Action Plan Checklist – PCN approach

This is not meant to be a checklist for BCPs, more an aide memoire to the practical elements of keeping your patients and staff safe and sane for the weeks / months ahead. Its been collated from shared documents through the PCN Leaders groups, PCN BCP planning meetings, and other materials. It is by *no means* an exhaustive list and is likely to evolve on a regular basis.

For those preferring a visual, the underlying mind-map from which this was devised is attached.

(practical ideas supplied by practices highlighted in blue – these are *not endorsed*, simply shared for consideration)

Consumables

- Check **current supplies level** & contact suppliers to ensure no issues with supply chain; if suggested delays, consider rationing or alternative approaches:
    - Nursing – couch rolls / dressings / anything that you'll still use outside of 'routine' work (where couch rolls are limited, ensure detergents / cleaning materials available in room)
    - Cleaning
    - Hand gel / wipes (consider removing from any location that has access to a sink and only place in areas where no alternative available)
    - Toilet rolls (consider volume of re-stock in patient toilets)
    - Clinical waste bags – do you have enough in stock – when is your collection / delivery – message for additional stock

Staff

- **Staff sickness** process – assume you have this covered in your BCP
- **Welfare** essential at present time; consider:
    - **Emotional support** – especially for those with dependents or relatives who are deemed vulnerable – how can you best support them but maintain your team on-site? Perhaps access to a 'support lead' or carve out some protected daily time for them to talk to clinicians with concerns (could be just half hour / day but may reduce anxiety as won't be deemed a 'nuisance' by clinicians)
    - **Staff champion** – possibly infection control nurse?
    - **Proactive approach** to messaging – staff room posters / team meetings (could consider via web – Zoom?)
    - Link at end of document to WHO – **Stress advice**
- Attendance:
    - **Staff profile** to identify who has:
        - Medical conditions which put them at high risk
        - Children who would be affected by school closures
        - Dependents who are more vulnerable and thus heighten anxiety
        - Leave planned – are they flexible? Could they work if required?
        - Wifi / PC / Laptop at home (to help with decision of home working if needed)
        - Transferable skills – do they have hidden skills which could be utilised in time of staff shortages

        - Transport – who could work @ a neighbouring practice if needed to support PCN?
    - **Weekly rotas** – if you feel appropriate, one practice is implementing a weekly rota with rotating staff so that in effect every subsequent batch starting on the Monday would have inadvertently 'self-isolated' themselves for 7 days, thus rendering them fit for work (provided of course they weren't ill/ unwell themselves). Although sounds drastic, could be something to consider?
    - Make them **feel safe** – visible barriers for patients to stand behind @ reception to minimise contamination (airport style queuing tape)
    - **Reinforce infection control** – remove jewellery / watches; ensure all personal belongings are out of work areas; no lanyards
    - **Telephone tree** or Hospify group for immediate cascade of information (note What's App is not authorised for business use, hence our digital team are suggesting Hospify)
- **Clothing** – staff take work clothes into work in plastic bag to get changed into & out of at end of day to reduce change of becoming a vector (this is not currently guidance but shared as an idea)
- **Cleaning / Hygiene** – ECCH will be sharing their hygiene / infection control guidelines which will also cover keyboards / phones cleaning if you want to share reminder;
- Do staff who may be **ad hoc cleaning** know how to correctly put on / remove PPE and dispose thereafter?
- **GPTeamNet** – consider amending your current home page or setting up a specific comms page for staff
- How to communicate to **GP Trainees** – include them in staff meetings / support etc
- **Scripts** – provide scripts for staff answering phones and checking in patients
- **Communal staff areas** – (supply surface wipes next to each high thoroughfare handle; wiping recommendations for kitchens / fridge / kettle / water heater / taps)

<u>Premises</u>

- **Isolation** rooms –
    - consider **Patient support pack** (plastic box containing bottle of water, small pack tissues, practice contact details including phone / address / postcode / name of GP and PM, clear instructions how to use phone) also have spare box in reception as if patient needing isolated in standard consulting room (if consultation has already started as per protocol) then can pass through to them.
    - Easy to access **decontamination protocol** – ensure staff know how to clean / when 'cleared' and how to dispose of contaminated materials (add sign to outside door to signal when occupied (patient)  , when empty but to be cleaned  , when ready to re-use ).
- **Home visits** – ensure clinicians aware need to take PPE where patient's identified and include 2*bags for disposal (create 'grab' bags, ?punch pockets could be used, and add in mask / gloves / apron and 2*disposal bags – consider eye protection – ensure near exit doors for ease)
- **Waiting room** –
    - **Signage** – outside building / inside doors / reception / toilets / corridors etc – follow guidance

