# DERBYSHIRE GENERAL PRACTICE – COVID-19 RESPONSE

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Version 1

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Derbyshire GP Alliance

General Practice Task Force Derbyshire

Derby & Derbyshire LMC

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## FOREWORD

We are in unprecedented times. These extreme circumstances required extraordinary actions. We will have to do things that we previously would not have considered. Our Prime Minister has told us that people will die as a result of this pandemic; they will die directly from COVID-19; they will die from COVID-19 if our health service becomes overwhelmed; they will die from other medical problems as our resources are diverted to manage the pandemic.

Current social distancing measures will place additional strain on our system of General Practice, and it is clear that we will have to work together, as General Practices, to protect our staff and support our communities. We will have to make compromises and change our pattern and approaches to working. General Practice will change, as will our relationship with our community provider. We will be jointly responsible for providing the support and care required to those most in need.

We must take immediate action to mitigate the risks posed to our staff and our communities.

This means we must, with immediate effect:

- Protect our staff from unnecessary exposure
- Stop non-essential, low priority work
- Move to a system of remote consultation first using a varied approach to minimise face to face contacts
- Minimise future booking of appointments
- Move to cross practice working – reporting centrally daily staffing levels
- Enhance data sharing
- Have strong, coordinated public messaging with clear terminology

We will get through this. We must support each other and continue to show compassion to ourselves those around us.

Stay safe and stay well

Yours

Dr Duncan Gooch and the whole GP Provider Leadership: COVID-19 Task Force

Dr Gail Allsopp
Dr Susie Bayley
Dr Penny Blackwell
Mr David Gibbs
Dr Paddy Kinsella
Dr Ian Lawrence
Mrs Claire Leggett
Dr Kath Markus
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## PROTECTING OUR STAFF

### RISK ASSESSMENT

All staff will require a risk assessment as to their risk of complications from COVID-19.

They will be categorised in three ways

1. Low risk of complications
2. Low risk of complications with very high-risk household member
3. High risk of complications

All 3 categories will experience a degree of psychological distress as a result of this risk assessment. We must acknowledge this and be as sensitive as possible.

| **High-risk groups** | **Very high-risk groups (more announcements on this group expected next week)** |
|---|---|
| Those who are pregnant over 28weeks gestation*.<br><br>Those over 70, regardless of any medical conditions.<br><br>Those adults under 70 who qualify for a flu jab, which means:<br><br>• Long-term respiratory conditions.<br>• Chronic heart disease.<br>• Chronic kidney disease.<br>• Chronic liver disease.<br>• Chronic neurological conditions.<br>• Diabetes.<br>• After a splenectomy/sickle cell disease.<br>• Weakened immune system: HIV/AIDS, on steroids, having chemo.<br>• Severe obesity (BMI ≥40). | • Post-transplant.<br>• Those with cancer having active chemo/radiotherapy.<br>• Those with haematological cancers (at any stage of treatment).<br>• Severe chest conditions (CF, asthmatics who require admission/oral steroids).<br>• Severe diseases such as those needing dialysis. |

Source - https://www.gp-update.co.uk/SM4/Mutable/Uploads/pdf_file/COVID-19-Updated-18-march-2020-_1.pdf accessed 19/3/2020

Those at high risk of complications should be minimising social contact (in all facets of life). High risk front line clinical staff should not be consulting face-to-face and should deliver services remotely ('Blue' areas only see definition below).

For those in the low risk with very high-risk household member category, staff can work in a patient facing role but should not be exposed to any individual displaying signs or symptoms consistent with possible COVID-19 infection – fever or new, continuous cough (Green or Red areas)

For those in the low risk category there should be no restriction on activity as long as PPE is worn at appropriate times (Red, Green and Blue areas).

Specific advice for pregnant women can be found on RCOG website

*Pregnant women under 28 weeks with no underlying health conditions, should follow the guidance on social distancing in the same way as the general population.

