

IVY GROVE SURGERY CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

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Introduction

Coronavirus (COVID-19) is a new respiratory illness that has not previously been seen in humans and which was first identified in Wuhan City in China. Coronaviruses, as a group, are common across the world and cause symptoms including fever and a cough that may progress to a severe pneumonia causing breathing difficulties.

Coronavirus is classed as an 'airborne high consequence infectious disease'. On January 31, 2020, WHO declared coronavirus as a 'public health emergency of international concern'. On February 10, 2020, the government declared coronavirus a 'serious and imminent threat to public health'. On March 3, 2020, NHS England declared coronavirus a level 4 incident - the highest level of emergency preparedness planning. On March 11, 2020, WHO declared the coronavirus outbreak a pandemic. On March 12, 2020, the British government raised the risk level to high and described the outbreak as the 'worst public health crisis for a generation'.

At the time of writing, 1,372 patients in the UK have tested positive for coronavirus and 35 of these have died. This plan has been written in light of established community spread of coronavirus infection and potential increased risk to patients of the surgery and staff working therein.

Aims

- To maintain the health and safety of our patients, our staff, ourselves and our families
- To reduce footfall and social contact within the surgery in order to reduce infection risk
- To reduce risk of staff isolation due to exposure to suspected or confirmed coronavirus
- To reduce risk of staff absence due illness from confirmed coronavirus
- To reduce risk of lockdown of entire practice premises due to suspected or confirmed coronavirus cases
- To be able to safely assess, treat and discharge any respiratory or viral cases that may in fact be cases of coronavirus
- To set out actions in order to maintain essential care to our patients and maintain critical business functions
- To meet any ongoing contractual requirements of the GP contract

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Disclaimer

This document does not replace any official government, Department of Health and Social Care (DHSC), Public Health England (PHE) and NHS England (NHSE) guidance currently in circulation. All documents regarding such guidance, including links to useful advice and information for the public and for professionals, including interesting articles can be found on the Ivy Grove Surgery website at ivy.gs/coronavirus which will be kept up to date.

Principles

- From March 12, 2020, the surgery will operate a telephone appointment only system.
- There will be no online booking of appointments.
- There will be no routine face to face work being carried out; this means no walk-ins, sit and waits, acute care clinic or other routine work, such as minor operations, coil clinics, diabetic clinics, medicals being performed. Full list of items to be stopped in line with national guidance.
- Clinicians will work together as a joint team, with a nominal duty doctor each day and a nominated respiratory doctor each day, who may or may not be the same person.
- All patients calling for an appointment will be screened for fever/respiratory/viral symptoms.
- Any of our patients entering the building for other necessary clinics (e.g., antenatal) will be screened similarly before arrival.
- Patients meeting the current case definition criteria will be advised to self-isolate, and given advice regarding worsening and what to do.
- Telephone appointments will be booked for all other patients to be then assessed by telephone and/or video.
- Where possible, patients will be dealt with by telephone and/or video consultation, within the limitations of such consultation methods and consultations completed with face-to-face interaction. Video consultation entirely at doctor's discretion.
- Patients that need seeing will be separated into those exhibiting fever/respiratory/viral symptoms and those without symptoms and will be dealt with separately (see Patient Pathways)

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Environment

Changes to the environment in which we see patients will need to be made, as outlined below:

Room	Action
Porch	Signage with 'STOP, DO NOT ENTER' (if suspected coronavirus) Signage with 'NO WALK-INS' Cardboard post box installed for repeat prescription/document drop off
Waiting room	All extraneous material to be removed, e.g. magazines, leaflets, to aid any deep cleaning and reduce infection risk Check-in terminal disabled and signage 'DO NOT USE' Tape along floor to form exclusion zone in front of reception desk Tape along floor at 1m intervals on floor Signage to 'MAINTAIN DISTANCE' Leaflet drop on chairs to explain regarding walk-ins, telephone appointment system only Signage with 'STOP, DO NOT ENTER' All chairs spaced out and separated at 1m intervals
Reception desk	All extraneous material to be removed, e.g. magazines, leaflets, to aid any deep cleaning and reduce infection risk Signage with 'STAY BACK FROM DESK AT LEAST 1M' Signage with 'WASH YOUR HANDS ON ARRIVAL' Signage with 'EVERY PATIENT TO HAVE TEMPERATURE TAKEN' Packet of alcohol wipes Ensure hand sanitiser topped up Ensure stock of masks/gloves/aprons (put away to avoid contamination) Non-contact infrared forehead thermometer
Consultation rooms	All extraneous material to be removed to aid any deep cleaning Packet of alcohol wipes in each room Ensure hand sanitiser topped up Ensure stock of masks/gloves/aprons (put away to avoid contamination) Optional: modify desk configuration to provide separation
Dirty room (consultation room 1)	All extraneous material to be removed to aid any deep cleaning Couch, table, wipeable stool and fixed furniture only Packet of alcohol wipes in room Hand sanitiser BP machine SATS monitor Non-contact infrared forehead thermometer Signage with 'STOP, DO NOT ENTER'
Corridor outside consultation room 1	Screens across corridor Signage with 'DO NOT PASS'

