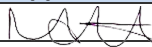


The Maltings COVID 19 'Unlock' Plan

Version:	Review date:	Edited by:	Approved by:	Comments:
1	31 May 2020	Mike Smith		Revised 27.05.20 - Risk Assessment

Background

The COVID-19 pandemic represents a major national and global challenge ever since the first cases were reported in China at the end of last year. By May 2020, there are still many unanswered questions about the novel Coronavirus SARS-2, and strategies have recently been aimed at limiting the human-to-human transmission of the virus, as well as protecting the vulnerable population against severe complications and even death.

The disease has had a major impact not only economically, but also on the health and mental wellbeing of the population.

The Maltings Surgery was one of the first to act by changing the consultation model of General Practice by operating on the principles of 1) Limiting Footfall in the practice by conducting a telephone first model and increasing the use of Video Consultations 2) Postponing non-essential / non urgent work 3) Practising safe practices at work including the enforcement of social distancing, as well as several other measures which have proved invaluable.

It is clear that there is a burden of work slowly building up that is non COVID related, and the impact of delaying this for longer than needed will have a significant impact on the long term health and wellbeing of our population.

This plan aims to spell out the process of how our Practice will make the transition from the status quo to what we can define as business as usual.

A new normal

What is absolutely clear, and one of the thinnest of silver linings from the current crisis, is that our practice will have a new 'normal' in the longer term. The lessons we have learnt around the utilisation of technology, reducing the need for face to face consults and a new relationship with patients, presents an opportunity for the longer term future for our practice.

We must learn from the experiences of others, as a small tribute to the many NHS and care workers who have sadly lost their lives to this hideous disease, may they Rest in Peace.

We must also be flexible and responsive to the changing threat of this pandemic. With so many unknowns around subsequent waves of infection, long term immunity, vaccine development and successful treatments, as well as the possibility of the disease becoming endemic, the local response must be able to change within hours whilst never compromising patient care.

The National Response

On 10 May 2020, the Prime Minister of the United Kingdom and Northern Ireland announced the Governments recovery strategy. This involved the launch of an alert system which charts both the national and local picture of COVID-19, and the appropriate response to the pandemic.

Level 1 - COVID-19 is not known to be present in the UK

Level 2 - COVID-19 is present in the UK, but the number of cases and transmission is low

Level 3 - A COVID-19 epidemic is in general circulation

Level 4 - A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially

Level 5 - As level 4 and there is a material risk of healthcare services being overwhelmed

At the time of the announcement, the country was told that we were currently on level 4. Although there are potential hazards in this approach, it gives us the basis of a plan to ‘unlock’ the practice.

Our practice response

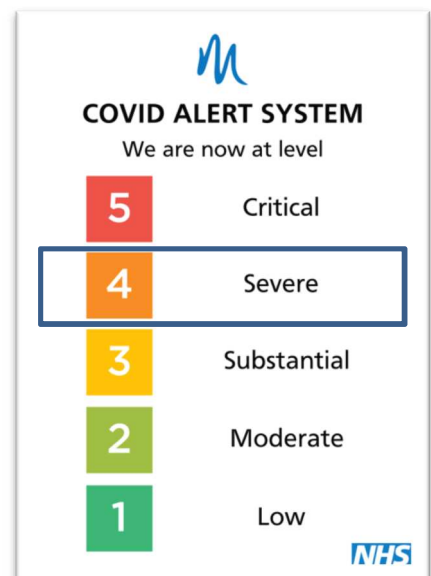
We have decided that we will use the national alert system as a barometer as to what level we are at in the practice. Although we will use the government and SAGE’s guidance as to the current threat level, given the time lag and limitations of the alert system, we will always underwrite this with our own assessment as a practice leadership team. **Ultimately the alert level in the practice is determined by the Management Team of the Practice, taking into account numerous and various details.**

In this document we will outline the processes we will follow to make sure that we are keeping our patients and staff safe, whilst still maintaining a local and responsive GP service for the people of St Albans.

To avoid any ambiguity, we will have the current alert status clearly displayed in the practice and on our practice intranet, so everybody knows the level we are currently operating at.

It is the Practice Business Manager and the Deputy Practice Manager’s (PM) responsibility to keep this maintained and updated, and to make sure all staff are appraised of the implications of the changing alert level.

To underpin this, our broad approach to communications in the practice should include.



- 1) Regular updates on GP TeamNet
- 2) Distribution of messages through Whatsapp groups
- 3) Weekly practice meetings
- 4) Regular Updates on GP TeamNet
- 5) Monday Morning Email Alerts

Things to continue until further notice

- Regular screen message from Deputy PM about handwashing
- Perspex at Reception Desk with Glass Intercom Microphones
- Floor Spacers Alerting People to 2 Metres apart
- Daily SITREPs with the Management Team

Risk Assessment of Staff

The risk assessment of staff is a controversial topic, but we consider it a very necessary one. There is little in the way of guidance and we have developed our own for primary care. We have limited staff so we need to balance up keeping our staff safe against being able to maintain a safe service for patients. We have therefore invited ALL staff to have an individual risk with their line manager. This is completely optional but we are clear of the reasons for doing so. Each person will be considered on an individual basis, so please take this into account. Once again this is not a perfect answer but the solution that the Maltings are using.

