DERBYSHIRE GENERAL PRACTICE – COVID-19 RESPONSE

29nd March 2020

Version 2

Author – GP Provider Leadership: COVID-19 Task Force

Derbyshire GP Alliance

General Practice Task Force Derbyshire

Derby & Derbyshire LMC

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FOREWORD

We are in unprecedented times. These extreme circumstances required extraordinary actions. We will have to do things that we previously would not have considered. Our Prime Minister has told us that people will die as a result of this pandemic; they will die directly from COVID-19; they will die from COVID-19 if our health service becomes overwhelmed; they will die from other medical problems as our resources are diverted to manage the pandemic.

Current social distancing measures will place additional strain on our system of General Practice, and it is clear that we will have to work together, as General Practices, to protect our staff and support our communities. We will have to make compromises and change our pattern and approaches to working. General Practice will change, as will our relationship with our community provider. We will be jointly responsible for providing the support and care required to those most in need.

We must take immediate action to mitigate the risks posed to our staff and our communities.

This means we must, with immediate effect:

- Protect our staff from unnecessary exposure
- Stop non-essential, low priority work
- Move to a system of remote consultation first using a varied approach to minimise face to face contacts
- Minimise future booking of appointments
- Move to cross practice working – reporting centrally daily staffing levels
- Enhance data sharing
- Have strong, coordinated public messaging with clear terminology

We will get through this. We must support each other and continue to show compassion to ourselves those around us.

Stay safe and stay well

Yours

Dr Duncan Gooch and the whole GP Provider Leadership: COVID-19 Task Force

Dr Gail Allsopp
Dr Susie Bayley
Dr Penny Blackwell
Mr David Gibbs
Dr Paddy Kinsella
Dr Ian Lawrence
Mrs Claire Leggett
Dr Kath Markus
Dr Riten Ruparelia
Dr Gail Walton

22nd March 2020

SUMMARY OF CHANGES – UPDATES 29/3/2020

- Staff risk assessment amended in accordance with changing national guidance on 'shielding' and social distancing
- Significant change to PPE section updated based on emerging evidence
- Significant update to red clinics
- Outline update to red visiting
- Update to community support
- Updated communications section

PROTECTING OUR STAFF

RISK ASSESSMENT FOR STAFF

All staff require a risk assessment as to their risk of complications from COVID-19. This is a recommended approach.

They will be categorised in to three groups

1. Low risk group
2. At-risk groups and those who are at low risk but who have a household member in the extremely vulnerable group
3. Extremely vulnerable group

For definitions of 'at risk groups' and 'extremely vulnerable groups' see below.

Staff members in the low risk group (group 1) may work in all clinical areas using PPE for all patient contacts (Red, Green and Blue).

Staff members in group 2 may work in Green and Blue clinical areas using PPE from all patient contacts and practicing the recommended social distancing. https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults

Staff members in group 3 may only work from home and therefore can only work in Blue areas. They must practice 'shielding'. https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

At risk groups – 'Stringent social distancing'

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
    - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
    - chronic heart disease, such as heart failure
    - chronic kidney disease
    - chronic liver disease, such as hepatitis
    - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
    - diabetes
    - problems with your spleen – for example, sickle cell disease or if you have had your spleen removed
    - a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
    - being seriously overweight (a body mass index (BMI) of 40 or above)
- those who are pregnant*

* Guidance from the RCOG recommends women under 28 weeks' gestation with no underlying health conditions should follow the guidance on social distancing in the same way as the general population. https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-21-covid19-pregnancy-guidance-2118.pdf

Extremely Vulnerable – 'Shielding'

People falling into this extremely vulnerable group include:

- Solid organ transplant recipients.
- People with specific cancers:
    - people with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
- People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.
  or
- Patients with diabetes with HbA1c greater than 75, recent diabetic ketoacidosis or poor medication adherence;
- Patients with Chronic Obstructive Pulmonary Disease (COPD) who have required hospitalisation in the last 12 months or patients who have required 2 or more courses of steroids and/or antibiotics in the last 12 months;
- Patients with asthma with a history of hospitalisation in the last 12 months or ever been admitted to intensive care;
- Patients with significant heart failure which has required hospitalisation for their heart failure within the last 12 months;
- Patients with multiple long-term conditions;
- Patients who have had a splenectomy;
- Patients taking continuous oral corticosteroids of the equivalent of 20 mg of
- prednisolone or more for over 4 weeks;
- Patients taking immunosuppressive or immunomodulating medication such as
- ciclosporine, cyclophosphamide, azathioprine, leflunomide, methotrexate, mycophenolate. It is expected that patients taking these medications will be under a shared-care protocol with hospital specialist colleagues and a risk stratification approach should be taken. Advice can be sought from the relevant specialist. Guidance is available from the British Society of Rheumatology https://www.rheumatology.org.uk/news-policy/details/Covid19-Coronavirus-update- members
- Other patients that the general practitioner considers would be at high risk such as patients with severe dementia, cognitive impairment.

