



**Solihull
Healthcare
Partnership**

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SHP PCN COVID-19 “UNLOCK” PLAN

Version 3.0

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Acknowledgment

SHP wish to thank Dr Mike Smith, The Maltings Surgery, St Albans for publishing the Maltings Unlock Plan which has been adapted in the creation of the following SHP PCN COVID-19 “Unlock” Plan.

Background

The COVID-19 pandemic represents a major national and global challenge ever since the first cases were reported in China at the end of last year. By June 2020, there are still many unanswered questions about the novel Coronavirus SARS-2, and strategies have recently been aimed at limiting the human-to-human transmission of the virus, as well as protecting the vulnerable population against severe complications and even death.

The disease has had a major impact not only economically, but also on the health and mental wellbeing of the population.

SHP was one of the first to act by changing the consultation model of General Practice by operating on the principles of 1) Limiting Footfall in the practice by conducting a Digital first Model and increasing the use of Video Consultations 2) Postponing non-essential / non urgent work 3) Practising safe practices at work including the enforcement of social distancing, as well as several other measures which have proved invaluable.

It is clear that there is a burden of work slowly building up that is non COVID related, and the impact of delaying this for longer than needed will have a significant impact on the long term health and wellbeing of our population.

This plan aims to spell out the process of how SHP will make the transition from the status quo to what we can define as business as usual.

A new normal

What is absolutely clear, and one of the thinnest of silver linings from the current crisis, is that our practice will have a new ‘normal’ in the longer term. The lessons we have learnt around the utilisation of technology, reducing the need for face to face consults and a new relationship with patients, presents an opportunity for the longer term future for our practice.

Adopting a Total Triage model using EMIS Online Consult will revolutionise Primary Care services at SHP. The online consult model will assist in enabling us to utilise the appropriate healthcare professionals within the organisation.

We must also be flexible and responsive to the changing threat of this pandemic. With so many unknowns around subsequent waves of infection, long term immunity, vaccine development and successful treatments, as well as the possibility of the disease becoming endemic, the local response must be able to change within hours whilst never compromising patient care.

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The National Response

On 10 May 2020, the Prime Minister of the United Kingdom and Northern Ireland announced the Governments recovery strategy. This involved the launch of an alert system which charts both the national and local picture of COVID-19, and the appropriate response to the pandemic.

Level 1 - COVID-19 is not known to be present in the UK

Level 2 - COVID-19 is present in the UK, but the number of cases and transmission is low

Level 3 - A COVID-19 epidemic is in general circulation

Level 4 - A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially

Level 5 - As level 4 and there is a material risk of healthcare services being overwhelmed

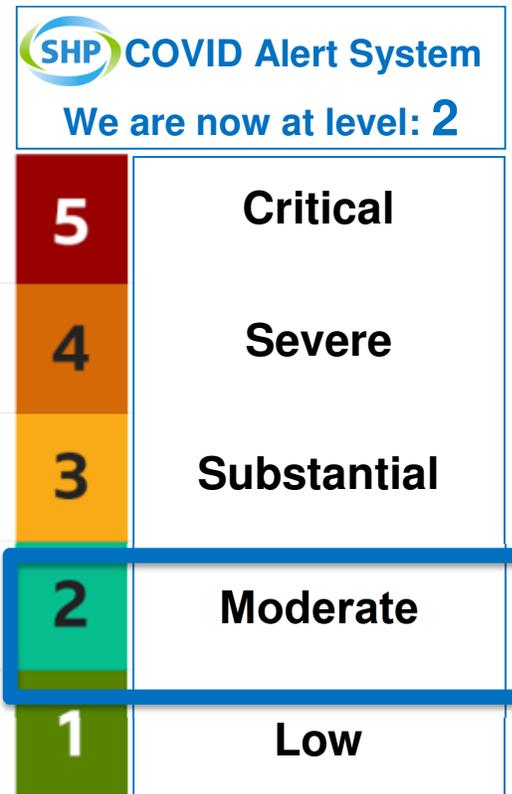
At the time of this revision of the plan, the country was told that we were currently on level 3. Although there are potential hazards in this approach, it gives us the basis of a plan to 'unlock' the practice.

