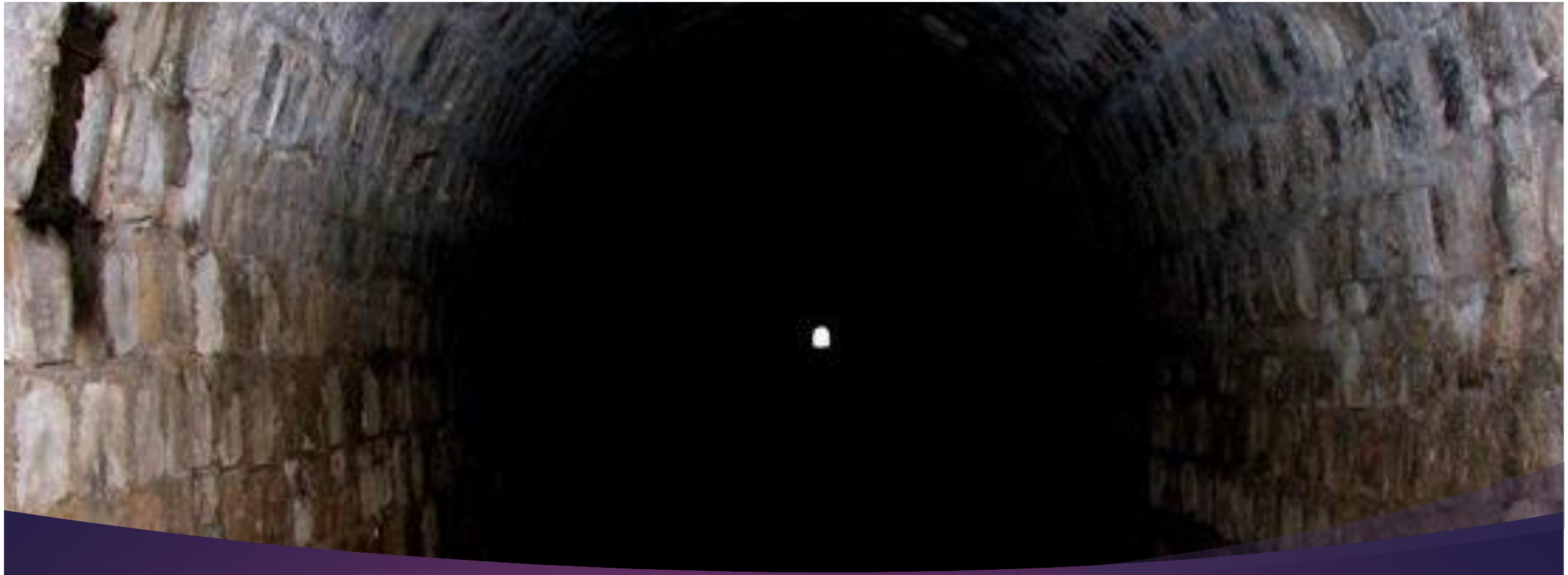


Restoration and recovery

WHAT IS THE NEW NORMAL AND HOW CAN WE GET THERE?

ONE PRACTICES APPROACH TO THE COVID TUNNEL

(THE LIGHT IS THERE SOMEWHERE… PROMISE!)

