KINGSWOOD
HEALTH CENTRE

Kingswood Health Centre Plan recovery after COVID-19

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.

Kingswood Health Centre 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 utilising our telephone first model and increasing the use of video consultations
2. Postponing non-essential /non urgent work
3. Practicing 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 Kingswood Health Centre can 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 should also horizon scan and learn from the experiences of others.

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, our 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 (Phase 1)
- **Level 2** - COVID-19 is present in the UK, but the number of cases and transmission is low (Phase 2)
- **Level 3** - A COVID-19 epidemic is in general circulation (Phase 3)
- **Level 4** - A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially (Phase 4)
- **Level 5 -** As level 4 and there is a material risk of healthcare services being overwhelmed (Phase 5)

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 APPROACH TO THE ALERT SYSTEM

We have decided to use the national alert system as a barometer as to what level we are at in the practice, and which 'phase of our appointment book' we are working on. Although we will use the national guidance as to the current threat level, given the time lag and limitations of the alert system, in particular geographical variation in disease activity, we will always underwrite this with our own assessment as a practice leadership team. This will be guided by the precautionary principle and will identify our *Agreed* Alert State

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 in our community.

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

- *Regular updates via Staff and Partner Newsletters*
- *Distribution of messages through E-Mails and WhatsApp*
- *Daily Coffee Meetings for GP's and Fortnightly Huddles for Managers*

Test, trace and isolate

National contact tracing requires isolation of 'contacts' of Covid-19 positive individuals for 14 days. A 'contact' is someone who spends more than 15 minutes with a Covid-19 individual, at less than 2 metres separation, without wearing appropriate PPE. If our practice guidelines are followed appropriately by the team, they should NEVER be considered a contact of a patient or another team member, when attending the surgery. If there is a breakdown of our practice guidelines such as PPE failure or emergency care of a patient, then this should be notified to the Practice Manager immediately the opportunity arises, and this should be well in advance of any contact tracing process.

Things to continue until further notice

- Regular messages from our Infection Control Lead and Practice Manager about handwashing
- Perspex Screens at Reception Desk
- Signs alerting people to remain 2 metres apart and separate entrance and exits around the building

- Ad-Hoc social distancing audits
- Revised seating arrangements to support the 2 metres rule
- Revised Appointment Book structure

Communications to patients

- Website to be updated by the Practice Manager, or a member of the Business Team setting clear messages and expectations
- Engagement with the PPG to remain via telephone at present
- Facebook, in the process of being re-launched, to be updated regularly to ensure patients know the changing level of service provision
- Targeted text messages for patients to buy equipment if they can afford e.g. BP machines

We will demonstrate over the coming weeks and months, that our service provision to patients is both responsive and safe. The pace of the pandemic in the United Kingdom is uncertain and we are sure about the size of any subsequent waves of infection. By using the steps in this plan, we will be able to step up and step down our response quickly.

Staff

Where possible all the team should continue to practice social distancing. Line managers can assist staff, where possible with remaining 2 metres apart at work. High levels of hygiene and handwashing are to be maintained throughout.

Appropriate levels of personal protective equipment will be worn by all staff on the ground clinical floor. Staff can wear their own PPE if requested subject to approval by the Infection Control Lead. Staff groups are encouraged to stagger lunch and stay 2 metres apart during coffee break.

The Staff Partner will conduct Staff Risk Assessments, making adjustments to limit patient contact where appropriate and mutually agreed. This assessment will take into account age, sex, ethnicity and underlying health conditions or current pregnancy.

Practice Meetings to take place via Zoom where it is not possible for all attendees to social distance.

If a team member scores a high risk score on a risk assessment but does not meet shielding criteria, then enhanced social distancing is recommended or limited face to face involvement with patients.

The building

HOT ZONE

For the duration of the Covid-19 emergency (Alert Levels 5 to 3 inclusive) the building will maintain a Hot Zone room, where patients with potential COVID symptoms are to be seen. It is accessed from its own entrance and is an area kept separate from the rest of the building. Staff seeing patients wear the highest level (3*) PPE. Administrative staff do not normally enter this area.