    - Ante-room by closing internal doors – practice is using video doorbell ('RING') for ease of communication with patients before providing access to building to ensure screened
    - Patients with respiratory illness to self-check obs (blood pressure / temperature / pulse / oxygen sats) in vehicle using equipment presented in plastic box, to be returned to cleaning area after each use
    - **Check in screen** – manned & additional gel/screen wipes or suspend and use 'protected' reception desk (please check guidance); reinforce COVID screening message if retaining self check-in.
    - Consider **spacing** between chairs – (space chairs to 1.5m or add tape to alternative seats if fixed seating)
- **All consultation / treatment rooms** – remove additional non-essential stuff from room in case need to immediately isolate in room (consider keeping scripts in lockable drawer and use manual feed if need to print)
- Liaise with **landlord** if not partner owned – see how they can help / what resources they have to support change in working protocols.

Digital

- Immediate **audit of all laptops** –
    - do they have **remote access** uploaded / S1 access?
    - Check '**bookmarks'** and add https://www.england.nhs.uk/coronavirus/primary-care/ as minimum.
    - Is the **battery** still sufficiently resilient for mobile working? If not, can they be used for home-working?
    - Boot them up whilst on network or attach to wi-fi to ensure **updated for anti-virus** etc
    - If haven't used laptop for a while, compare set up with a 'well-used' one to see how else its been **customised**
    - (if need help preparing laptops for use, please contact locality team or Anne Heath immediately)
    - Ensure **home-working policy** clear and easy to review for staff – basic IG will still need to be adhered to if accessing medical records from home.
- **Footfall** – if recent rollout ensure all staff are comfortable with messaging and are reinforcing its use with patients; are you getting the most out of it? Do you need additional support from the rollout-team?
    - Are your neighbouring practices on footfall? Have you shared any learnings / pitfalls?
    - Do they want to **accelerate** rollout? Will it help your PCN population if this happens? How can you support that? (give the locality or digital teams a call asap)
- Promote **NHS App** to all patients – especially for medication ordering and access to care record to enable cross-support with other agencies.
- Review recent digital update and consider what could help (attached at end for ease)
- Don't forget bills still need to be paid, **access to bank accounts** etc – ensure this considered in your plans.

Day to Day running

- **Track / log** any business changes –
    - How / **why** did you make decisions?
    - Does the **change** impact staff or patients?
    - Do you need to **follow up** the change?
    - Will it **impact** other practices?
    - Do you need to **inform** the CCG?
    - What else? (this will help when you review all your processes and identify any learnings – its easy to forget the 'little' stuff you do which has a big impact if not tracked)
- Have you got easy access to all your **staff details** if you need to close for any reason? (closure would require contact with the CCG before actioning)
- Remind staff policy on **smartcards**.
- Have **clear escalation / de-escalation plan** – the triggers to escalate / de-escalate are likely to be informed by national or local guidance, however, ensure staff know now what this could mean. Acute and community trusts are very used to Opel 1 /2 / 3/ 4, whilst in general practice, it is not usually experienced. Education now on the need to step change may be invaluable in the future.
- Consider contacting your **PPG / local voluntary organisations to support** your vulnerable elderlies, eg collecting medication, shopping, household chores (clearly for you 'well' patients who may be affected by limited visitors, reduction in carer visits etc) (insert volunteer card created by #viralkindness)
- If GPs tend to do their own referrals – can they **use eRS**? If not, can you share medical secretary support with neighbouring practice if required?
- Are you on a cloud based **digital dictation system**? If not, possibly consider and co-ordinate with PCN practices to buddy with others on same platform.
- Have **scripts and current approach** to patient management **printed** out on reception to support borrowed staff.
- Agree process around accepting **new registrations / temp residents** across PCN to minimise patients playing the system– liaise with locality team if variation to norm or support required. Do patients need to visit practice to register?
- Ensure staff are **confident** on clinical system during times of pressure – especially those recently transitioned practices – if you need support, please ask digital or locality teams.

Communications

- Ensure **clear consistent messages** to all parties (patients, neighbouring practices, PPG, associated organisations, carers, voluntary sector etc)
    - Posters
    - Facebook
    - Phone queue messages
    - Website
- Don't forget to inform CCG of your current state so that the **DoS** can be updated immediately anything changes (accessed by 111 / Ambulance Service)

- Beware **Fake News** – always double check origination before sharing / liking any messages (note Flegg High School / PHE letter was fake news) – if in doubt contact your locality team for support / corroboration
- Consider having messages **tailored to specific conditions** or situations, eg respiratory patients; patients requiring ongoing treatment; those who will be adversely affected through isolation and so on.
- **ECCH Huddles** – these are essential to the smooth communication between agencies to support patients; likely to become virtual so either telephone or webex – please prioritise with clinical support and prepare a list of patients to discuss.