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Patient Pathways - Respiratory/viral screening

Any patient requiring any interaction with the surgery will be screened prior to booking any appointment, including telephone appointments. Codes will be added to the system so that screening and symptoms have been recorded. A step by step description of the computer embedded screening protocol is shown here:

PATIENT RINGS IN

STEP 1 SCREENING CHECK

System checks risk assessment been done today, if so,
END

STEP 2 CORONAVIRUS SCREEN

Reception asks if fever or cough
IF fever, GOTO STEP 3
IF cough, GOTO STEP 4
IF NONE, GOTO STEP 6

STEP 3 'FEVER' CODED

Fever confirmed and system coded
GOTO STEP 5

STEP 4 'COUGH' CODED

Cough confirmed and system coded
GOTO STEP 5

STEP 5 SELF-ISOLATION, WORSENING, 111 ADVICE

Advise self-isolation
Advise worsening action (111 online service)
Advise cannot book F2F appointment
IF patient still wants TEL APPOINTMENT GOTO STEP 12

STEP 6 EXTENDED RESPIRATORY/VIRAL SCREEN

Reception asks extended respiratory/viral screen:
short of breath
chills/shivers
headache
tiredness
muscle aches
joint pains
sore throat
IF ANY, GOTO STEP 12
IF NONE, GOTO STEP 7

STEP 7 'CLEAN PATIENT' CODED

System codes 'apyrexial' and 'no respiratory symptoms'
GOTO STEP 8

STEP 8 'CLEAN PATIENT' APPT BOOKED

Receptions selects type of appointment to be booked:
IF DOCTOR TEL, book **CLEAN** DOCTOR TEL slot, GOTO STEP 14
IF NURSE F2F, GOTO STEP 9
IF NURSE TEL, GOTO STEP 10
IF OTHER WORKER, book slot, GOTO STEP 14
IF VISIT REQ, book slot, GOTO STEP 14

STEP 9 'CLEAN PATIENT' NURSE F2F SLOT BOOKED

Additional screening to check if procedure being carried out NURSE F2F
IF YES, book NURSE F2F slot, GOTO STEP 14
IF NO, GOTO STEP 10

STEP 10 'CLEAN PATIENT'

Additional screening to check if procedure being carried out by NURSE TEL
IF YES, book NURSE TEL slot, GOTO STEP 14
IF NO, GOTO STEP 11

STEP 11 'CLEAN PATIENT' NO NURSE APPT BOOKED

Receptionist to check this plan for procedures done
Inform pt procedure has been postponed, END

STEP 12 'DIRTY PATIENT' RESPIRATORY/VIRAL SYMPTOMS RECORDED

Reception completes extended respiratory/viral screen via template, GOTO STEP 13

STEP 13 'DIRTY PATIENT' TEL SLOT BOOKED

Reception selects type of appointment to be booked:
IF DOCTOR TEL, book **DIRTY** DOCTOR TEL slot, GOTO STEP 14
IF NURSE TEL, book NURSE LIST slot but inform nurse that pt is respiratory/viral patient and must not to be brought into surgery, GOTO STEP 14

STEP 14 'SCREEN DONE' CODED

System codes risk assessment done
END

Patient Pathways - Nurse procedures (subject to change)

Procedures conducted F2F

2,3,4 months 1 year and pre-school immunisations

Baby immunisations

Clozaril monitoring

Decapeptyl

Demunasub

Depo injections

Dressings as requested by GP

ECG requested by GP

INR

INR home visits

Nebido

Prostap

Removal of sutures

Ring pessaries if been ≥ 6 m since last changed

Smears where had colposcopy 6m ago or were told to have repeat after 1y

Sustanon

Swabs requested by GP

Procedures conducted by TEL:

Asthma reviews

BP reviews if own machine

COPD review

Diabetic queries and reviews

HRT

Pill reviews

Postnatals

Travel vacs

Procedures postponed for now:

24 hour BP machine

Annual chronic disease reviews

B12 injection

BP reviews

Coil checks

Ear syringing

Other dressings

Other swabs

Routine smear recall

Shingles injection

Spirometry

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Patient Pathways - Assessing patients booked into surgery appointments

