Version 1.3

Disclaimer

The following guidance is developed by the Maltings Surgery Partnership and does not in any represent expert advice. We are working with the available information, minimising risk to staff and patients and anyone who follows this guidance does so at their own risk and their own volition. This plan is subject to change

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Description automatically generated**

NOvel coronavirus (COVID-19)  
PRACTICE Action PLan

The Maltings Surgery

# Background

Novel coronavirus (COVID-19) has been designated a high consequence infectious disease (HCID). It has been widely identified that the impact of infection is likely to accelerate with possibly profound consequences for the country.

Despite having a first world health care system, reports from Italy suggest that the potential for a spike in cases, with significant impact on health care services and mortality (especially in high risk individuals) is high.

We believe that the current guidance to primary care has left unanswered questions in how to best protect staff and patients in our community, and the potential for spread is high.

# Introduction

To follow on from the recent guidance issued by NHS England, Public Health England and Her Majesty's Government, the Partners at the Maltings Surgery have made the decision to put in some extra emergency measures to minimise the risk to both our staff and patients and their families. We will follow the basic principles of identify, isolate and contain but look to personalise these within our practice.

The Maltings Surgery represents a population of approximately 20,000 patients and employs over 70 staff. It operates in a footprint across three floors with around 400 patient contacts a day

# Priority

We believe the main areas that need addressing within the practice are:

* Containment of areas within the practice
* Minimise footfall
* Protect Staff
* Staff Morale
* Patient and Stakeholder Comms
* Business Continuity

# Containment of areas within the practice

Throughout the duration of this crisis, the practice will be divided into 5 discreet areas to allow different processes to be followed and easy containment if there is any contamination.

**The RED zone**

* This zone represents the GROUND FLOOR WEST WAITING ROOM (SOPWELL) AND the 2 CONSULTING ROOMS leading from this room.
* Within this area it shall be mandatory to see patients whilst wearing PPE[[1]](#footnote-2).
* PPE shall consist of (disposable gloves, disposable apron and fluid resistant surgical mask (FRSM)) as agreed by lead nurse.
* All PPE should be disposed of as clinical waste.
* Symptomatic patients will be asked to wear a face masks available in the RED zone
* It is only for Patients that clinicians can confidently state are low risk for COVID-19 with signs of infectious illness, but still need clinical assessment, will be seen in this area.
* If there is any doubt about possible COVID-19 then patients should be directed to NHS111 online or telephone.
* This area is self-contained and does not communicate with the rest of the building
* The stocks of PPE shall be updated daily by the lead nurse. Further information is available on our staff intranet with videos on how to use and dispose of this appropriately.
* Patients will enter the building via the video doorbell and let into the building via a remote lock (installed Thursday).
* The patient will give their date of birth to the Patient Care Advisor via the video doorbell
* Patients will be instructed not to approach the reception desk, and make their way (2 metres) to the RED zone waiting area (SOPWELL)
* Upon arrival to the RED waiting zone, there is an alcohol hand gel dispenser and instruction poster of how to wash their hands.
* No children’s toys in this area and no furniture apart from plastic seating
* Pushchairs and buggies can be kept in the waiting area.
* They will not be able to use the practice toilet whilst in the building (will be reminded to go before they attend the practice)
* This area will be subject to a cleaning cycle (even if not in use throughout the day)
* Patients should be seen within 5 minutes of arrival into the area.
* After each consultation, the attending clinician is to wipe down surfaces and handles
* The clinician will be prompted via the patient care advisor upon leaving the room to wash their hands, even if they have already done so.
* Stocks of PPE will be monitored daily by the lead nurse and logged on GPTeamNet