Risk Assessment of Staff					
	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1	LEVEL 5
BAME				1 Point	
Age over 50 (Males) and over 60 (Females)				1 Point	
Additional Point - Male over 60				1 Point	
Severe Heart / Lung Disease / Pregnancy				2 Points	
Comorbidity (asthma, hypertension, diabetes)				1 Point	
BMI >30				1 Point	
3 Points or higher	No Patient Contact	No Patient Contact	Reduce / No Fever or COVID Patients	No COVID	Normal
2 Points	Reduce / No Fever or COVID Patients	Reduce / No Fever or COVID Patients	No COVID	Normal	Normal
1 Point	Reduce / No Fever or COVID Patients	No COVID	Normal	Normal	Normal
0 Points	Normal	Normal	Normal	Normal	Normal

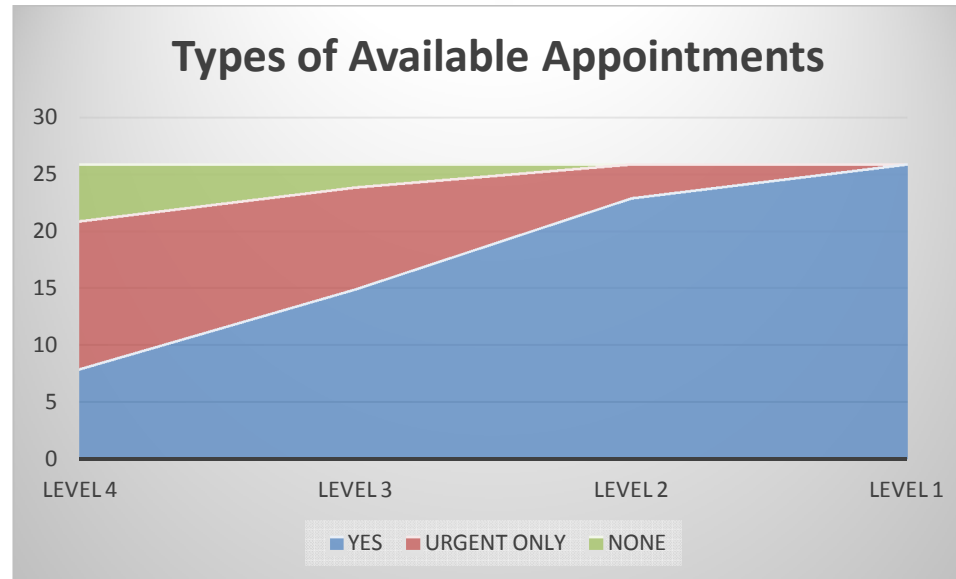
Shielded Patients

The advice for the treatment of High Risk COVID-19 patients is available on the GOV.UK website and is set to be reviewed on 30 June 2020

Whilst the government guidelines are in operation, the separate practice policy for 'shielded' patients will apply and these patients should be considered and discussed on a case by case basis

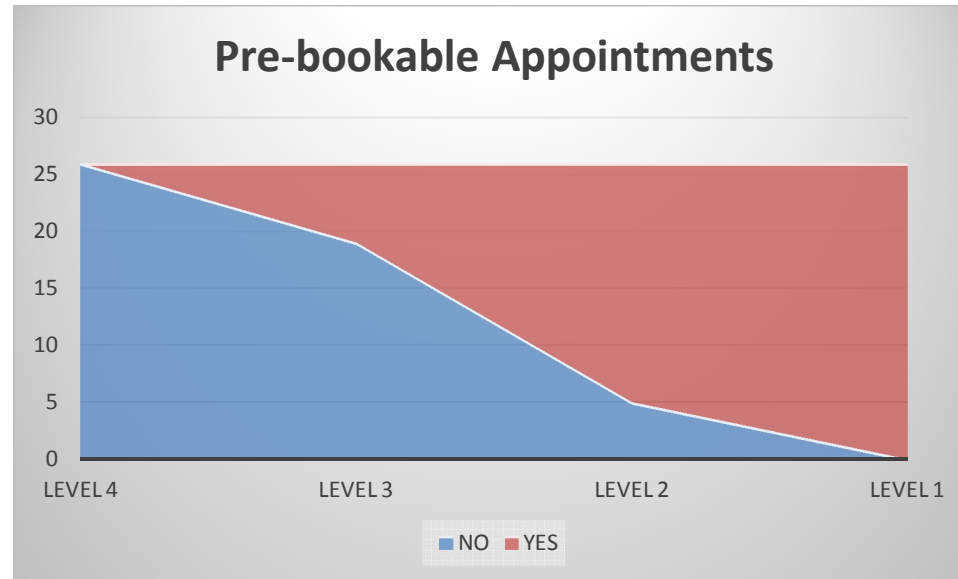
Communications to Patients

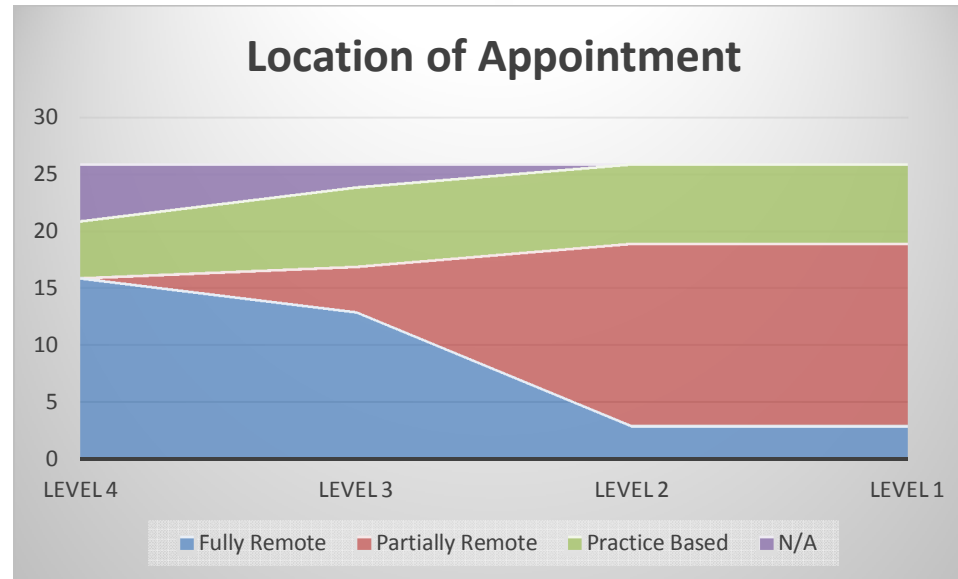
- Website to be updated with comms lead in the practice; setting clear message and expectations
- PPG to be informed
- Social Media Pages to be updated regularly to allow patients to know the changing level of service provision
- Targeted MJOG for patients to buy equipment if they can afford e.g. BP machines



We hope to demonstrate that over the coming weeks and months, that our service provision to patients is responsive but also safe. We are unsure of the pace of the pandemic in the United Kingdom, nor are we sure about the size of any subsequent waves of infection.