All patients will have had an extended respiratory/viral screen before anything is booked

1. DOCTOR: **CLEAN TEL APPT**

- ▶ Doctor rings patient and deals with patient using telephone or video methods
- ▶ If doctor feels patient needs seeing, booked into timed **CLEAN F2F APPT**
– see 2. below for pathway for physically seeing patient

2. DOCTOR/NURSE: **CLEAN F2F APPT**

- ▶ Patient arrives in waiting room at time given
- ▶ Patient checks in at reception desk
- ▶ Patient told to wash hands immediately in waiting room toilet
- ▶ Receptionist checks patient's temperature with non-contact forehead thermometer (arm's length, maintain distance from pt, receptionist wears gloves and may wear mask if wished)
- ▶ If temperature normal, receptionist arrives patient
- ▶ **If temperature >37.8°C, patient is told to go home immediately and self-isolate and we will ring them instead**
- ▶ If arrived OK, doctor/nurse calls patient in and assesses (keep waiting to a minimum)
- ▶ After consultation patient exits immediately via front door, no loitering

3. DOCTOR: **DIRTY TEL APPT**

- ▶ Doctor rings patient and deals with patient using telephone or video methods
- ▶ If doctor feels patient needs seeing, booked into timed **DIRTY F2F APPT**
- ▶ Extensive prior history-taking facilitated by assessment template so that F2F assessment will take as short a time as possible (under Run Template > Respiratory)
- ▶ Doctor tells patient to arrive at time stated and to stay in car/carpark and await our phone call or notification, warn patient we will be wearing PPE* and that we will ask them to wear a mask – see 4. below for pathway for physically seeing patient

4. DOCTOR: **DIRTY F2F APPT**

- ▶ Patient arrives in car park at time given
- ▶ Respiratory doctor prepares dirty room, signage, screens and dons PPE*
- ▶ Respiratory doctor notifies patient to come through fire exit via phone or in person
- ▶ Patient uses hand sanitiser, wears mask
- ▶ Doctor assesses patient quickly
- ▶ After consultation, patient exits immediately via fire exit
- ▶ Room and equipment cleaned before next patient
- ▶ All PPE discarded in clinical waste at end of consultation

NB: In inclement weather consideration should be given to bringing patient into dirty room sooner

5. RECEPTION/DOCTOR: VISIT REQUEST, ASSUME **DIRTY**

- ▶ Doctor rings patient on visit request list and deals with patient using telephone or video methods
- ▶ If doctor assesses as needs visiting, respiratory doctor visits patient with PPE*

*Paper-thin see-through expired and repurposed PPE or equivalent

Patient education

Such a radical change represents a significant culture shock to patients, and in the absence of any public health campaign promoting self-care, resilience and any efforts to change the 'see your GP' culture, patient education is therefore important

- Letter to patients explaining changes and offering options and FAQ document for patients, e.g., online services, sources of help and self-referral, symptom checker link, online prescription ordering and pharmacy deliveries, postponement of normal services, drug monitoring, routine bloods
- Letter to patients for inadvertent walk-ins and appointment attendees
- Text message to patients informing of change to services **(to be done)**
- Social media: Facebook posts Twitter posts
- FP10 RHS and Patient Access message
- Website update – home page, appointment page, online page, coronavirus page and new page on GP2.0 **(latter to be done)**
- Patient education videos **(to be done)**
- Change answer message **(Appendix 1, but to be done)**
- Nursing homes will be informed of changes to working practice:
 - 'Cocooning' of vulnerable patients, so routine monthly visiting will be discontinued (to inform CCG or our plans)
 - Telephone and video assessment to be put in place instead
 - Online prescribing
 - If visiting, single patient to be brought to home's isolation room, for quick in/out visit
 - Self-care advice

IT solutions

IT remains a powerful tool to triage and assess patients

- EMIS coronavirus screening protocol to be used
- Extended fever/respiratory/viral illness to be added to screening protocol
- This computer protocol to be kept updated as case definition/pandemic unfolds
- Template on system for reception to perform extended screen and for clinician to assess respiratory/viral patients
- AccuRx to be installed on every clinician's computer
- Use PDF printing and AccuRx to send signed MED3s to patients directly (link on how to do this at ivy.gs/coronavirus)
- Ensure video calling is working; troubleshoot IT/broadband/wifi issues that could affect it **(to be done)**
- Instruction on making video calls and texting patients
- As previously mentioned use of video calls is entirely at doctor's own discretion
- Existing laptops x2 to be checked and tested working for remote/home working – BMS Token app to be installed on clinician's phones **(to be done)**
- Workflow inboxes to be shared amongst clinicians for joint working and to facilitate moving staff away from patient-facing roles