**The AMBER zone**

* This zone represents the GROUND FLOOR EAST WAITING ROOM (ABBEY) and the 4 CONSULTING ROOMS leading from this area.
* This area will be for the essential face to face appointments that still need to take place
* All patients will still be screened for viral symptoms prior to attending and asked to rebook if positive (independent of recent travel or exposure)
* Further use of this room is detailed below.
* This area will not be subject to PPE but rigorous handwashing and usual infection control measures.
* Patients will enter the building via the video doorbell and let into the building via a remote lock (installed Thursday).
* The patient will give their date of birth to the Patient Care Advisor via the video doorbell
* Patients will be instructed not to approach the reception desk, and make their way (2 metres) to the AMBER zone waiting area (ABBEY)
* Upon arrival to the AMBER waiting zone, there is an alcohol hand gel dispenser and instruction poster of how to wash their hands.
* Patients can use the downstairs disabled toilets but are advised not to do so if possible.
* After each consultation, the attending clinician is to wipe down surfaces and handles
* The clinician will be prompted via the patient care advisor upon leaving the room to wash their hands, even if they have already done so.

The INFANT zone

* This zone represents the FIRST FLOOR SOUTH WAITING ROOM (Art School Yard) and the 4 CONSULTING ROOMS leading from this area.
* This area has a separate entrance for infants and their parent (usually mother)
* There is a separate reception desk (Staffed) for this area
* Signage will make it clear that this area is ONLY for Infants and their parents, specifically for BABY CHECKS, POST NATAL CHECKS, and BABY IMMUNISATIONS
* This area is used on Tuesday and Thursday mornings where all four rooms shall be utilised to maximise the productivity.
* No other patients or staff shall use this area
* All patients will be screened prior to and upon arrival for viral symptoms
* After each consultation, the attending clinician is to wipe down surfaces and handles
* The clinician will be prompted via the patient care advisor upon leaving the room to wash their hands, even if they have already done so.

The GREEN zone

* This area represents the First Floor of the East and West Wings of the building (ROMAN, VERULAM, HOLYWELL) and all the CONSULTING ROOMS and HUB
* This area represents a PATIENT-FREE AREA
* Only clinicians and PCAs[[2]](#footnote-3) are to be on this floor
* Install Webcams in every room for video consults (Completed 11 March 2020)
* Stocked daily with handwashing equipment
* Hourly page / screen message from Deputy PM about handwashing
* Spot inspections by lead nurse to check infection control procedures.
* This area shall be for the exclusive use of telephone and video consults and administrative tasks.
* All staff in this area shall follow infection control procedures (e.g. Bare below the elbow)

The BLUE zone

* This area shall be for the Secretarial, Scanning, Coding, Management staff only
* PCAs and clinicians are not allowed to enter this area
* Staff will ascend to this area via the EAST staircase
* Handwashing shall be available to all staff on this floor with hourly reminders.
* Only the PM, DPM, IT lead, Quality Manager can transcend floors
* Wherever possible messages should not be face to face

# Minimise footfall

* + Remove online booking for all appointments other than telephone (assessment team) and Video Consultations
  + All routine appointments to be converted to either Video Consults or Telephone
  + Following conversation, if patient still needs to be seen face to face, and they have no viral symptoms, they will be seen in the AMBER zone.[[3]](#footnote-4)[[4]](#footnote-5)
  + If a patient needs to be assessed with viral symptoms, and is low risk COVID-19, they will be seen in the RED zone.
  + If a patient previously due to be seen in the AMBER zone, is reassessed on arrival and found to have viral symptoms, then they will be seen in the RED zone.
  + Try and encourage video appointments over a telephone as our own survey reveals higher levels of patient satisfaction, and higher levels of clinician satisfaction.
  + Video consults can either be done through patient access (still bookable online) or via Accurx Video (just requiring Internet access and a smartphone / tablet)[[5]](#footnote-6)
  + First contact physio appointments to be converted to video consultations
  + Promote the use of ONLINE CONSULTATIONS at every opportunity for problems that can wait <2 days.
  + All sick notes / letters etc to be posted to patient. Not to pick up from practice.

Electronic Prescribing is the default method of prescriptions. If rarely paper required, then collected by the pharmacy.