Developed alongside information from Faculty of Occupational Medicine

Source accessed 28th March 2020 - https://www.fom.ac.uk/wp-content/uploads/Healthcare-staff-with-underlying-health-conditions-FOM-FINAL-1.pdf

PPE

PPE should be worn for all patient contacts (care, treatment, consultation) within 1 metre.

NO PPE, NO SEE.

For the majority of General Practice patient contacts the appropriate PPE is apron, gloves and fluid resistant surgical face mask (FRSM) +/- disposable eye protection based on risk assessment (See diagram).

PPE is single use.

Aerosol generating procedures (AGPs) require enhanced PPE – gloves, gown, FFP3 respiratory, and disposable eye protection.

When to use a surgical face mask

In cohorted area (but no patient contact)

For example:
Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

PPE to be worn
- Surgical face mask (along with other designated PPE for cleaning)

Close patient contact (within one metre)

For example:
Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

PPE to be worn
- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

When to use an FFP3 respirator

When carrying aerosol generating procedures (AGP) on a patient with possible or confirmed COVID-19

In high risk areas where AGPs are being conducted (eg: ICU)

The AGP list is:
- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

PPE to be worn
- FFP3 respirator
- Long sleeved disposable gown
- Gloves
- Disposable eye protection

Always fit check the respirator

Video instruction for donning and doffing PPE https://youtu.be/j3hfEpjAx0E

Donning PPE

- Apron
- Mask
- Eye Protection (if required)
- Gloves

Removing PPE

- Gloves
- Wash Hands
- Apron
- Wash Hands
- Eye Protection
- Wash Hands
- Mask
- Wash Hands

Source - https://www.rcgp.org.uk/about-us/rcgp-blog/covid-19-gp-guide-personal-protective-equipment.aspx

If any practice has concerns around the kit, please contact the National Supply Disruption line on 0800 915 9964 or email supplydisruptionservice@nhsbsa.nhs.uk who will be available to help, Monday to Friday 08:00-18:00

From w/c 6th April 2020 there will be an ecommerce solution for General Practice resupply.

STAFF WELLBEING

All members of the extended practice team will be under additional stress. Consider introducing the following to reduce anxiety and burnout

Communication rules eg

- No email, WhatsApp or messages between 8pm and 7am
- No messages on WhatsApp/messages outside of pre-agreed windows

Team meetings

- Keep staff up to date on new ways of working to check understanding and support
- Opportunities for debriefs

Consider support staff isolating at home with

- Advice about exercising at home
- Mindfulness apps eg Headspace / Calm
- Creating structure and routine to the day
- Buddying support
- Signposting to online resources (being collated presently)

Staff will be offered wellbeing support services across Derbyshire in the next 1-2 weeks. More details to follow from the GP Task Force.

COMMS - PUBLIC

In order for the measures put in place by the Government to work, we need to bring patients with us on the journey we're on through this crisis. In addition, as numbers continue to rise we need to be able to give patients honest updates and advice. We will use our controlled, honest, expert voice to disseminate timely, accurate information to guide the public and help their preparedness.

It is imperative we tell the public where we are at each stage, explain how they can be prepared and reiterate the self / public care messages around hygiene and self-distancing. We will increasingly need to compassionately cascade information about appropriate use of services and ceilings of care.

We will continue to coordinate comms centrally. We have strong links with BBC Radio Derby; currently messaging is being delivered twice daily on the breakfast and lunchtime shows on Mondays, Wednesdays, Fridays. We are also using links in the national press and regional BBC TV stations We will also share content via our Facebook and Twitter accounts and our YouTube channel but we will get the maximum impact if you share key posts / messages via your own websites / social media. If you are approached by any media/press outlet please direct to ddlmc.office@nhs.net ASAP and we can give you a full briefing.