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General hygiene measures

- All staff should adhere to strict hygiene measures and wash hands before and after any patient contact and avoid touching their faces
- Patients checking in for any F2F appointments to be asked to wash their hands immediately on arrival and will have their temperature taken
- Fomite spread should be considered at all times, therefore door handles, surfaces, desktop, computers, medical equipment should be cleaned regularly – cleaners such as performing enhanced cleaning of work surfaces, desks, desk equipment, phones etc
- Any hand and tea towels in the building to be replaced with paper towels and couch roll respectively
- Patients will use the porch post box to drop off prescriptions and documents, the receptionist handling these should wear gloves and process them using a dedicated terminal that is cleaned afterwards
- Staff to check temperature on arrival at work daily, and log reading on chart, any consistent readings above 37.8°C will mean staff member must self-isolate for the official time advised
- Patient-facing staff will be provided with scrubs or use existing uniform, such staff to arrive at work in casual clothes and to change into scrubs/uniform on arrival, and to change back into casual clothes after shift, scrubs/uniform to be laundered daily at minimum 50°C
- Encourage bare to elbow policy for infection control and ease of handwashing purposes
- Patient-facing staff are to be given the opportunity to wear gloves (and mask) if they so wish when dealing with pre-screened patients
- Full PPE must be worn when dealing with any respiratory/viral patient and in the designated dirty room

Reducing footfall by non-clinical means

Consideration should be given to any possible methods of reducing footfall into the surgery, examples:

- Continue to increase mobile number capture for the remaining 15% of patients
- Patients to be encouraged to nominate a pharmacy so that prescriptions can be sent EPS
- Continue to collect email addresses for correspondence (for non-clinical reasons only)
- Encourage online access for prescription ordering
- Use more text messaging to inform patients
- Email essential request forms/C&B referral paperwork/letters to patients directly
- Email scanned PDFs of MED3 to patients
- Consider closing shutter between pharmacy and surgery as patients entering pharmacy may not have been pre-screened
- Publish FAQs to provide to any patient turning up at desk unannounced

Staff considerations

Looking after staff

- The practice has a moral duty to provide a safe working environment for those working in it.
- Therefore to help with such planning, staff are to approach management, in person and in strictest confidence, to advise of any medical conditions and/or household circumstances that would make the staff member feel that they would be more vulnerable if infected.
- Once this information is compiled, the partners will discuss assigning/changing roles and responsibilities so that vulnerable staff are placed away from patient-facing roles.
- Please see **Staff contacts list** and **Non-patient facing roles** tables

Looking after yourself

There are very stressful and anxious times for everybody, both patients and staff alike, whether employee or employer. It is therefore essential that we each do what we can to look after ourselves and each other. The following are some ideas to maintain both our physical and mental wellbeing:

Essential

- Ask for help and support if you need it!
- Follow official public health guidance on self-isolation if you are unwell.
- Don't come into work because you feel obligated to, guilty or wish to reduce pressure on colleagues.
- If you have any long-terms conditions, make sure they are controlled as well as can be and that you have enough medication.
- We're all in this together, no-one is immune (literally) to the effects of this situation, helping others as well as yourself will improve the resilience of those you help and help boost your own self-esteem and well-being.

Suggestions

- Eat a healthy diet, but do indulge now and again as that is healthy for the soul too.
- Drink plenty of water, but avoid too much alcohol, but see immediately above
- Make sure you get enough sleep, even though it might be difficult.
- Optimise support relationships and connections, e.g., your partner, your family, a good friend, online buddy, social media groups, that can give you support and advice during difficult times
- Do enough exercise to keep yourself healthy – it doesn't have to be marathon training, e.g., go for a brisk refreshing walk to help clear the mind, go to the park and feed the ducks
- It is OK to allow yourself to be anxious so that you can prepare (some anxiety is normal and is built into each and every one of us, in order to protect ourselves from things like sabre-tooth tigers and dark caves), but not so anxious that you are paralysed with fear and cannot do anything useful.
- Manage your stress levels; here are some suggestions:
 - Relaxing baths, complementary therapy, breathing exercises and relaxation therapy
 - Craft, making, baking, listening to music you enjoy, dance (however bad), games, keep fit
 - Download the Stress & Anxiety Companion app (plenty of others are available)
 - Write down what's causing you stress and try and tackle each issue methodically if you can
 - Print off our IAPT leaflet for additional links
- Don't let what's happening take over everything; keep your mind active and interest levels up with the things you enjoy, like hobbies, interests, family time, reading, movies, whatever takes your fancy