Our practice response

We have decided that we will use the national alert system as a barometer as to what level we are at in the practice. Although we will use the government and SAGE's guidance as to the current threat level, given the time lag and limitations of the alert system, we will always underwrite this with our own assessment as a practice leadership team. **Ultimately the alert level in the organisation is determined by the SHP Board and Senior Management Team, taking into account numerous factors including local/National guidance and various details.**

In this document we will outline the processes we will follow to make sure that we are keeping our patients and staff safe, whilst still maintaining a local and responsive GP service for the patients of SHP.

To avoid any ambiguity, we will have the current alert status clearly displayed and on our GPTeam Net, so everybody knows the level we are currently operating at.



It is the Chief Executive and the Practice Support Team's responsibility to keep this maintained and updated, and to make sure all staff are appraised of the implications of the changing alert level.

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To underpin this, our broad approach to communications in the practice should include.

- 1) Regular updates on GP TeamNet
- 2) Distribution of messages through Whatsapp groups
- 3) Daily 1:30pm Zoom Meeting

Things to continue until further notice

- Perspex at Reception Desks
- Social distancing measures Alerting People to 1 metre + apart, face coverings etc.
- Regular Management Team meetings

Risk Assessment of Staff

The risk assessment of staff is a controversial topic, but we consider it a very necessary one. There is little in the way of guidance and we have adapted our own for primary care. We have upheld social distancing measures for our staff groups so we need to balance keeping our staff safe against being able to maintain a safe service for patients. We have therefore invited ALL staff to have an individual risk assessment. This is completely optional but we are clear of the reasons for doing so. Each person will be considered on an individual basis, so please take this into account. Once again this is not a perfect answer but the solution that SHP are using.

See Risk Assessment tool via GP team net for staff.

High risk Covid-19 Patients

The advice for the treatment of High Risk COVID-19 patients is available on the GOV.UK website. Whilst the government guidelines are in operation, the separate practice policy for 'High risk' patients will apply and these patients should be considered and discussed on a case by case basis. As the shielding process comes to an end, SHP will continue to maintain and update our list of high risk patients.

Communications to Patients

- Website to be updated by communication lead in the practice; setting clear message and expectations
- PPG to be informed
- Social Media Pages to be updated regularly to allow patients to know the changing level of service provision
- Targeted messages for patients to buy equipment if they can afford e.g. BP machines

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LEVEL 4 – Severe (including local lock down)



Digital First Model

- All appointments will operate a digital first service
- Any patients that need to be brought in for a face to face consult will need to be discussed, however briefly, with an AMBER ZONE clinician
- Where possible patients should be encouraged to use online facilities (e.g. Patient Access, Online Consult) to keep the telephone lines free for those that cannot avail of this

Face to Face Contact

- Currently suspected COVID-19 patients are being assessed by Video Consult and if necessary, referred to the SHP assessment hub.
- Currently patients seen face to face are subject to appropriate protective equipment
- High risk for COVID-19 patients should be treated wearing full PPE to prevent inadvertent transmission of infection from or to Health Care Staff, appointments will operate a digital first service.

Fever Patients

- In the event of a fever patient needing to be seen in the practice face to face after a triage assessment then these patients should attend the assessment zone. Specific arrangements can be made for the assessment and examination of them whilst the assessing clinician is wearing full PPE.
- The use of a home visit is a last resort and where possible the patient should be seen in the surgery.

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Patient Appointment Protocol

- Patient appointments will be limited to ensure safety of staff and patients
- This will be done by spacing appointments out throughout the day with sufficient time for consult / clean and writing notes
- The history should be taken and clarified on the telephone prior to the appointment as much as possible.
- There are AccuRx template texts to send to patients prior to arrival, which give clear instructions on how to arrive at the designated zones
- The surgery door is locked and the Care Navigator can be accessed via telecom at the front doors.
- The clinician will be ready waiting for the patient at the allotted time; the patients should not be waiting for a clinician to arrive.
- High risk patients where possible will arrive by car and drive to the designated entrance door, waiting in their car until called in by the clinician.
- If a patient is running late, then the next patient may have to wait until they have left, until they enter the building
- For all non-fever patients, simple surgical mask, eye protection, apron and gloves will be worn. The Lead Nurse is responsible for an adequate and available stock of these.
- The room will be given a clear wipe over after each patient as per infection control procedures agreed with Nursing Team.
- Any patient who attends the surgery that is subsequently believed to have COVID, please contact the Lead Nurse / Patient Services Manager for the escalation procedure.
- Patients and Clinicians will be reminded that appointments must stick to time and to be aware of the implications of overrunning and the option to continue a conversation on the telephone later can be offered