If you are unsure how to get started in Social Media we have a guide here.

What might help patients now:

- Use pictures / videos to explain to patients what the surgery is like right now eg pictures of waiting room / entrances so they know what they will face when they arrive

- Examples of how people can still access care
- Share useful disease-specific, patient-facing advice. You can find examples of these on our COVID-19 resource page or on the RCGP site
- Share updates on practice changes eg if a site needs to close because of staffing levels
- Standardise phone messages across an area

We will continue guide you through ways of addressing concerns and will increasingly be looking to you to support our efforts via targeted campaigns. We will also share key public facing messages on our daily bulletin so that Derbyshire general practice is united in its message to Derbyshire's public.

If you have any video/ photograph content that you would be happy for us to share (consent from all individuals in shot), we will be able to coordinate visual and audio messaging to greater effect. This might include putting PPE on/off, surgery deep cleans, any 'vlogs'. Please film these in landscape and submit to ddlmc.office@nhs.net.

In addition, if you have any queries in getting started or messages that you think we are failing to address, please contact ddlmc.office@nhs.net and put 'MEDIA MESSAGE' as the subject.

WORKLOAD PRIORITISATION

Low priority work must be stopped whilst we manage the peak phase of the pandemic. All work requires remote consultation first where possible.

This work is described below.

DEMAND WORK

High priority demand – continue. MUST have an initial remote consultation for all

- **Patients believing themselves to be unwell patients requiring medical attention**
- **Symptoms consistent with cancer**
- **Bloods for unwell patients**
- **Clinical necessary ECGs eg new AF**
- **Wound management if unable to selfcare**
- **Medication problems that cannot be dealt by community pharmacy**
- **Palliative care**

Mid priority demand – do if capacity

- **Contraceptive services – consider other available services**
- **Med3**
- **Extended hours/Enhanced Services**

Low priority demand- stop

- **Mild self-limiting illness**
- **Advice re self-isolation**
- **Advice re info for employers**
- **Insurance reports/Private work etc**
- **Minor surgery**
- **Travel vaccs**
- **Ear syringing**
- **Coil checks**
- **Home BP monitoring**
- **Ring pessaries**

PROACTIVE WORK

High priority proactive – continue. Will need pre-screening

- **Blood monitoring for high risk medications eg INR, DMARDS, immunosupressants, clozapine, carbimazole, lithium etc**
- **Anticipatory care incl EOL conversations**
- **Injections for cancer tx**
- **Smears with high risk changes**
- **Immunisations – children, influenza and pneumococcal**
- **Enhanced support to those most at risk (remotely)**

Mid priority proactive – do if capacity

- **Blood monitoring for lower risk medications and conditions eg ACEi, antipsychotics, Thyroid disease**
- **Remote LTC reviews**
- **B12 injections**
- **Other vaccinations**
- **Remote LTC reviews**
- **Remote support for socially isolated elderly**
- **Routine smears**
- **24hr BP monitoring**
- **Medication reviews + authorisations**

Low priority proactive – stop

- **New patient checks**
- **NHS health checks**
- **Over 75 checks**
- **Spirometry**
- **F2F reviews for most at risk groups**
- **Friends and family test**
- **Appraisal and revalidation**

REMOTE CONSULTATION FIRST

All but procedures and face to face clinical assessments shall be done by remote means embracing telephony, online consultations, email and video calls.

Most interactions will be completed remotely.

In a joint statement the GMC, NMC and others stated that 'in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services'. Further to that the GMC state that doctors maybe 'working in unfamiliar circumstances … or working in clinical areas outside of their usual practices for the benefit of patients and the population as a whole'. The reassures that but sticking 'to the principles of being a good doctor… in a very abnormal emergency situation' 'varying practice …is part of that professional response'.

