

Herefordshire General Practice during Covid-19 Pandemic
Model of care from 14th April 2020 onwards

Herefordshire General Practice 24/7

INTRODUCTION

Dear Colleague

Please find attached some information regarding the current Covid situation we find ourselves in. We hope the information and guidance here helps to explain some of the steps we are taking in Herefordshire, just like the rest of general practice in the country, during this crisis. This is a small sample of the documents available to help you. Please use the COVID-19 pages on teamnet for other supporting documents.

Over the last few weeks, we have made huge steps in service transformation and working closer together as PCNs, as Herefordshire General Practice and with our other health and care colleagues.

There has been so much hard work and team work and this is just the beginning. Thank you. We believe we are in a good position in Herefordshire to support our patients and our staff through this situation together.

We know we will need to do things that will make us feel uncomfortable, challenge our skills and knowledge, and test our own personal resolve and resilience. And we encourage you take time to switch off and rest too. Seek comfort and support from loved ones and colleagues during this turbulent time. It is going to be a challenge but we will get through this by supporting each other.

Stay safe, stay healthy and stay happy!

Best wishes

Your Clinical Directors, PCN and Taurus Healthcare team.

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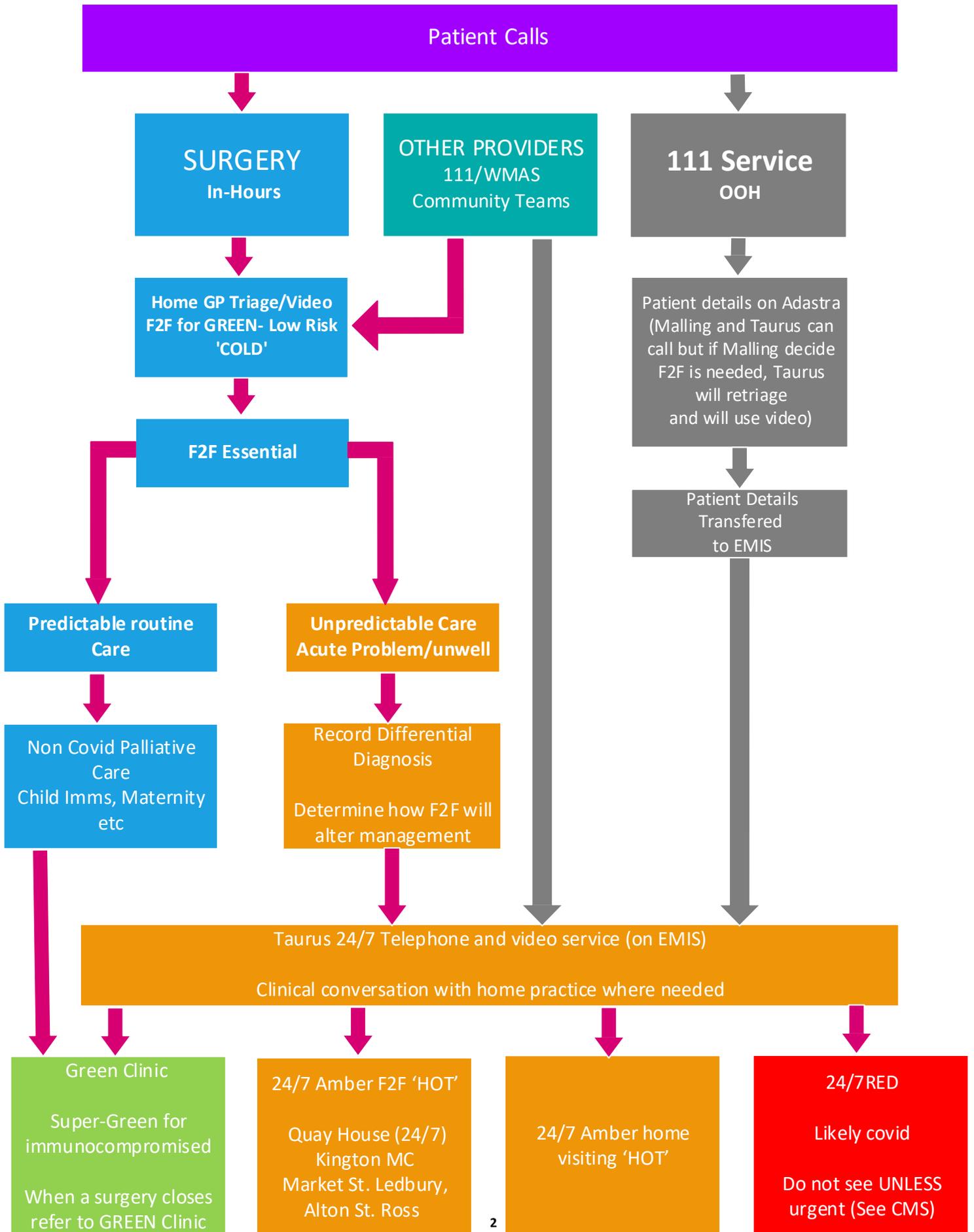
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UNDERSTANDING THE RATIONALE

