

General Practice Task Force, Derbyshire

COVID-19 Reflection on Response, Restoration and Recovery

Willington Surgery, June 2020

Key challenges - How did the practice adapt?

- The main initially focus was to make staff feel safe.
- Practice closed their minor ops room and made into their isolation room.
- PPE signs erected and processes for all teams and patients.
- Decided not to lock practice doors to incoming patients but erected A4 screens on the front reception area and closed down the check in screen and BP machine and removed the receptionist from the front desk so that social distancing could happen.
- STOP signs were placed at the door and information for patients to advise them of the new rules.
- WhatsApp group chat was set up for the partners and management and one for all staff made to improve communication.
- All-important process changes were communicated out. Some of the main changes are around technology (clinically and non-clinically).

Impact on Practice team?

The impact on the team has seemed to have been on an individual basis rather than a role basis due in response to how people cope with change. Due to the pace of change over COVID-19 with government policies, CCG policies and practice policies it was not surprising that some staff struggled. It was difficult at the beginning to communicate out any changes as by the time the practice received practice agreement some things had already moved on. Some feedback the practice received was staff feeling frustrated in them 'having to come back to work' when other members of the public were staying at home. However, as time had gone on the appreciation of them having jobs and somewhere to go, with elements of normality helped.

How the Practice engaged with other organisations?

PCN support and the red hubs helped the practice feel safer as they didn't have to see COVID-19 symptomatic patients and the way it was organised showed the strengths of working together in difficult times. The Practice continued to work with their District Nursing teams closely and recently having employed 2 social prescribers (in the middle of COVID-19) for the PCN this has started to help with the linking with voluntary sectors throughout the PCN.



What was helpful?

Technology for the clinical teams was embraced by the GPs. The practice manager started in January 2018 and requested and received cameras in March 2018. Since that day the practice manager tried to work to get a solution for video consultations that are easy to use both for the clinician and patient at an effective cost for the practice. Within weeks for COVID-19 the practice had a solution of AccuRX and this software solution had evolved and enabled the practice to have video consultations. Photos were uploaded to help with telephone appointments and messaging communications.

Opportunities?

The next opportunity the Practice would like to look at is group video consultations for their nurses especially around diabetes reviews. At the current moment these are completed over the telephone but the next step for the practice would be to have video consultations and group consultations, specifically for their working diabetics – this may be something they look at with the social prescribers for the PCN.



Understanding crisis-response measures

Collective Sense-making

AMPLIFY END • Use video consultations and continue some telephone consultations (not as a triage Remove the isolation room. as they are now) - Video consultations to be rolled out with nurses were appropriate • Currently not using blood pressure - Meetings to take place via ZOOM/ machine and self-check in service Teams so no travelling needed. • Screening questions to be reduced • Continue using email for ID - keeping their distance with patients and accept more things via email Keep pushing pharmacy to be nominated reduces the footfall • Keep up cleaning no clinical areas **RESTART LET GO** All clinical items that normally take place minor • Practice to see all patients face to face for ops, NHS health checks, steroid injections the first time and general MSK · Seeing patients with cough and colds-• Patients return to using Blood pressure hopefully patients will be on board machine and check in screens with this • All telephone consultation appointments need to be seen even if the practice has dealt with them, using PPE to the extent they must - patients to come in for bloods etc for QOF and full patient care

STOPPED

STARTED

including all project that have been put on

• Drive the practice against business plan

hold due to COVID-19

POST-CRISIS



PRACTICE

NEW

PRACTICE



Further support practice requires to move forward?

Practice may possible require more hardware, which is something the practice manager is reviewing now, to help continue the video consultations and roll it out to other clinicians; support with training on Nurses / Review video consultations and group consultations. The CCG continues local TV / Social media / Radio communications to support "self-care" and pharmacy first to keep people who have recently managed to do this but would have before COVID-19 called the surgery with the surgery supporting these campaigns.

Looking at a review of the rota system as face to face appointment take longer with the addition of PPE donning and doffing which means telephone and video consultations are essential to allow enough appointments to be available.

Positive feedback:

Received appreciation and reduction in complaints and improved Friends and Family feedback.