## PPE

In all healthcare settings:

- A fluid repellent surgical face mask (FRSM) must be worn when working in close contact (within 2 metres) of a patient with COVID-19 symptoms.
- In an area where pandemic COVID-19 patients have been cohorted together, it may be more practical for staff to wear a FRSM at all times, rather than only when in close contact with a patient. Similarly, in primary care/outpatient settings it may be more practical for staff working in a segregated (COVID-19 patient) area to wear a FRSM for the duration they are in the patient area.
- A FRSM for COVID-19 should:
    - be well fitted covering both nose and mouth;
    - not be allowed to dangle around the neck of the wearer after or between each use;
    - not be touched once put on;
    - be changed when they become moist or damaged; and
    - be worn once and then discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal).
- In General Practice the most relevant aerosol generating procedure (AGP) is cardiopulmonary resuscitation

The provision of a FRSM for patients with suspected/confirmed COVID-19 at point of assessment or triage in any healthcare setting should be considered if the patient can tolerate it (except when in a dedicated COVID-19 area).

**PPE – A 'how to' guide**

When wearing a surgical mask, ensure that:

- The mask fits snugly over the face.
- The coloured side of the mask faces outwards, with the metallic strip uppermost.
- The strings or elastic bands are positioned properly to keep the mask firmly in place.
- The mask covers the nose, mouth and chin.
- The metallic strip moulds to the bridge of the nose.
- Do not to touch the mask once it is secured on your face as frequent handling may reduce its protection. If you must do so, wash your hands before and after touching the mask.

| | HCW | Instruct/Observe HCW : |
|---|---|---|
|  | **Remove Gloves** | **Buddy to Observe the HCW**<br>• Remove gloves using the dirty to dirty/clean to clean procedure<br>• Place in orange clinical waste bag |
|  | **Remove Gown**<br>• Snap the neck of the apron and pull down.<br>• Pull the sides together<br>• Roll downwards touching the clean side only<br>• Place into Orange clinical waste bag | **Buddy to Observe the HCW**<br>• Snapping the neck of the gown and pulling down<br>• Pulling the sides of the gown together then Rolling the apron downwards touching only the clean side<br>• HCW Placing apron into Orange clinical waste bag |
|  | Sanitise hands | • Observe HCW sanitising hand making sure HCW has allowed hands to dry' before continuing |
|  | Remove Visor (if used) | • Remind **yourself** not to touch face<br>• Bend your head slightly forwards and close your eyes and mouth<br>• Pull elastic strap over your head and away from the body<br>• Put into to the yellow bin |
|  | Sanitise hands | • Observe HCW sanitising hand making sure HCW has allowed hands to dry' before continuing |
|  | Removal of Mask/Respirator | **Buddy to Remind HCW :**<br>• Not to touch their face, to keep their eyes and mouth closed during the procedure<br>• **HCW** to bend head slightly forwards<br>• Pull bottom strap over their head and anchor securely under the chin<br>• Lift the top strap over the head and away from face.<br>**Buddy/Observer to** ensure they can see face during the removal **HCW** to Keep eyes and mouth closed throughout the procedure |
| | **HCW** | **Instruct/Observe HCW :** |
|  | Wash hands | Wash hand using water and soap |
|  | Sanitise hands | Allow to dry |

Source – DHU Protocols for Novel Coronavirus Management P2133

A surgical mask should be discarded after use and under no circumstances should it be used for longer than a day. Replace the mask immediately if it is damaged or soiled. (DEPARTMENT OF HEALTH)

https://www.youtube.com/watch?v=9VbojLOQe94

**Table 1: Transmission based precautions (TBPs): Personal protective equipment (PPE) for care of patients with pandemic COVID-19**

| | Entry to cohort area (only if necessary) no patient contact* | General ward * | High risk unit ICU/ITU/HDU | Aerosol generating procedures (any setting) |
|---|---|---|---|---|
| **Disposable Gloves** | No | Yes | Yes | Yes |
| **Disposable Plastic Apron** | No | Yes | Yes | No |
| **Disposable Gown** | No | No | No | Yes |
| **Fluid-resistant (Type IIR) surgical mask (FRSM)** | Yes | Yes | No | No |
| **Filtering face piece (class 3) (FFP3) respirator** | No | No | Yes | Yes |
| **Disposable Eye protection** | No | Risk assessment | Risk assessment (always if wearing an FFP3) | Yes |

*Personal protective equipment (PPE) for close patient contact (within 1 metre) also applies to the collection of nasal or nasopharyngeal swabs.