By using the steps in this plan, we are able to step up and step down our response quickly and in line with the government's response.





Telephone First Model

- All appointments will operate a telephone first service
- Any patients that need to be brought in for a face to face consult will need to be discussed, however briefly, with a partner / senior clinician
- Where possible patients should be encouraged to use online facilities (e.g. Patient Access, Online Consult) to keep the telephone lines free for those that cannot avail of this.
- Pre-bookable appointments on the assessment list for a same day telephone call back are released from 18:30 the previous evening.

Back Door / Front Door

- Currently suspected COVID19 patients are being assessed by Video Consult and if necessary, referred to the COVID hub mobilised by the CCG
- Currently Patients seen face to face are subject to appropriate protective equipment
- Shielded patients should be treated wearing full PPE to prevent inadvertent transmission of infection from or to Health Care Staff

Fever Patients

- In the rare event of a non-COVID patient needing to be seen in the practice face to face. These patients should attend via the back door and specific arrangements can be made for the assessment and examination of them whilst the assessing clinician is wearing full PPE Surgical mask and gloves will be given to the patient to wear before entering the building.
- The use of a home visit is a last resort and where possible the patient should be seen in the surgery.

One in / one out

- Patient appointments will be limited to one person at a time in each area (and a carer / parent if appropriate)
- This will be done by spacing appointments out throughout the day with sufficient time for consult / clean and writing notes
- The history should be taken on the telephone prior to the appointment as much as possible.
- Templates, 'Florey', Proforma etc should be sent to the patient via text before arrival.
- There are ACCURX template texts to send to patients prior to arrival, which give clear instructions on how to arrive at the surgery.
 - **Text to non-shielded patients at the FRONT Door**
 - **Text to SHIELDED patients at the BACK Door**
 - **Text to MOTHER & BABY**

- The door is on an electronic lock and the Patient Care Advisors can be accessed via telecom at the front doors.
- The clinician will be ready waiting for the patient at the allotted time; the patients should not be waiting for a clinician to arrive.
- The appointments will be administered on ONE list on EMISWeb, labelled AMBER list, to allow all people to be appraised as to which patients are in the building and when.
- SHIELDED Patients where possible will arrive by car and drive to the back door, waiting in their car until called in by the clinician.
- If a patient is running late, then the next patient will have to wait until they have left, until they enter the building
- For all non-fever patients, simple surgical mask, eye protection, apron and gloves will be worn. The Nurse Manager is responsible for an adequate and available stock of these.
- The room will be given a clear wipe over after each patient as per infection control procedures agreed with Nursing Team.
- Any patient who attends the surgery that is subsequently believed to have COVID, please contact the PRACTICE MANAGER / DEPUTY PRACTICE MANAGER for the escalation procedure.
- Patients and Clinicians will be reminded that appointments must stick to time and to be aware of the implications of overrunning and the option to continue a conversation on the telephone later can be offered

Staff

- Where possible practice social distancing and line managers to assist staff, where possible with this remaining 2 metres apart at work
- Face masks should be readily available
- Staff can wear their own face masks if requested
- Remote working can be considered for staff where possible.
- Hand washing regularly with soap and water / alcohol gel
- Staff Groups to temporarily have lunch and coffee breaks in designated area / own rooms
- Practice Meetings via Zoom
- Any food brought into the practice will have to be individually wrapped and ideally not brought in at all.
- Staff to use dedicated entrances at staggered arrival and departure times.
- Paperwork to be sent electronically wherever possible.
- Line managers will risk assess staff and make adjustments to limit patient contact where appropriate and mutually agreed. These are to be sensitively be discussed with the senior management team to assess our service provision. This assessment will take into account
 - o Age, Sex, Ethnicity
 - o Underlying Health Conditions
 - o Current Pregnancy
 - o Any other extenuating circumstances

- All staff follow infection control measures please (e.g. bare below the elbows please, no name badge lanyards, watches etc).
- All Staff (including GPs) to wear uniform provided to help quickly identify staff members
- If people choose to work in the Hub, they are to sit 2 metres apart.
- Dedicated staff entrances and exits for different groups

Building

- Canopy at the back door for 'Car Park Consults'
- Ensure minimal exposure for touching surfaces for staff and patients.
- Barriers to guide patients to correct areas of the building
- Perspex cover to reception desk with glass intercoms (and hearing loops)
- Floor stickers reminding people to stay 2 metres apart
- Non touch remote door catch for reception
- Separate entrance on Art School Yard for Midwife, Mother and Baby Clinics

Comms to Patients

- Website to be updated with comms lead in the practice setting clear message and expectations
- PPG to be informed
- Social Media Pages to be updated.
- Targeted MJOG for patients to buy equipment if they can afford.

