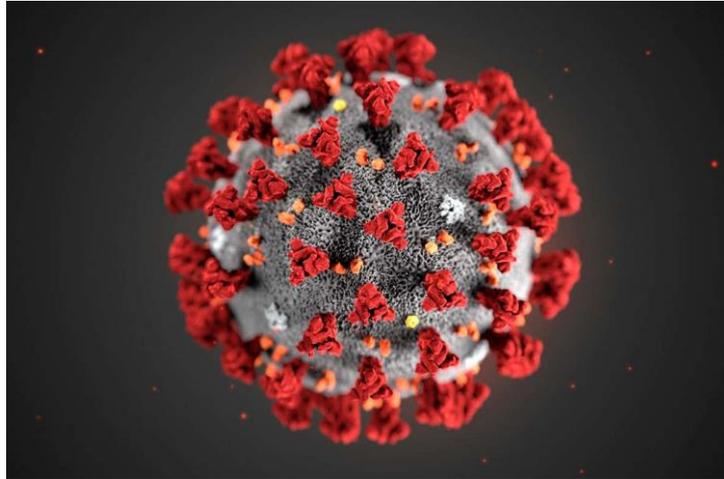


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NOVEL CORONAVIRUS COVID-19 PRACTICE ACTION PLAN

Disclaimer

The following guidance is developed by Coastal Medical Partnership and does not in any way represent expert advice. We are working with available information, trying to minimise risk to staff and patients, and anyone who follows this guidance does so at their own risk and their own volition. The plan is subject to change.

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Background

Novel Coronavirus (COVID-19) is designated a high consequence infectious disease. It has been widely identified that the impact of the infection is accelerating with profound consequences for the country.

Despite having a first world health care system, experiences in Italy suggest that the potential for a spike in cases, with significant impact on health care services and mortality (especially in high risk individuals) is high.

We believe that the current guidance to Primary Care has left unanswered questions in how to best protect staff and patients in the community, and clearly the potential for spread is exceedingly high.

Introduction

To follow on from the recent guidance issues by NHS England, Public Health England and Her Majesty's Government, the Partners at Coastal Medical Partnership have made a decision to put new emergency measure in place to minimise the risk to both our staff and patients, and all of their families. We will follow the basic principles of identify, isolate and contain but look to personalise these within our Practice.

Coastal Medical represents a population of approximately 34,000 patients and employs over 120 staff. It operates across a footprint of 5 sites, providing a multitude of patient contacts across all of those sites every day.

Priority

We believe the main areas that need addressing within the practice are:

- Containment within specific sites
- Minimise footfall
- Protect staff
- Staff morale
- Patient and Stakeholder comms
- Business continuity

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Containment of areas within the Practice sites

- Throughout the duration of this crisis, the Practice sites will deliver care to patients from distinct sites, with the aim of maintaining care through screening of patient contacts, and delivering “HOT and COLD” site care.

The HOT site

- This will be New Milton Health Centre, main entrance and front reception, and telephone reception area. This will include consulting areas in each corridor, phlebotomy room, and treatment room.
- Within this area it shall be mandatory to see patients whilst wearing PPE (Personal Protective Equipment).
- PPE shall consist of disposable glove, disposable apron and fluid resistant surgical mask (FRSM).
- ALL PPE should be disposed of as clinical waste.
- Symptomatic patients shall be asked to wear a face mask for the duration of their visit to the HOT site.
- It is ONLY for patients that clinicians can confidently state are low risk for COVID-19 with signs of infectious illness, but still need clinical assessment, will be seen in this area.
- If there is any doubt about possible COVID-19 then patients should be directed to NHS 111 online, or telephone.
- The area will be made self-contained, and we will ensure it does not communicate with the rest of the building. We will enforce visual/physical barriers at the hot/cold interface.
- Back entrance (podiatry and dental) will be a “COLD” entrance (that is infection risk low) and therefore backroom staff will be able to use this area for normal work. The corridors will be blocked off before the “HOT” zone starts.
- Fire escape entrance from waiting room will be a “COLD” entrance allowing access to upstairs admin rooms.
- The stocks of PPE will be updated daily by the lead clinician of the day (GP or Nurse)
- Patients will all be screened prior to any visit to any site. Those with significant risk as deemed by the clinician will only be able to attend the HOT site.
- HOT site doors will be well signed and will remain closed.