Source - https://www.gmc-uk.org/news/news-archive/supporting-doctors-in-the-event-of-a-covid19-epidemic-in-the-uk accessed 19th March 2020

Use of evidence based tools such as the Roth score for respiratory distress could support our confidence in remote consultations
https://www.researchgate.net/publication/309096272_Assessment_of_Respiratory_Distress_by_the_Roth_Score_Respiratory_Distress_evaluation

In line with business continuity plans and in line with other local provider policy consider, where appropriate, lowering clinical threshold for prescribing antibiotics and steroids remotely. REF - DHU COVID-19 Role Card: Clinicians

Support for performing video consultations can be found here https://bjgplife.com/2020/03/18/video-consultations-guide-for-practice/

Consider the creation of a macro/auto template to mitigate the extraneous circumstances eg 'tel appt due to COVID-19'

Further CPD resources can be found on the RCGP website – COVID-10 CPD hub
https://elearning.rcgp.org.uk/course/view.php?id=373

Or Derby and Derbyshire LMC's site

https://www.derbyshirelmc.org.uk/covid19resources

CLINICAL DELIVERY

Business continuity is key here. It will be expected that practices will have to cross work and cross cover. Particularly to manage the risk associated with specific staff members and self-isolation absenteeism.

A reduction in advance bookings of appointments from Blue clinics will support this

The following sets out a model of working that can be applied with incremental cross-covering.

Local arrangements for cross covering will be required.

Patient	CLASSIFICATION	Staff risk assessment for COVID-19
Cough / Temp Self-isolating household members	RED	Group 1
No Cough / temp = other F2F appointment	GREEN	Group 1 & 2
Any care via remote consultation only	REMOTE	Group 1, 2, & 3

HOT CLINIC (RESPIRATORY SEGREGATION) – RED

COVID-19 is a new novel virus with limited amount of information internationally and nationally here in the UK. Hence the information below is using the most up to date information available for sharing with clinicians, but it must be noted that this document is not an evidenced based protocol, and therefore clinicians should use their clinical judgement when seeing patients using the information below and their experience/skills.

WHO

- If patients contact the practice with a temperature (over 37.8 degrees) and/or persistent cough please advise self-care (patient to manage symptoms at home) BUT if the patient feels too unwell to manage the symptoms at home or are worsening then refer patient to NHS111 online (COVID-19 related symptoms)
- Post NHS 111 triage the patient maybe referred back to Practice (Cohort 2a referral via the COVID Clinical Assessment Service - CCAS). In this case, the Practice must carry out their own clinical triage via an Advanced Practitioner/GP (experienced in triage and managing risk, with knowledge of the patient) and undertake a remote consultation (Blue Clinic). Then as appropriate:
    - Advise self-care; OR
    - Refer to other services e.g. Pharmacy, CAB, Social Care, etc.; OR
    - Patient to self-isolate and manage condition at home (possible prescription meds if needed); OR
    - For all face to face appointments book at your own Practice (Green clinic) once you have excluded the possibility of COVID-19; OR
    - Where the patient is acutely ill and is not appropriate for A&E or for self-care/isolation, and all possible remote options to the manage the patient, including video consultation, have been exhausted and it is absolutely necessary for a face to face appointment (<5% of patients), then book an appointment via remote booking into the Red Clinic e.g. a feverish child, fever due to acute cellulitis, shortness of breath/cough (SOB) due to other causes etc. This will be either for basic observations where the Blue Clinic clinician requires only this information for their decision, or for a face to face assessment with an indeterminate presentation.
- To manage expected workloads in General Practice at this time, home visiting is being secured by the CCG for housebound patients and those who are unable to attend clinic and/or patients who have been diagnosed as COVID-19 positive.
- Attendance at Red Clinic is only for pre-clinically triaged patients (via an advanced practitioner/GP in addition to NHS111 triage) who have booked by the Practice into Red Clinic (Remote booking). See Red Clinic procedure at the end of this paper.
- Attendance may be for basic observations such as Oxygen saturations and respiratory rate which may be done in the patient's car with the Blue clinic clinician retaining clinical responsibility – Derbyshire wide guidance on admission criteria is expected this week (w/c 30/3/20).

CLEANING

- Clinical/HCA/Reception to carry out decontamination post every patient episode following the patient pathway in and out of the Red Clinic site.
- Decontamination at end of each day to be completed by the HCA/cleaner and/or cleaning company.