ACTIVITY	Provision	Prebookable by Patient	Location	Team Members	Enablers	Length of Remote Appointment	Length of F2F Appt (if applicable)	Comments
AF	URGENT ONLY	NO	Fully Remote	All	Can send Accurx Text for BP measurement	5	POSTPONE	Prioritise the high risk patients
Asthma	URGENT ONLY	NO	Fully Remote	N	Accrux Florey Prior to any F2F visit	5	POSTPONE	Vast majority on the phone. Lead by Practice Asthma Nurse
Baby Imms	YES	NO	Fully Remote	N	Community Provision, Mother & Baby Zone	N/A	20	Temporary provision by CLCH in the Community
Bloods Urgent	NONE	NO	N/A	N/A	Send blood forms via Accrux	N/A	N/A	Currently provided by St Albans City Hospital
Cancer Care Review	YES	NO	Fully Remote	GP	Consider BP machine	20	N/A	Regularly discussed in our practice MDT
CHD	URGENT ONLY	NO	Fully Remote	All	Remote BP machine	20	POSTPONE	Prioritise the high risk patients
Coils	NONE	NO	N/A	N/A	N/A	N/A	N/A	Advice can still be given on the telephone as well as counselling
COPD	URGENT ONLY	NO	Fully Remote	N	Florey Accrux, Consider sending Sats Probe	20	POSTPONE	Shielded patients to be routinely contacted
Cytology	YES	NO	Practice Based	N	Prioritise. Ensure shielded patients are protected	N/A	30	To allow time in between
Dementia Review	URGENT ONLY	NO	Fully Remote	All	Ensure Carers / Relatives / Patient able to access technology	20	POSTPONE	Carers to be contacted as part of practice outreach
Depression	URGENT ONLY	NO	Fully Remote	GP	Remote PHQ9 solution?	20	POSTPONE	Usual clinician where possible
Diabetes	YES	NO	Fully Remote	N	Home BP machine. Remote blood tests via Accrux Blood Education to patients and carers to self dress where possible	15	POSTPONE	Blood tests etc to be done after phone consult
Dressings	URGENT ONLY	NO	Practice Based	N	Rapid Contact with the Assessment Hub	20	N/A	See shielded pathway if shielding clinician requesting LCO should be on hand to immediately feedback to patient
ECG	URGENT ONLY	NO	Practice Based	N	Rapid Contact with the Assessment Hub	N/A	20	
Heart Failure	URGENT ONLY	NO	Fully Remote	All	BP Machine	10	POSTPONE	
Hypertension	YES	NO	Fully Remote	All	BP Machine / Can largely be done by Accrux	10	N/A	
Joint injections	NONE	NO	N/A	N/A	Consent Form / Pre injection talk can be done remotely	N/A	N/A	Collect list of names for future unlocking stage
Learning Disability	URGENT ONLY	NO	Fully Remote	GP / Para	LD Leads	20	POSTPONE	
Medication Review	YES	NO	Fully Remote	Pharm / GP	PCN Pharmacist	10	N/A	Medicines Management Team to coordinate priority of these
Mental Health Review	YES	NO	Fully Remote	GP	Health Coach / Social Prescriber	20	POSTPONE	ALL to be called
Rheumatoid	URGENT ONLY	NO	Fully Remote	All	Accrux Blood Test Form	20	POSTPONE	
Routine Face to Face	NONE	NO	N/A	N/A	VC can be very useful in 'keeping in touch'	N/A	N/A	
Smoking cessation	NONE	NO	N/A	N/A	Florey. Online Resources	N/A	N/A	
Stroke/TIA	URGENT ONLY	NO	Fully Remote	GP	Home BP machine. Remote blood tests via Accrux Blood Form	20	POSTPONE	
URGENT FACE 2 FACE	URGENT ONLY	NO	Practice Based	All	Phone First			Fever Patients - rear entrance Red Zone
Vaccinations/ Injections	YES	NO	Practice Based	N	Mother and Baby Unit	N/A	20	See separate policy

More appointments to be made available online

- All GP appointments will operate a telephone first service
- Nursing Appointments for specific conditions can be pre-booked
- Patients should be sent any proforma, Florey's etc. in advance of the appointment (PCAs to check this)
- Where possible patients should be encouraged to use online facilities (e.g. Patient Access, Online Consult) to keep the telephone lines free for those that cannot avail of this.
- Pre-bookable appointments for a same day telephone call back are released from 18:30 the previous evening.

The RED zone

- This area is for all patients that present with fever symptoms where COVID-19 has been reasonably excluded.
- Only 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.
- The zone represents the room with the door leading into the Surgery Car Park
- Within this area it shall be mandatory to see patients whilst wearing PPE¹.
- PPE shall consist of (disposable gloves, disposable apron, Perspex visor, protective masks as agreed by lead nurse)
- All PPE should be disposed of as clinical waste after these consultations.
- Symptomatic patients will be assessed via Video Call prior to the appointment
- If there is any doubt about possible COVID-19 then patients should be directed to NHS111 online or telephone or the 'Hot Hub' if still operational.
- This area is self-contained and does not communicate with the rest of the building except through the clinician door.
- The responsibility of the 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. Stocks of PPE will be monitored daily and logged on GPTeamNet
- Patients will enter the building via the rear car park with the mobile number texted to patients to call on arrival.
- Instructions will be given to patient on arrival to the surgery and until they depart.
- 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)

¹ Personal Protective Equipment

- Patients should be seen on arrival into the area.
- After each consultation, the attending clinician is to wipe down surfaces and handles as per the Maltings cleaning schedule
- The clinician MUST not leave the RED ZONE whilst wearing PPE etc.
- Clinicians must be permitted a TIMEOUT after seeing a red patient before resuming normal activities

The AMBER zone

- This zone represents the GROUND FLOOR EAST WAITING ROOM (ABBEY) and the 3 CONSULTING ROOMS leading from this area.
- This is separate from the RED ZONE
- This area will be for the essential face to face appointments already agreed that need to take place
- All patients will routinely be screened for viral symptoms prior to attending.
- This area will not be subject to full PPE but the use of a surgical fluid resistant mask, apron and gloves should be used
- Patients will enter the building via the video doorbell and let into the building via a remote lock
- 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)
- If picking up paperwork, this should be placed on a table in the waiting area before the patient enters the building.
- Floor spacers will instruct patients about the correct distance of 2 metres.
- 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 high touch 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 MOTHER AND BABY zone

- This zone represents the FIRST FLOOR SOUTH WAITING ROOM (Art School Yard) and the 1 CONSULTING ROOMS leading from this area.
- This area has a separate entrance for infants and their parent
- There is a separate reception desk for this area with floor spacers
- 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
- MIDWIVES are also to use this area.
- This area is used on Tuesday and Thursday mornings where the waiting area and the consulting room are to 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 are to be on this floor permanently.
- There are Webcams in every room for video consults
- Stocked daily with handwashing equipment and other infection control measures.
- 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 frequent reminders.
- Only the PM, DPM, IT lead, Quality Manager can transcend floors
- Wherever possible messages should not be face to face

Socially Distancing in the Waiting Rooms

- Waiting rooms should only have two people, 2 metres apart waiting for an appointment
- Viral / Hot patients must continue to be seen in the Red Zone in specifically timed appointments with **the clinician responsible for their own clean down after the consult.**
- Appointments to be spaced apart with telephone appointments / Video appointments in between the face to face consultations
- GP Appointments to be **at least 15 minutes** to allow adequate time for arrival and departure.
- This will be done by spacing appointments out throughout the day with sufficient time for consult / clean and writing notes
- The history should be taken on the telephone prior to the appointment as much as possible.
- Templates, 'Florey' , Proforma etc should be sent to the patient via text before arrival.