IVY GROVE SURGERY

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Staff contacts list

[illegible]

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Non-patient facing roles

The following are example roles and responsibilities that might be assigned to vulnerable staff:

Accounting/book-keeping	Prescriptions issue and conversion to 3m
Appraisal preparation	Prescription signing/EPS
Audit work	Protocols/pop-ups/templates
Clinical meeting/education session/guest speaker planning (subject to group gathering restrictions!)	QOF coding/corrections
CQC evidence gathering	QOF work by telephone, e.g. asthma reviews, smoking, statin advice
Dictations	Referral processing
Discharge summary medication synchronisation	Results workflow
Documents filing	SARS requests
Documents workflow	Searches and reports, e.g. for meetings
Enhanced services monitoring/coding	Significant event audit logging
Insurance paperwork	SNOMED coding
Intranet document filing	Social media updates
Medical reports	Staff training
Medication reviews	Stock checking and ordering
New patient medication checking	Strategic/away day planning
Notes filing	Tasks workflow
Notes summarising	Team building planning
Patient registrations	Telephone triage
Personal development	Visit triage
Policy revising	Website updates
	Workload management monitoring

Other considerations (to be discussed)

- Neighbouring practice: reciprocal working, event of closure, memorandum of understanding
- Extended access hub: screening of patients, PPE, arrangements for respiratory/viral cases
- PCN collaboration: support monies, buddying practices, CCG/NHSE channels
- LMC support
- Care co-ordinator – cancellation of monthly coffee morning until further notice
- Midwife/counselling/CAB/carers/physio and all other workers seeing patients in building – to share this plan with them, unnecessary clinics cancelled or if continuing, any patients entering the building to be screened

Appendix 1 – Patient correspondence

Initial letter for waiting room and walk-ins

March 12, 2020

In light of the evolving coronavirus pandemic, Ivy Grove will be moving to a telephone appointment only system with immediate effect.

This is in line with similar actions taken by other GP surgeries and follows guidance issued by the Health Secretary on March 10, 2020.

We apologise for the inconvenience, but this is essential to minimise social contact and ensure the safety of all of our patients and that of our staff.

If you are in the waiting room looking to book a face to face appointment or have attended for a face to face appointment, we advise you to leave immediately and ring us to book or rearrange a telephone appointment. We will be unable to deal with your situation at the front desk.

Ivy Grove Surgery

Response to clarify on Facebook

Dear Patients

We realise these might be quite anxious times, but please allow us to clarify. We are not closed, however, we have stopped routine face to face booking of appointments.

This is in line with national guidance to keep you all safe and to keep our staff safe.

Having lots of people in any GP waiting room is not going to be very healthy, especially for our more vulnerable patients.

We will assess each request for an appointment by telephone first. Many cases seen in General Practice can be dealt with by telephone, or with advice on self-care or self-referral or other treatment.

When we ring you, if you meet the current case definition for possible coronavirus, we will advise you to contact NHS 111 online. Please do not come to surgery.

If we do need to see you, but you have viral or respiratory symptoms, we will make specific arrangements to assess you. Please do not enter the surgery building until we ask you to.

If we do need to see you and you do not have viral or respiratory symptoms, we will give you a timed appointment to come to surgery when the waiting room is not overcrowded.

All of this is aimed at minimising social contact in order to slow the spread of coronavirus, which today has been classed by WHO as a global pandemic.

Please do not panic. We will do all we can to provide you with the medical care that you need. This is a rapidly evolving situation, so we will update you further on our website and by text or letter as necessary.

For information on coronavirus, please visit <http://ivy.gs/coronavirus>

Kind regards

Ivy Grove Surgery

Facebook post regarding new guidance of March 12, 2020

March 12, 2020

Dear Patients

All GP surgeries have been advised to move towards a telephone based service and to reduce face to face contact in a bid to slow the spread of coronavirus in the community.

This is a dramatic new way of working, so in the coming days, we will be updating information and processes to meet this challenge, so please do bear with us.

New government guidance has also been issued today in the management of possible coronavirus cases.

Patients of all ages with fever (high temperature), or a new continuous cough, should stay at home for 7 days.

It is important to stay at home to stop coronavirus spreading.

There is no need to contact 111 if you are staying at home.

If you feel you cannot cope with your symptoms at home, or your condition gets worse or your symptoms do not get better after 7 days, use the 111 online coronavirus service at <http://111.nhs.uk/covid-19>

If you cannot get help online, then please ring 111, but please be aware that the service is extremely busy.

Do not come to the surgery.