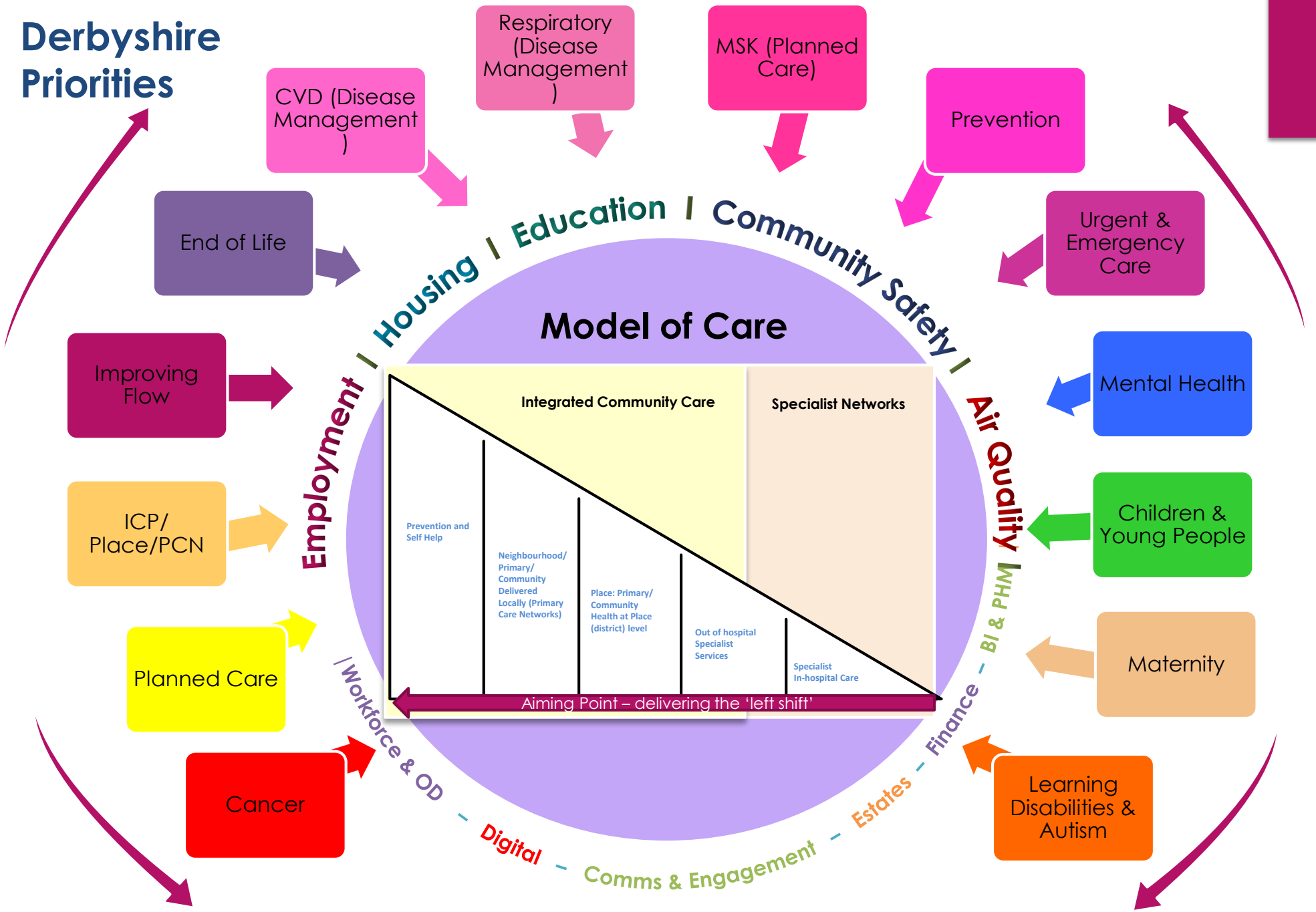
Disclaimer – Lime Grove Medical Centre

We are by no means perfect….

The content of this presentation is more to demonstrate the processes of my brain and how we as a surgery dealt with COVID at the start and to it's current point.

There are elements that many of you will have done differently and likely better, there will be some elements that we do differently but maybe your practice would like to adopt, this is a fluid process, all surgeries are different, this is just what works for us now

Derbyshire Priorities



Then along came COVID – 19……

What are the Priorities Now?

