Close Farm Surgery

Close Farm Surgery Covid-19 Recovery Plan
July 2020

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 May 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.

Close Farm Surgery followed the NHS England advice to act immediately by changing the consultation model of General Practice by operating on the principles of:-

1. Limiting footfall in the practice by utilising a telephone triage model and increasing the use of video consultations
2. Postponing non-essential / non urgent work
3. Adopting 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 Close Farm Surgery can 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. We should also learn from the experiences of other practices locally.

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, our response must be able to change within a very short space of time whilst never compromising our patient care.

The national response

On 10th May 2020, the Prime Minister of the United Kingdom and Northern Ireland announced the Government's 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 the announcement, the country was told that we were currently on level 4. 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 to use the national alert system as a barometer as to what level we are at in the practice. Although we will use the national guidance as to the current threat level, given the time lag and limitations of the alert system, in particular geographical variation in disease activity, we will always underwrite this with our own assessment as a practice leadership team. This will be guided by the precautionary principle and will identify our *Agreed* Alert State

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 people in our practice and our community.

To avoid any ambiguity, we will have the current Agreed Alert State clearly displayed on our internal practice intranet, so staff know the level we are currently operating at.

It is the responsibility of the Practice Manager and Assistant Practice Manager to keep this maintained and updated, and to make sure all staff are appraised of the implications of the changing alert level. They will be supported in this work by the clinicians of the practice.

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

- *Regular updates on Clarity Team Net*
- *Distribution of messages through our practice staff What's App group, staff bulletins, reception reminders and admin tasks/e-mails*
- *Regular practice and clinical meetings (either face to face or virtually)*
- *Daily updates on the virtual huddle notice board*

Test, trace and isolate

National contact tracing requires isolation of 'contacts' of Covid-19 positive individuals for 14 days. A 'contact' is someone who spends more than 15 minutes with a Covid-19 individual, at less than 2 metres separation, without wearing appropriate PPE. If our practice guidelines are followed appropriately by the team, they should NEVER be considered a contact of a patient or another team member, when attending the surgery. If there is a breakdown of our practice guidelines such as PPE failure or emergency care of a patient, then this should be notified to the Practice Manager immediately the opportunity arises, and this should be well in advance of any contact tracing process.

Things to continue until further notice

- Regular messages from Infection Control Lead about handwashing
- Perspex screen at reception
- Floor spacers and signage alerting people to remain 2 metres apart and direction of traffic around the building
- Revised seating arrangements to support the 2 meter rule
- Revised appointment book structure

Communications to patients

- Practice website to be updated by Practice Manager/Assistant Practice Manager setting clear messages and expectations
- Regular engagement with the practices Patient Participation Group
- Practice Facebook page to be updated regularly to ensure patients know the changing level of service provision

We will demonstrate over the coming weeks and months, that our service provision to patients is both responsive and safe. The pace of the pandemic in the United Kingdom is uncertain and we are sure about the size of any subsequent waves of infection. By using the steps in this plan, we will be able to step up and step down our response quickly.

Staff

Where possible all the team should continue to practice social distancing. Managers can assist staff, where possible with remaining 2 metres apart at work. High levels of hygiene and handwashing are to be maintained throughout the practice.

Appropriate levels of personal protective equipment will be worn by all staff on the clinical ground floor. Clinical staff have been provided with scrubs. All staff are encouraged to stagger lunch and coffee breaks and keep 2 meters apart during these times. Some chairs in the coffee room have been remove to aid social distancing with the meeting room to be used as an overflow if required.

The Practice Manager and Assistant Practice Manager have conducted staff risk assessments, making adjustments to limit patient contact where appropriate and mutually agreed. This assessment will take into account age, sex, ethnicity and underlying health conditions or current pregnancy. Any other extenuating circumstances such as carer or lone dependents will also guide decision making.

Practice meetings to take place via Zoom or Microsoft Teams where it is not possible for all attendees to safely social distance.

Remote working has been implemented for staff wherever possible and appropriate.

The building

Hot Zone (red area)

For the duration of the Covid-19 emergency (Alert Levels 5 to 3 inclusive) the building will maintain a hot zone (or isolation room) where patients with potential Covid symptoms are to be seen. Staff seeing patients wear the highest level of PPE available. Administrative staff do not normally enter this area.

