GUIDANCE FOR INTERACTIONS WITH NHS STAFF BY HEALTHTECH INDUSTRY REPRESENTATIVES

This statement position is relevant at time of writing (August 2020) based on current circumstances and government guidance, please check the ABHI website for any updated version. This document outlines relevant guidance and makes recommendations to ensure safe and appropriate access and interactions with the NHS.

Background

On 30th January 2020, national NHS leaders internally declared coronavirus a serious, level 4, incident. Non-urgent care ceased during the initial surge of COVID-19 cases and access to hospitals was necessarily severely restricted to non-healthcare professionals. Whilst there was a default 'no entry policy' for industry staff, access was still allowed on an exceptional basis to support urgent interventions and maintain critical equipment.

On 29th April, NHS England announced steps towards the reintroduction of planned care including procedures where, traditionally, HealthTech suppliers have provided technical support in the use of instrumentation for complex interventions and with installation, service and maintenance of equipment. This was extended further on 31st July when NHS England published their phase three letter, which outlined the need for Trusts to re-establish elective capacity up to 90% of pre-COVID levels by October 2020.

Whilst lockdown is easing, many measures remain in place, and social distancing is expected to continue for some time, which will impact the ability of HealthTech companies to interface with the NHS in support of the restart of planned care.

As NHS Trusts commence the restart of elective care, diagnostic pathways and screening programmes, there will be an increased need for industry support. Many Trusts are now starting to put in local control measures in anticipation of increased access by industry staff, these include rules on supply and use of Personal Protective Equipment (PPE) and testing.

Virtual First

Given the impact of COVID-19 and the specific issues of interacting with NHS staff, particularly within hospital sites due to the risks of transmission of COVID-19, we have considered as an industry, how we need to change our engagement model as we move to the restart of planned care and, over time, a gradual loosening of restrictions.

Companies have significantly changed how they interact with NHS organisations and front-line clinicians. A significant portion of contact is now via online video communication systems. This has yielded efficiency and productivity gains and a positive impact on the environment with a reduction in carbon footprint caused by the reduction of travel.

We need to ensure we embed the positive impacts gained, whilst not losing the benefits of direct face-to-face interaction with suppliers, indirect channel partners, customers and key opinion leaders that existed before lockdown.

We are proposing a "**Virtual First**" approach with virtual meetings being the communication method considered initially. However, it is recognised that this will not fit all circumstances given

the complexity of some interaction and the need for "hands-on" support. As such, where appropriate, other mechanisms can be employed.

"Virtual First" – Virtual meetings should be considered first in all circumstances. Face-to-face meetings with social distancing measures enforced should be conducted by exception and offered only where agreed with the customer. Examples include:

- Customer contract review meetings.
- Service Level Agreement/Performance review meetings.
- Monthly/Quarterly Board meetings.

"Virtual Preferred" – it is recognised that some elements of a process may best be served through face-to-face meetings with social distancing measures enforced. Examples include:

- Market awareness exercises (e.g. Customers seeking to know latest technology offerings available on the market from suppliers).
- Education and training (where suppliers can offer virtual training experiences).
- Product/solution demonstrations (where suppliers can offer virtual demonstrations).
- Project management meetings.
- Reference site demonstrations.
- Clarifications and configuration discussions.
- Executive Board meetings.

"Face-to-Face" – Face-to-face meetings should be used only where *"Virtual First"* and *"Virtual Preferred"* cannot achieve the necessary business objectives. Whilst there remains a significant COVID-19 burden within the NHS, face-to-face meetings must only be undertaken with agreement from NHS staff. Examples include:

- Support for clinical interventions when requested by NHS.
- Training on new equipment, where virtual is not feasible due to complexity.
- Clinical site visits where equipment layout, ergonomics and physical patient flow. considerations are critical to the product/solution evaluation.
- Public relations (e.g. photography/advertising/sponsorship/awards, etc.).
- Complex and lengthy contract negotiations.