Understanding the rationale behind the Herefordshire General Practice approach during covid-19

- Of equal importance this plan is about ensuring our staff can do their job in the safest way possible and that patients can receive the care that they require in the safest way possible
- It is also about ensuring General Practice is prepared to meet the predicted increase in demand of patients unwell with and without covid-19 (and that when this demand goes up, staff absence may also increase). During this time we will be expected to care for more patients together in and out of hours and in the community hospitals and so our usual 20 practice model would not suffice.
- Whilst things are calm at the moment, we only need to see what countries like Italy and Spain are going through to appreciate the scale and devastation the virus can cause. This event is likely going to be the biggest challenge in our professional lives and it is likely to get much worse over the coming weeks and months.
- The model has been devised from many people across Herefordshire – PCNs, CCG, Taurus and all practices have been involved through the daily calls.
- We appreciate that this is a big change, that it may not always feel the best, but it has been done with the best intentions: to protect our staff and our population.

Amber Service Pathway Herefordshire



Which Patients Will be Managed by Which Team (Early April 2020)



RED	AMBER	GREEN	Super GREEN	Behind The scenes (In practice)	Central	STOP Doing	STOP Now [But First Things to Come Back]
<p>GPs working virtually</p> <p>Covid +ve or suspected covid patient virtual management</p> <p>Links with amber clinic /visiting if f2f required</p>	<p>GPs ANPs ECps Paramedics on site Acutely unwell Patients</p> <p>Patients with acute significant unpredictable problems from abdominal pain to vertigo, from exacerbation of asthma to new worrisome headache to a swollen joint.</p> <p>Where seeing the patient will change your management plan.</p> <p><u>All triaged twice (own GP and amber clinician) and managed virtually where possible</u></p>	<p>Nurses and HCAs on site Supported by GP working behind the scenes</p> <p>* Wound management (provide dressing for patients to self-care if possible)</p> <p>* Monitoring for high-risk medications (e.g. INR as clinically indicated)</p> <p>* Childhood immunisations</p> <p>*Routine immunisations, flu, pneumococcal, shingles)</p> <p>*Essential injections, e.g. GnRH analogues, epoetins (e.g. darbepoetin alfa), antipsychotics, testosterone (Consider teaching people to self-administer)</p> <p><u>Triage first to ensure NO covid symptoms or contacts</u></p>	<p>Nurses and HCAs on site and home visiting – supported by on call doctor</p> <p>The following routine things for immunosuppressed /shielding patients:</p> <p>*Monitoring for high-risk medications e.g. INR, DMARDs, immunosuppressant</p> <p>*Childhood immunisations</p> <p>*Routine immunisations (flu, pneumococcal, shingles): prioritise extremely vulnerable' groups)</p> <p>*Essential injections, e.g. GnRH analogues, epoetins (e.g. darbepoetin alfa), antipsychotics, testosterone o Consider teaching people to self-administer</p> <p>Acute assessment of illness that is likely non covid in the shielded group</p>	<p>GPs, nurses, pharmacists virtually or behind the scenes</p> <p>Telephone/Video management of acute needs or significant ongoing needs</p> <p>Dispensing, if a dispensing practice</p> <p>Palliative care, anticipatory care, end-of-life conversations (including DNACPR, issuing anticipatory meds)</p> <p>Symptoms consistent with cancer</p> <p>Reviews for those with LTC at 'higher risk'</p> <p>Blood test results: reviewing, actioning and filing</p>	<p>Pharmacist BI / IT support</p> <p>Prescription queries that cant be dealt with by community pharmacy</p> <p>EMIS searches to help you identify cohorts that need attention</p>	<p>Mild self-limiting illness/worried well: refer to NHS Choices/local pharmacy</p> <p>*New patient checks</p> <p>* Minor surgery</p> <p>*Ear syringing</p> <p>*Spirometry</p> <p>*ECGs done as part of annual reviews (but still do if clinically indicated)</p> <p>*Smoking</p> <p>*Cessation clinic</p> <p>*Travel vaccination</p> <p>*Coil *checks/ changes/ depot</p> <p>*Injections/ implants: if device needs changing, consider starting POP</p> <p>*Ring pessaries</p> <p>Med 3 for first 7d of illness or for those isolating for longer/self-isolation advice to employers</p> <p>*Refer to national website Non-urgent paperwork, insurance reports, medicals (including DVLA medical examinations)</p> <p>* Data collection UNLESS RELATED TO COVID, DES/ LIS/LES/ audit,routine CQC inspections, appraisal/ revalidation</p> <p>*PPG engagement, Friends and Family test</p>	<p>Reviews of routine care for most people, and those with LTC not in high-risk group (see table below B12 injections (consider self-administration or decreasing frequency of injections)</p> <p>Blood tests for lower-risk drugs, e.g. ACEi, antipsychotics, thyroid disease – consider decreasing frequency if possible</p> <p>Complaints : Consider a standard response to delay formal response until after COVID-19 Complaints</p>