- Symptomatic patients will be assessed via video call/telephone initially prior to the appointment
- Patients will be given an appointment time when it is safe to attend
- Patients will contact the practice by telephone to advise when they have arrived and are waiting in the car park
- The clinician will be informed who will don the necessary PPE
- The doctor will advise upstairs staff that the isolation room is in use and the screen will be put across the bottom of the stairs to cordon of the route into the isolation room
- The doctor will collect the patient from the back door and will bring them in ensuring that the patient does not touch the door handles
- The patient is seen in room 8
- When the patient is ready to leave, the doctor will take them out of the building ensuring that they do not come into contact with any other staff or patients
- The isolation room is cleaned down fully after patient is seen and PPE doffed or disposed of in the clinical waste bag which is double bagged and emptied

Green Zone (staff only area)

This area is reserved for staff use only. Where 2 meters person to person separation cannot be assured, staff will wear a fabric face covering or surgical mask for peer protection. Clinical staff should not enter this area if they have had contact with any patients with potential Covid symptoms unless they are wearing a face mask and have washed their hands fully.

Ventilation
Frequent air exchange reduces virus transmission risk - windows on offices or clinical/treatment rooms should be opened whenever possible.

Physical distancing
Physical distancing will be encouraged throughout the emergency and where group seating is required such as in waiting and meeting rooms, 2 metres separation of seating will be in place. Queueing, when required, will be clearly identified by signage and floor markings to encourage appropriate physical separation

Entrance
Main door to the surgery

Waiting room
Socially distanced chairs to allow 2 meters between patients (maximum 7 chairs)

- Patients are asked to use alcohol gel when they enter the surgery along with a face covering/mask unless exemptions apply

Toilets

- Patients can use the disabled toilet but are advised not to do so if possible.
- Red Zone patients may only use the isolation toilet with their clinician's agreement and deep cleaning before further use is required if Covid-19 is suspected after the consultation

Personal Protection
We aim to build and maintain reasonable stock of PPE ready for any subsequent wave and this should meet WHO or UK criteria whichever is the more stringent and should have regard to emerging data on transmission, to give our returning team reassurance. PPE is now sourced directly from One Care Consortium and is delivered to the surgery on a weekly basis.

Room cleaning

- Hot Zone room for suspected Covid-19 and febrile patients will be surface cleaned after each use and deep cleaned at the end of each day. When deep cleans are required the clinician will indicate this in the communication book to highlight this to the cleaning contractors
- Background risk surfaces and handles Clenil wiped, medical equipment replaced or Clenil wiped as appropriate
- There is a cleaning rota in place throughout the building

PPE

Used by the clinicians

1. Aprons
2. Visors /eye protection
3. Scrubs
4. Hair coverings are discretionary
5. Single gloves changed for each patient
6. Surgical IIR fluid resistant masks (sessional)

For patients

1. Maintain distancing i.e. at reception desk and in waiting rooms
2. Face coverings mandatory for all patients attending the surgery. We will maintain a stock of surgical masks which can be handed to those not wearing one on entrance
3. Hand hygiene (soap or alcohol gel) will be provided

Communication (consultation) types

accuRx

- Video consultations
- Video communications can enhance remote consultations enabling better engagement with some patients and enable a degree of remote examination. This may be particularly useful for distressed patients and those with MSK problems
- To text information to patients following a telephone consultation

Email - eConsults

- Enables patients to request a response or advice in a written. Unless a patient specifically requests 'email' response a phone or video call will be made during the crisis (Levels 3-5). Email responses may be used to collect further information e.g. skin images, provide information or signpost the patient to alternative or additional resources

Telephone

- Telephone consultations comprise the majority of consultations allowing for free exchange of information between patient and consulter

Face to face

- This will be used where physical examination is required, when there are more complex communication requirements or where there is diagnostic uncertainty. Due to increased risk of transmission of Coronavirus from face to face appointments, the threshold for face to face appointments will change dependent on clinical presentation and on the Agreed Alert Level (the latter is a proxy for the background prevalence of Coronavirus infection), in order to reduce risk of transmission of infection between patients and between patients and staff and vice versa

At each stage we will review the types of appointments available and the number of Nurse and GP clinic appointments available and how best to deliver these whether remote or practice based.

