

The lockdown on March 24<sup>th</sup> had a major impact on the four Rutland practices, which despite significant challenges have remained open and responsive throughout the pandemic. Practices have had to make significant changes to their ways of working. As a Primary Care Network, the Rutland practices, community partners and Rutland County Council have worked together as an example of excellent integration.

### Staffing

Initial lockdown guidance was for people to work at home where possible. Some clinical and non-clinical staff needed to be shielded. Staff were screened on arrival at work and, before testing was available, had to be sent home to isolate

Remote access to the clinical system was very limited prior to the pandemic, and there was a shortage of hardware, and the demands on LHMIS to provide hardware and large numbers of VPN connections, together with a fire in one of their servers which reduced capacity restricted the ability of staff to work at home. Childcare issues and school closures also impacted on practice staff availability.

The requirements for social distancing within the workplace have impacted on the numbers of support staff available.

3 retired local GPs offered to support the practices. This required GMC re-registration and some retraining which was undertaken at one of the closed branch surgeries (Somerby). The retired doctors supported the practice by processing hospital letters, prescription requests and clinical administrative work.

### PPE

Obtaining PPE was initially difficult and erratic. The practices supported one another by sharing supplies, and RCC also offered support. Some of the initial PPE supplies were out of date. The supply of PPE has become more reliable and organised.

Community support was invaluable when supplies were difficult to obtain. This included volunteers making scrubs and face coverings, donated PPE and visors made by local schools and businesses.

### Total triage model

NHSE directed GP practices to operate a total triage model to keep patients safe. This meant that all GP appointments were by telephone initially, allowing for assessment and screening of potential Covid patients. Only one of practices was operating a telephone triage system prior to the pandemic. OMP installed additional phone lines to cope with the increase in calls.

## Video consultations

Video consultations were rapidly implemented at the start of the pandemic, with none of the practices having previously offered this. Clinical staff learnt another new system, which is very useful for assessing some conditions. The system also allows patients to upload photographs where appropriate, and also for secure transfer of documents such as medical certificates and information leaflets.

## Face to face consultations

Where, after clinical triage, a face to consultation is required new procedures have been introduced to avoid patients waiting in crowded waiting rooms. Where possible patients wait in their cars until the appointment and their temperature is checked prior to going straight to the consulting room. A one way system has been implemented – for Empingham Medical Practice this has required modification to the building.

Suspected Covid patients were advised to contact NHS111, however people continued to contact practices, especially when NHS111 had long waits. In addition NHSE directed practices to set aside appointments available for direct booking by NHS111 Covid clinical assessment service (CCAS) at rate of 1 appointment per 500 registered patients (i.e. . . Patients contacting CCAS could be remotely assessed by a clinician anywhere in the country, with little knowledge of local services.

## Online consulting

All four practices have implemented online consulting, to provide an alternative to telephoning the surgeries which is also available outside core hours. This will free up capacity for those who can only access the practices by telephone.

## Cohorting of patients

Practices were required to keep patients apart to reduce the spread to vulnerable people and to safeguard staff. Where this could not be achieved, branch surgeries were closed and services consolidated into main sites. Empingham Medical Practice has a particular problem with inadequate premises where safe cohorting was difficult to achieve

The CCG set up three hot hubs where three groups of patients could be seen:

- Ambulatory patients who are too ill for self-management via self-isolation and are assessed as not requiring direct acute hospital intervention or stay, and;
- Patients who are self-isolating (i.e. no Covid -19 symptoms) but someone in the same household has likely Covid -19 symptoms, are presenting with, for example, abdominal pain, need to be seen and cannot wait for 14 days self-isolation;
- Patients who have mild Covid-19 symptoms are self-isolating as per the protocol but have another acute clinical need which would warrant an urgent clinical examination, which could not be resolved via remote consultation.

The CCG hot hubs were in Oadby, Loughborough and New Parks. For Rutland patients this meant a round journey of approx. 50 miles.