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Amber Clinics:

- Amber clinics are GP and ANP led
- This is UNPREDICTABLE care – where someone is acutely unwell or has an unpredictable need.
- Gathering these people together means we can have experienced colleagues assessing patients, emergency facilities available.
- We can ensure face to face contact is at a minimum (by two clinician triage) – that we are using our collective skills to provide good care.
- Because of the pre-symptom contagious stage in covid-19 we can ensure staff are properly protected
- We do not have sufficient numbers to have a “respiratory or covid-19” RED hub at present. If the numbers increase, we may consider making one of the current sites RED. But staff and patients are protected in this current model with thorough cleaning.

When do I book into an amber clinic?

- Own GP surgery speaks to the patient on video/telephone
- If a face to face appointment is necessary to change the management of the patient, book the patient into the amber triage list on EMIS
- The amber clinician reads the notes, may call you or the patient for supplementary information. This is about working together to manage the patient in the best way.
- Sees the patient if necessary.

Who works in the amber clinic?

- GPs and ANPs at present
- They use a COVID-19 amber clinic Emis template in Taurus Emis.
- Their consultation is visible on OneHerefordshire record

Where are the amber clinics?

- Quay House, Hereford
- Kington Medical Practice, Kington
- Market Street, Ledbury
- Alton Street, Ross

At present only Quay house is open out of hours and weekends. However, as the capacity goes up or down, some sites may only open part time and others may open longer. Teamnet will keep you up to date.

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Green Sites:

- Nurse and HCA led PREDICTABLE care
- All patients will be triaged before (if any covid-19 symptoms they will be seen in amber)
- This is the necessary face to face part of routine care that must continue – blood tests, injections, well patients with dressing needs.
- Separating this care from the amber care gives us resilience in our workforce because if we need to reduce the number of surgeries open for face to face care, we can predict the amount of nursing need we will require and scale up or down the offer accordingly.
- Because of the pre-symptom contagious stage in covid-19 we ensure staff are properly protected with PPE
- At present, this can carry on in your own surgeries.
- In time, we may need to work with buddy surgeries.

When do I book into a green clinic?