DECONTAMINATION

Decontamination process of equipment and the care environment must be performed using either:

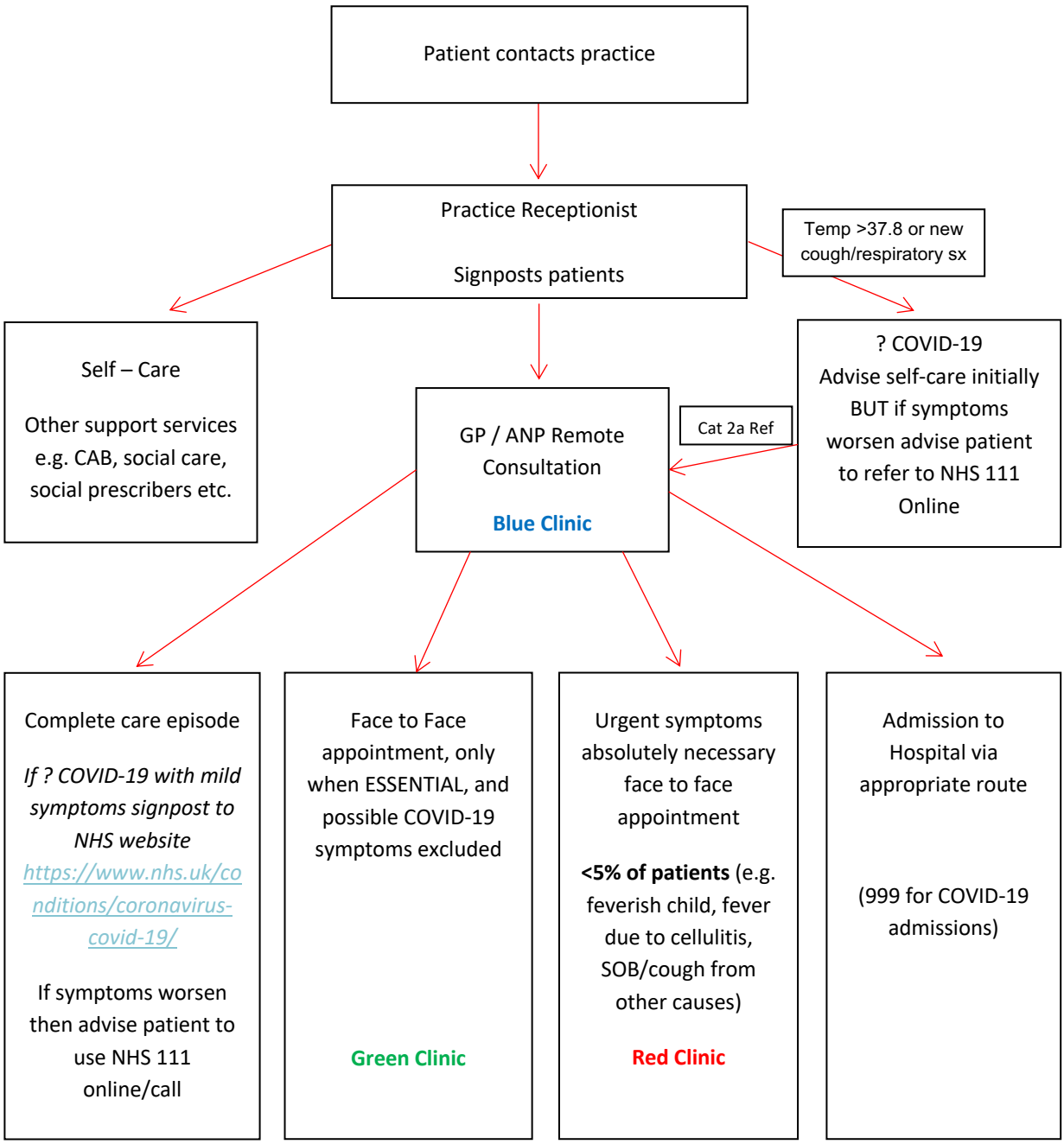
- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); OR a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl.
- Only cleaning (detergent) and disinfectant products supplied by employers are to be used. Products must be prepared and used according to the manufacturers' instructions and recommended product "contact times" must be followed. If alternative cleaning agents/disinfectants are to be used, they should only on the advice of the IPCT and conform to EN standard 14476 for viricidal activity.
- For further guidance on decontamination procedure please see below 'References': Infection, Prevention and Control Guidance):

AEROSOL GENERATING PROCEDURES (AGPS)

- The Red clinic will not perform any AGPs as there is insufficient appropriate PPE.
- Chest compressions and ventilation (CPR) are considered AGPs and therefore should NOT be carried out – there is some debate about this, and the information is correct at the time issued.
- Defibrillation is not an AGP and therefore may be administered with PPE (PPE for resuscitator and patient).
    - Source Resuscitation Council UK – accessed 26th March 2020

https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-healthcare-resources/

This process is to enhance and clarify the procedure currently.