- There are ACCURX template texts to send to patients prior to arrival, which give clear instructions on how to arrive at the surgery.
 - **Text to non-shielded patients at the FRONT Door**
 - **Text to SHIELDED patients at the BACK Door**
 - **Text to MOTHER & BABY**

- The door is on an electronic lock and the Patient Care Advisors can be accessed via telecom at the front doors.
- The clinician will be ready waiting for the patient at the allotted time
- The appointments will be administered on ONE list on EMIS
- SHIELDED Patients where possible will arrive by car and drive to the back door, waiting in their car until called in by the clinician.
- If a patient is running late, then the next patient will have to wait until they have left, until they enter the building
- For all non-fever patients, simple surgical mask, eye protection, apron and gloves will be worn. The Nurse Manager is responsible for an adequate and available stock of these.
- The room will be given a clear wipe over after each patient.
- Any patient who attends the surgery subsequently thought to have COVID, please contact the PRACTICE MANAGER / DEPUTY PRACTICE MANAGER.
- Patients and staff will be reminded that appointments must stick to time and be given the opportunity to have a follow up telephone call to discuss any further matters after the physical examination.

Staff

- Where possible practice should continue to practice social distancing
- Hand washing regularly with soap and water / alcohol gel
- All Staff Groups are able to have lunch / coffee in the Mezzanine if they are 2 metres apart and able to maintain distancing throughout the interaction.
- Staff meetings can take place as a hybrid of zoom and face to face, taking into account social distancing and logistics around entrances / exits
- All meetings available on the Practice Intranet afterwards
- Paperwork always to be sent electronically wherever possible via Accurx or via email.
- Line managers will continue to risk assess staff and make adjustments to limit patient contact where appropriate and mutually agreed.

This assessment will take into account

- Age, Sex, Ethnicity
- Underlying Health Conditions
- Current Pregnancy
- Any other extenuating circumstances

- All staff bare below the elbows please
- Dedicated staff entrances and exits for different groups

Building

- Canopy continues at the back door for 'Car Park Consults'
- Barriers arranged to guide patients to correct areas of the building and avoid exiting patients meeting entering patients.
- Perspex cover to reception desk with glass intercoms (and hearing loops)
- Floor stickers reminding people to stay 2 metres apart
- Zero tolerance approach to patients not respecting social distancing rules with appropriate posters and signage to reinforce this message.
- Any patients putting staff and patients at risk may be asked to leave the premises by a senior
- Non touch remote door catch for reception
- Separate entrance on Art School Yard for Midwife, Mother and Baby Clinics
- Touch Screens NOT to be used
- Patient group meetings to restart and meet virtually via Zoom

ACTIVITY	Provision	Prebookable by Patient	Location	Team Members	Enablers	Length of Remote Appointment	Length of F2F Appt (if applicable)	Comments
AF	URGENT ONLY	NO	Fully Remote	All	Can send Accurx Text for BP measurement	5	10	Prioritise the high risk patients
Asthma	YES	YES	Partially Remote	N	Accrux Florey Prior to any F2F visit	5	15	Vast majority on the phone. Lead by Practice Asthma Nurse
Baby Imms	YES	YES	Practice Based	N	Community Provision, Mother & Baby Zone	N/A	20	Mother and Baby Unit
Bloods	URGENT ONLY	NO	Practice Based	N/A	Send blood forms via Accrux	N/A	N/A	Currently provided by St Albans City Hospital
Cancer Care Review	YES	NO	Fully Remote	GP	Consider BP machine,	20	N/A	Regularly discussed in our practice MDT
CHD	YES	NO	Fully Remote	All	Remote BP machine	20	POSTPONE	Prioritise the high risk patients
Coils	URGENT ONLY	NO	Fully Remote	N, GP		10	N/A	Advice can still be given on the telephone as well as counselling
COPD	YES	YES	Partially Remote	N	Florey Accrux, Consider sending Sats Probe	20	POSTPONE	Shielded patients to be routinely contacted
Cytology	YES	YES	Practice Based	N	Prioritise. Ensure shielded patients are protected	N/A	30	To allow time in between
Dementia Review	URGENT ONLY	NO	Fully Remote	All	Ensure Carers / Relatives / Patient able to access technology	20	POSTPONE	Carers to be contacted as part of practice outreach
Depression	YES	YES	Fully Remote	GP	Remote PHQ9 solution?	20	POSTPONE	Usual clinician where possible
Diabetes	YES	NO	Partially Remote	N	Home BP machine. Remote blood tests via Accrux Blood Education to patients and carers to self dress where possible	15	POSTPONE	Blood tests etc to be done after phone consult
Dressings	URGENT ONLY	YES	Practice Based	N	Rapid Contact with the Assessment Hub	20	N/A	See shielded pathway if shielding Clinician requesting LCO should be on hand to immediately feedback to patient
ECG	URGENT ONLY	NO	Practice Based	N		N/A	20	
Heart Failure	YES	NO	Partially Remote	All	BP Machine	10	POSTPONE	
Hypertension	YES	NO	Fully Remote	All	BP Machine / Can largely be done by Accrux	10	N/A	
Joint injections	NONE	NO	N/A	N/A	Consent Form / Pre injection talk can be done remotely	N/A	N/A	Collect list of names for future unlocking stage
Learning Disability	URGENT ONLY	NO	Fully Remote	GP / Para	LD Leads	20	POSTPONE	
Medication Review	YES	NO	Fully Remote	Pharm / GP	PCN Pharmacist	10	N/A	Medicines Management Team to coordinate priority of these
Mental Health Review	YES	NO	Fully Remote	GP	Health Coach / Social Prescriber	20	POSTPONE	ALL to be called
Rheumatoid	YES	NO	Fully Remote	All	Accrux Blood Test Form	20	POSTPONE	
Routine Face to Face	NONE	NO	N/A	N/A	VC can be very useful in 'keeping in touch'	N/A	N/A	Largely linking into local services and providing support and signposting
Smoking cessation	YES	NO	Fully Remote	All	Florey. Online Resources	10	N/A	
Stroke/TIA	URGENT ONLY	NO	Fully Remote	GP	Home BP machine. Remote blood tests via Accrux Blood Form	20	POSTPONE	
URGENT FACE 2 FACE	URGENT ONLY	NO	Practice Based	All	Phone First			Fever Patients - rear entrance Red Zone
Vaccinations/ Injections	YES	YES	Practice Based	N	Mother and Baby Unit for children. Amber for others	N/A	20	See separate policy

