



Patient Participation Group (virtual mode)  
**Covid-19 (Coronavirus) pandemic – report June 2020**

### **Impact on the practice**

#### Working behind closed doors

Following the prime minister's statement on 12 March (when the UK strategy moved from containment phase to delay phase), NHS England instructed GP practices to restrict free access to the surgery premises no later than 31 March, to discontinue unfettered booking of appointments online, and to implement telephone triage. This meant a fundamental change in the daily working of both clinicians and administrative staff.



#### Reduced team capacity

A number of our doctors and staff have been secluded at home on government advice owing to personal health conditions. Some of the others have been taken ill (although they were not offered testing at that time), and yet others had to self-isolate for 14 days when family members showed signs of disease.

#### Caseload

- We are aware of at least 7 confirmed deaths as a result of Covid-19 disease.
- We also experienced 'excess deaths' phenomenon as flagged up in ONS (Office of National Statistics) data. During the 6 weeks from 16.03.2020, we had 14 deaths from all causes. This compares with the same period last year (the 6 weeks from 16.03.2019) when 2 patients died.
- From hospital discharge letters, 31 patients have been diagnosed with Covid-19.
- We do not have any reliable figures on patients who suffered the disease at home, as most of them had consulted 111 Online, which does not report to the GP. Others who consulted 111 by telephone were not offered testing.

### Restricted access to hospital services

Less urgent out-patient appointments have mostly been cancelled or replaced by telephone calls. Surgery scheduled for non life-threatening conditions has also been deferred. Lately, the hospital has suspended open access to blood tests and requires a referral.

Many patients are also reluctant to go to the hospital, even the A&E department, when they are unwell.

All these have been worrying from a health care point of view, and have also served to keep up demand for advice from Primary Care and from 111.

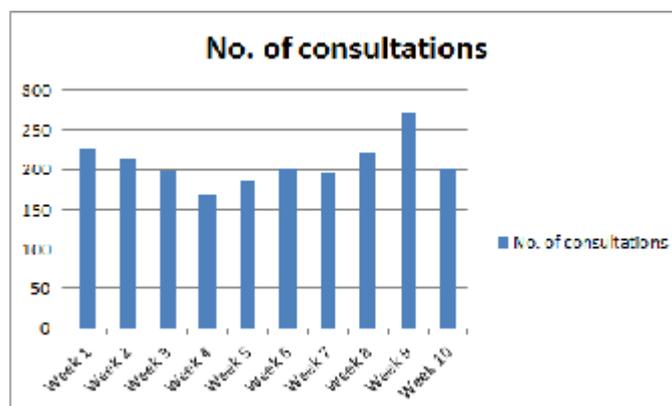
### **Our response to the official restrictions, team requirements and population needs**

#### Maintaining essential services

- We had to temporarily stop non-urgent activities such as minor surgery.
- However, we have continued to answer requests for medical help by calling back patients in the first instance, sometimes aided by their photos or video (see below). In many cases their problems can be solved with appropriate advice, prescription, or referral. We can also send blood test forms by email.
- We continue to accept new patients, and circumvented the standard GMS1 form.
- If patients need to be seen – for example, to physically examine them, to apply dressings to a wound, or to administer an injection, we make arrangements to admit them one by one.

The number of **telephone and face to face consultations** in the 10 weeks since national lockdown began (23.03.2020 to 31.05.2020):

Week 1	226
Week 2	215
Week 3	198
Week 4	168
Week 5	186
Week 6	200
Week 7	197
Week 8	221
Week 9	272
Week 10	200