- Symptomatic patients will be assessed via Video Call initially prior to the appointment.
- This area is self-contained and does not communicate with the rest of the building except through the clinician door.
- Patients will enter the building via the side door after speaking with the clinician on the phone to discuss arrangements for entering.
- They will encouraged to use the toilet before the practice, but if required they will use the nearest toilet which will then be closed until a deep clean takes place.
- The area will be subject to a deep clean by the Cleaning Supervisor at the end of the day following each use.
- After each consultation, the attending clinician is to wipe down surfaces and handles.

GREEN ZONE (Staff only area)

This area is reserved for staff use only. Where 2 metres person to person separation cannot be assured, staff will wear a fabric face covering or surgical mask, for peer protection.

Patient facing staff should NOT enter this area if they have had contact with any patients with potential COVID symptoms unless they are wearing a face mask and have washed their hands.

Handwashing shall be available to all staff in this area with frequent reminders.

Ventilation

Frequent air exchange reduces virus transmission risk - windows should be open whenever possible.

Physical distancing

Physical distancing will be encouraged throughout the pandemic and where group seating is required such as in waiting and meeting rooms, 2 metres separation of seating will be in place. Queueing, when required, will be clearly identified by to encourage appropriate physical separation, although the main doors to the surgery will remain closed throughout Level's 5 – 3 of the pandemic.

Entrances

1. Entrance 1: Main Door to the surgery
2. Entrance 2: Side Door Entrance for Staff only

Waiting Rooms

1. Waiting room 1: Main Waiting Room (socially distanced chairs to allow 2 metres distance between patients. Maximum 12 chairs)

- Alcohol hand gel is asked of every patients arriving at the surgery along with a face covering/mask unless exemptions apply.

Toilets

- Patients can use toilets but are advised not to do so if possible. They will need to ask Patient Care Navigators for the key to the door, and will be provided with appropriate cleaning materials.

Personal Protection

We aim to build and maintain a reasonable amount of PPE ready for any subsequent wave and this should meet WHO or UK criteria whichever is the more stringent and should have regard to emerging data on transmission, to give our returning team reassurance. PPE is now sourced directly from One Care Consortium and is delivered to the surgery on a weekly basis.

Room cleaning

- HOT Zone Rooms for suspected Covid-19 and febrile patients will be surface cleaned after each use and deep cleaned at the end of each day. When deep clean is required, clinician will indicate this on a sheet outside the door to the cleaning supervisor.
- Background risk surfaces and handles 'Clenil' wiped, medical equipment replaced or 'Clenil' wiped as appropriate
- Cleaning Rota throughout the building

PPE to be used by clinicians

1. Aprons
2. Visors
3. Scrubs, shoe coverings and head coverings discretionary but available for those that want them
4. Single gloves changed for each patient
5. Surgical IIR fluid resistant masks (sessional)
6. Eye Protection

For patients:

1. Maintain distancing i.e. at reception desk and in waiting rooms
2. Face coverings mandatory for all aged attending the surgery. [We will maintain a stock of surgical masks to be handed to those not wearing].
3. Hand hygiene (soap or alcohol) will be provided

Communication (consultation) types

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- Video Consultations
- Video communications can enhance remote consultations enabling better engagement with some patients and enable a degree of remote examination. It may be particularly useful for distressed patients, and those with MSK problems.
- Video consultations will be offered to a majority of patients who are being considered for F2F review in the HOT Zone.
- To text information to patients following a telephone consultation

Email – E Consults

- Enables patients to request a response or advice in written form. Unless a patient specifically requests 'email' response a phone or video call will be made during the crisis (Levels 3-5). Email responses may be used to collect

further information e.g. skin images, provide information or signpost the patient to alternative or additional resources.

Telephone

- Telephone consultations comprise the majority of consultations allowing for free exchange of information between patient and consulter

Face to Face

- This will be used where physical examination is required, when there are more complex communication requirements or where there is diagnostic uncertainty. Due to increased risk of transmission of Coronavirus from F2F appointment the threshold for F2F appointments will change dependent on clinical presentation and alert level in order to reduce risk of transmission of infection between patients and between patients and staff and vice versa.