Source - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf accessed 19/3/2020

If any practice has concerns around the kit, please contact our National Supply Disruption line on 0800 915 9964 or email supplydisruptionservice@nhsbsa.nhs.uk who will be available to help, Monday to Friday 08:00-18:00

**If there is no PPE available, then in NO circumstances should you see/assess a patient with possible COVID-19**

## STAFF WELLBEING

All members of the extended practice team will be under additional stress. Consider introducing the following to reduce anxiety and burnout

Communication rules eg

- No email, Whatsapp or messages between 8pm and 7am
- No messages on Whatsapp/messages outside of pre-agreed windows

Team meetings

- Keep staff up-to-date on new ways of working to check understanding and support
- Opportunities for debriefs

Consider support staff isolating at home with

- Advice about exercising at home
- Mindfulness apps eg Headspace / Calm
- Creating structure and routine to the day
- Buddying support
- Signposting to online resources (being collated presently)

Staff will be offered wellbeing support services across Derbyshire in the next 1-2 weeks. More details to follow from the GP Task Force.

## COMMS - PUBLIC

In order for the measures put in place by the Government to work, we need to bring patients with us on the journey we're on through this crisis. We need to use our controlled, honest, expert voice to disseminate timely, accurate information to guide the public and help their preparedness.

It is imperative we tell them where we are at each stage, explain how they can be prepared and reiterate the self / public care messages around hygiene and self-distancing.

We will continue to coordinate comms centrally using local media and sharing via our Facebook and Twitter profiles, but we will get the maximum impact if you share key posts / messaged via your websites / social media accounts. If you are unsure how to get started in Social Media we have a guide here.

**What might help now**:

- Use pictures / videos to explain to patients what the surgery is like right now eg pictures of waiting room / entrances so they know what they will face when they arrive
- Examples of how people can still access care
- Share useful disease-specific, patient-facing advice. You can find examples of these on our COVID-19 resource page or on the RCGP site
- Share updates on practice changes eg if a site needs to close because of staffing levels
- Standardise phone messages across an area

We will continue guide you through ways of addressing concerns and will increasingly be looking at you supporting our efforts by being involved in campaigns. We will also share key public facing messages on our daily bulletin so that Derbyshire general practice is united in its message to Derbyshire's public.

If you have any queries in getting started or messages that you think we are failing to address, please contact ddlmc.office@nhs.net and put 'MEDIA MESSAGE' as the subject.

## WORKLOAD PRIORITISATION

Low priority work must be stopped whilst we manage the peak phase of the pandemic. All work requires remote consultation first where possible.

This work is described below.

### DEMAND WORK

**High priority demand – continue. MUST have an initial remote consultation for all**

- **Patients believing themselves to be unwell patients requiring medical attention**
- **Symptoms consistent with cancer**
- **Bloods for unwell patients**
- **Clinical necessary ECGs eg new AF**
- **Wound management if unable to selfcare**
- **Medication problems that cannot be dealt by community pharmacy**
- **Palliative care**

**Mid priority demand – do if capacity**

- **Contraceptive services – consider other available services**
- **Med3**
- **Extended hours/Enhanced Services**

**Low priority demand- stop**

- **Mild self-limiting illness**
- **Advice re self-isolation**
- **Advice re info for employers**
- **Insurance reports/Private work etc**
- **Minor surgery**
- **Travel vaccs**
- **Ear syringing**
- **Coil checks**
- **Home BP monitoring**
- **Ring pessaries**

## PROACTIVE WORK

**<u>High priority proactive – continue. Will need pre-screening</u>**

- **Blood monitoring for high risk medications eg INR, DMARDS, immunosupressants, clozapine, carbimazole, lithium etc**
- **Anticipatory care incl EOL conversations**
- **Injections for cancer tx**
- **Smears with high risk changes**
- **Immunisations – children, influenza and pneumococcal**
- **Enhanced support to those most at risk (remotely)**

**<u>Mid priority proactive – do if capacity</u>**

- **Blood monitoring for lower risk medications and conditions eg ACEi, antipsychotics, Thyroid disease**
- **Remote LTC reviews**
- **B12 injections**
- **Other vaccinations**
- **Remote LTC reviews**
- **Remote support for socially isolated elderly**
- **Routine smears**
- **24hr BP monitoring**
- **Medication reviews + authorisations**

**<u>Low priority proactive – stop</u>**

- **New patient checks**
- **NHS health checks**
- **Over 75 checks**
- **Spirometry**
- **F2F reviews for most at risk groups**
- **Friends and family test**
- **Appraisal and revalidation**

## REMOTE CONSULTATION FIRST

All but procedures and face to face clinical assessments shall be done by remote means embracing telephony, online consultations, email and video calls.