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Staff

- Where possible practice social distancing and line managers to assist staff, where possible with this remaining 1 metre + apart at work
- Face masks should be readily available
- Staff can wear their own face masks if requested
- Remote working can be considered for staff where possible.
- Hand washing regularly with soap and water / alcohol gel
- Staff Groups to temporarily have lunch and coffee breaks in designated area / own rooms
- Practice Meetings via Zoom.
- Staff to use dedicated entrances at staggered arrival and departure times.
- Paperwork to be sent electronically wherever possible.
- Line managers will risk assess staff and make adjustments to limit exposure where appropriate and mutually agreed.
- All staff follow infection control measures please (e.g. bare below the elbows please, no name badge lanyards, watches etc).
- All Staff to wear uniform provided to help quickly identify staff members
- All staff to maintain 1 metres + distancing.
- Dedicated staff entrances and exits for different groups

Buildings

- Ensure minimal exposure for touching surfaces for staff and patients.
- Signage to guide patients to correct areas of the building
- Perspex cover to reception desk
- Floor stickers reminding people to stay 1 metre + apart

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Comms to Patients

- Website to be updated with comms lead in the practice setting clear message and expectations
- PPG to be informed
- Social Media Pages to be updated.
- Targeted messaging for patients to buy equipment if they can afford.

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LEVEL 3 – Substantial



More appointments to be made available

- All GP appointments will operate a digital first service
- Nursing Appointments for specific conditions can be pre-booked by the Call & Recall Team
- Patients should be sent any proforma, questionnaire etc. in advance of the appointment (Care Navigators to check this)
- Patients will be encouraged to use online facilities (e.g. Patient Access, Online Consult) to keep the telephone lines free for those that cannot avail of this.

The **Assessment Zone** – Patients with fever

- This area is for exceptional patients that present with fever symptoms after digital and telephone triage who need to be seen face to face.
- This zone is currently located at Grove Surgery car park.
- The patient will be required to wait in their car until the “Visiting” clinician has arrived and rings them to come across to the Assessment Zone.
- Within this area it shall be mandatory to see patients whilst wearing PPE
- PPE shall consist of (disposable gloves, disposable apron, Perspex visor, protective masks as agreed by lead nurse)
- All PPE should be disposed of as clinical waste after these consultations with visors appropriately cleaned.
- The responsibility of PPE provision shall be updated by the lead nurse and stocks of PPE will be monitored daily. Further information is available on our SHP TeamNet with videos on how to use and dispose of this appropriately.
- Instructions will be given to patient on arrival to the Zone and until they depart.
- They will not be able to use the practice toilet in the building (will be reminded to go before they attend the practice)

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- This area will be subject to a cleaning cycle (even if not in use throughout the day)
- Patients should be seen on arrival into the area.

The **AMBER** zone

- This zone represents Monkspath Surgery
- This area will be for the essential face to face appointments already agreed that need to take place
- All patients will routinely be screened for viral symptoms prior to attending
- This area will be subject to PPE i.e. the use of a surgical fluid resistant mask, apron and gloves should be used
- Patients will enter the building via the video doorbell and let into the building via a remote lock
- The patient will give their date of birth to the Care Navigator via the video doorbell
- Patients would have been screened for active COVID-19 infection prior to entry to the building and will be asked regarding any new symptoms.
- Patients will be instructed not to approach the reception desk, and make their way (1 metre +) to the AMBER zone waiting area
- If picking up paperwork, this should be placed on a table in the porch area before the patient enters the building
- Floor spacers will instruct patients about the correct distance of 1 metre +
- Upon arrival to the AMBER waiting zone, there is an alcohol hand gel dispenser and instruction poster of how to wash their hands.
- Patients can use the disabled toilets but are advised not to do so if possible.
- After each consultation, the attending clinician is to wipe down high touch surfaces and handles

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The **PURPLE** zone

- This zone represents Dickens Heath Surgery.
- Signage will make it clear that this area is **ONLY** for Infants and their parents, specifically for **BABY CHECKS, POST NATAL CHECKS, and BABY IMMUNISATIONS.**
- **MIDWIVES** are also to use this area.
- No other patients should use this area.
- All patients will be screened prior to and upon arrival for viral symptoms.
- After each consultation, the attending clinician is to wipe down surfaces and handles

