DERBYSHIRE OPERATING FRAMEWORK FOR GENERAL PRACTICE – INFECTION RISK FROM COVID-19

PURPOSE

The intention of this framework is to support GP practices in working in the safest way possible. It can inform and supplement any risk assessments. It does not replace formal risk assessments. It should be used as a guide only to an individual assessment and plan. It replaces any previous guide released relating to this area. It is drawn from national guidance and is not intended to replace any national advice.

It hopes to support practices with the aims of

- Preventing cross infection between patients
- Preventing cross infection between staff
- Preventing cross infection between staff and patients

STANDARD OPERATING PROCEDURE – KEY PRINCIPLES

- **All** patients should be triaged remotely.
- Ensure that an **online consultation system** is in place to support total triage.
- **Remote consultations** should be used when possible, making reasonable adjustments for specific groups when necessary.
- Ensure that video consultation capability is available and that video consultations are offered to patients when appropriate.
- Ensure patients have clear information on how to access GP services.
- Where possible, staff should be enabled to **work remotely**.
- Practices should work together to safely separate different patient cohorts: patients with symptoms of COVID-19; shielded patients; and the wider population.
- **Staff** should be allocated to either patients with symptoms of COVID-19 or other patient groups, where possible.
- Practices should work effectively with community care by building on existing MDT working arrangements and encouraging primary care professionals to work across organisational boundaries to help manage pressure points in delivering essential services to people.
- To protect our workforce, **staff** should be **risk assessed** to identify those at increased risk from COVID-19.
- Ensure staff are trained in relevant infection prevention and control guidance.
- Access to urgent care and routine care in general practice should be maintained for all patients, and practices should assess where care has been delayed over recent weeks and now needs to be restarted.
- As capacity allows, general practice teams should:

  - proactively address health needs that may have gone unmet, increased or developed during the pandemic, including health inequalities and mental health issues
  - accommodate changes in how patients want to seek healthcare including supporting patients with self-care and self-management.
- Referrals should continue to be made as usual and as appropriate.
- Patients should be involved in all decisions about their care. Shared decision- making about treatment escalation and advance care planning are particularly helpful.
- **Shielded patients** should have proactive follow-up to ensure they know how to access care and support; those requiring face-to-face assessment should be seen by home visit unless an alternative care setting is clinically indicated.
- Patients without symptoms of COVID-19 booked for face-to-face contact should be advised to inform staff if they develop symptoms, and asked again before consultation.
- **Patients with symptoms of COVID-19**:
  - will be directed to NHS 111 in the first instance.
  - may make direct contact with practices, or be referred to general practice by NHS 111/the COVID-19 Clinical Assessment Service (CCAS).
  - **Avoid redirecting patients to NHS 111 if they present to general practice:** this poses significant risk to unwell patients.
- Ensure that an adequate assessment is undertaken to exclude alternative diagnoses in patients with symptoms of COVID-19.
- For any face-to-face assessment of a **patient living with someone with symptoms of COVID-19**, even if the patient does not themselves have relevant symptoms, GP staff should follow the pathways for patients with symptoms of COVID-19.
- For **all face-to-face** consultations, infection prevention and control guidance should be followed rigorously.
- Minimise the number of face-to-face contacts that a patient requires by co- ordinating care so that as much as possible is done in a single consultation.
- Use careful appointment planning to minimise waiting times and maintain social distancing in waiting areas.