Most interactions will be completed remotely.

In a joint statement the GMC, NMC and others stated that 'in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services'. Further to that the GMC state that doctors maybe 'working in unfamiliar circumstances … or working in clinical areas outside of their usual practices for the benefit of patients and the population as a whole'. The reassures that but sticking 'to the principles of being a good doctor… in a very abnormal emergency situation' 'varying practice …is part of that professional response'.

Source - https://www.gmc-uk.org/news/news-archive/supporting-doctors-in-the-event-of-a-covid19-epidemic-in-the-uk accessed 19th March 2020

Use of evidence based tools such as the Roth score for respiratory distress could support our confidence in remote consultations
https://www.researchgate.net/publication/309096272_Assessment_of_Respiratory_Distress_by_the_Roth_Score_Respiratory_Distress_evaluation

In line with business continuity plans and in line with other local provider policy consider, where appropriate, lowering clinical threshold for prescribing antibiotics and steroids remotely. REF - DHU COVID-19 Role Card: Clinicians

Support for performing video consultations can be found here https://bjgplife.com/2020/03/18/video-consultations-guide-for-practice/

Consider the creation of a macro/auto template to mitigate the extraneous circumstances eg 'tel appt due to COVID-19'

Further CPD resources can be found on the RCGP website – COVID-10 CPD hub
https://elearning.rcgp.org.uk/course/view.php?id=373

Or Derby and Derbyshire LMC's site

https://www.derbyshirelmc.org.uk/covid19resources

## CLINICAL DELIVERY

Business continuity is key here. It will be expected that practices will have to cross work and cross cover. Particularly to manage the risk associated with specific staff members and self-isolation absenteeism.

A reduction in advance bookings of appointments will support this

The following sets out a model of working that can be applied with incremental cross-covering.

**For clarity – if a member of staff is providing cross-cover then all other practices will be required to support the workload of that member at their base practice.**

| Patient | CLASSIFICATION | Staff risk assessment for COVID-19 |
|---|---|---|
| Cough / Temp<br>Self-isolating household members | RED | Low-risk |
| No Cough / temp = other F2F appointment | GREEN | Low-risk |
| Any care via remote consultation only | REMOTE | ALL |

## HOT CLINIC (RESPIRATORY SEGREGATION) – RED DEMAND

Access via remote triage only. Those with fever and/or respiratory tract symptoms that require clinical assessment eg those not needing hospital admission and those unable to manage symptoms at home despite remote consultation eg cellulitis, tonsillitis, upper UTI. Note that there is no specific community treatment for COVID-19.

Includes Household members of COVID-19-probable self-isolating individuals

Anticipated that this is delivered by a pooled staff-bank work at a RED HUB within the PCN footprint

Detailed Standard Operating Procedure (SOP) to follow.

### ENVIRONMENT

Wipeable surfaces

Area for PPE prep

Clinic room with no carpets

Wash facilities

Appropriate equipment (O2, Resus equipment, emergency drugs, change in clothes for staff eg scrubs)

Only essential items

Regular cleaning regime using appropriate cleaning products (see appendix – primary care cleaning advice) – may need to consider additional training and frequency of cleaners

### STAFFING

Must only be staffed by appropriately risk assessed staff members with the minimum staff on site.

Staff working in unfamiliar circumstances will need appropriate senior support.

All must wear appropriate PPE.

Need to ensure appropriate working conditions – longer appointment times for PPE donning/doffing; more breaks to get fresh air; rotation of staff.

## COLD CLINIC – GREEN DEMAND AND PROACTIVE

Access through remote consultation or proactive identification. Minimal future booking of appointments needing to flex activity according to staffing capacity. Staffed by existing staff including practice staff. This may require cross-cover depending on risk assessment of clinical staff and self-isolation status.

### ENVIRONMENT

All patients must be screened on arrival – 'have you had a fever or cough?'. If the answer is yes they must be sent home and contact remotely if necessary unless they are too unwell to do so. If they are too unwell then they must be dealt with according the national primary care SOP – accessed 20th March 2020

Initially use multiple sites, if adequate staff, to preserve business continuity in the case of a site that needs suspending due to contamination.

### STAFFING

Staff will need appropriate risk stratification

Mix of clinicians can be used including community staff, clinical pharmacists and first contact physios

Staff working in 'unfamiliar circumstances' will need access to appropriate senior support (this could be remote). Experienced, senior clinicians may be best placed to provide remote (green) delivery and provide supervision to other colleagues working in the cold (amber) clinics.