- When a patient has a routine nursing need that must continue during Covid-19 (see the coloured chart)
- Teamnet has guidelines to support decision making (how often to do blood tests, who and how to convert warfarin to NOAC, who to consider for oral B12 or progestogen only pills instead of injections/depot etc).
- You will use your own practice appointment book – ensure that there is a mechanism for triaging these patients to ensure they are not unwell on the day of the appointment (direct to amber if they are)

Who works in the green clinic?

- Nurses and HCAs, supported by a GP

Where are the green clinics?

- At present this is in your own surgery, in every surgery

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Super Green:

This is under development and will be ready in the next week

- We have 3000+ patients who are shielding – who would be at increased risk of hospitalisation should they contract covid-19 and are going to great lengths to protect themselves.
- They will have routine needs (DMARD blood monitoring, zoladex injections, dressings etc) and they will have unpredictable urgent needs (eg abdominal pain, new onset cough)
- Some of these patients would be willing to come to a clinic if they were assured of the infection control process (and where more people could be seen in a day), whereas others would need a visit. Anyone with an acute problem would need to be visited (so as not to compromise the supergreen site).
- We need to ensure they can be seen quickly and easily and in a way that does not increase their chance of covid-19.
- We also need to ensure if they need to have a visit, that these are as few as possible. For example, if a district nurse is going in to give insulin and a GP needs to assess their problem – either the GP gives the insulin, or the DN does the obs that enable the patient to be managed by the GP on video.
- The proposal is to have a super green team of nurses, working with the community nursing team who can provide the task-based care for these patients ie take the blood, give the injection AND who do NOT come into contact with amber patients.
- The decisions around the blood results and the prescription for the injection etc would remain with the usual GP practice.
- Each PCN would need to have a dedicated SUPER GREEN GP who could do the visits and access to a single county wide hub. This GP would do other virtual work, but would not see amber or community hospital patients. In time, as the rules relax around social distancing, this GP would not increase their own risk unnecessarily.
- Because the super green workforce cannot work in the amber sites or community hospitals, it is important that this number is small but also resilient.
- The site would need to have the most robust infection control process- PPE, wipe clean surfaces and floor and a separate access to the rest of the building which would need to continue to function as its own surgery (at least for virtual working). It would not need a large waiting room as the patients would be spaced apart in appointment time. It would need to have a car park as patients would not be able to attend on foot or by public transport.
- We need to quickly have a super green site ready – for Monday 13th April and 4-5 green GPs identified (ideally one per PCN).
- We will keep an eye on the numbers and it is likely another super green site may be required.

When do I book into a **super green** clinic?

- When a patient has a routine nursing need that must continue during Covid-19 and the patient is shielding (note this is different than isolating due to a potential covid-19 contact)
- Teamnet has guidelines to support decision making (how often to do blood tests, who and how to convert warfarin to NOAC, who to consider for oral B12 or progestogen only pills instead of injections/depot etc).
- You will book into the central site in the same way as you do for an amber clinic – once the site is identified more details will follow.

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- If your patient is unwell and it is NOT likely to be covid-19, or has an acute need they will be seen by the super green GP as a home visit. They will not come to the clinic.
- See home visit section.

Who works in the [super green](#) clinic?

- Nurses and HCAs, supported by a GP
- This team will NOT have any face to face contact with other patients

Where are the [super green](#) clinics?

- The site is being identified. Further information to follow
- (there will be a super green visiting doctor for each PCN)

GENERAL PRACTICE HOME VISITS:

- Amber visiting service should be used for ALL visits except non-covid palliative care which can be done by their own GP at present.....
 - However, bear in mind the risk you pose to them and the risk the home may pose to you. All visits should be in PPE including over shoes and changing scrubs when returning to practice.
- Where possible reduce home visits – use video wherever possible.
- Work with community colleagues - if they also need to see the patient, can one of you attend and support the others needs/assessment?
- Covid likely or Covid positive patients will be seen by amber clinicians, if needed.
- Shielding patients who need a home visit for an acute problem will be done by the SUPER GREEN GP only.

