

**Date of publication** March 12, 2020

## **Introduction**

COVID-19 is a new respiratory illness that has not previously been seen in humans and which was first identified in Wuhan City in China. Coronaviruses, as a group, are common across the world and cause symptoms including fever and a cough that may progress to a severe pneumonia causing breathing difficulties.

Coronavirus is classed as an 'airborne high consequence infectious disease'. On January 31, 2020, WHO declared coronavirus as a 'public health emergency of international concern'. On February 10, 2020, the government declared coronavirus a 'serious and imminent threat to public health'. On March 3, 2020, NHS England declared coronavirus a level 4 incident - the highest level of emergency preparedness planning. On March 11, 2020, WHO declared the coronavirus outbreak a pandemic.

At the time of writing, 456 patients in the UK have tested positive for coronavirus and six of these have died. This plan has been written in light of established community spread of coronavirus infection and potential increased risk to patients of the surgery and staff working therein.

## **Aims**

- To maintain the health and safety of our patients, our staff, ourselves and our families
- To minimise footfall and social contact within the surgery in order to reduce infection risk
- To reduce risk of staff isolation due to exposure to suspected or confirmed coronavirus
- To reduce risk of staff absence due illness from confirmed coronavirus
- To reduce risk of lockdown of entire practice premises due to suspected or confirmed coronavirus cases
- To be able to safely assess, treat and discharge any respiratory or viral cases that may in fact be cases of coronavirus
- To set out actions in order to maintain essential care to our patients and maintain critical business functions
- To meet any ongoing contractual requirements of the GP contract

## CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

### Disclaimer

This document does not replace any official government, Department of Health and Social Care (DHSC), Public Health England (PHE) and NHS England (NHSE) guidance currently in circulation.

### Principles

- From March 12, 2020, the surgery will operate a telephone appointment only system.
- There will be no online booking of appointments.
- There will be no routine face to face work being carried out; this means no walk-ins, sit and waits, acute care clinic or other routine work, such as minor operations, coil clinics, diabetic clinics, medicals being performed.
- Clinicians will work together as a joint team, with a nominal duty doctor each day and a nominated respiratory doctor each day, who may or may not be the same person.
- All patients calling for an appointment will be screened for fever/respiratory/viral symptoms, recent travel or contact with a case.
- Patients meeting the current case definition criteria will be referred to the NHS 111 online service.
- Telephone appointments will be booked for all other patients to be then assessed by telephone by doctors.
- Where possible, patients will be dealt with by telephone and/or video consultation, within the limitations of such consultation methods. Video consultation entirely at doctor's discretion.
- Patients that need seeing will be separated into those exhibiting fever/respiratory/viral symptoms and those without symptoms and will be dealt with separately (see Patient Pathways)

### Staff considerations

- The practice has a moral duty to provide a safe working environment for all those working in it.
- Therefore, to help with such planning, staff are to approach management, in person and in strictest confidence, to advise of any medical conditions or household circumstances that would make the staff member feel that they would be more vulnerable in this outbreak.
- Once this information is compiled, the partners will discuss assigning/changing roles and responsibilities so that vulnerable staff are placed away from patient-facing roles.
- Please see **Staff Contacts** and **Non-Patient Facing Roles** tables

## CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

### Environment

Changes to the environment in which we see patients will need to be made, as outlined below:-

Room	Action
<b>Porch</b>	Signage with 'STOP, DO NOT ENTER' (if suspected coronavirus) Signage with 'NO WALK-INS' Cardboard post box installed for repeat prescription/document drop off
<b>Waiting room</b>	All extraneous material to be removed, e.g. magazines, leaflets to aid any deep cleaning and reduce infection risk Check-in terminal disabled and signage 'DO NOT USE' Tape along floor to form exclusion zone in front of reception desk Tape along floor at 1m intervals on floor Signage to 'MAINTAIN DISTANCE' Leaflet drop on chairs to explain regarding walk-ins, telephone appointment system only Signage with 'STOP, DO NOT ENTER' All chairs spaced out and separated at 1m intervals
<b>Consultation rooms</b>	All extraneous material to be removed to aid any deep cleaning Packet of alcohol wipes in each room Ensure hand sanitiser topped up Optional: modify desk configuration to provide separation
<b>Dirty room (consultation room 1)</b>	All extraneous material to be removed to aid any deep cleaning Couch, table, wipeable stool and fixed furniture only Packet of alcohol wipes in room Hand sanitiser BP machine SATs monitor Non-contact infrared forehead thermometer Signage with 'STOP, DO NOT ENTER'
<b>Corridor outside (consultation room 1)</b>	Screens across corridor Signage with 'DO NOT PASS'

# CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

## Patient pathways

### Patient pathways

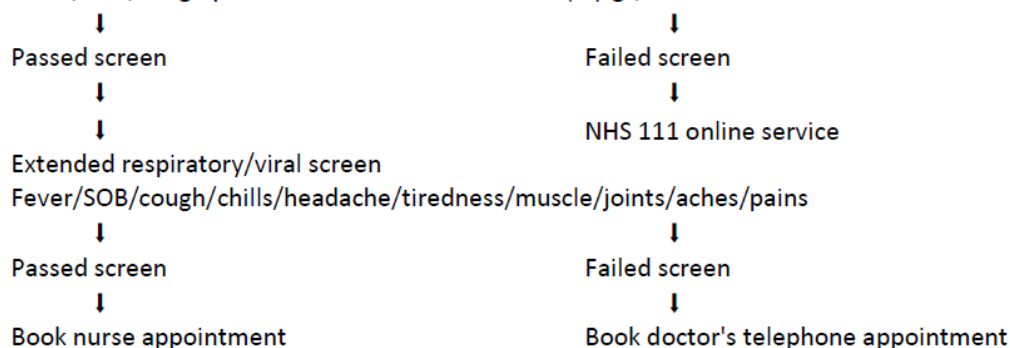
#### RECEPTION: Patient requesting a doctor's appointment

Telephone screening by reception for suspected case according to current criteria  
Fever/SOB/cough plus travel or contact with case ([ivy.gs/coronavirus](http://ivy.gs/coronavirus) for current definition)



#### RECEPTION: Patient requesting a nurse's appointment\*\*

Telephone screening by reception for suspected case according to criteria  
Fever/SOB/cough plus travel or contact with case ([ivy.gs/coronavirus](http://ivy.gs/coronavirus) for current definition)



#### The following nurse procedures will continue to be booked into nurse appointments:

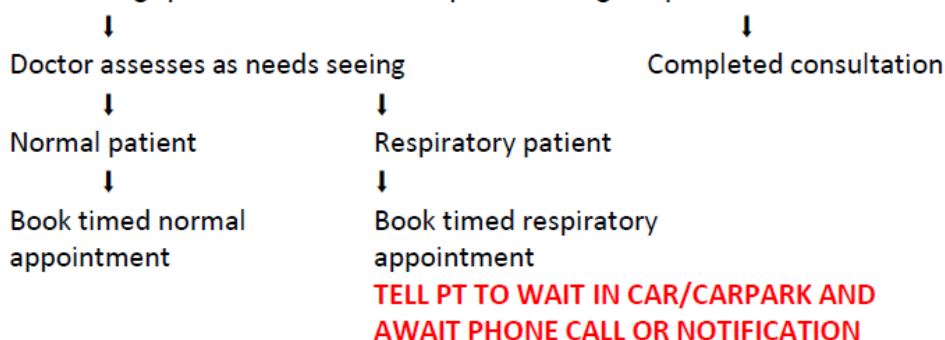
INR, Prostag injections, testosterone injections, some dressings, baby imms, INR visits, depo, suture removal, clozaril blood tests, telephone assessment for CFC/ pop, asthma, COPD, diabetes, HRT

#### The following nurse procedures will postponed:

Smears, travel imms, ear syringing, B12, 24 hour BP monitors, swabs

#### DOCTOR: Patient in booked telephone appointment

Doctor rings patient and deals with patient using telephone or video\* methods



\*Use of video is entirely at discretion of the doctor

### **DOCTOR/NURSE: Patient in booked normal appointment**

Patient arrives in waiting room at time given



Patient checks in at reception desk



Patient told to wash hands immediately in waiting room toilet



Doctor/nurse calls patient in and assesses



Patient exits immediately via front door

### **DOCTOR: Patient in booked respiratory appointment**

Patient arrives in car park at time given\*\*



Respiratory doctor prepares dirty room, signage and dons appropriate PPE



Respiratory doctor notifies patient to come through fire exit via phone or in person



Patient wears mask, uses hand sanitiser



Doctor assesses patient



Patient exits immediately via fire exit



Room and equipment cleaned before next patient,  
PPE discarded in clinical waste at end of session

\*\*In inclement weather consideration should be given to bring patient into dirty room sooner

### **RECEPTION/DOCTOR: Patient requesting a visit**

Telephone screening by reception for suspected case according to criteria

Fever/SOB/cough plus travel or contact with case ([ivy.gs/coronavirus](http://ivy.gs/coronavirus) for current definition)



Passed screen



Book visit triage appointment



Doctor rings patient and deals with patient using telephone or video methods



Doctor assesses as needs visiting



Doctor visits patient with appropriate PPE



Failed screen



NHS 111 online service



Completed consultation

## CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

### Patient education

Such a radical change represents a significant albeit temporary culture shock to patients, and in the

absence of any public health campaign, patient education is therefore important

- **Letter to patients explaining changes and offering options** (attached):
  - Online services
  - Sources of help and self-referral
  - Symptom checker
  - Online prescription ordering and pharmacy deliveries
  - Postponement of normal services, e.g., drug monitoring, routine bloods
- Letter to patients for inadvertent walk-ins and appointment attendees (attached)
- Text message to patients informing of change to services
- Facebook post
- Twitter post
- **FP10 RHS message**
- **Patient Access message**
- **FAQ document for patients**
- **Website update** – home page, appointment page, online page, coronavirus page
- Patient education videos
- **Change answer message – to be decided**
- Nursing homes will be informed of changes to working practice:
  - 'Cocooning' of vulnerable patients, so routine monthly visiting will be discontinued  
(to inform CCG or our plans)
  - Telephone and video assessment to be put in place instead
  - Online prescribing
  - If visiting, single patient to be brought to home's isolation room, for quick in/out visit
  - Self-care advice