2

Moderate

LEVEL 2 - Moderate

- **RED ZONE** REMAINS FOR FEVERISH / UNWELL PATIENTS and accessed via the back door via doorbell
- **These patients must be offered a video consultation in the first instance to exclude the possibility of COVID-19 and follow local policy for those patients.**
- Remote stethoscope and other remote diagnostics can be used where appropriate in a variety of settings.
- PPE will continue to be worn for all feverish patients
- Local guidance on testing and tracing to be followed (not currently available at the time of writing this document)
- If GP testing available, the practice will have a robust system for test, track and trace coordinating with the national programmed
- **STAFF will be risk assessed as above, and some staff may be offered to be excluded from seeing feverish / unwell patients.**
- **AMBER ZONE** is extended to include the East Wing of the first floor and all but one consulting room (the red zone) on the Ground Floor.
- **GREEN ZONE** is limited to ONE AREA on the middle floor outside the hub room and this will remain a PATIENT FREE ZONE until LEVEL 1
- The MOTHER & BABY ZONE will remain in the ART SCHOOL YARD wing of the building and be accessed via a separate entrance; this will now also be the area where non-feverish primary school children are seen.
- A wider range of appointments are available are now pre-bookable but it is important that the use of Accurx and online consultations is still promoted to limit the amount of time that the patient spends in the building to minimise footfall and risk.
- PCAs will check that all patients have been sent relevant SMS, Floreys and paperwork prior to appointment.
- A large number of chronic disease checks will have a telephone consultation / video consultation first prior to a face to face appointment if required.
- Face to Face appointments will be a minimum of 15 minutes long
- Face to Face appointments will be spaced out divided with telephone and video consults to allow for any late running but avoiding congestion in the waiting rooms and the practice.
- Appointments will attempt to run to time and both clinicians and patients will be reminded of the need to keep to time to avoid the building up of patients waiting in the building.
- Parking arrangements will start to relax in the building
- Perspex protection screens will continue to be in operation in main reception.

Staff

- All Staff from all departments can now sit within a safe distance (2 metres) of each other for coffee / lunch and other meetings
- Staff are also able to transverse floors in the building if required for working etc. (e.g. Duty)
- A staff debrief session will arranged for all staff to feedback experiences, concerns and ideas about the resolving COVID19 crisis via Zoom (or face to face is feasible)
- All staff to be offered a COVI-19 face to face debrief with Partner & Senior Manager to ask about wellbeing and offer any explanations of the 'new normal'
- **Staff Health & Wellbeing Initiative to be fully restarted**
- Engagement exercise with all clinical staff and patients about rota templates for LEVEL 1
- Rota Templates to be ready for release for LEVEL 1
- Consulting Rooms to be repurposed as VIDEO CONSULTATION ROOMS
- Annual leave should be encouraged for those staff unable / unwilling to take it during COVID 19

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Asthma	YES	YES	Partially Remote	N	Accrux Florey Prior to any F2F visit	5	15	Vast majority on the phone. Lead by Practice Asthma Nurse
Baby Imms	YES	YES	Practice Based	N	Community Provision, Mother & Baby Zone	N/A	20	Mother and Baby Unit
Bloods	YES	YES	Practice Based	N/A	Send blood forms via Accrux	N/A	N/A	Currently provided by St Albans City Hospital
Cancer Care Review	YES	YES	Partially Remote	GP	Consider BP machine,	20	N/A	Regularly discussed in our practice MDT
CHD	YES	YES	Partially Remote	All	Remote BP machine	20	POSTPONE	Prioritise the high risk patients
Coils	URGENT ONLY	NO	Partially Remote	N, GP		10	N/A	Advice can still be given on the telephone as well as counselling
COPD	YES	YES	Partially Remote	N	Florey Accrux, Consider sending Sats Probe	20	POSTPONE	Shielded patients to be routinely contacted
Cytology	YES	YES	Practice Based	N	Prioritise. Ensure shielded patients are protected	N/A	30	To allow time in between
Dementia Review	YES	YES	Partially Remote	All	Ensure Carers / Relatives / Patient able to access technology	20	POSTPONE	Carers to be contacted as part of practice outreach
Depression	YES	YES	Partially Remote	GP	Remote PHQ9 solution?	20	POSTPONE	Usual clinician where possible
Diabetes	YES	YES	Partially Remote	N	Home BP machine. Remote blood tests via Accrux Blood Form	15	POSTPONE	Blood tests etc to be done after phone consult
Dressings	YES	YES	Practice Based	N	Education to patients and carers to self dress where possible	N/A	N/A	See shielded pathway if shielding
ECG	URGENT ONLY	YES	Practice Based	N	Rapid Contact with the Assessment Hub	N/A	20	Clinician requesting ECG should be on hand to immediately feedback to patient
Heart Failure	YES	YES	Partially Remote	All	BP Machine	10	POSTPONE	
Hypertension	YES	YES	Fully Remote	All	BP Machine / Can largely be done by Accrux	10	N/A	
Joint injections	YES	NO	Partially Remote	N/A	Consent Form / Pre injection talk can be done remotely	10	10	Collect list of names for future unlocking stage
Learning Disability	YES	YES	Partially Remote	GP / Para	LD Leads	15	15	
Medication Review	YES	NO	Fully Remote	Pharm / GP	PCN Pharmacist	10	N/A	Medicines Management Team to coordinate priority of these
Mental Health Review	YES	YES	Partially Remote	GP	Health Coach / Social Prescriber	15	15	ALL to be called
Rheumatoid	YES	YES	Partially Remote	All	Accrux Blood Test Form	15	15	
Routine Face to Face	YES	NO	Practice Based	N/A	VC can be very useful in 'keeping in touch'	N/A	15	
Smoking cessation	YES	YES	Fully Remote	All	Florey. Online Resources	10	N/A	Largely linking into local services and providing support and signposting
Stroke/TIA	YES	YES	Partially Remote	GP	Home BP Machine, Accrux, Blood form remotely	15	15	
URGENT FACE 2 FACE	URGENT ONLY	NO	Practice Based	All	Assessment Team			Fever Patients - rear entrance Red Zone
Vaccinations/ Injections	YES	YES	Partially Remote	N	Mother and Baby Unit for children. Amber for others	5	20	See separate policy