If you would like further information on coronavirus, please see our newly updated webpage at <http://ivy.gs/coronavirus>

Thank you

Ivy Grove Surgery

Phone message (to be changed)

"This is a public health announcement regarding the coronavirus pandemic. All routine face to face appointments have been suspended on government advice. If any patient regardless of age develops a high temperature OR a new continuous cough, they should self-isolate for 7 days if they live alone, or the entire household for 14 days if they live with others. Do not come to the surgery. This is to protect yourself and others. If you cannot cope at home or your condition gets worse or your symptoms do not get better after 7 days, use the 111 online coronavirus service at 111.nhs.uk/covid-19 or ring 111 if you cannot get online. For information can also be found at our website at ivy.gs/coronavirus." → "Please hold the line and your call will be connected shortly." etc

Letter to patients re situation and options

IVY GROVE RESPONSE TO CORONAVIRUS PANDEMIC

March 16, 2020

Dear Patient

You may have been following the coronavirus outbreak and will therefore know the UK is preparing for a significant outbreak.

Community spread of coronavirus is accelerating, and there is now official guidance regarding self-isolating if you have a fever (high temperature) or new persistent cough, however mild.

Self-isolation is in an effort to delay further spread of coronavirus and help prevent already overstretched health services becoming overwhelmed with very sick people. This means everyone has a duty to adopt good hygiene measures and minimise social contact with others in order to prevent spread of infection.

Given fewer numbers tested as we enter the next phase of this outbreak, it is difficult to know whether those with other respiratory or viral symptoms will have coronavirus or not. Accordingly, we have been advised by government to move entirely to a telephone based service to minimise the need for face-to-face contact, and for any patient that needs our help, we will be actively screening for any respiratory or viral symptoms by telephone first.

Then if we do need to see you, we can do this in a controlled manner, to reduce risk of infection and protect other vulnerable patients, our staff and ourselves. Please therefore do not turn up at the front desk requesting an appointment. You will be turned away. Please always ring us first. This is for your safety as well as ours.

In order to help you manage this dramatic change in how we will work, please refer to the attached leaflet with frequently asked questions.

It is likely that in the near future, health services are going to be extremely busy, and the GP surgery will not be a very safe place to be and we would therefore encourage all patients to only see us if they absolutely need to.

Most cases we see in General Practice are self-limiting (i.e., get better by themselves), minor and not an emergency. We kindly ask that before you ring us, that you consider the need to see us and, in line with NHS guidance, ask yourself if your condition might be better managed by other means, such as self-care, self-treatment or self-referral.

The following resources may be useful:

NHS: [nhs.uk](https://www.nhs.uk)

Symptom checker: [ivy.gs/symptoms](https://www.ivy.gs/symptoms)

Help page: [ivy.gs/help](https://www.ivy.gs/help)

In terms of advice on coronavirus itself, please see the following:

NHS: [nhs.uk/coronavirus](https://www.nhs.uk/coronavirus)

Ivy Grove: [ivy.gs/coronavirus](https://www.ivy.gs/coronavirus)

Advice site: flattenthecurve.com

Please pass this information along to any of your relatives, family and friends who may be registered with us so that they are aware of this development.

Yours sincerely

Ivy Grove Surgery

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FAQs (v1.1)

This FAQs document is to try and answer some of the common questions we have been asked over the past week since we changed our appointment system and processes in light of the current Coronavirus Pandemic.

Why can't we book a face-to-face appointment anymore?

Due to the current outbreak, government advice is now that all surgeries should conduct telephone or online consultations wherever possible to try and reduce the transmission of coronavirus. Having lots of sick or vulnerable patients sat in the waiting room will increase the risk of transmission and put those whom are most vulnerable at higher risk. For this reason, you are not currently able to book in for a face-to-face appointment.

Most problems we deal with in General Practice are mild self-limiting illnesses or problems that could be safely managed with self-care or telephone advice. Please do not come to surgery to try and book an appointment or if you are unwell. All requests for GP or nurse appointments must be phoned through to reception.

You will be asked several screening questions by reception to determine the correct pathway for your problem. This may mean that you are advised to contact another service, for example, 111 or to self-isolate and look after yourself at home. Please be assured we are following correct safety procedures to ensure that you all receive the best and most appropriate care possible in the current climate.

What's to stop me lying about my symptoms to get an appointment?

We know this has happened in other practices round the country, however, please be aware that by being dishonest about your symptoms, for instance, denying that you have a temperature or a cough, not only are you putting our clinicians and our staff at undue risk, but you are now also breaking the law.

Under new emergency legislation, *The Health Protection (Coronavirus) Regulations 2020*, it is now an offence to provide false or misleading information intentionally or recklessly to any person carrying out a function under these Regulations. Additionally, under the same regulations, the Police will have the power to detain people infected or possibly infected with coronavirus.