The Rutland Primary Care Network practices worked together to achieve safe cohorting. Oakham Medical Practice identified a safe separate facility for a “hot hub” in their portacabin... Risk assessment of staff meant that there were only 3 OMP GPs identified as suitable to work in the hot hub. The consulting room needs to be thoroughly cleaned by the GP between patients which reduces clinical capacity. The CCG initially indicated that it would meet the extra costs incurred by OMP, but subsequently declined to do so. The hot hub was discontinued as the demand reduced, but is due to restart on October 12<sup>th</sup> for the second wave, and will now be funded. Rutland Health PCN is one of only 3 PCNs offering a hot hub locally to patients, and the SOP which OMP has submitted to the CCG is being shared as an exemplar.

### Shielded patients

List of shielded patients were generated by NHS digital, using GP data, hospital data and medication history, and search results uploaded to practice systems. The lists needed to be verified by GPs and patients were contacted by the RISE team to ensure that they had a safe and sustainable way to receive food, medicines and information. Our integrated response in Rutland was significantly better than other areas. The RISE team continued to support people who were vulnerable to their support systems failing.

Many shielded patients are undergoing treatment that requires clinical monitoring. A PCN shielded patients' service for essential blood tests and consultations was set up at Uppingham Surgery. Patients had a separate entrance to the building and were seen before other groups of patients.

RCC supported shielded patients by providing safe transport to appointments where there was no household member. This was extremely helpful to patients and to practices.

LPT were initially unable to provide a housebound service to shielded patients, and practice nurses and phlebotomists visited patients in their homes to ensure essential monitoring took place until LPT were able to resume this service.

### Dispensing practices

Parish volunteers implemented medicines collection schemes at the dispensing practices to reduce foot fall at the surgeries. Medicines collection procedures were changed, so that patients collected their medicines by appointment and using outside windows. Delivery schemes have also been implemented by Uppingham Surgery and Empingham Medical Practice.

### Hospital referrals

Initially hospitals declined all but suspected cancer referrals, requiring practices to hold waiting lists. UHL began to accept referrals quickly, but Peterborough City Hospital took longer to restore services. Both have long waiting times, which creates anxieties for patients, who contact the surgeries for information which practices do not have. Some diagnostics have been very difficult (e.g. endoscopy) and hospitals are working at reduced capacity. Like GP practices, hospitals have moved to remote consulting, with “digital first” being a system aspiration for all services. This has an impact on practices with hospitals requesting blood tests, prescriptions and checks that would previously have been done at an outpatient appointment. The lab

collection for Rutland is from UHL, and there is no intra-operability with PCH – so blood tests taken at Rutland GP surgeries are not available to be viewed by PCH clinicians.

#### Communication with patients

All practices have been using SMS messaging and social media to communicate changes to patients. Practices and the PCN have included national messaging, patient newsletters, awareness of direct access, local support services (particularly mental health). Healthwatch Rutland has been very supportive with sharing PCN communications.

Rutland Health PCN website and individual practice websites have frequently updated with patient information, including sources of help (e.g. mental health).

#### Minor injuries unit, extended access and out of hours

Oakham Medical Practice continued to operate the minor injuries unit in hours. DHU resumed a weekend service at Rutland Memorial Hospital, but have not yet restarted a weekday evening out of hours service (due 2<sup>nd</sup> November).

#### Covid antibody testing

Antibody testing for health and care staff is available at all four GP surgeries. The results should be interpreted with caution – a positive result does not infer immunity, and some research shows that antibody levels decline within a few weeks. Antibody testing is therefore not a priority for the primary care network.

#### Flu vaccinations

The flu vaccination campaign is well under way at all four surgeries and community pharmacies. Many at risk patients already have booked appointments and there is sufficient vaccine available for these booked appointments. The “at risk” definition was broadened in August, and this increases the number of people eligible for NHS flu vaccinations. Supplies of vaccine were ordered by practices and pharmacies prior to this change and practices are reporting increased uptake this year. Practices have developed different processes this year to maintain Covid safety, which has meant that the vaccination program will take longer than normal to deliver.

#### Summary

The four Rutland GP practices have rapidly transformed care delivery in response to Covid. Some of this has been in response to frequently changing guidance. All four practices are working under pressure to maintain services to patients. Demand for services has increased. The support of the Health and Well-being Board in maximising opportunities for people for self-care, use of online services and a continued integration approach is welcomed. Integrated working with Rutland County Council and community partners has once again proved to be one of the key strengths of Rutland Health Primary Care Network.