1

Low

LEVEL 1 – LOW RISK

THE NEW NORMAL

This level represents no new cases of COVID-19 in the United Kingdom and the risk to General Practice being negligible. This represents the new normal for the Maltings in its service delivery.

The Appointment Template reflects a wide range of appointments that are all pre-bookable for every condition

RED ZONE is to be closed with immediate effect

AMBER ZONE closed with immediate effect

GREEN ZONE closed with immediate effect

A practice 'Away Day' will be planned as soon as is possible to reflect, heal and look at the lessons learned through the COVID-19 crisis.

Building

All COVID19 temporary structures are to be removed

Social interactions in the practice back to normal

Outstanding Staff Social Gatherings to be rescheduled and resumed

ACTIVITY	Provision	Prebookable by Patient	Location	Team Members	Enablers	Length of Remote Appointment	Length of F2F Appt (if applicable)	Comments
AF	YES	YES	Partially Remote	All	Can send Accurx Text for BP measurement	5	10	Prioritise the high risk patients
Asthma	YES	YES	Partially Remote	N	Accrux Florey Prior to any F2F visit	5	15	Vast majority on the phone. Lead by Practice Asthma Nurse
Baby Imms	YES	YES	Practice Based	N	Community Provision, Mother & Baby Zone	N/A	20	Mother and Baby Unit
Bloods	YES	YES	Practice Based	N/A	Send blood forms via Accrux	N/A	N/A	Currently provided by St Albans City Hospital
Cancer Care Review	YES	YES	Partially Remote	GP	Consider BP machine,	20	N/A	Regularly discussed in our practice MDT
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Coils	YES	YES	Partially Remote	N, GP		10	N/A	Advice can still be given on the telephone as well as counselling
COPD	YES	YES	Partially Remote	N	Florey Accrux, Consider sending Sats Probe	20	POSTPONE	Shielded patients to be routinely contacted
Cytology	YES	YES	Practice Based	N	Prioritise. Ensure shielded patients are protected	N/A	30	To allow time in between
Dementia Review	YES	YES	Partially Remote	All	Ensure Carers / Relatives / Patient able to access technology	20	POSTPONE	Carers to be contacted as part of practice outreach
Depression	YES	YES	Partially Remote	GP	Remote PHQ9 solution?	20	POSTPONE	Usual clinician where possible
Diabetes	YES	YES	Partially Remote	N	Home BP machine. Remote blood tests via Accrux Blood Education to patients and carers to self dress where possible	15	POSTPONE	Blood tests etc to be done after phone consult
Dressings	YES	YES	Practice Based	N	Rapid Contact with the Assessment Hub	20	N/A	See shielded pathway if shielding clinician requesting LCO should be on hand to immediately feedback to patient
ECG	YES	YES	Practice Based	N		N/A	20	
Heart Failure	YES	YES	Partially Remote	All	BP Machine	10	POSTPONE	
Hypertension	YES	YES	Fully Remote	All	BP Machine / Can largely be done by Accrux	10	N/A	
Joint injections	YES	YES	Partially Remote	N/A	Consent Form / Pre injection talk can be done remotely	N/A	N/A	Collect list of names for future unlocking stage
Learning Disability	YES	YES	Partially Remote	GP / Para	LD Leads	20	POSTPONE	
Medication Review	YES	YES	Fully Remote	Pharm / GP	PCN Pharmacist	10	N/A	Medicines Management Team to coordinate priority of these
Mental Health Review	YES	YES	Partially Remote	GP	Health Coach / Social Prescriber	20	POSTPONE	ALL to be called
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Routine Face to Face	YES	YES	Practice Based	N/A	VC can be very useful in 'keeping in touch'	N/A	N/A	Largely linking into local services and providing support and signposting
Smoking cessation	YES	YES	Fully Remote	All	Florey. Online Resources	10	N/A	
Stroke/TIA	YES	YES	Partially Remote	GP	Home BP machine. Remote blood tests via Accrux Blood Form	20	POSTPONE	
URGENT FACE 2 FACE	YES	YES	Practice Based	All	Phone First			Fever Patients - rear entrance Red Zone
Vaccinations/ Injections	YES	YES	Partially Remote	N	Mother and Baby Unit for children. Amber for others	N/A	20	See separate policy

ACTIVITY	Provision	Prebookable by Patient	Location	Team Members	Enablers	Length of Remote Appointment	Length of F2F Appt (if applicable)	Comments
AF	NONE	NO	N/A	N/A		N/A	N/A	
Asthma	NONE	NO	N/A	N/A		N/A	N/A	
Baby Imms	NONE	NO	N/A	N/A		N/A	N/A	
Bloods Urgent	NONE	NO	N/A	N/A		N/A	N/A	
Cancer Care Review	NONE	NO	N/A	N/A		N/A	N/A	
CHD	NONE	NO	N/A	N/A		N/A	N/A	
Coils	NONE	NO	N/A	N/A		N/A	N/A	
COPD	NONE	NO	N/A	N/A		N/A	N/A	
Cytology	NONE	NO	N/A	N/A		N/A	N/A	
Dementia Review	NONE	NO	N/A	N/A		N/A	N/A	
Depression	NONE	NO	N/A	N/A		N/A	N/A	
Diabetes	NONE	NO	N/A	N		N/A	N/A	
Dressings	NONE	NO	N/A	N		N/A	N/A	
ECG	NONE	NO	N/A	N		N/A	N/A	
Heart Failure	NONE	NO	N/A	All		N/A	N/A	
Hypertension	NONE	NO	N/A	All		N/A	N/A	
Joint injections	NONE	NO	N/A	N/A		N/A	N/A	
Learning Disability	NONE	NO	N/A	N/A		N/A	N/A	
Medication Review	NONE	NO	N/A	N/A		N/A	N/A	
Mental Health Review	NONE	NO	N/A	N/A		N/A	N/A	
Rheumatoid	NONE	NO	N/A	N/A		N/A	N/A	
Routine Face to Face	NONE	NO	N/A	N/A		N/A	N/A	
Smoking cessation	NONE	NO	N/A	N/A		N/A	N/A	
Stroke/TIA	NONE	NO	N/A	GP		N/A	N/A	
URGENT FACE 2 FACE	URGENT ONLY	NO	Practice Based	All	Phone First	N/A	N/A	
Vaccinations/ Injections	NONE	NO	N/A	N/A		N/A	N/A	