ENVIRONMENT FOR THE RED CLINIC

Estate Requirement - ideal

- Hard flooring in corridor and consulting rooms
- Large Consulting room – NHS England new standard 16sqm
- CQC compliant facilities, i.e. lever taps, wipeable surface
- Area for PPE prep, where available
- Where possible, have shower facilities
- Parking attached to premises

GP Clinic Rooms (plus 1 isolation room)

- Minimum content within room
- Wash and cleaning facilities
- PPE Prep
- Stethoscope
- Otoscope
- Oxygen Saturation Monitor
- Thermometer
- BP machine – with wipeable cuffs, spare cuffs needed
- Blood taking equipment
- Laminated information sheets

Emergency Equipment

- Defib
- Oxygen
- Resus box
- Emergency drugs
- Nebuliser

PPE Equipment

- FRSM – medical mask
- Apron
- Gloves
- If available, and clinicians wishes to use, Face Visor eye protection
- If personally available by the GP/ANP, use scrubs (bring new clothes for after clinic if shower available)

Toilet Facilities

- Separate patient and staff toilets
- Patient toilet cleaned/decontaminated after each use
- Toilets part of decontamination clean each evening

References:

Guidance and standard operating procedures: Coronavirus (COVID-19) and general practice 19.3.20 – https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Managing-coronavirus-COVID-19-19-in-general-practice-GP-SOP_19-March.pdf

Infection prevention and control guidance for pandemic coronavirus - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

Preparedness letter 27th March https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/gp-preparedness-update-letter-27-march-2020-.pdf

COLD CLINIC – GREEN DEMAND AND PROACTIVE

Access through remote consultation or proactive identification. Minimal future booking of appointments needing to flex activity according to staffing capacity. Staffed by existing staff including practice staff. This may require cross-cover depending on risk assessment of clinical staff and self-isolation status.

ENVIRONMENT

All patients must be screened on arrival – 'have you had a fever or cough?'. If the answer is yes, they must be sent home and contact remotely if necessary unless they are too unwell to do so. If they are too unwell then they must be dealt with according the national primary care SOP – accessed 20th March 2020

Initially use multiple sites, if adequate staff, to preserve business continuity in the case of a site that needs suspending due to contamination.

STAFFING

Staff will need appropriate risk stratification

Mix of clinicians can be used including community staff, clinical pharmacists and first contact physios

Staff working in 'unfamiliar circumstances' will need access to appropriate senior support (this could be remote). Experienced, senior clinicians may be best placed to provide remote (green) delivery and provide supervision to other colleagues working in the cold (amber) clinics.

Staffing pressures for community phlebotomy could see us repurpose trained HCAs (doing less proactive care) to support this service

HOT VISITING – RED

Currently proposal under development.

SCOPE

- Housebound patients (using Staffs LMC guidelines) with possible COVID-19 – Fever and/or new continuous cough
- For those in care homes as well as their own home
- Out of scope – self isolating with no symptoms; shielded ambulatory patients (seen at Hot/Red Clinic); normal home visiting with no symptoms of COVID-19 (via Green access)

MODEL

- DHU as lead coordinating organisation
    - Using existing infrastructure and systems
    - Matching capacity with demand
- Workforce
    - Pooled resource from DHU, DCHS and General Practice where it can be redeployed from planned/proactive care
    - Utilise those 'returning to work' and locum chambers
- Referrals
    - Via red hub triage
    - No other referral routes identified

FURTHER WORK NEEDED

- Workforce capacity and demand modelling (using Public Health modelling)
- Modelling to take account of changes on a day to day, week by week basis as greater need for red as COVID-19 cases increases
- Consideration of matching roles / expertise to where capacity needed in system (ie scaling up of both red and green needed so need to be mindful of this when redeploying existing staff)
- Assumptions
    - Home visiting requests for non COVID-19 symptoms would be delivered via Green hubs
    - All referrals into the service would come via the red hub triage for a face to face home visit
    - Current view is that system should have sufficient vehicles
    - A Derby & Derbyshire model will be commissioned however will not all be additional funded work

REMOTE DELIVERY – DEMAND BLUE

Entry criteria is all high priority demand via online or telephone. Cross cover may be needed if staff are being pulled into Red or Green services.

This should be the delivery route for the significant majority of healthcare by General Practice.