The **GREEN** zone

- This Zone represents Grove Surgery, Haslucks, Blossomfield Surgery, Jacey and Shirley and “virtual” working
- This Zone represents a **PATIENT-FREE AREA**
- Stocked daily with handwashing equipment and other infection control measures.
- Spot inspections by lead nurse to check infection control procedures
- This area shall be for the exclusive use of telephone and video consults and administrative tasks
- All staff in this area shall follow infection control procedures (e.g. Bare below the elbow)

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Guidance for On Site Social Distancing

- Waiting room is for patients only, 1 metre + apart waiting for an appointment
- Appointments to be spaced appropriately apart
- GP Appointments to be at least 20 minutes to allow adequate time for donning of PPE, arrival and departure and clean down/doffing.
- The surgery door is locked and the Care Navigator can be accessed via telecom at the front doors.
- The clinician will be ready waiting for the patient at the allotted time
- High Risk Patients where possible will arrive by car and drive to the dedicated door, waiting in their car until called in by the clinician
- If a patient is running late, then the next patient may have to wait until they have left, until they enter the building
- For all patients, simple surgical mask, eye protection, apron and gloves will be worn. The Lead Nurse is responsible for an adequate and available stock of these.
- The room will be given a clear wipe over after each patient.
- Any patient who attends the surgery subsequently confirmed to have COVID-19, please contact the Lead Nurse / Patient Services Manager.
- Patients and staff will be reminded that appointments must stick to time and be given the opportunity to have a follow up telephone call to discuss any further matters after the physical examination.

Staff

- Where possible practice should continue to practice social distancing
- Hand washing regularly with soap and water / alcohol gel
- All Staff Groups are able to have lunch / coffee in designated area if they are 1 metre + apart and able to maintain distancing throughout the interaction.
- Staff meetings can take place as a hybrid of zoom and face to face, taking into account social distancing and logistics around entrances / exits
- All meeting minutes available on the GP TeamNet as soon as practical

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- Paperwork always to be sent electronically wherever possible via AccuRx or via email.
- Staff will continue to self-assess and deployment will take this into account.
- All staff bare below the elbows please
- Dedicated staff entrances and exits for different groups where possible.

Buildings

- Signage arranged to guide patients to correct areas of the building and avoid exiting patients meeting entering patients.
- Perspex cover to reception desk
- Floor stickers reminding people to stay 1 metre + apart
- Touch Screens NOT to be used
- Zero tolerance approach to patients not respecting social distancing rules with appropriate posters and signage to reinforce this message.
- Any patients putting staff and patients at risk may be asked to leave the premises

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LEVEL 2 – Moderate



- PLANNED and UNPLANNED Care replaces our previous colour designation
- These patients will either be offered a digital first triage consultation in the first instance or have been contacted by the Call and Recall team to attend.
- PPE will continue to be worn for all patients
- Local guidance on testing and tracing to be followed
- STAFF will be risk assessed as above and deployed appropriately
- UNPLANNED CARE will be primarily based at MONKSPATH
- PLANNED CARE will be gradually expanded to include all other sites: BLOSSOMFIELD, DICKENS HEATH, GROVE, HASLUCKS, JACEY and SMC
- A wider range of appointments are available
- Care Navigators will check that all patients have been sent relevant SMS, templates and paperwork prior to appointment.
- A large number of chronic disease checks will have a telephone consultation / video consultation first prior to a face to face appointment if required.
- Face to Face appointments, where appropriate, will be spaced out to allow for any late running and avoiding congestion in the waiting rooms.
- Appointments will attempt to run to time and both clinicians and patients will be reminded of the need to keep to time to avoid the building up of patients waiting in the building.
- Perspex protection screens and distancing will continue to be in operation in main reception.

External Services

- External services relate to including MDTs, Ophthalmology, Audiology, Ultrasound Screening, Social Prescribers, Physiotherapy, Counselling, Midwives and other Community Services

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- These services will be reintroduced after consultation with the SHP Board and depend on the estate strategy of SHP

Staff

- A staff debrief session will be arranged for all staff to feedback experiences, concerns and ideas about the resolving COVID-19 crisis via Zoom (or face to face if feasible)
- All staff to be offered a COVID-19 face to face debrief with Partner & Senior Manager to ask about wellbeing and offer any explanations of the 'new normal'
- Staff Health & Wellbeing Initiative to be implemented
- Engagement exercise with all clinical staff and patients about Planned and Unplanned rota templates
- Planned and Unplanned Rota Templates to be implemented
- Annual leave should be encouraged for those staff unable / unwilling to take it during COVID-19
- All GP appointments will operate a digital first service
- Planned Care appointments for specific conditions will be pre-booked after discussion with the Call & Recall Team
- Patients should be sent any proforma, questionnaires etc. in advance of the appointment (Care Navigators to check this)
- Staff should regularly signpost and encourage patients to register to use online facilities (e.g. Patient Access, Online Consult) to keep the telephone lines free for those that cannot avail of this.