Appendix 1 - Elective Care in the aftermath of COVID 19 - A primary care response

Overview

A letter from Simon Stevens at the start of May 2020 asked NHS England to make plans for the resumption of Elective Care.

In the letter he mentions that organisations need to now identify the clinical risk of its elective patients and prioritise them accordingly.

This is no mean feat and the on the background of a mounting waiting list will require a gargantuan effort with some investment from commissioners and NHS England.

Complicating Factors

In order to create sufficient capacity in the system and to avoid a snowballing effect of patients waiting, West Hertfordshire NHS Trust will need to look beyond the RTT patients and report on the non-scrutinised lists of patients.

Ideally an integrated approach between Hospital clinicians, Primary Care, Managers, Informatics and Estates will help address these problems.

West Hertfordshire also has been ‘bouncing back referrals’ from General Practice and downgrading ‘2 week waits’ to manage the activity in its hospital. Eventually these patients will need to be re-referred which could compound the problem.

The Maltings Surgery, like many other surgeries in our CCG, has been holding a database of these referrals.

By the middle of June, a senior clinician group at the practice will work through this list and make a quick decision on whether the referrals need to go through.

Is there an alternative Community Pathway?
Is there an alternative General Practice / Self Care / Problem was self-limiting and has resolved?
Is there an Advice and Guidance (A&G) Pathway that could be used?
Does this referral need to be upgraded to a 2 week (Cancer PTL) wait pathway
Does this referral need to be added to the normal RTT PTL list?

After these questions have been answered then the appropriate referral pathway should be followed. Early indications reveal that this could dramatically alter the impact of the elective care waiting list. However this doesn’t address the wider problem.

We must remember that there are five waiting lists that are currently identified but only 2 of these lists are well known and easy to identify.

1. Cancer PTL(easy to identify)

2. RTT PTL (easy to identify)

The other three less so

3. Non-RTT Follow Ups (Long Term Conditions)

4. Planned PTL

5. Diagnostic PTL

These three are often blind spots for elective care, but pose more clinical risk and operational problems than the other two.

The Maltings will request this data from the Acute Trust so that they can help decongest the waiting list burden in the hospitals; however it will require some work from the hospitals.

It is easy to risk stratify these groups for hospitals

Risk Stratification

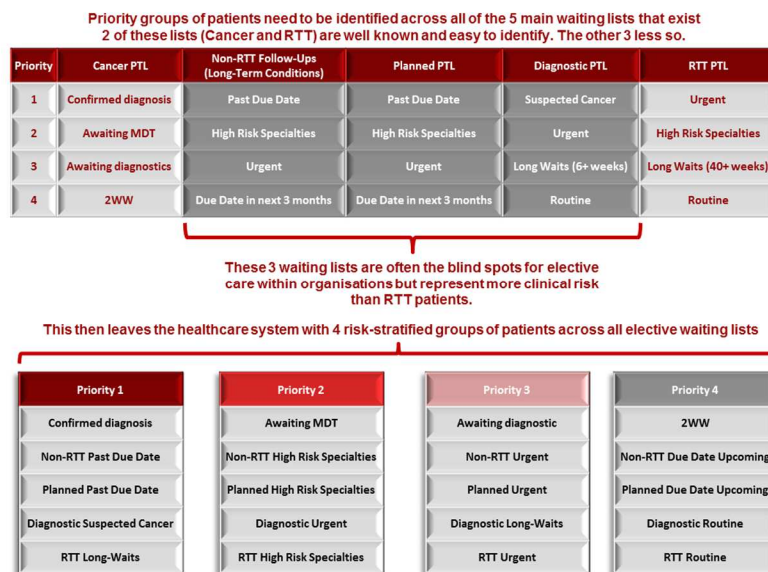


Figure 1- Risk Stratification (credit. John Bennett)

The Wider Primary Care Response

We should utilise the Primary Care Networks as a delivery vehicle and ask them to act as ‘Out of Hospital’ Cells. These cells need to concentrate on 3 areas

DATA & TRANSPARENCY

Timely access across PCNs to longitudinal data could help them try and prioritise the areas of maximum impact. The PCNs are lacking the analytical skills and the data science however and would

require support with this. By having this data and this resource, they could implement a more refined pathway than the one above to helping to create capacity where it is most needed.

CARE CO-ORDINATION AT SCALE

We have some solid foundations in place to help standardise pathways, but a little more work is needed to make these more effective and more coordinated. At the moment there is too much focus on 'Hand offs' not 'Hand overs', pathways are very secondary care focused (i.e. "What information do I need to process this referral") rather than primary care focused (i.e. "What is the precise question that I need addressing in this referral?")

A lot of work has been done on this in the past, it just hasn't been implemented.

RELATIONSHIPS & COLLABORATION

Attempts to create a joined up pathway across the years have fallen at the final hurdle; relationships between various members of care continuum. This needs to avoid structure, diagrams or any formal contracting (alliance or otherwise) and look at gentler ways of improving this relationship.

Smaller projects, JVs with PCNs. Standardisation of some corporate functions, shared Quality and Outcome measures, shared incentives and shared clinical standards.