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- Patients will be asked to call the Practice mobile when in the car park and will then be called in at their appointment time. The clinician offering them the appointment will give them these details at the time of their telephone triage.
- Those without cars can wait under the outdoor canopy area. They should be told at triage they will not be allowed into the area until their appointment time.
- There will be no children's toys in the RED area, and no furniture apart from plastic seating.
- Pushchairs and buggies can be kept in the waiting area.
- There are toilets within the RED zone area. Patients should be encouraged not to use them if possible, at triage being reminded this is an infection control area and they should use their own facilities before coming to their appointment. The loos are to be used by the Clinical staff manning the red zone.
- We will ensure refreshments are available in the RED area in the Health Education room kitchen, for STAFF ONLY.
- The main staff common room and normal staff loos are a "clean COLD" area and MUST NOT be used by staff/clinicians/patients from the RED area.
- The RED area will be subject to a regular cleaning cycles, even if not in use.
- We will aim to see patients within 5 minutes of entering the building.
- After each consultation, the attending clinician is to wipe down surfaces, equipment and handles.
- The Clinician will be prompted via the patient care advisor (reception team) upon leaving the room to wash their hands, even if they have already done so.
- We will inform all patients through a variety of methods that New Milton Health Centre will not be open for normal walk in queries. All queries should be directed to e-Consult, or telephone.
- The "COLD" sites will manage day to day patient facing queries.

The COLD Site

- The Arnewood site, Barton site, Webb-Peploe site and Hordle Branch site will currently be considered COLD sites.
- These sites are to allow patients to attend essential face to face appointments that still need to take place.
- All GP appointment requests will be triaged by a Clinician. This is called "*TOTAL TRIAGE*". This is a key policy of NHS England for General Practice. Some Nurse / HCA appointments cannot be triaged, for example INR tests or injections. For these patients, they will be pre-screened to ensure they do not attend if they have symptoms as per the case definition.

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- We will be endeavouring to keep patient access to the sites as separate as we possibly can over the coming weeks to keep our staff safe.
- We would like to keep all non-patient facing staffing areas as clean/cold areas, and therefore we must ensure ALL staff adhere to rules regarding site access, even if it is different to what you have always done.
- Front desk at Arnewood site: 2-3 patient queuing areas. This is to allow a New Milton queue and an Arnewood queue. The third can be used for both at busy periods.
- Arnewood, Barton and Webb-Peploe can continue to see patients who have the need for essential face to face appointments. This will include GP appointments, Treatment room appointments, vital phlebotomy, children's immunisations etc.
- All staff seeing patients within these sites must continue to maintain rigorous hygiene standards.
- Lead Clinicians and Admin staff will remind all staff (and each other) to regularly wash hands, use hand sanitiser, and we require all staff to contribute to regular surface and contact point wipe downs.

Minimise Footfall

- Remove online booking for all appointments
- All routine GP appointments to be converted to either video or telephone, along with any possible Nurse / HCA appointments.
- Following conversation, if a patient still needs to be seen face to face, and they have no viral symptoms, they will be seen at the appropriate COLD site.
- It is VITAL that the clinician informs of the site they need to attend. They must be encouraged to not arrive early and try not to use the site's toilet/washroom facilities if possible.
- If a patient needs to be assessed with viral symptoms, and the risk of COVID-19 is low, they will be seen in the HOT site
- If the patient has clear COVID-19 symptoms, then they must be triaged to NHS 111 online (or telephone 111 if no online access).
- If a COVID-19 emergency, then 999 must be used and the call handler informed of COVID-19 risk.
- We will provide access to video consulting using "AccuRx". This provides facility to use clinicians own phone to video call patients without sharing the Clinicians own telephone number.
- Try and encourage video consultations over a telephone call (surveys show higher levels of patient and clinician satisfaction).