DELIVERY

By all staff in all risk categories. Most effectively done by those most experienced and comfortable in taking risk.

If skin lesion/rash must have a photo emailed sent first. This could be to a central email address to be attached to the medical record.

Need to consider importance of continuity.

This is critical to the success of the response.

MEDICINES MANAGEMENT

Using existing PCN clinical pharmacists will manage acute prescription requests, medication queries and reactions and manage medication changes from discharges.

REMOTE DELIVERY – PROACTIVE BLUE

Focussing on managing those high priority proactive eg recalling blood monitoring for DMARDS; anticipatory care

DELIVERY

Coordinated by an MDT led by the nursing teams supported by practice admin teams

There will be a cohort of DCHS clinicians that will be working remotely, and this is a community staffing pool that could support this work stream.

Will book into Cold Clinic

MEDICINES MANAGEMENT

Will work to re-authorise and review repeat medications.

Support remote clinical review of those most at risk.

COMMUNITY SUPPORT

Social prescribing link workers form part of the multidisciplinary teams in primary care networks (PCNs) and are uniquely placed to work closely with GPs, local authorities, health and care professionals and voluntary sector partners to co- ordinate support for these people whilst they are self-isolating.

Supporting people at the highest risk during COVID-19 incident

The responsibilities of social prescribing link workers would be:

- to make initial contact with the person on the identified list via telephone or video appointments
- to discuss their needs, such as help with shopping, medication, keeping physically active and emotional support
- to work with the patient to develop a short plan which covers their practical, physical and emotional needs
- in partnership with known voluntary organisations, local authority and appropriately trained volunteers, organising practical and emotional support for people at highest risk
- arranging follow-up phone calls as needed, to review needs and to help co- ordinate services that support the most at risk in their homes.
- **Mobilise local community networks to support those most at risk**
- The responsibilities of social prescribing link workers would be:
- to co-ordinate VCSE organisations, local authority, NHS volunteer responders, community groups and other partners to work together to implement the person's plan
- to support voluntary organisations and community groups to switch their face- to-face activities to virtual services, helping them to run peer support groups, via teleconference and social media
- to support your local public health team in training volunteers and community groups to keep themselves and others safe in relation to COVID-19.

Increasing social prescribing link work capacity

Those identified as most at risk may be linked to their social prescribing link worker. GPs together with their PCNs should assess that this is the case and also take steps to ensure other people who have significant social and emotional needs, but not on the list, can be supported in a way that their condition does not deteriorate and consequently add pressure onto the health service.

There are a number of steps that GPs and their PCNs can take to increase the number of social prescribing link workers:

- draw down on the Additional Roles Reimbursement Scheme to recruit a team (for example, four) of social prescribing link workers
- work in partnership with VCSE organisations to recruit and deploy social prescribing link workers (or equivalent named person co-ordinating care).

Source - https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/gp-preparedness-update-letter-27-march-2020-.pdf

ENHANCED DATA SHARING

Due the exceptional crisis we are in it may be more harmful to not share information than to share information (Principle 4). Sharing of GP health records to provide cross practice cover is a justified purpose (Principle 6). One must still comply with the law (privacy notices, impact assessments, data sharing agreements etc).

Source - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Given the extreme circumstances consideration could be given to bulk share out records or similar within clinical systems.

Further information can be found also from the Information Commissioner https://ico.org.uk/for-organisations/data-protection-and-coronavirus/

APPENDIX – PRIMARY CARE CLEANING ADVICE

All information below is taken from the **COVID-19: interim guidance for primary care** Updated 25 February 2020

https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care

Environmental cleaning following a possible case

Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

Preparation

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- collect all cleaning equipment and clinical waste bags before entering the room
- any cloths and mop heads used must be disposed of as single use items
- before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves

On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
- bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- remove any fabric curtains or screens and bag as infectious linen
- close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

Cleaning process

Use disposable cloths or paper roll or disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles or reusable non-invasive care equipment or sanitary fittings in the room, following one of the 2 options below:

- use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
- or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)
- follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- any cloths and mop heads used must be disposed of as single use items

Product	Examples
A combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)	Actichlor disinfectant tablets (1000 parts per million available chlorine which may be written as ppm) OR Chlor-Clean disinfectant tablets (1000ppm)
A neutral purpose detergent (1) followed by disinfection (1000 ppm av.cl.) (2)	(1) Sani cloth detergent wipe OR Clinell detergent wipes Then clean with either (2) Chlor-clean wipes (10,000ppm) or Actichlor plus or Titan Chlor Plus tablets or any chlorine releasing tablets that dilutes to 1000 ppm