These measures have been put in place to protect everyone and therefore we ask that you be responsible and think of not only yourself, but that of others who may come into contact with you.

But I might have coronavirus and just want checking out!

There is no specific treatment for coronavirus, as it is a virus, and antibiotics do not help. We cannot 'check you' to tell you if it definitely is coronavirus or not and we do not have any access to testing.

Given significant community spread of coronavirus, you might well have it if you develop symptoms, but it is actually more important that you self-isolate to prevent further spread of infection. This is to protect yourself and others, therefore, please do not come to surgery if you think you have it.

Can't I just walk in and get an appointment at the front desk?

Because coronavirus is now spreading quickly in the community, we have to assume that literally anybody could have the infection, whether they know it or not, unless we screen them by telephone first. If you just walk in, we would not have had the opportunity to do this screening, and therefore you could be putting yourself and others at risk.

Therefore, we do not recommend you just walk in to the building and if you do, we will advise you to leave immediately. We will be unable to deal with your situation at the front desk. If you are looking for medical advice, we ask that you return home and call us by phone.

We know this represents a drastic change to what you might be used to, and a change from usual behaviour of trying to get a precious face-to-face appointment, but it is necessary in order to protect everyone from coronavirus infection. So, please, don't walk in, always ring us first.

Some things can't be dealt with by telephone though

This is correct. There is a small proportion of problems that cannot be dealt with effectively by telephone. In these situations, the GP will assess the problem over the phone first and if necessary, we may suggest a video consultation as an alternative if we feel it would be helpful.

In very few circumstances we may still feel we need to see you face-to-face and we will then book you an appointment to come to the surgery. These face-to-face appointments will only be offered if we feel the patient may come to significant harm by not being seen promptly and if we feel there is something we may be able to offer face-to-face that would alter the course of the illness, e.g., suspected cancer.

For all other routine or longer standing problems we will advise that you will have to wait until the current outbreak is under control and systems return to normal. Although we appreciate this can be frustrating to wait we need to be clear that during the current pandemic, the NHS has declared coronavirus a level 4 incident - the highest level of emergency preparedness planning, therefore it is

not able to operate 'business as usual' and things you may have previously been to see a GP about promptly may have to wait or be managed remotely.

What about online booking for appointments then?

Because we are unable to screen you for infection by telephone if you book an online appointment, we have followed national guidance to suspend online booking. If you feel you need to see us, we advise that you ring and we can try and help.

What about my smear test?

Many services our nursing staff offer can also realistically be postponed or wait until the current pandemic is over without significant adverse consequences to your health. We have published a list of which nursing services will still be going ahead and which will not during this time.

In terms of smear tests, it is important to remember that this is a screening test only, which is routinely done every 3-5 years. A delay in having your smear test is very unlikely to cause you any adverse outcomes. Smears are delayed routinely in other circumstances such as during pregnancy, so please do not panic.

If you have recently had an abnormal smear or previous treatment for abnormalities to your cervix you may have smears every 6-12 months and for this subgroup of women we will continue to do your smears during the pandemic, as we feel adverse effects from delaying smears in this situation would be higher.

Again, although some of the services you have been used to having will now be temporarily stopped and you may feel frustrated by this, please rest assured we have made these decisions based on safety.

What about my baby's immunisations?

The following is a list of nursing procedures that may or may not be carried out. This list is subject to change and the most up-to-date version will be posted on our website at ivy.gs/gp2.

Nursing procedures conducted face-to-face

2,3,4 months 1 year and pre-school immunisations
Baby immunisations
Clozaril monitoring
Decapeptyl
Demunasub
Depo injections
Dressings as requested by GP
ECG requested by GP
INR
INR home visits
Nebido
Prostap
Removal of sutures
Ring pessaries if been >=6m since last changed
Smears where had colposcopy 6m ago or were told to have repeat after 1y
Sustanon
Swabs requested by GP

Nursing procedures conducted by telephone:

Asthma reviews
BP reviews if own machine
COPD review
Diabetic queries and reviews
HRT
Pill reviews
Postnatals
Travel vaccinations

Procedures postponed for now:

24 hour BP machine
Annual chronic disease reviews
B12 injection
BP reviews
Coil checks
Ear syringing

Other dressings
Other swabs
Routine smear recall
Shingles injection
Spirometry

Will my prebooked face-to-face appointment still go ahead?

All face-to-face appointments previously booked are in the process of being cancelled. Reception are contacting all affected patients in this situation to inform them of this and what will happen next.