In all circumstances it is important that a consistent approach is taken to all suppliers if part of a bidding/tendering process. We encourage our customers –Trusts, health boards and hospitals, independent sector providers – to support our desire to provide the most effective and environmentally friendly engagement methods and models and to provide, where necessary, the requisite time, space and virtual tools required (PC/laptop, access to virtual software platforms; Microsoft Teams, Adobe Connect, GoToMeeting, Zoom, Google Hangouts etc.) to their staff. These steps will help ensure we maintain the positive benefits we have experienced through the use of virtual engagement and to ensure such engagement is open, fair and commensurate with good procurement practices.

Principles for Face-to-Face Access

Industry has a key role to play in support of NHS staff which will necessitate physical presence on NHS premises and could involve proximity to patients with COVID-19. The following principles apply:

- **Physical visits should only be made where absolutely necessary** to maintain social distancing and adhere to government guidelines on travel. ABHI recommends a "Virtual First" approach.
- Virtual training and education should be encouraged where possible to minimise contact with other individuals.
- Visits should only be made following a **direct request from NHS staff,** this could be written or verbal.
- No visits should be made if the employee or member of their household is displaying any symptoms of COVID-19, or they have been contacted by "Track & Trace and advised to self-isolate. Government advice on isolation should be followed.
- All **visits must be fully documented**, including all areas of hospital/clinic visited, procedure/work carried out, start and end time, and supervising NHS staff to enable "track and trace" in the event of COVID-19 infection.
- Where required, based on government guidelines, **appropriate PPE must be utilised** for the entirety of the visit. Trusts are best positioned to determine and provide the proper PPE for individuals that are present on site for a particular procedure according to relevant guidance and provide the Fit Test where necessary.
- Companies should **risk assess personnel** to determine if they fall into any vulnerable groups as defined by the government.
- Companies should ensure that staff have all **necessary training** required to safely undertake their role, including general infection prevention and control and an understanding of national and local guidance for COVID-19 infection prevention and PPE use (including donning and doffing).

Pre-visit

- Confirm and document visit arrangements with NHS host. This should include confirmation of access to hospital and any department, any necessary testing prior to admission and requirements.
- If industry staff make visits to both COVID-Managed and COVID-Protected sites they should confirm and comply with any relevant site policy. This policy should maintain parity with that for healthcare professionals.
- Complete self-screening assessment to ensure absence of COVID-19 symptoms below currently or in the last seven days. Also confirm they have not been in contact with anyone displaying any of these symptoms in the last fourteen days and therefore should be self-isolating:
    - A new, persistent cough
    - A high temperature
    - A loss of or change in sense of taste and/or smell.

- Check any specific entry requirements for the site (see also “credentialing companies” below). This could include restriction on visits to other sites and between COVID-Managed and COVID-Protected sites.

During Visit

- Follow site sign-in procedures on arrival.
- Limit public transportation where possible.
- Social distancing should be maintained, or PPE used to mitigate.
- General purpose face coverings should be used in public areas, supplied by the representative/company.
- Always follow instructions from NHS staff regarding access to areas and use of appropriate PPE.
- Follow recommended decontamination procedures when interacting with any equipment before and after work is carried out.

Post Visit

Should staff display symptoms of COVID-19 within 14 days of visiting an NHS Trust they should take the following steps:

- Utilise the NHS symptom checker and follow the advice given.
- If a positive test is the outcome, staff will be contacted by the NHS “Track & Trace” team.

Testing

At present government guidelines do not cover asymptomatic testing of industry staff, this should be the default position as regards industry access. ABHI recommend that COVID-19 screening procedures applicable to NHS staff should be equally applicable to industry representatives entering the facility. Should an NHS site require testing prior to admittance their recommended protocol should be followed, and they will need to provide this service.

Self-Isolation

If asymptomatic (including household) there should be no requirement for self-isolation for industry staff prior to attending NHS premises.

Credentialing companies

Many NHS Trusts manage access to their sites via one of two credentialing companies (LSI/MIA and Intellicentrics). Where these arrangements are in place company staff should utilise the system to document their attendance. Some Trusts will utilise these systems to implement access policy for industry staff, requiring particular training, health and safety standards and etiquette to follow. Industry personnel should continue to comply to the best of their ability to the policies laid out by individual Trusts via these systems.

Appendix 1 – Flow Diagram