APPENDIX – GP PROVIDER LEADERSHIP: COVID-19 TASK FORCE 17TH MARCH

17.3.20: GP Provider Leadership: COVID-19 Task Force

Updated 28.3.20

The COVID-19 pandemic has resulted in an unprecedented and emergency situation within general practice. As a consequence, Derbyshire GP leaders need to unite to be able to coordinate collaborative working in general practice like never before;

- cascading communications
- providing rapid responses to general practice teams
- supporting whole-practice wellbeing
- ensuring internal and external admin process and IT
- supporting the health-social care interface

We need to do the all of the above whilst keeping the public informed about the rapidly evolving situation. Difficult messages will need to be cascaded to our patients in a timely manner.

Derby and Derbyshire LMC, the GP Alliance and the General Practice Task Force have assembled the following team to coordinate the response and who will communicate daily:

Role	Name	Organisation
Contracts/NHSE/GPC	Kath Markus	DDLMC
Practice advice and daily practice bulletins	David Gibbs	DDLMC
Collaborative Reponses	Duncan Gooch	GPA
PCN /general practice support including IT	Riten Ruparelia	GPA
Social-Health interface	Paddy Kinsella / Penny Blackwell	GPA
	Gail Walton	GPA
Media Coordination	Susie Bayley	GPTF
	Gail Allsopp	
Staff Wellbeing	Claire Leggett	GPTF
End of Life	Pauline Love	CCG/DDLMC
DCHS integration/coordination	Ian Lawrence	DCHS

CCG support has now been clarified with clear SROs and admin support.

APPENDIX – GP PROVIDER LEADERSHIP: COVID-19 TASK FORCE UPDATE 18TH MARCH

Update 28.3.20

Role	Name	Organisation	Key Achievements
Contracts/NHSE/GPC	Kath Markus	DDLMC	Suspension SQI / CQC Pushing back on enhanced service Permission from CCG to 'do what is needed'. Support for practice financial support for cash flow Through pressure on RO appraisal suspended
Practice advice and daily practice bulletins	David Gibbs Claire Leggett	DDLMC	Daily bulletins well-received including FAQs Weekly webinars Survey of practice capacity at individual and PCN level now secured with BI support
Collaborative Reponses	Duncan Gooch Penny Blackwell	GPA	Red / Green hub system working Daily contact with ' System Escalation group' Improvement of PCN CD communication via Zoom RAG assessment for clinical activity
PCN /general practice support including IT	Riten Ruparelia	GPA	Pressure on IT team to sort remote working urgently RWC guide produced
Social-Health interface	Paddy Kinsella / Penny Blackwell / Gail Walton	GPA	Use of Social Prescribers as articulated in guideline and building community response locally to support national volunteer programme.
Media Coordination	Susie Bayley Gail Allsopp	GPTF	Links with Rad Derby Mo/We /Fr East Mids today Sunday Express – 2 x articles Next steps ' human' response eg GP as parent / daughter End of Life conversations Consolidation of all govt comms
Wellbeing	Claire Leggett	GPTF	Wellbeing STP approach commenced Occ health for all via Thrive app Deploying GPTF fellows who are working on a buddying system, Liaising with GP-S mentoring to support their offer for all.
Palliative Care	Pauline LOve	CCG EOL Lead / LMC	Plan for at scale community based palliative care EOL guidelines Liaising with care homes Practical support for relatives of EOL patients
DCHS input	Ian Lawrence	DCHS	Daily Bulletins Update on key areas Support for Hub model Community nursing need flagged

Other Areas	Care Homes	Ongoing work to support
	Resources	DDLMC – COVID 19 page Continually updated and being redesigned
	Patient facing comms	Look at redesign of GPTF website to become patient facing resource
FLAGGED CONCERNS	Staffing update	Where are practices at / school closures Contractual model for Hubs Key principles for employment for hubs
	IT solutions	Remote working clinician approach is not a long term solution. Needs urgent escalation daily to enable at home working via personal hardware
	Palliative Care	Capacity, resource, support, workforce for at scale community palliative care
	Bank holiday working	Remuneration, staffing
	Red Clinics	Funding and contracting