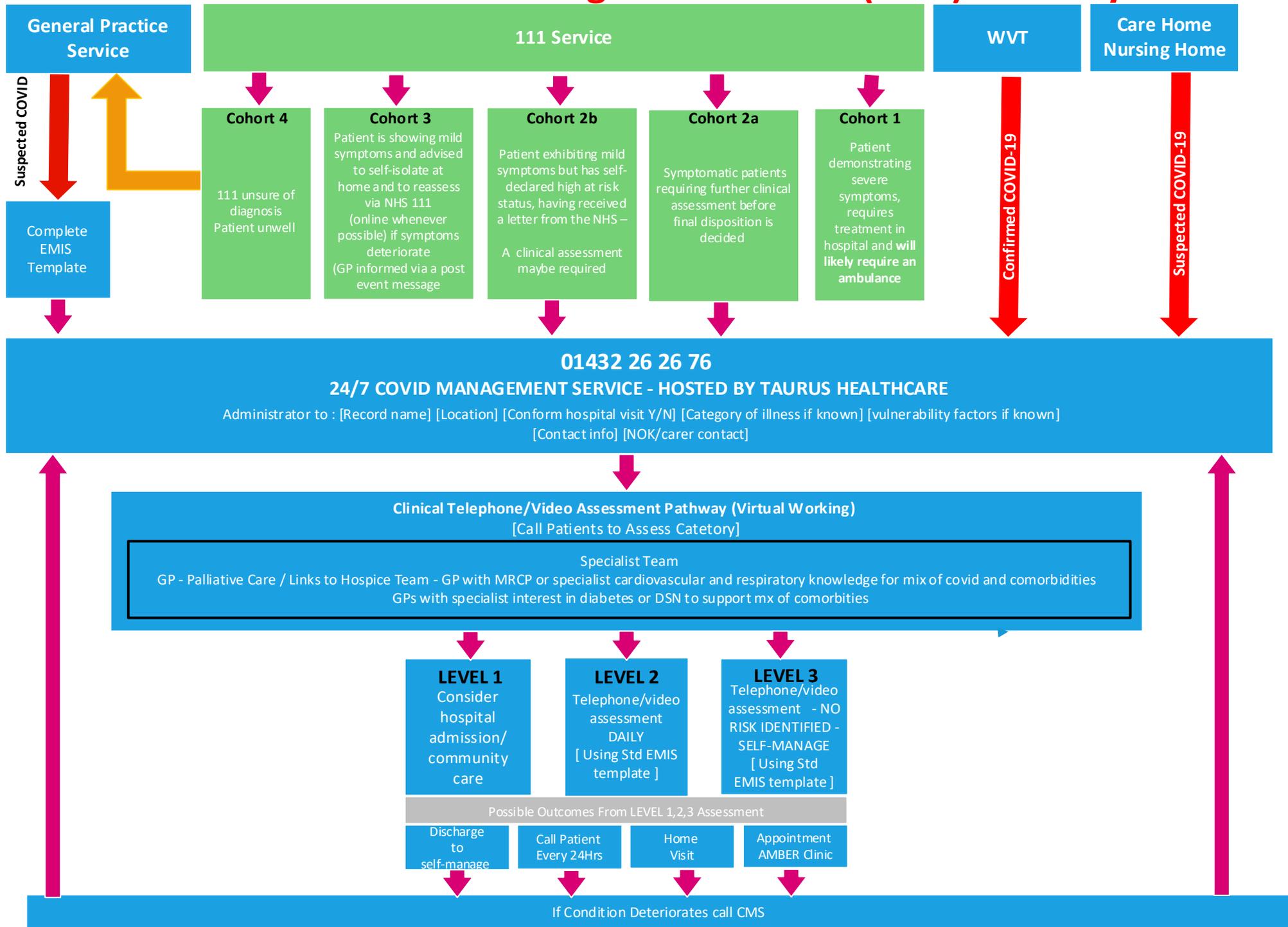
MY OWN SURGERY

- Most work in your own surgery will be virtual – telephone and video management.
- We need to be careful to ensure patients realise OUR SURGERIES ARE OPEN even if their care is delivered in a different way.
- We need to be careful that in our efforts to minimise face to face care, we are not missing patients with cancer symptoms, non-covid infections that need treatment, febrile children that need attention and patients with long term conditions that may become unstable.
- It is a difficult balance.
- If your own surgery is struggling with capacity to manage your virtual care, please raise this with your PCN colleagues.
- Separate your virtual back office staff from your face to face amber, green or super green staff. Maintain the 2 metre social distancing rules to keep your staff well, in the kitchen, where you are telephoning patients (so that one unwell member of your team doesn't send your whole back office team into self-isolation with one cough!)

