted]@scotland.gsi.gov.uk); HAWKINS, Gill (NHS NATIONAL SERVICES SCOTLAND); THOULASS, Janine (NHS NATIONAL SERVICES SCOTLAND); RITCHIE, Lisa (NHS NATIONAL SERVICES SCOTLAND)

**Subject:** RE: Wuhan novel Coronavirus and implication of NIPCM advice for General Practice

Thanks for this Jim – I think you know that I'm a pragmatist, and I can foresee a situations where clinicians will feel compelled to check on patients who have been isolated if there are lengthy waits for SORT ambulance. So being able to offer some protection here is desirable.

Can I first ask whether there are any other options that have been considered? And if so, on what grounds were these discounted.

I'm waiting for a call-back from [NR] (CC) to gauge her opinion on whether this should urgently be discussed with eg BMA / RCGP prior to communication.

My instinct is that this is a pragmatic approach and offers at least some protection if the extant advice can't be followed for some reason and my sense is that these should be released from pandemic stocks and then replenished.

G

**Dr Gregor Smith**  
**Deputy Chief Medical Officer for Scotland**  
**Scottish Government**  
**Honorary Clinical Associate Professor, University of Glasgow**

[I&S] St Andrews House  
Regent Road, Edinburgh, EH1 3DG  
Telephone: [I&S]

Twitter: [I&S]

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**From:** MCMENAMIN, Jim (NHS NATIONAL SERVICES SCOTLAND) <[jim.mcmenamain@nhs.net](mailto:jim.mcmenamain@nhs.net)>

**Sent:** 22 January 2020 10:08

**To:** Smith G (Gregor) <[Gregor.Smith@gov.scot](mailto:Gregor.Smith@gov.scot)>

**Cc:** Riley A (Andrew) Dr <[Andrew.Riley2@gov.scot](mailto:Andrew.Riley2@gov.scot)>; [NR] [\[redacted\]@gov.scot](mailto:[redacted]@gov.scot); HAWKINS, Gill (NHS NATIONAL SERVICES SCOTLAND) <[g.hawkins2@nhs.net](mailto:g.hawkins2@nhs.net)>; THOULASS, Janine (NHS NATIONAL SERVICES SCOTLAND) <[janine.thoulass@nhs.net](mailto:janine.thoulass@nhs.net)>; RITCHIE, Lisa (NHS NATIONAL SERVICES SCOTLAND) <[lisaritchie@nhs.net](mailto:lisaritchie@nhs.net)>

**Subject:** Wuhan novel Coronavirus and implication of NIPCM advice for General Practice

Dear Gregor

HPS are due to issue guidance to our general practitioners along with an updated briefing note by the end of this week. An important part of this will cover the infection prevention and control guidance.

You will be aware that the National Infection Prevention and Control Manual developed in Scotland has become the benchmark of protecting our health care workforce and patients over the past years. Indeed this NIPCM is now adopted for use across England and is now beginning to be rolled out.

In our PHE led IMT discussion we have been discussing the IPC support for general practice in the event of a symptomatic returning traveller presenting to general practice and then appearing in a consulting room and only then being recognised as a suspect patient who meets the clinical and epidemiological case definition.

The clear and shared view by all 4 administrations (PHE having sought a GP view) is that infection risk posed would be managed as follows;

- the practitioner explains to the patient that they need to be isolated in the practice whilst arrangements are made to potentially transfer them to hospital
- they will explain that they will now leave the room and that they are going to close the door to isolate the patient until the ambulance service can transport the patient to hospital (in Scotland this will be by SORT team and thus may take a number of hours to arrange)
- no practitioner will then enter the room thereafter

The adoption/acceptance of the NICPM with the endorsement by the Chief Officers in Scotland means that we are further ahead in our ability to cover additional situations in Scotland rather than across all of the UK as follows;

Reflecting the rurality challenge in Scotland we have suggested that there is a risk that patients could need to be isolated for many hours and thus there could be clinical circumstances were a practitioner may feel that they wish to attend their deteriorating patient. In this circumstance we propose to offer a pragmatic infection prevention and control advice which would use gloves and aprons and surgical (fluid resistant) face masks.

We recognise that these surgical (fluid resistant) face masks may not currently be available in all general practice settings and a discussion is then needed about whether this attempt to offer protection for our practitioners would be supported by our GP colleagues? If so we can then discuss about how to arrange this e.g. provide a box of surgical (fluid resistant) face masks to all practices and who foots the cost of this? As a practical suggestion we could just release a small volume of the pandemic stockpile as it is immediately available rather than asking procurement to sort this through. My understanding is that these masks have a long shelf life so once supplied other discussions could take place about longer term replenishment.

Can you advise whether you are content with the suggested approach or whether this requires any further discussion?

Best wishes

Jim

Dr Jim McMenamain  
Consultant Epidemiologist  
Interim Clinical Director  
Respiratory Team  
Health Protection Scotland