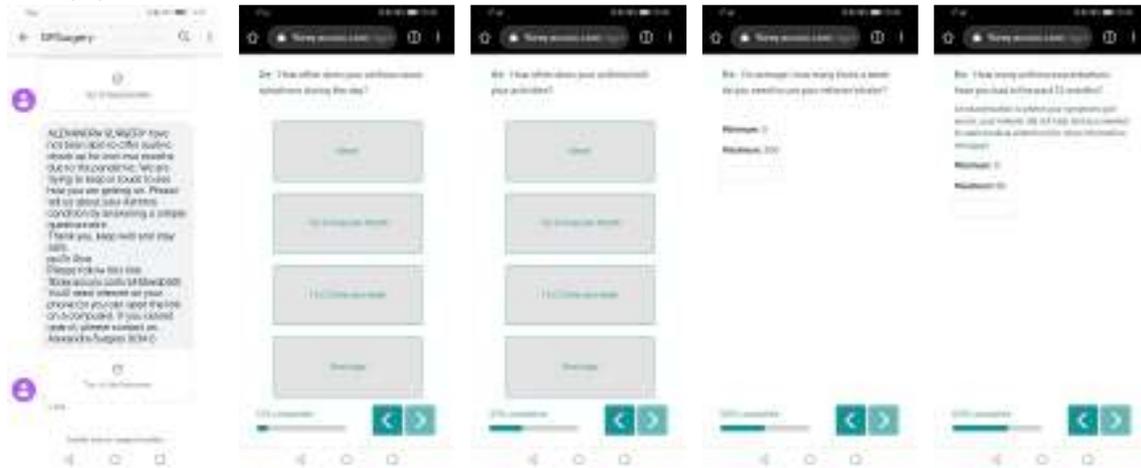


These figures do not include the regular **'virtual ward round'** at two care homes, adding another 45 consultations to the weekly figure, despite sadly losing a number of residents in the pandemic.

In the same period, 1,423 patients requested **repeat prescriptions**, issued electronically.

In addition, we conducted telephone reviews of **Chronic Disease Management** for 36 patients with Type 2 diabetes.

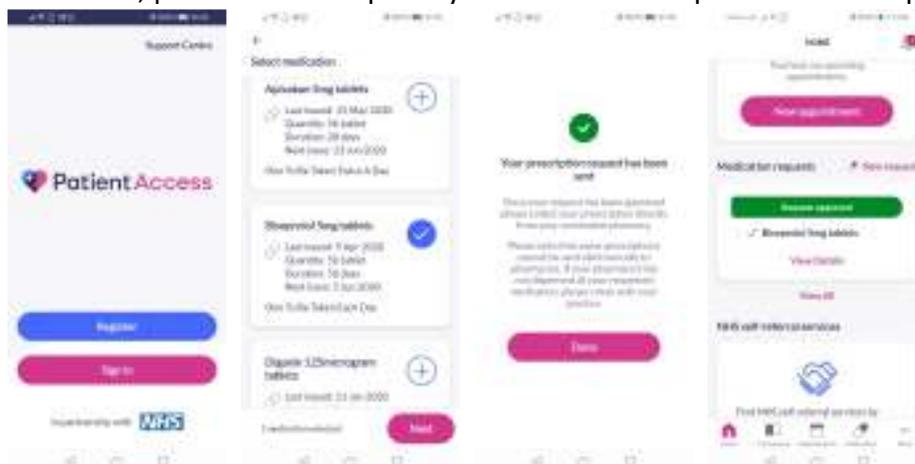
We have also commenced review of **Chronic Disease Management** for patients with Asthma, using Florey questionnaire via SMS.



### Developing new ways of delivery health care

- Telephone consultations are not new to our patients. We have introduced an adjunct of video consultation known as **AccuRx**, which works on an ordinary smart phone. The patient does not need any special account. This allows patients to see who they are talking to, and to show physical signs such as skin problems.
- AccuRx also lets doctors, nurse and staff to send documents to patients. This includes advice leaflets, hospital appointment letters, and medical certificates.
- To make life as bearable as possible, we have relaxed the restrictions on use of **telephone and email** to request repeat prescriptions.
- The team has reminded patients of the convenience of **Patient Access** online, where they can order repeat prescriptions at any time of the day, and their requests go directly into the doctor's mail box.