COMMUNITY HOSPITALS

- Primary care will continue to provide the medical care for patients in the community hospital, but the number of these patients and their acuity may change as the covid-19 numbers increase.
- A lot of work is happening to prepare for a different care model here and we will keep you up to date in this.

Herefordshire COVID Management Service (CMS) Pathway



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CMS Process 9/4/20

Currently

1. Patient is identified through 111/WMAS/community/WVT/nursing home as suspected or confirmed covid-19
2. Taurus Administrator takes details
3. Amber clinician at quay house videos/telephones patient and uses the **CMS EMIS template** to categorise the patient.
4. Key question is: Do you feel you can cope with your symptoms at home?
5. Pt is either sent to hospital, remains in CMS service for review (and is rebooked for a call in 24hours) or is discharged and the CMS number is given to the patient if they deteriorate.
6. If patient needs to be seen then amber clinician sorts either in the clinic or home visit.

If you are working in your own GP surgery and identify a person who is likely to be covid positive

- Complete your assessment of the person using the EMIS template Covid- 19 Acute/unwell patient by own surgery
- Categorise the patient on the covid-19 tab
 - If the patient needs admission – arrange
 - If the patient needs a face to face assessment refer to amber clinic – make is clear covid-19 likely and justify why the face to face assessment is necessary
 - If the patient is managing but has vulnerabilities refer by phone to CMS service to arrange this for the following day
 - If the patient can manage at home, has no additional vulnerabilities, no further action BUT give the patient the CMS number if they deteriorate.

Ongoing:

We are exploring a model with 111 and within the contract which enables practices (who are likely to know the patient best, and therefore may be best placed to support ongoing assessment) to be part of the CMS. We will be in touch.

STAFFING RULES FOR ONE HEREFORDSHIRE GENERAL PRACTICE

Where do we need people to work?

- Amber clinic and amber visiting service (GPs, ANPs, ECPs)
- Super green clinics and visiting in hours (Nurses, GP)
- Standby for super green sites OOH urgent visiting (GP)
- Community hospital (GPs and nurses)
- Virtually or in the building non-face-to-face to support their own practice (GPs, nurses, ANPs, pharmacists)
- Virtually to deliver amber telephone and video review in and out of hours
- Green clinics (routine nursing care and 8 week checks – mostly nurses and occasional GP)
- Potential as numbers increase to split amber into red (respiratory symptoms/covid-19) and amber (everything else)

Overall principle

- Everyone should have some time working virtually to support their own practice / PCN.
- Everyone should work their usual number of sessions and have adequate time off.
- Everyone should expect that their usual sessions are spread over the 247 period given we are in unprecedented times
- Everyone should have the option of additional clinical sessions for additional money once we have used existing capacity and with equal opportunity to pick up additional sessions.

Super green principles

- Work with wider community colleagues so any face to face time is minimised in duration but maximised in what it is achieved. Eg a DN and GP should not go in on the same day. The two should discuss and determine who needs to attend and work together on management plan
- Video should be used wherever possible.
- Super green are NOT used anywhere else for face to face – can work virtually from home but should not be in shared work space with colleagues in other areas

Community Hospital team

- Community hospital team – there should be a dedicated community hospital work force who work here and virtually only. They will not work in f2f green or super green sites
- If capacity drops due to workforce sickness, they can be consider for amber sites/visits.

Amber team

- The amber team should be able to work across amber clinics and visiting.
- If capacity drops due to workforce sickness, they can be consider for community hospitals
- Amber workforce needs to be shared to reduce the potential viral load

Green clinics

- This is virtual own practice working

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- And nurse led face to face work
- And a PCN green doctor who can do 8 week checks.