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- Promote the use of online consulting – especially using e-Consult where no username or password is needed. Just direct the patient to the Practice’s own website and tell them what the service is called “*e-Consult*”.
- e-Consult is essentially the only method by which a patient can get a med3
- All alternative methods should be offered to patients other than attending the sites to collect paperwork, including med3 and prescriptions.
- **ALL** prescriptions should now be sent electronically. In the rare event of a paper prescription being needed, then it cannot be collected by the patient it should be collected by the patient’s choice of pharmacy.
- We shall encourage local pharmacies to limit their visits to the sites, and they should arrange set visiting times if possible.
- All non-urgent work to be postponed until further notice
 - Travel
 - Minor Surgery
 - Social Prescribing appointments will convert to phonecalls
 - NHS Health Checks
 - Non-urgent phlebotomy
 - Any other work identified by the Business Management team
- Chronic disease reviews and QOF to be prioritised in the following way:
 - All QOF domains can now be delivered by telephone, video or by other virtual means
 - Any QOF which it is felt must be face to face should be delayed if considered safe by a clinician
 - Routine chronic disease reviews to be postponed
 - Medication reviews to be conducted by telephone/video call
 - Depression reviews to be conducted by telephone/video call
 - Any patients with a chronic disease that notices a deterioration in their condition to contact the assessment team for same day triage.
 - LTC Specialist Nurses to offer an advice call for queries/concerns. Patients requested to await call back. If urgent then add to urgent assessment list.
 - Use other agencies to provide support during this period eg Samaritans, Silverline, Mind (see final page for more details)

IT support

- We are aiming to deliver remote working solutions for our Clinicians and Staff at the earliest opportunity. There is an international shortage of laptops, and there is a

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severe limitation in the manpower/workforce that West Hants CCG can provide to put in place IT solutions in such short timescales. There are a series of 'Away from my desk' tokens, and 8 laptops with smartcard readers across the sites. Arnewood GPs also have variable access via the HCC remote working solution.

- AccuRx, as outlined above, will be used for video consultations.
- Clinicians, if working from home, are encouraged to download the 8x8 App, and log in to their phone from there. They can then make triage calls as if from their own room. For further detail, please see the site Ops Manager.

Protect Staff

Some principles to manage the protection of staff within the Practice:

- The management of sick staff
 - If any staff member complains of viral symptoms, they are to let their line manager know and leave the premises immediately. Contact their line manager by telephone if necessary.
 - Under no circumstances are staff to be examined (eg temperature etc)
 - If feeling too unwell to vacate the site, then they must inform someone and go immediately to a vacant consulting room.
 - Staffing levels will be constantly monitored by the most senior manager and our Business Continuity Plan can be enacted if necessary.
- Place sufficient protection between frontline admin staff and patients
 - Locked door in RED site with telephone access only
 - Use airport style barriers to ensure 2 metres between staff and arriving patients.
 - Easy access to handwashing facilities
 - Easy access to PPE for all clinical staff, and non-clinical if needed in emergencies.
 - Ensure large and easily read signage to alert people of screening symptoms on arrival in COLD site.
 - Minimise number of receptionists working on the front desk, in particular avoiding those at highest risk.
- Take adequate precautions with Home Visiting including Nursing/Care home visits