Derbyshire General Practice Priorities

System Perspective

- Access to primary care (urgent care, routine care, remote consultations)
- Long term conditions
- Planned care (cancer referral, specialist input, access to diagnostics)
- Ageing well (frailty, care home, EOL, dementia)
- Mental Health (children and adults, LD and A)
- Preventative care (screening, immunisation – particularly flu 2020)

Derbyshire General Practices Priorities
A Partners Perspective

Stage 1

Protect staff and patients

Maintain patient access –Triage provision, 2ww review and refer, COVID specific services, required immunisations/DMARDS/urgent screening/medication/EOLC

Ensure ongoing clinical competency/keep up to date with changes/guidelines

Maintain financial stability

Stage 2

Reintroduce services of need/diagnostics

Expand support of the vulnerable - MDT/care home support – virtual ward rounds/high risk patients LTC review

Encourage further patient engagement – increase routine access/IT expansion

Staff welfare and adjustment – plan for sleeping staff to return

Stage 3

Reinstate standard referral processes

Reinstate long term condition reviews and further care planning

Review and implement normal recall system

Reinstate additional services

Unlock the door!

How do we get through this?

COMMUNICATE

REVIEW

PLAN

IMPLEMENT

Review

- **What is needed right now - what is pertinent to your practice, patients and locality**
  - Listen to staff from each area – admin/reception/nursing/medics/management
    - What's working at the moment, what's not – The good, the bad, and the ugly
  - Listen to patient need
    - this may mean a quick patient survey or dare I say it a virtual PPG (even better get your PPG chair to chat with members then a 'quick' catch up with PPG chair)
  - Listen to local need
    - Chat/email with local services – MDT/community pharmacy/Care homes/Local practices/PCN
- **What can be deferred**
  - Essential contract elements, wider service requests and financial need Vs full restart of all services
- **What can't be done**
  - Brief assessment of staffing – numbers able to work and skill mix
  - Quick review of proposed new procedures – BMA traffic light tool
  - Available equipment/PPE

Plan

Staffing

Who can work and where from – draw on risk assessment and staff concerns

Communications

Ensure understanding from the practice team and share recovery plan – regular updates

Staff resource packs/desk top prompts for returning staff

Let patients know about forthcoming changes, regular updates around services and cohort communications to prevent overwhelming of services

Resources

Order and purchase additional items identified from risk assessments.

Secure locum cover where staffing capacity is reduced

Ensure IT provision is adequate (mainly in terms of staff needing to remain non patient facing)

Staggered Approach

Identify what needs to be achieved

- In the next 3 weeks
- By the end of July
- By September
- Flu season

The Wuhan Days February 2020

- 1st half of the month – business as normal – monitoring of international development
- Investigating residual content of the Ebola box
- Screening of patients attending with recent travel of concern
- Doors remain open initially - Education to reception – new reception streaming protocols to incorporate travel history (endless flowcharts from NHSE/PHE)
- Basic PPE given to front desk reception and patient facing clinicians
- Purchase of additional cleaning supplies
- Development of business contingency plan – specific to possible pandemic
- Isolation room identified in surgery for patients of concern

The Corona Virus Days March 2020

1st Half March

- Further development of business contingency plan – specific to possible pandemic
- Flowcharts and 111 signposting re self isolation – wider scale
- Private purchase of additional PPE for staff
- Increased signage to restrict/control entry to surgery
- March Quest – dedicated to education and Q and A from staff about emerging situation
- Suspension of non-essential meetings (PPG etc)
- Corona Whats App staff wide established to rapidly cascade emergency processes if needed
- Meeting engagement and updates increase in relation to pandemic planning
- Suspension of spirometry/non-essential nurse appointments and routine F2F GP appointments
- Identification of 'at risk staff' and discussions around working patterns – who can work in surgery – at risk staff sent home where alternative working unavailable
- LGMC good vibes whats App established for morale and connection with staff who were isolating
- IT equipment and access arranged

The Corona Virus Days March 2020

2nd Half March

- Move to triage first process, with designated slots for symptomatic patients/travel history – to be seen in isolation room – routine GP appts telephone only, completed by remote working GP's
- Suspension of 8/8 clinics
- Physical renovation of lower floor
- Door locked and full triage in place for urgent care only
- Nurse clinics restricted to urgent bloods/INR, prostap/similar, imms for babies and pregnant women, urgent recall smears (this included borrowing an imms nurse as we had no nurses at all for 1 week)
- Pharmacy dramas, mass overordering - panic script requests and local chemist shut their doors
- Cancellation of routine coil and implant clinics
- Ground floor now designated area and entry point for seeing LGMC patients of concern by 'designated dirty doctor'
- Regular PCN and LMC support and monitoring kicks in
- Local hub discussions regarding joint working around 'red site' provision/shared resources
- Accurx and web cams installed to support remote consults and triage