### IT solutions

IT remains a powerful tool to triage and assess patients

- EMIS coronavirus screening protocol to be used
  - Extended fever/respiratory/viral illness to be added to screening protocol
  - This computer protocol to be kept updated as case definition/pandemic unfolds
  - AccuRx to be installed on every clinician's computer
  - Instruction on making video calls and texting patients
  - As previously mentioned use of video calls is entirely at doctor's own discretion
  - Existing laptops x2 to be checked and tested working for remote/home working – BMS
- Token app to be installed on clinician's phones
- Workflow inboxes to be shared amongst clinicians for joint working and to facilitate moving staff away from patient-facing roles

## **CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN**

### **General Hygiene Measures**

- All staff should adhere to strict hygiene measures and wash hands before and after any patient contact and avoid touching their faces
- Fomite spread should be considered at all times, therefore door handles and surfaces should be cleaned regularly
- Patients will use the porch post box to drop off prescriptions and documents, the receptionist handling these should wear gloves and process them using a dedicated terminal that is cleaned afterwards
- Patient-facing staff will be provided with scrubs or use existing uniform, such staff to arrive at work in casual clothes and to change into scrubs/uniform on arrival, and to change back into casual clothes after shift, scrubs/uniform to be laundered daily at minimum 50°C
- Encourage bare to elbow policy for infection control and ease of handwashing purposes

### **Other considerations (to be discussed)**

- Neighbouring practice: reciprocal working, event of closure, memorandum of understanding
- Extended access hub: screening of patients, PPE, arrangements for respiratory/viral cases
- PCN collaboration: support monies, buddying practices, CCG/NHSE channels
- LMC support
- Care co-ordinator – cancellation of monthly coffee morning until further notice
- Midwife/counselling/CAB/carers/physio and all other workers seeing patients in building – to share this plan with them, all patients to be screened

## Staff Contacts

[illegible]



## CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

### **Non-Patient Facing Roles**

The following are example roles and responsibilities that might be assigned to vulnerable staff:

Accounting/book-keeping  
Appraisal preparation  
Audit work  
Clinical meeting/education session/guest speaker planning  
CQC evidence gathering  
Dictations  
Discharge summary medication synchronisation  
Documents filing  
Documents workflow  
Enhanced services monitoring/coding  
Insurance paperwork  
Intranet document filing  
Medical reports  
Medication reviews  
New patient medication checking  
Notes filing  
Notes summarising  
Patient registrations  
Personal development  
Policy revising  
Prescriptions issue and conversion to 3m  
Protocols/pop-ups/templates  
QOF coding/corrections  
QOF work by telephone, eg asthma reviews, smoking, statin advice  
Referral processing  
Results workflow  
SARS requests  
Searches and reports, eg for meetings  
Significant event audit logging  
Social media  
Staff training  
Stock checking and ordering  
Strategic/away day planning  
Team building planning  
Telephone triage  
Visit triage  
Website updates  
Workload management monitoring

## CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

### Initial letter for waiting room and walk-ins

March 12, 2020

In light of the evolving coronavirus pandemic, Ivy Grove will be moving to a telephone appointment only system with immediate effect.

This is in line with similar actions taken by other GP surgeries and follows guidance issued by the Health Secretary on March 10, 2020.

We apologise for the inconvenience, but this is essential to minimise social contact and ensure the safety of all of our patients and that of our staff.

If you are in the waiting room looking to book a face to face appointment or have attended for a face to face appointment, we advise you to leave immediately and ring us to book or rearrange a telephone appointment. We will be unable to deal with your situation at the front desk.

Kind regards

XXXX Surgery

### Response to clarify on Facebook

Dear Patients

We realise these might be quite anxious times, but please allow us to clarify. We are not closed; however, we have stopped routine face to face booking of appointments.

This is in line with national guidance to keep you all safe and to keep our staff safe.

Having lots of people in any GP waiting room is not going to be very healthy, especially for our more vulnerable patients.

We will assess each request for an appointment by telephone first. Many cases seen in General Practice can be dealt with by telephone, or with advice on self-care or self-referral or other treatment.

When we ring you, if you meet the current case definition for possible coronavirus, we will advise you to contact NHS 111 online. Please do not come to surgery.

If we do need to see you, but you have viral or respiratory symptoms, we will make specific arrangements to assess you. Please do not enter the surgery building until we ask you to.

If we do need to see you and you do not have viral or respiratory symptoms, we will give you a timed appointment to come to surgery when the waiting room is not overcrowded.

All of this is aimed at minimising social contact in order to slow the spread of coronavirus, which today has been classed by WHO as a global pandemic.

Please do not panic. We will do all we can to provide you with the medical care that you need. This is a rapidly evolving situation, so we will update you further on our website and by text or letter as necessary. For information on coronavirus, please visit XXXX

Kind regards

XXXX Surgery

**CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN**  
**Letter to patients re situation and options**