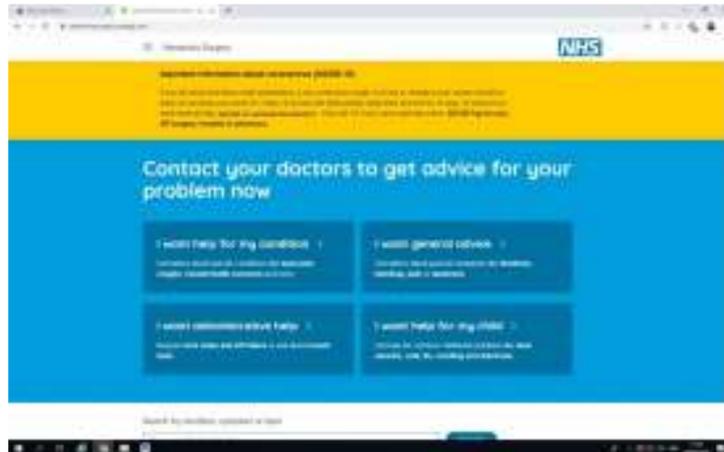
Moreover, patients can keep an eye on when the request has been approved.



- The most significant new facility is the introduction of **e-Consult**. This is an online portal that is available 24 hours, 7 days a week, where patients can look up health advice, request medical help, repeat prescriptions, medical certificates and letters, or seek assistance for administrative matters.

Patients are encouraged to submit a detailed account of their concerns and needs, including photographs.

These details form part of their medical records and the practice team can usually respond on the same or next day.



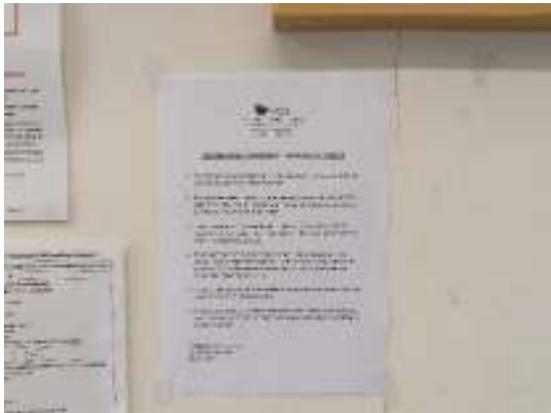
### Working on bank holidays

At the request of the NHSE, we worked as normal on Good Friday, Easter Monday and VE Day. This was intended to maintain a community service and avoid excess pressure on 111 or A&E departments.

### Staff protection

- As the national lockdown began, the local CCG (Clinical Commissioning Group) delivered a supply of **PPE** (personnel protection equipment) including face masks, face shields, gloves and aprons. We have been able to obtain further supplies since.
- The manager and partners have listened to staff concerns about risk from other colleagues, and published a **Coronavirus staff health policy**

- We are following closely the reports about impact of Coronavirus on **BAME groups**, and taking steps to introduce more robust protection measures
- We have now constructed a **screen** over the reception counter, with suitable portals for passing documents – although we discourage handling of papers



### Keeping our patients and carers informed

- From the day of the prime minister's report on the first COBRA meeting (12 March), we have been updating our **website** on how we are dealing with the situation.
- We have also sent our **text messages** when there are changes, for example working as normal on the Easter bank holidays and on VE Day.
- Most recently, we have displayed **posters** on the door, on our website and **Facebook** to let patients know we are still here to look after their health, and that they should not delay seeking advice if they have an important health problem.



### Consulting the public

- We have begun to plan for the day when we are given the green light to resume 'normal' service (although we do not know when that may be). Clearly, we shall need to make a decision about the new ways of working that have been put in place.
- Most of the team are happy to continue with the innovations, but we need a balanced view with how the patients see these.
- We have therefore initiated a **survey**, beginning with those who have actually used any service during this period. We shall report when responses have been analysed.

## Looking forward

At the time of writing, the government has allowed dental surgeries to reopen on 8 June, and indicated that non-essential retailers may be able to restart trading on 15 June. The ministers have previously stated that NHS services will begin to open up again, but are so far silent on what will happen to general practice.

We believe that we have learnt useful lessons and are better prepared to help our patients despite the difficulties for all parties in these unprecedented times.

### Further queries:

Please write to [alexandrasurgery@nhs.net](mailto:alexandrasurgery@nhs.net)

Hope to see you again soon. In the meantime, please keep well and stay safe.

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Convenors

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