LEVEL 4/5 – SEVERE

- Transmission is either high or rising exponentially.
- Staff will be at greater risk from infection in the community and from increased contact with symptomatic members of the household.
- Consequence for patients is that there will be significant numbers of patients presenting with new onset flu like symptoms most will be dealt with by 111.
- Practice will have more demand on the HOT Zone and likely have depleted workforce from consequence of social isolation/quarantine. There may be increased demand for home visiting of Covid-19 patients and for care of patients with non-Covid illness co-presenting with Covid-19 infection.
- All patient requests for appointments will be managed through a telephone first approach with a detailed history collected remotely through a combination of phone, video, eConsult
- The use of a home visit is a last resort and wherever possible the patient should be seen in the surgery.
- Assess possible COVID19 patients by telephone and/or video consultation and, if necessary, see in the HOT Zone. Clinicians wear *3 PPE. Patients wear surgical mask and gloves.
- Patient appointments will be limited to one person at a time in each area (and a carer/parent if appropriate), this will be facilitated by spacing appointments out throughout the day with sufficient time for consult / clean, fitting PPE and writing notes.

- Patients will be sent a text prior to any pre-booked appointments advising them not to attend should they be experiencing any COVID-related symptoms
- Patient Care Navigators will meet all patients at the front door to ensure they do not have any symptoms. Symptomatic patients will be met by clinicians at the side door.
- If a patient is running late for the HOT Zone, then the next patient will have to wait until they have left, before until they enter the building.
- 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.

LEVEL 3 – SUBSTANTIAL

- Virus is in general circulation.
- Fewer patients presenting with Covdid-19 or illness with concurrent Covid-19 and demand on Blue wing will fall.
- More patients getting used to Covid-19 risks will start wanting treatment for non-urgent conditions or more serious conditions that fear of Covid-19 has kept them from presenting with.
- Increased nursing chronic disease management provision. GPs reduce threshold for face to face.

LEVEL 2 – MODERATE

- Number of cases and transmission is low.
- There are few cases and test and trace are in effect. Flu like symptoms when presenting to still treated in [Red Zone] but use is ad-hoc.
- Winter may bring about an up-take in the incidence of flu like illness and require reinstatement of the dedicated HOT Zone in-spite of lower Covid-19 incidence.
- Community social distancing has been relaxed and all staff can return to working from the surgery premises for at least part of their working week.

LEVEL 1 – LOW RISK

- 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 Kingswood Health Centre in its service delivery.
- The **HOT Zone** is stood down with immediate effect, but can be reinstated if the risk of COVID cases increases.
- Temporary structures put in place due to Covid-19 to be removed if necessary.
- **Social distancing:** Physical distancing reverts to normal social spacing, work-station separation for staff and waiting room seating returns to normal.
- Social interactions in the practice returns to normal.
- Outstanding staff social gatherings to be rescheduled and resumed
- 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.

Our principles: The following principles come from the BNSSG Primary Care Strategy 2019 – 2024 dated 20th February 2020. These principles will be used to guide the commissioning and delivery of efficient, high quality and sustainable services:

1. Ensuring everyone can access services on an equal footing and promoting targeted access for specific groups based on their needs to address inequalities in access to health services and the outcomes achieved.
2. Healthcare starts with supported self-care; from disease prevention to illness management, patients, carers and their families are supported to share responsibility for their healthcare at every point of contact with the care system
3. The value that continuity of care brings in increased patient satisfaction, improved outcomes and cost savings, is considered in all care pathways and all services we develop.
4. Care is provided as close to home as possible by the right person, at the right time and the right place
5. Face to face contact is used where it offers additional value to the patient so that remote working is maximised to reduce stress on our environment and demand on our physical facilities

6. Accepting there is risk and supporting clinicians and patients to work in an environment that is able to manage this risk

7. Only those patients who need ward-based care are admitted to hospital and all other patients are managed and supported in an appropriate community environment

8. We work collaboratively with our entire care community, including patient representatives, to develop and construct the care pathways and services that patients need, and that the system can deliver.

9. Deliver value, through informed decision making on the services we provide based on our population need and the resources available