The Pandemic Days April 2020

- Red Hub goes live for LGMC + 2 other local practices – soft launch Good Friday
- Clinical cover for Easter Bank Holiday Weekend (predicted peak)
- The shielding work begins – identifying and notifying – support calls to those listed from nursing team to ensure aware of status and accessing help where needed
- Roll out of Drive by INR and blood clinics
- Weekly MDT meetings re-established via Microsoft Teams to allow social care etc to engage
- Nursing team to complete LTC reviews by telephone and send out management plans for high risk patients
- Weekly virtual ward rounds of local care homes begins
- Ongoing Hub, LMC and PCN conference calls to update and advise
- Increase in routine GP telephone consults
- E-Consult rolled out to website
- CCAS slots made available for 111 direct booking
- DHU Red home visiting service available

The COVID-19 Days
May 2020

- Social media posts to encourage engagement from patients following NHSE concerns over missed CVA/CHD/Cancer diagnoses during pandemic
- Doors remain locked and triage systems in place
- Data analysis to highlight priority patients for LTC review with nursing teams
- Continuation of essential nursing services
- Continuation of engagement with webinars/LMC/Hub/PCN
- Annual Leave encouraged for those that have booked for personal and practice resilience
- Urgent F2F appointment provision continues, green site/red site
- We all continue with the ‘new normal’
- Strategy planning for returning workforce

The 'social distancing days' June 2020

- Increase in social distancing measures for staff – increased work station provision, room allocation changes
- 'Sleeping staff' return to work where risk assessments allow
- Review of appointment provision to adapt to current need - Increase in 'green' F2F appointment slots
- Red hub continues on lower floor until end of the month when due for review dependent on use/numbers accessing
- Routine GP appointments remain telephone/video
- Nursing appointments remain urgent F2F care only, education and LTC reviews via online and phone consultations where able – patients contacted as per prioritisation work from recall analysis
- Increased signage in surgery in preparation for increased patient flow as services increase
- Engagement with care home COVID 3/12 plan
- Local discussion around 8/8 reinstatement for end of the month
- Coil clinics reinstated for non contraceptive needs
- Team lunch and Q and A session planned for quest date to gain multiple perspectives and concerns to aid with ongoing planning (social distancing in place for staff in the building – virtual dial in for those that aren't)

What do we keep?

- Flexible working for staff – offering better work life balance/fluidity around childcare/carer commitments – home working for percentage of hours.
- Control over demand and access where able – continue with some of our triage processes and stricter control of nurse appointment booking to reduce DNA's/inappropriate service use
- Accurx/online consulting elements that aid triage and remote consultation.
- Increased community engagement
- Increased contact with care homes via multiple routes
- Tighter control over home visits and rationale for completing

What's next?

Financial recovery

- Reviewing missed claims
- Comparison costing and identifying missing income streams
- Identifying any new avenues/onward service provision/commissioning gaps
- Workforce/recruitment review – do we need the staff numbers we have? Can we streamline the workforce? Can we reduce locum costs or not recruit into open positions? Can we work a bit differently now?

Catching up

- Annual leave and staff appraisals – what do staff want to see post COVID, what additional support do staff need
- Strategy and audit – Working processes, managing access and demand, PCN engagement. How can we use the COVID experience to our advantage?

The light is getting nearer……

Questions?
What's Next?

Comments on key points/process – is there any support to help adapt the process discussed for individual practices (LMC plans)

Is there any ongoing wider system support planned - (NHSE - ongoing funding/COVID relief monies)

Follow up?

Looking at any additional changes/developments and how we integrate the new norm with forthcoming winter pressures