For most people these appointments will be suitable to be rearranged once the current pandemic is over and we ask that you contact us at that time to rearrange if still necessary.

If you feel that your problem cannot possibly wait until the pandemic is over, then please tell reception and they will change your existing appointment to a telephone appointment. Please be responsible and only request this if your problem genuinely cannot wait.

How do we get repeat prescriptions?

We ask that you place all requests for repeat medications in the black letter box outside surgery, order online or post it to us. We will not be accepting requests over the counter nor by telephone.

Where possible we aim to send all prescriptions electronically to the chemist to avoid the need for you to come to reception. We therefore kindly request that you choose a nominated pharmacy where you will be able to collect your medications directly. Please put your nomination on your repeat slip when you are requesting your repeats.

To order your prescriptions online, without the need for dropping off your prescription slip at the surgery, you need to apply for online access for prescriptions. Please go to ivy.gs/online for more information.

What about my medication or long-term condition review?

In accordance with national guidance, we are postponing all routine face-to-face work. This includes reviews of medication, long-term condition reviews, NHS health checks, baby checks, blood/drug monitoring amongst other things. This doesn't necessarily mean we won't do any of these ever. We can certainly do some essential reviews over the telephone, or send blood test forms and the like, if there is a clinical need, or if harm would result due to any further delay, but we will not do a review merely because it is overdue.

We do realise this may be difficult to understand, but given the situation, GPs will need to concentrate on managing increasing demand from acute on-the-day cases, and the surgery is highly likely going to become a very unhealthy place to be in the near future, and we do not want vulnerable patients, such as those with underlying conditions, or babies, sat in our waiting room and being at risk of infection. Therefore, please bear with us during this time.

Can we still drop off or collect forms from reception?

If you need to drop any forms off at the surgery we ask that you please use the black letterbox outside surgery which is also used for repeat medication requests. If you need to speak to us about the forms you are dropping off, please phone us rather than approaching the reception desk.

If the GP, nurse or other staff member has asked you to come to surgery to collect a form you may come to the desk for this but please ensure you stay well back from the desk behind the demarcated line and please keep your distance from other people in the queue or waiting area.

Where possible, we will now attempt to email such forms directly to you for you to print out yourself – if this service would be suitable for you, please let us have your email address. All submissions are subject to our privacy policy which will be found on our website.

Won't stopping face-to-face appointments just mean more people attend A+E?

People should only attend A+E with a genuine emergency or accident that cannot be managed safely at home. GP practices are not the only places having to change processes and stop routine work.

The whole of the NHS is gearing up to be able to manage this pandemic and for this reason we would strongly request everyone's cooperation and consideration when using ANY NHS service to ensure that help can be given to those most in need. Please be responsible.

IVY GROVE SURGERY CORONAVIRUS COVID-19 BUSINESS CONTINUITY PLAN

There aren't any confirmed cases in Ripley, so why all this fuss? Surely we'll be OK?

No individual, village, town or city is immune to catching coronavirus. Being a new virus, the entire world's population had no previous immunity to it. At the time of writing there were 56 confirmed cases in the Midlands, with 4 cases in Derbyshire.

It is important to understand that the confirmed cases are only those who have had a positive swab and as it currently stands in the UK, only those people unwell enough to be in hospital are currently being swabbed. This means that many more people who are well enough to stay at home are not being tested but this doesn't mean they don't have coronavirus.

The government estimates that at present there are approximately 10,000 people in the UK with coronavirus and this number is rapidly escalating on a daily basis, so it is impossible to say that coronavirus isn't in Ripley. The chances are that it is already in Ripley and if it isn't now, it definitely will be given time, hence the need for strict protective measures now.

How long will things be like this for?

No-one knows how long the current pandemic will be around for. Experts expect it to be at least several months as a minimum and probably into the summer and beyond. It is clear things will get significantly worse before things start to get better so we ask for your cooperation and consideration at this very challenging time for all. We will keep you informed as and when things change but for now the current changes to our practice are indefinite.

Where can I find out more?

Given the rapidly changing situation we all find ourselves in, any paper information leaflets you have may go out of date fairly quickly.

Therefore, if you have online access, we encourage you to check our website at ivy.gs and also the electronic version of this document at ivy.gs/gp2.

We may also send you texts now and again to keep you updated of any further changes to systems, in order that we may keep you safe and maintain the safety of our staff and clinicians. We actively encourage you to let us have your mobile number so that we can update our records and add you to the list to receive important text messages from us.

In time, our intention is to post additional advice for patients to manage their own conditions so that they know when they can self-care and when they need to contact us for further advice.

*Written by Dr R Greer with additional content by Dr M Wong
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