Staffing pressures for community phlebotomy could see us repurpose trained HCAs (doing less proactive care) to support this service

## HOT VISITING – RED AND GREEN DEMAND

Initially this can be done as part of a centralised visiting service with appropriately risk-assessed clinicians seeing appropriately triaged individuals. Staffed by existing staff including practice staff. Being supported remotely by care coordinators supporting the broader community MDT.

It is possible that an additional palliative visiting service coupled with a community response team will emerge with DCHS and DHU in the next 1-2 weeks based on NHSE/CCG direction. This will need planning as demand for home visits is expected to soar in coming weeks as there is increasing isolation.

More information to follow including SOPs in following week.

## STAFFING

Must only be staffed by appropriately risk assessed staff members. These may be remotely supported by more senior clinicians

All must wear PPE where appropriate to clinical need.

## REMOTE DELIVERY - DEMAND

Entry criteria is all high priority demand via online or telephone. Cross cover may be needed if staff are being pulled into 'Hot' or 'Cold' services

## DELIVERY

By all staff in all risk categories. Most effectively done by those most experienced and comfortable in taking risk.

If skin lesion/rash must have a photo emailed sent first. This could be to a central email address to be attached to the medical record.

Need to consider importance of continuity.

## MEDICINES MANAGEMENT

Using existing PCN clinical pharmacists will manage acute prescription requests, medication queries and reactions and manage medication changes from discharges.

## REMOTE DELIVERY – PROACTIVE

Focussing on managing those high priority proactive eg recalling blood monitoring for DMARDS; anticipatory care

### DELIVERY

Coordinated by an MDT led by the nursing teams supported by practice admin teams

There will be a cohort of DCHS clinicians that will be working remotely, and this is a community staffing pool that could support this work stream.

Will book into Cold Clinic

### MEDICINES MANAGEMENT

Will work to re-authorise and review repeat medications.

Support remote clinical review of those most at risk.

### COMMUNITY SUPPORT

This additional support could be provided using social prescribers, care coordinators, the voluntary sector, schools, PPGs as well as staff who are practising 'stringent social distancing' from General Practice and DCHS. Support for this could be found within the existing Place infrastructure. They have been contacted and are awaiting involvement in this.

## ENHANCED DATA SHARING

Due the exceptional crisis we are in it may be more harmful to not share information than to share information (Principle 4). Sharing of GP health records to provide cross practice cover is a justified purpose (Principle 6). One must still comply with the law (privacy notices, impact assessments, data sharing agreements etc).

Source - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

Given the extreme circumstances consideration could be given to bulk share out records or similar within clinical systems.

Further information can be found also from the Information Commissioner https://ico.org.uk/for-organisations/data-protection-and-coronavirus/

## APPENDIX – PRIMARY CARE CLEANING ADVICE

All information below is taken from the **COVID-19: interim guidance for primary care** Updated 25 February 2020

https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care/wn-cov-interim-guidance-for-primary-care

**Environmental cleaning following a possible case**

Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

**Preparation**

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- collect all cleaning equipment and clinical waste bags before entering the room
- any cloths and mop heads used must be disposed of as single use items
- before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves

**On entering the room**

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
- bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- remove any fabric curtains or screens and bag as infectious linen
- close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

**Cleaning process**

Use disposable cloths or paper roll or disposable mop heads, to clean and disinfect all hard surfaces or floor or chairs or door handles or reusable non-invasive care equipment or sanitary fittings in the room, following one of the 2 options below:

- use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
- or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)
- follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
- any cloths and mop heads used must be disposed of as single use items

| Product | Examples |
|---|---|
| A combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) | Actichlor disinfectant tablets (1000 parts per million available chlorine which may be written as ppm) OR Chlor-Clean disinfectant tablets (1000ppm) |
| A neutral purpose detergent (1) followed by disinfection (1000 ppm av.cl.) (2) | (1) Sani cloth detergent wipe OR Clinell detergent wipes<br><br>Then clean with either<br><br>(2) Chlor-clean wipes (10,000ppm) or Actichlor plus or Titan Chlor Plus tablets or any chlorine releasing tablets that dilutes to 1000 ppm |

## APPENDIX – GP PROVIDER LEADERSHIP: COVID-19 TASK FORCE 17TH MARCH

**17.3.20: GP Provider Leadership: COVID-19 Task Force**

The COVID-19 pandemic has resulted in an unprecedented and emergency situation within general practice. As a consequence, Derbyshire GP leaders need to unite to be able to coordinate collaborative working in general practice like never before;

- cascading communications
- providing rapid responses to general practice teams
- supporting whole-practice wellbeing
- ensuring internal and external admin process and IT
- supporting the health-social care interface

We need to do the all of the above whilst keeping the public informed about the rapidly evolving situation. Difficult messages will need to be cascaded to our patients in a timely manner.