CROSS INFECTION BETWEEN PATIENTS

Principle	How this might be achieved?	Risks	Possible Mitigation
Minimise footfall in practices	Maximal use of electronic communications including MED3s, prescriptions, letters etc	Potential for confidential information to be sent to the wrong person.	Robust IG processes.
	Continued use of remote consultations for all appropriate conditions	Patient dissatisfaction with fewer face to face interactions.	Communications with patients via social media and PPGs.
		Clinician dissatisfaction with clinical practice.	Improve working conditions eg longer appointments and breaks
	Staggered rota times where face to face contact is essential to minimise number of individuals in surgery at any one time	Requires considerable logistical planning and may	Consultation with staff
Promote social distancing and other safety measures	Spacing seating in waiting rooms to minimum 2m distance	Reduced waiting room capacity	Minimising footfall in practice
	Notices/reminders/TV screens advising on social distancing measures	Non-adherence by patients	Empower frontline reception teams to enforce/advise
	Consider how to manage queues and the impact that 2m spacing may have on waiting space. This may include signs or floor markings	Outdoor queuing	Minimising practice footfall
	Availability of hand sanitiser for patient use	Theft of hand sanitiser	Place in sight of reception team
	Wearing of face coverings	Does not replace the need for adequate social distancing. Not suitable for a	Other social distancing measures
	Keeping indoor places well ventilated eg windows and door opens in good weather.	Not practical for all areas	External extractor fans could be considered
Cleaning regime	Frequent cleaning of patient waiting areas, door handles and screens	Increased time taken and cleaning cost	Reducing footfall with reduce this requirement

CROSS INFECTION BETWEEN STAFF

Principle	How this might be achieved?	Risks	Possible Mitigation
Promote social distancing	Spacing workstations 2m apart.	Limited space	Consider back to back or side to side working
			Consider screens or barriers to separate people from each other
			Reduce the number of people each person has contact with by 'fixed teams or partnering' (Bubble concept)
	Limit number of people permitted in each room to support adequate social distancing	Limited space	Staggered break times
Infection control	Increase the frequency of handwashing	Facilities for handwashing	Allow time in work schedule
			Provision of hand sanitiser
	Frequent surface cleaning eg cleaning work areas on arrival and departure	Availability of wipes	Use of alternative products
	Clearing workspaces and removing waste and non- essential belongings	Demoralisation of staff	Measures to improve working conditions
	Isolation and testing of symptomatic staff members	Availability of testing	Self-isolation for longer periods
	Encourage ventilation where possible by opening windows and doors	Poor weather	Consideration of external extractors
	Consider changing in clothes on arrival/departure from work	Availability of clothes storage and changing facilities	Stagger arrival times
			Storage lockers

CROSS INFECTION BETWEEN STAFF AND PATIENTS

Principle	How this might be achieved?	Risks	Possible Mitigation
Minimising face to face contact	Maximal use of remote consultations eg video, online and telephone	Certain conditions require face to face interaction eg phlebotomy, immunisations etc	Prioritisations lists for phlebotomy, long term conditions etc
		IT failure	NECS support
		Missed incidental findings from face to face interactions	Enhanced use of photographs and video consultations
		Increased time in longer remote interactions	Reduce demand by prioritisation lists
		Cost of remote consultation models	Commissioning support
	Maximising value of patient visit by performing all necessary face to face activity in one visit eg 'one stop shops'	Availability of equipment and appropriate skilled individuals	Planning and case management
	Limiting attendance to patient + 1 carer max	Causing upset or distress to a patient or family	Communication with patients
	Pre-attendance screening of patients for symptoms of possible COVID-19 including a reduction in the duration of wait between booking and appointment	Time delay between screening and attendance.	Use of technology eg Accurx.
Excellence in infection control	Use of appropriate PPE	Increased time to don and doff (longer appointment times) leading to reduced capacity	Reduce demand by prioritisation lists.
	Frequent hand washing	Skin irritation	Manage number of face to face contacts. Provision of hand care products
	Change in clothing for work	Availability of clothes storage and changing facilities	Staggering arrival times
			Storage lockers

Environmental control	Ensuring maximum ventilation for face to face contact. For high turnover activity this may be possible outside.	Impact on other providers eg council, shops etc	Early planning and communications
	Clearing workspaces and removing waste and non- essential belongings	Demoralisation of staff	Measures to improve working conditions
	Surface cleaning work area before and after use.	Availability of wipes	Use of alternative products
	Decontamination as per NHSE IP and C guide (minimum twice per day)	Availability of cleaning products.	Supply routes confirmed
	Ensuring 2m distance between front reception and patients/visitors	Not possible in all environments	Consider use of screens or barriers to support