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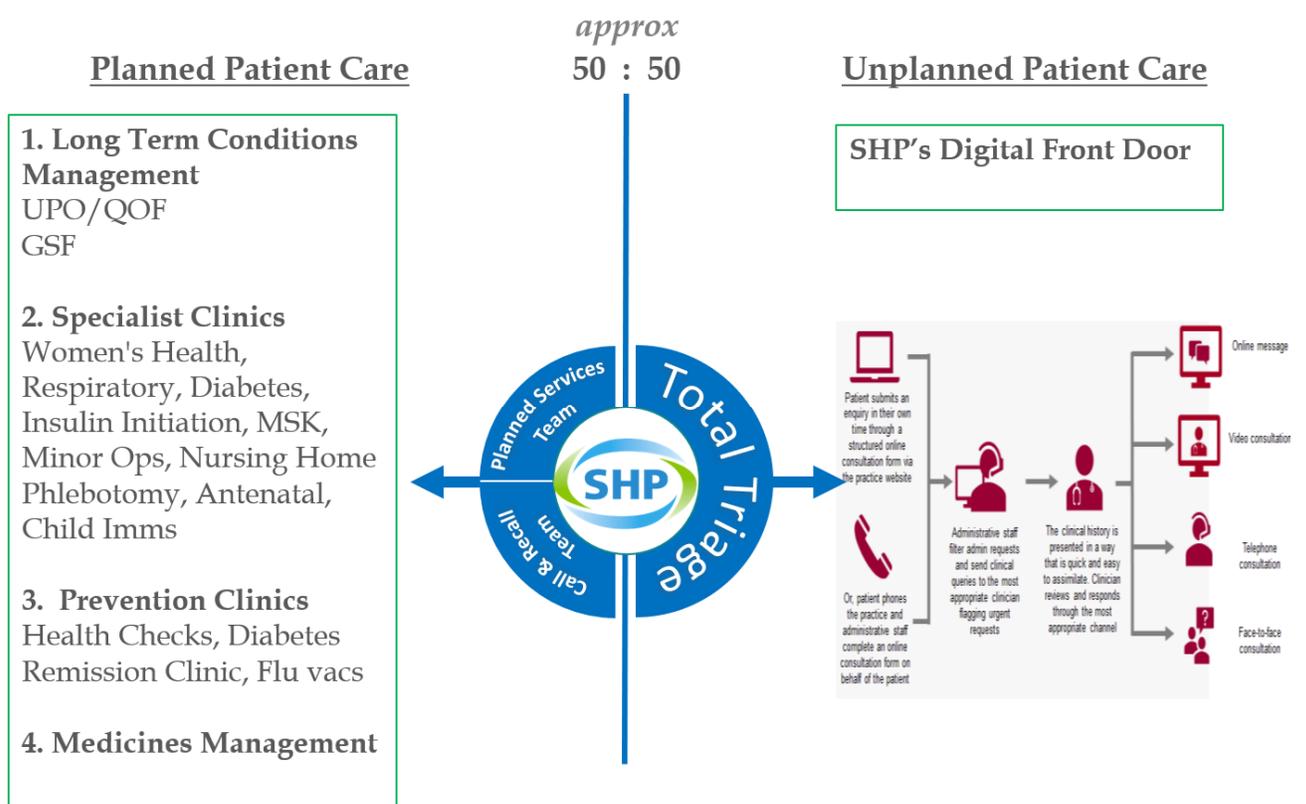
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LEVEL 1 – Low Risk



THE NEW NORMAL

- This level represents COVID-19 no longer posing a serious health risk in the United Kingdom and the risk to General Practice being negligible. This represents the new normal for SHP in its service delivery.



Buildings

- All COVID-19 temporary structures are to be removed
- Social interactions in the practice back to normal
- Staff Social Gatherings to be rescheduled and resumed

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