Derby and Derbyshire LMC, the GP Alliance and the General Practice Task Force have assembled the following team to coordinate the response and who will communicate daily:

| Role | Name | Organisation |
|---|---|---|
| Contracts/NHSE/GPC | Kath Markus | DDLMC |
| Practice advice and daily practice bulletins | David Gibbs | DDLMC |
| Collaborative Reponses | Duncan Gooch | GPA |
| PCN /general practice support including IT | Riten Ruparelia | GPA |
| Social-Health interface | Paddy Kinsella / Penny Blackwell | GPA |
| | Gail Walton | GPA |
| Media Coordination | Susie Bayley | GPTF |
| | Gail Allsopp | |
| Staff Wellbeing | Claire Leggett | GPTF |
| DCHS integration/coordination | Ian Lawrence | DCHS |

We are looking for CCG support and key links for each of the team to be able to inform the CCG of developments.

## APPENDIX – GP PROVIDER LEADERSHIP: COVID-19 TASK FORCE UPDATE 18TH MARCH

Update 18.3.20

| Role | Name | Organisation | Key Achievements |
|---|---|---|---|
| Contracts/NHSE/GPC | Kath Markus | DDLMC | Suspension SQI / CQC<br>Pushing back on enhanced service<br>Permission from CCG to 'do what is needed'<br>RO contacted and supportive but a/w national guidance |
| Practice advice and daily practice bulletins | David Gibbs | DDLMC | Daily bulletins well-received including FAQs<br>Webinars set-up for PMs- 66 attendees<br>Survey PMs re capacity to track trends / pooling |
| Collaborative Reponses | Duncan Gooch | GPA | Working up inevitable 'clean' 'dirty' working for general practice with DCHS<br><br>RAG assessment for clinical activity |
| PCN /general practice support including IT | Riten Ruparelia | GPA | Pressure on IT team to sort remote working urgently<br>Back-up plan using e-mail proposed |
| Social-Health interface | Paddy Kinsella / Penny Blackwell / Gail Walton | GPA | |
| Media Coordination | Susie Bayley<br>Gail Allsopp | GPTF | Links with Rad Derby Mo/We /Fr<br>East Mids today<br>Sunday Express – 2 x articles<br>Next steps ' human' response eg GP as parent / daughter<br>Consolidation of all govt comms |
| Wellbeing | Claire Leggett | GPTF | Wellbeing STP approach commenced<br>Occ health for all planned<br>Employee Support package for all<br>'Embrace Resilience' for gen practice planned to green-light aw/w CCG sign off (self support modules and tracking capabilities)<br>Deploying GPTF fellows to look at virtual supporting those off work and retired (beyond 3yrs) GPs and buddies esp for very new GPs |
| DCHS input | Ian Lawrence | DCHS | Daily Bulletins<br>Update on key areas<br>Support for Hub model |
| | | | |
| Other Key areas | Pall Care | Asked Pauline Love to create top tips for managing EOL SOB<br>Info for practices to send to care homes to ensure RESPECT for all | |

| | | |
|---|---|---|
| | Care Homes | Letter for all practices to use to educate and update all care homes |
| | Resources | DDLMC – COVID 19 page |
| | | |
| | | |
| FLAGGED CONCERNS for tomorrow | Planned hub working | Transport of mobile suspected COVID patients too dirty hub (advice no taxis / public transport) |
| | Staffing update | Where are practices at / school closures |
| | Update on Hub working model | Being devised by CCG following teleconf |
| | IT interim solutions | NEED announcement tomorrow latest (23rd March) |
| | Pall care | Crib sheet to aid Care home EoL discussions |
| | Pall Care | Flag pall care provision and how we assess need |
| | Pall care | What provision have we got for pall care derby – wards established / who and specialist input in community / PPE |