

Pandemic Visiting Service – Operating Model for PMs

Clinical model

- Patients will only be visited if they cannot be managed remotely and the service has capacity. Initial triage/assessment undertaken by a clinician from the patient's practice.
 - Symptomatic, COVID positive or with suspicious symptoms (new continuous cough, temperature over 37.8, history of likely COVID contact)
 - Clinically appropriate for a visit - confirmation of diagnosis, reassurance, emotional support are not reasons for visiting.
 - Use the Suffolk COVID triage protocol.
 - Requires clinical intervention of assessment for possible admission including those where a 999 call indicated but the hospitals lack adequate beds.
 - Notes from triage to include if the patient on oxygen, organ transplant, recent ongoing lung cancer, severe COPD, DNAR in place, haematological malignancy, CPAP, or very ill patient in a confined space that is likely to need sub cutaneous bolus injection.
- The FFP3 cars will be used when a patient is on CPAP or HFNO or very ill patient in a confined space that is likely to need sub cutaneous bolus injection. If there are no visits of this type they can do visits where there is less risk of aerosol transmission.
- The visiting clinician will review the potential visit and make the ultimate decision of whether to visit. If they decide it can be more appropriately managed without a visit the case is passed back to the patient's practice via a clinician to clinician conversation.

Operating plan

- 4 FFP3 equipped cars will commence 24/7 on 8 April. On 8 and 9 April, practices will continue to do visits which do not require a clinician with an FFP3 mask – although the cars will have capacity to do some non-FFP3 ones.
- The service will be staffed in-hours by skilled clinicians moving from working in their practice to the visiting cars. Individuals coming forward will be paid via the Fed (funded by the CCGs) and this funding can be used to back-fill the individual's time in their practices. Back-fill will preferably be arranged from within a PCN but the Fed may be able to help from our existing pool and the additional individuals who have come forward to help.
- Over the Easter weekend the Federation will be responsible for visits and will use the usual out of hours urgent care criteria. Practices will need to clear their visit lists by close of play Thursday.
- From Tuesday 14 April the service will move to 10 cars. They will be staffed by local skilled clinicians but with funding for backfill as above.
 - **6 cars - Less risk of aerosol transmission** - equipped with long sleeved gown, gloves, fluid resistant surgical mask, over shoes and eye protection. If a clinician enters a house with non-FFP3 PPE and realises the environment is different to that envisaged at triage, they withdraw.
 - **4 cars - CPAP, HFNO or very ill patient in a confined space that is likely to need sub cutaneous bolus injection** – equipped as above but also with FFP3 fit tested mask.
- Practices/PCNs will manage their visits which do not meet the service's clinical threshold or when capacity is exhausted.