Red Clinics

- These will likely be needed as the covid presentations increase
- All such contacts should be an absolute minimum
- It is likely that an existing amber hub will either be allocated as red, or each hub will have a specified time of the day to separate amber and red, noting that it will become increasingly difficult to distinguish as many covid may not present with obvious chest symptoms

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How to feed in ideas/concerns/suggestions:

- Your Primary Care Network has a regular call which your practice dials into (often daily).
- This is an opportunity to share your ideas and concerns.
- Your clinical director and PCN manager can also be contacted by email and coordinate your networks concerns.
- The clinical directors and the Taurus Directors meet virtually every day (often 7 days a week) to coordinate the pan Herefordshire response with Taurus.
- Taurus are providing a virtual catch up for practice managers and another for clinicians each week.
- Teamnet has the most up to date local guidelines and tips – if you have ideas and suggestions for what should be there please email clinical.cell@nhs.net
- Do let us know if any of this could be done differently / better, we welcome suggestions.

GP Practice Guidance for booking into **AMBER CLINICS**

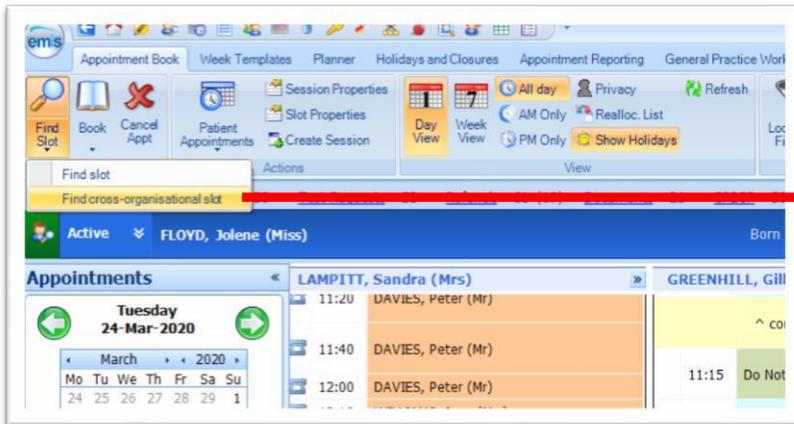
Booking appointments for patients into **AMBER CLINICS**

1. Click 'Find slot' down arrow
2. Click find cross organisation slot
3. Click on the spyglass next to 'Organisation' and double click 'Taurus'
4. Click on the spyglass next to 'Patient' to search by name, gender, date of birth
If they are already registered with Taurus they should pop up with their details
If they are not registered, click 'Unregistered patient' top right corner in the yellow tab
5. Click on slot type to narrow down the available appointments: -
 - a. Amber hub Hereford city
 - b. Amber hub North & West
 - c. Amber hub South & West (go live this week)
 - d. Amber hub East (go live this week)
6. Choose suitable appointment
 - a. Please note that the times on the Hub Appointments you see are IRRELEVANT – Please ensure your clinicians book the FIRST AVAILABLE SLOT for their selected Hub.
7. Click 'Book appointment'
Put in patient's name, DOB, reason for booking and telephone number

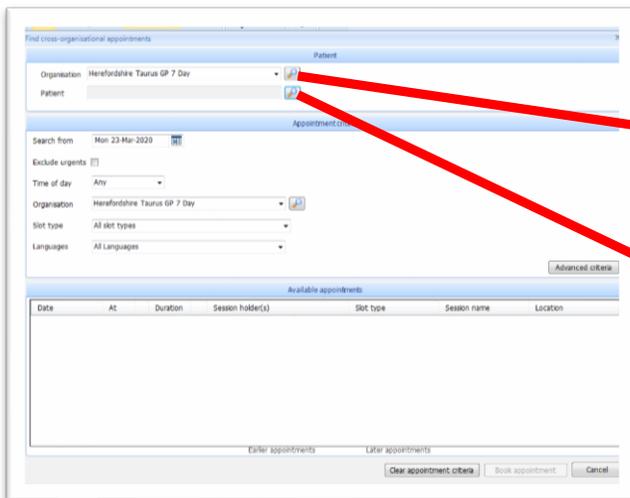
CRITERIA

Patients **must** have been triaged by a clinician before an appointment being made