* + Pharmacies to limit visits to the practice and arrange set visiting time.
  + Mental Health Nurse appointments to be converted to telephone
  + All non-urgent work to postponed until further notice
    - Travel
    - Minor Surgery[[6]](#footnote-7)
    - Schedule 5 GMS Work
    - Social Prescribing
    - NHS Health Checks
    - Phlebotomy
    - Any other work identified by the senior management team
  + Chronic Disease reviews, ECF and QOF to be prioritised
    - All QOF domains that can be achieved by telephone, video or virtually to be kept[[7]](#footnote-8)
    - Any QOF domains that require face to face consultations with a clinician to be postponed until further notice [[8]](#footnote-9)
    - Routine Chronic Disease reviews to be postponed
    - Medication reviews to be conducted by phone always
    - Depression reviews to be conducted by the telephone / Video Call
    - Any patients with chronic disease that notice a deterioration in their condition to contact the assessment team for a telephone triage.
  + Other Providers in our building
    - Midwifes to continue clinics but patients will be telephoned prior to arrival. If face to face, then operate from the AMBER zone[[9]](#footnote-10)
    - Counselling service to be given access to webcams / telephones and convert consultations to non-patient facing
    - Ultrasound service patients to be screened prior to arrival and seen in the AMBER zone (as agreed with the CCG)
    - Audiology patients to be postponed until further notice
    - All other non-urgent provision to be postponed until further notice
  + Nursing Appointments
    - Baby Immunisations will continue in the INFANT zone
    - 6- week checks will continue in the INFANT zone
    - All children and parents will be screened for viral symptoms and asked to rebook for a telephone call if appropriate
    - Urgent Wound Dressings will continue If necessary, in the AMBER zone
    - All other nurse appointments will be subject to telephone triage by one of our senior nurses and seen in the AMBER zone if required.
  + Procure remote working solutions
    - Quotes from EMIS for Anywhere solution

# Protect Staff

Some principles to manage the protection of staff within the practice.

* The management of staff sickness
  + If any staff member complains of viral symptoms, they are to let their line manager know and then leave the premises. Contact their line manager by phone to arrange decontamination procedures.
  + Under no circumstances are staff to be examined (temperature etc.)
  + If feeling too unwell to leave the premises they must go immediately to one of the vacant consulting rooms in the RED area until further notice
  + Staffing levels will be monitored by the most senior manager and our BCP will be enacted[[10]](#footnote-11)
* Place sufficient protection between frontline admin staff and patients
  + ‘RING’ doorbell with video access
  + Remote control lock to front door (installed Wed)
  + Purchase Airport Barrier to allow 2 metres between staff and arriving patients
  + Easy access to handwashing facilities
  + Easy access to PPE (extra purchased last week) for all clinical staff
  + Purchase a large floor standing sign to alert people to screening symptoms on arrival
  + Minimise number of PCAs on rotation for front desk
* Take adequate precautions with Nursing / Care home visits
  + Maintain regular ‘rounds’
  + Use Accurx to see if VC might be an option for some patients
  + Don full PPE for patient contacts in the home
  + Handwashing protocols to be maintained.
* Have clear and rehearsed policy for possible exposure with drills
  + A patient contact later diagnosed with COVID-19
  + A staff member testing positive for COVID-19
  + A patient ill with possible symptoms of COVID-19
  + A Staff member ill with possible symptoms of COVID-19
  + These flow charts and procedures are available on GP TeamNet
* Risk assess daily, any social events in the practice calendar and liaise with the team as to whether they should go ahead.
* Doctors to wear Polo shirt uniform to both minimise infection but also boost team morale (wearing the same uniform as the team)
* Jewellery and watches removed; clocks put up in clinical areas to avoid looking for phone
* Mobile phone usage banned in GREEN, AMBER and RED zones as locus of infection
* No handshakes do the Maltings ‘High Five’. See video here (<https://media.giphy.com/media/TCvwgZejTffxK/giphy.gif>)
* No lanyards
* Cancel external teaching events until further notice
* Cancel external visitors until further notice.
* If staff have to self-isolate they will follow the guidance on <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing>
* Take self-check in screens down until further notice (check in verbally as above**)**

# Staff Morale

It is vital that staff morale is upheld during this time of great anxiety for the staff.