Appointments

- Look at **categorising** your appointments – current suggestion is to move to 100% triage but please keep eye on https://www.england.nhs.uk/coronavirus/primary-care/ for current advice. Consider where you would see patients based on their condition:
    - **Respiratory concerns** – needs consultation – separate location? Clinic ? Waiting advice? Car? Spaced waiting area?
    - **All other patients needing consultation**
    - Consider **children** – can you see them in alternate areas due to vector tendencies
    - Do you have **staff who are vulnerable**? Can they work in patient-free zones? What additional controls do you have in place for those moving between areas / zones?
- **Triage** – have you already got Footfall in place? Want to accelerate? Are there posters / communications to all staff and patients on protocol?
    - Consider using **Ardens telephone triage template**
    - Add local **S1 protocol** to consider adding 'screening questions'
    - Ensure **telephone message** is updated by GP to inform patients they will be asked for reason for call in order to add to triage list (helps manage urgency)
    - Consider use of **video consultation** (from Anne's email on 13/3/20 Footfall is offering video consults) – for others, alternatives are available.
- **Phlebotomy**
    - Consider identifying which phleb appts are essential and which are not (clinical risk to be decided per practice but advise to discuss across PCN for consistency of message)
- **Improved Access** – agree approach with IA provider. Ensure ALL patients are screened BEFORE booked in. (please note that this service may at some stage be suspended but for now it is continuing – 14/3/20)
- Telephone lines – if using 100% triage – ensure that you **have enough lines** in and out of the practice; if not – **contact your telephone provider** for increase or alternatives – can they link mobiles to the system? Proactively contact them to help manage your queue / dropped calls

Special Patient Cohorts

- Review all **DNAR / Anticipatory Care Plans**. Where possible (for latter) **print on colour** paper and post to patients home so if ambulance called, care plan is clearly identifiable; Ensure DNAR is signed and current.
- **COPD / Asthma** patients – consider how to communicate current plans to patients for **home management** – keeping them as well as possible is better for patient and system – can you email them their plans / SCR? Grant them full access to records?
- How identify those patients who GP **would usually recall** for 'watch n wait'?
    - Create list of **vulnerable patients** – GSF / frequent attenders / chaotic patients / frequent attenders @ A&E / recently discharged
        - **-risk assess or code these patients so if triaging clearly visible**
        - Highlight so that if have '**locum'** staff or working with neighbouring practice, patients are identified.
    - Consider **delegating member of staff** to regularly contact
- Consider nominating a single clinician to undertake home visits to minimise risk to ongoing provision.

Medication

- Investigate if **delivery service** appropriate for vulnerable patients; link with local pharmacies to identify any spare delivery capacity;
- Ensure **local pharmacies** aware of current plans – triage / phone / video consultations; consider providing them with bypass number or alternate DDI for medication queries to keep phone lines clear;
- Arrange for **daily communications** to enable appropriate patients to still be signposted to pharmacy if capacity;
- Ensure all patients aware of **EPS** – encourage nominated pharmacy if EPS4 not yet live;
- Ensure all GPs aware how to **eRD** (electronic repeat dispensing) – contact locality team for support if not;
- If practice is linked to **POD**, consider granting sponsor access to the CCG Meds Mgt team so that additional staff can be added to service if needed.
- If your practice is **not linked to POD** but experiences issues with staff capacity to process scripts, please contact other practices in your PCN for support or the CCG Meds Mgt / locality team.
- Discuss with your GPs if **proactive** issuing of medication is appropriate for some patients – eg **rescue meds** for COPD patients (if issued previously, ensure patients aware of how to take them)
- Any issues with regard medication supplies, please follow normal processes / linking with pharmacies to access alternate suppliers.

Partner Organisations (inc PPG)

- Ensure all **regular visitors** to practice are contacted and discuss whether continuing clinics is appropriate; discuss timely escalation / de-escalation points with partner providers.
- Link with Solutions and discuss **redeployment of social prescribers if needed** – how can they /their skills be alternately used; which patients would be best supported? (request social

prescribers proactively call vulnerable patients to ensure keeping safe / well / basic needs are covered.)

- **Who else** uses your building?
    - Voluntary sector
    - Healthwatch
    - Community Midwives
    - Smoking Cessation
    - One=Life
    - Agree how to communicate or deploy your relationships with these organisations in a different way – what can they offer to help patients stay well?

Examples of alternate plans / checklists – note these are NOT endorsed, simply sharing for review.


Jim Forrer_covid network plan_What


volunteer card.jpg


General Practice offers and updates


WHO Stress.jpg


PCN Covid-19 mindmap_140320.pc


H+S9 Business Continuity Plan B CC


COVID-19 Business Continuity Plan.doc


20-03-13 Herts practice action plan.