BOOKING AMBER HUB TRIAGE APPOINTMENTS



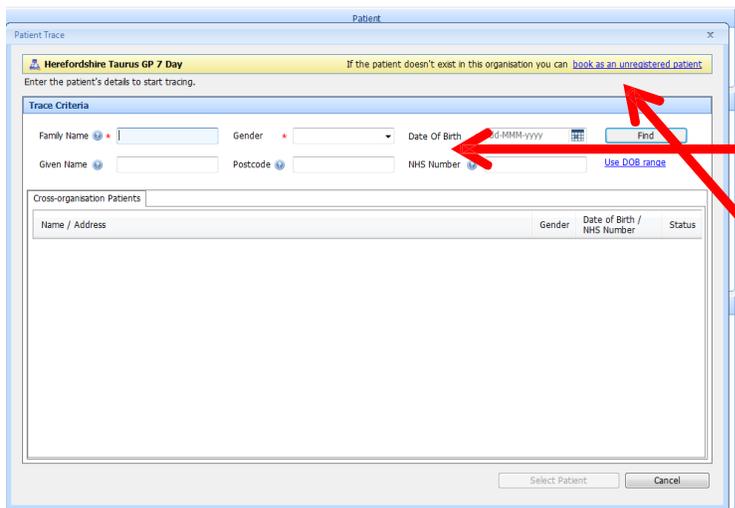
1. Click 'Find Slot' and select FIND CROSS ORGANISATIONAL SLOT



This box will appear.

2. Click spyglass in ORGANISATION and select 'Herefordshire Taurus GP 7 day'

3. Click spyglass in PATIENT



This box will appear.

4. Enter patient details – **you will need to note down DOB** (as you cannot go back to record once in this page)
5. If registered with Taurus, they will pop up. If not, you need to click **HERE** to book as unregistered.

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6. You will then see this box – showing the available triage slots, **please select the FIRST AVAILABLE** 'Amber Hub North West' slot

7. You will then be able to put in the booking info. Along with a reason, **YOU MUST PUT IN NAME, DOB & ADDRESS** or **Hub Cannot Register the pt.**

The screenshot shows a software interface for finding appointments. It includes search filters for patient details and appointment criteria. The 'Available appointments' table lists various slots for 'AMBER HUB' on 'Mon 23-Mar-2020'. A red arrow points to the first row of this table.

Date	At	Duration	Session holder(s)	Slot type	Session name	Location
Mon 23-Mar-2020	14:20	10 mins	AMBER HUB, Hereford City (Dr)	Default	Hereford City Amber H...	Hereford City Amber Cl...
	14:20	10 mins	AMBER HUB, NorthWest (Dr)	Default	North & West Amber ...	North & West Amber ...
	14:30	10 mins	AMBER HUB, NorthWest (Dr)	Default	North & West Amber ...	North & West Amber ...
	14:30	10 mins	AMBER HUB, Hereford City (Dr)	Default	Hereford City Amber H...	Hereford City Amber Cl...
	14:40	10 mins	AMBER HUB, Hereford City (Dr)	Default	Hereford City Amber H...	Hereford City Amber Cl...
	14:40	10 mins	AMBER HUB, NorthWest (Dr)	Default	North & West Amber ...	North & West Amber ...
	14:50	10 mins	AMBER HUB, NorthWest (Dr)	Default	North & West Amber ...	North & West Amber ...
	14:50	10 mins	AMBER HUB, Hereford City (Dr)	Default	Hereford City Amber H...	Hereford City Amber Cl...
	15:00	10 mins	AMBER HUB, Hereford City (Dr)	Default	Hereford City Amber H...	Hereford City Amber Cl...
	15:00	10 mins	AMBER HUB, NorthWest (Dr)	Default	North & West Amber ...	North & West Amber ...

Buttons at the bottom: Clear appointment criteria, Book appointment, Cancel.