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- Maintain regular rounds of care homes, but these are to be “virtual” in all cases, with only face to face visits if absolutely essential (to protect residents and staff)
 - Use full PPE for patient contacts in the home
 - Handwashing protocols to be maintained
 - Ensure adequate supplies of hand sanitiser
 - Ensure Clinical Waste bags available to put contaminated PPE into after each visit.
 - Work with Care homes to make use of their PPE rather than ours if possible.
- Infection Control Risk Reduction
 - Risk assess daily any social/clinical meetings in the Practice calendar and cancel unless critical (Senior Management to make final decision if uncertainty)
 - Clinicians at the Hot Site should have a change of clothes, so that their work clothes can be removed at the end of the shift and taken home for washing.
 - Jewellery and watches should be removed in clinical area, and clocks put up in clinical areas to avoid looking/using phone for time keeping.
 - Limit use of mobile phones use banned in HOT and ensure they are cleaned appropriately.
 - No handshakes
 - No lanyards
 - Cancel external teaching events until further notice.
 - Cancel external visitors until further notice including BLS sessions
 - If staff have to self-isolate they will follow guidance on:
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>
 - Stop use of or remove self-check in screen until further notice.

Staff Morale

It is vital that staff morale is upheld during this time of great anxiety for all of us.

Everyone in the Practice has a responsibility to make all staff

- Feel safe
- Feel supported
- Feel part of Coastal (#teamCoastal)
- Feel they are making a difference for the safety of our community

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To do this staff engagement and communication are vital

- Senior management team to meet daily at 12pm, remotely via 'Microsoft Teams', to have a COVID-19 update with standing agenda items (reviewing up to date guidance, stats, and site issues) (*Appendix1*)
- Daily updates to teams
- Staff appraisal cycle paused until further notice
- GPs to postpone appraisals until further notice
- Travel advice for staff for upcoming holidays
- Team meetings in sites for updates, and these can be virtual
- Put date in diary for September outdoor gathering to say "thank you"
- Staff to monitor their NHS emails for regular updates
- Open door policy for any staff to speak to a Partner about concerns around COVID-19
- Look into webcast with Social Prescriber for desk mindfulness/relaxation and desk exercises class during lunch/break periods: <https://drchatterjee.com/5min-kitchen-workout/> <https://drchatterjee.com/feel-better-in-5-how-to-follow-my-daily-plan-that-will-help-you-feel-great-for-life/>

Patient and Stakeholder Comms

Keeping our community of patients informed and our local stakeholders informed is key to avoiding problems, complaints or inadvertent breaches of Coastal protocols.

This can be avoided by:

- Making sure that message to patients is about the Practice wanting to protect them, their family, their friends and their community.
- Making sure the message is consistent across all patients and stakeholders (no mixed messages and fair/equitable treatment)
- Website updated with practice information complemented by national information
- Keep Facebook feed up to date with regular messaging, especially about changing site use.
- Making sure patients fully understand that NO TESTING is available at the sites in ANY CIRCUMSTANCES.
- Use SystemOne/AccuRx SMS Test messaging to make sure any messages get relayed effectively.
- Any appointment cancellations will be done by telephone if possible, with a clear explanation. Alternatives (if appropriate) of telephone or video calls can be made.
- Making sure deaths are followed up in a timely manner.
- Reassurance that normal service will resume as soon as it is safe to do so.

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- Cancel Patient Participation Group Meetings until further notice (as per NHS England guidelines).
- Weekly feedback to the CCG from Network Lead about Practice issues/performance.
- React quickly to complaints with a full explanation of why the service is different and restricted currently, but try to de-escalate wherever possible
- Ensure adequate supply of Cremation and Death Certificates.

Appendix1 – Daily COVID-19 update meetings:

COVID-19 Meetings Agenda:

Chair: WH/DM/CT

Attendees: Exec Member, Covid group lead, BMs.

1. Attendees expected – ensure include video/telephone attendees
2. Site Updates
3. Covid guidance updates
4. Essential service delivery problems, changes needed
5. Delivery of Comms:
 - Clinicians
 - Patients
6. AOB

BMs Matt Perkins and Kelly Anderson

Exec Team Dr Will Howard, Dr Debbie Miles, Dr Chad Tew

COVID-19 Team: Dr Jon Bamford, Dr David Andrews, Dr Dominique O’Carroll-Bailey, Dr James Goodman, Dr Hannah Rycroft, Dr Greg Rogers

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