Everyone in the practice has a responsibility to make all staff

* Feel safe
* Feel supported
* Feel part of #teamMaltings
* Feel they are making a difference for the safety of our community

To do this, staff engagement and communication are vital

* Senior Management Team to meet each morning at 10am (our so called MOBRA meeting) with standing agenda items (reviewing up to date guidance and stats)
* Daily updates on GP TeamNet[[11]](#footnote-12)
* Staff appraisal cycle paused until further notice
* GPs encouraged to postpone appraisals until further notice
* Travel advice for staff for upcoming holidays
* Paracetamol / Brufen supplies for all staff
* Look into toilet roll supplies for all staff
* Team meetings for all staff (via computer from next week on Zoom – up to 100 participants)
* Put date in diary for September outdoor gathering to say thank you.
* Create Staff WhatsApp group for all staff for important update
* Open door policy for any staff to speak to partner about concerns and anxieties around COVID-19
* Look into webcast for desk mindfulness / relaxation class during lunchtime teaching session
* Daily staff morale records with visual happiness scale in back office

# Patient and Stakeholder Comms

Keeping our community of patients informed and our local stakeholders informed is key to avoiding problems, complaints or inadvertent breaches of the Maltings protocol

This can be avoided by

* Making sure that the message to patients is about the practice wanting to protect them, their family, their friends and their community.
* Making sure the message is consistent across all patients and stakeholders (no mixed messages and fair / equitable treatment)
* Website updated with practice information complemented by national information
* Making sure patients understand fully that NO TESTING is available at the practice in ANY CIRCUMSTANCES
* Using MJOG and ACCURX SMS messaging to make sure any messages get our properly
* Any appointment cancellations will be followed with a courtesy phone call to make sure that they are aware of the changes[[12]](#footnote-13)
* Making sure that any deaths, bereavements are quickly followed up with a sympathy letter from the practice.
* Constant reassurance that normal service will resume as soon as is safe to do so.
* Cancel Patient Participation Group Meetings until further notice, but facilitate the ability for them to meet virtually via ZOOM
* Weekly email to the CCG from the PM highlight report from the practice
* Keep Facebook updated with latest practice and national information (SA / KD)
* React quickly to complaints with a full explanation of why the service is different and restricted currently but try to deescalate wherever possible.
* Ensure adequate supply of Cremation forms and Death Certificates

# Business Continuity Plan (BCP)

The Maltings already has a robust BCP which can be accessed via the staff intranet.

We have in principle already agreed to look at sharing resources across our neighbouring PCN practice.

Over the next few weeks

* Convert PCN meetings to virtual (Zoom) meetings
* Explore shared staff
* Explore shared triage

1. Personal Protective Equipment [↑](#footnote-ref-2)
2. Patient Care Advisors [↑](#footnote-ref-3)
3. Procedure outlined later [↑](#footnote-ref-4)
4. Current modelling from our assessment hub, suggests that fewer than 17% of patients will need a face to face appointment following a telephone / video appointment. [↑](#footnote-ref-5)
5. Estimates suggest that over 85% of adult patients own a compatible device. [↑](#footnote-ref-6)
6. Personal message to be sent by MS / DCC [↑](#footnote-ref-7)
7. Make use of Accurx, especially Florey [↑](#footnote-ref-8)
8. Agreed at Partners Meeting 8.3.2020 [↑](#footnote-ref-9)
9. See later [↑](#footnote-ref-10)
10. Business Continuity Plan (available on GP Teamnet) [↑](#footnote-ref-11)
11. Staff Intranet Platform by Clarity [↑](#footnote-ref-12)
12. If these two measures fail, then written letter is last resort [↑](#footnote-ref-13)