LEVEL 4/5 – SEVERE

- Transmission is either high or rising exponentially.
- Staff will be at greater risk from infection in the community and from increased contact with symptomatic members of the household.
- Consequence for patients is that there will be significant numbers of patients presenting with new onset flu like symptoms; most will be dealt with by 111.
- Practice will have more demand on the hot zone and likely have depleted workforce from consequence of social isolation/quarantine. There may be increased demand for home visiting of Covid-19 patients and for care of patients with non-Covid illness co-presenting with Covid-19 infection.
- All patient requests for appointments will be managed through a telephone first approach with a detailed history collected remotely through a combination of phone, video, eConsults
- The use of a home visit is a last resort and wherever possible the patient should be seen in the surgery.
- Assess possible Covid-19 patients by telephone and/or video consultation and, if necessary, see in the hot zone. Clinicians wear full PPE. Patients asked to wear surgical mask and gloves.
- Patient appointments will be limited to one person at a time in each area (and a carer/parent only if appropriate), this will be facilitated by spacing appointments out throughout the day with sufficient time for consult / clean, fitting PPE and writing notes.

- Patients will be sent a text prior to arrival, which give clear instructions on how to arrive at the surgery.

LEVEL 3 – SUBSTANTIAL

- Virus is in general circulation.
- Fewer patients presenting with Covid-19 or illness
- More patients getting used to Covid-19 risks will start wanting treatment for non-urgent conditions or more serious conditions that fear of Covid-19 has kept them from presenting with.
- Increased nursing chronic disease management provision. GPs reduce threshold for face to face.

LEVEL 2 – MODERATE

- Number of cases and transmission is low.
- There are few cases and test and trace are in effect. Flu like symptoms when presenting to still treated in hot zone but use is ad-hoc.
- Winter may bring about an up-take in the incidence of flu like illness and require introduction of dedicated hot zone teams in-spite of lower Covid-19 incidence.
- Community social distancing has been relaxed and all staff can return to working from the surgery premises for at least part of their working week.

LEVEL 1 – LOW RISK

- This level represents no new cases of COVID-19 in the United Kingdom and the risk to General Practice being negligible. This represents the new normal for Close Farm Surgery in its service delivery.
- The hot zone is stood down with immediate effect but can be reinstated if the risk of Covid cases increase.
- All Covid-19 temporary structures can be removed on review.
- Physical distancing reverts to normal social spacing, work-station separation for staff and waiting room seating returns to normal.
- Social interactions in the practice returns to normal.
- Face coverings may be worn if desired but are no longer mandatory.
- A practice meeting will be planned as soon as is possible to reflect, heal and look at the lessons learned through the COVID-19 crisis.

Our principles

The following principles come from the BNSSG Primary Care Strategy 2019 – 2024 dated 20th February 2020. These principles will be used to guide the commissioning and delivery of efficient, high quality and sustainable services:

1. Ensuring everyone can access services on an equal footing and promoting targeted access for specific groups based on their needs to address inequalities in access to health services and the outcomes achieved.
2. Healthcare starts with supported self-care; from disease prevention to illness management, patients, carers and their families are supported to share responsibility for their healthcare at every point of contact with the care system
3. The value that continuity of care brings in increased patient satisfaction, improved outcomes and cost savings, is considered in all care pathways and all services we develop.
4. Care is provided as close to home as possible by the right person, at the right time and the right place
5. Face to face contact is used where it offers additional value to the patient so that remote working is maximised to reduce stress on our environment and demand on our physical facilities
6. Accepting there is risk and supporting clinicians and patients to work in an environment that is able to manage this risk
7. Only those patients who need ward-based care are admitted to hospital and all other patients are managed and supported in an appropriate community environment
8. We work collaboratively with our entire care community, including patient representatives, to develop and construct the care pathways and services that patients need, and that the system can deliver.
9. Deliver value, through informed decision making on the services we provide based on our population need and the resources available