



STANDARD OPERATING PROCEDURE

NICS ACUTE ILLNESS HUBS

PREPARED BY: Dr Mohsin Salahuddin	DATE: 1 October 2020
RATIFIED BY: Dr Caroline Baker	DATE: 1 October 2020
VERSION: v1	REVIEW DATE: 1 April 2021

PURPOSE & OBJECTIVE

With the onset of winter, and the inevitable increase in viral illness, plus the risk of a second Covid-19 wave plans have been made to provide integrated acute illness hubs within North West Surrey.

These integrated hubs will aim to see all 'hot' patients across NWS and manage on the day acute illness demand thus enabling Practices to remain 'cold' and focusing on routine, chronic patients. The hub provision is planned to include:

Improved Access: bookable on-the day appointments from GP practices which will allow cross organisational booking.

PCN hot sites: bookable on-the day appointments from GP practices. Cross-organisational booking not permitted.

Walk-in-Centre/111: Direct referrals from 111 (supporting required primary care allocation of 1:500 slots to 111) and from Walk in Centres (funding permitting).

These clinics will see **patients with viral type illness, acute respiratory problems, fevers, coughs and/or loss of smell or taste** and hence will be run as 'hot' clinics. The criteria may change to meet specific demand and we will monitor this regularly to ensure the hubs are meeting Practice and patient needs at the time.

The benefit of these clinics will be to:

- 1) Avoid both hot and cold patients having to be seen at GP Practices, which avoids the need for zoning and reduces the risk of cross infection to staff and other patients.
- 2) Reduce burden on General Practice and allow primary care to focus on the backlog of routine work/annual reviews and ongoing 'cold' work.
- 3) Provide capacity to support Think 111 First initiative.



PROPOSAL

The hot clinics will run between October 5th 2020-March 31st 2021 and operate Monday-Friday between 10am-9pm. They will be located at three sites:

Walton Community Hospital (within Burwood Ward): Serving Thames Medical
Woking Community Hospital (current ASPH space on the ground floor): Serving Woking
Ashford Hospital (rooms within the Walk-in-Centre): Serving SASSE

Each site will have 3 clinical rooms and a 'cold' administration room.

CRITERIA

All patients booked in to appointments must have had a **clinical triage** by one of the following means:

- 1) GP Practice clinician triage by phone or video with notes entered in to EMIS (and appointment to then be booked via EMIS with mobile number checked and AccuRX template message sent to patient)
- 2) 111 Clinical Assessment Service triage (booking process to be confirmed - likely via GP connect into EMIS or alternatively 111 to phone hot site administrator and book into EMIS Clinical Services)
- 3) Walk in Centre clinician triage (hot site administrator to book patient in to appointment). Patients attending the WIC who are not registered with a GP Practice in NWS cannot be booked in. Criteria to be developed and agreed.

Suitable patients for hot clinic:

1. Those with suspected Covid-19 and are unable to be managed over the phone:
 - Fever
 - Mild - moderate chest tightness/wheeze
 - Cough
 - Change or loss of smell/taste
 - Shortness of breath
 - High risk (see below) patient with more mild symptoms
 - >70 years
 - Chronic lung disease
 - Diabetes
 - Hypertension
 - CVD
 - Stroke
 - Obesity
 - Immunosuppression
 - Pregnancy
 - Active cancer



2. Those with a fever or respiratory symptoms that may or may not be Covid-19 (particularly children)
3. Patient needing a clinical examination not related to Covid-19, but also has possible symptoms of Covid-19, or is self-isolating with a family member who has suspected Covid-19.

Patients not suitable for hot clinic:

Patients fitting the following criteria should be sent to ASPH UTC for assessment and **not be booked** into hot clinic:

1. Severe chest tightness / wheeze
2. Chest pain
3. Deemed acutely unwell by triaging clinician

STAFFING

The hot clinics will utilise a multi-faceted healthcare team including GPs, Advanced Nurse Practitioners (ANP) and Paramedic Practitioners (PP); these axillary healthcare staff will be working with GP oversight.

Each site will have 2-3 clinicians working at any time.

Appointment slots will be 20 minutes and initially only bookable on the day.

The GP rota will include catch up slots to allow for oversight of other healthcare professionals working and prescribing where necessary.

Exclusion Criteria for ANP/PP

Healthcare staff must work within the scope of their practice. This will vary between clinicians but as a general rule the following exclusion groups apply for ANP/PPs:

Pregnant patients
Patients with acute mental health disorders
Children < 1 year old



OPERATION

Patients will be told to park in the car park and on arrival ring the receptionist (number to be provided by GP Practice and also sent via Accurx template message). The patient should remain in the car until they are ready to be seen (unless they have deteriorated and are feeling more unwell).

- They must try not to arrive too early for the appointment (no more than 10 minutes before)
- The patient should come in alone unless it is essential to have a carer
- One parent should accompany children.
- The patient will be given a surgical mask to put on once they enter the site and use alcohol hand gel.
- The patient will then be taken directly to the consulting room.
- When the patient leaves the mask must be taken off and put in clinical waste bin.

ADMIN STAFF

Each hot clinic site will have an administrator on site from 10am-9pm. Contact numbers for each site are listed below:

Woking: **01932 726110**

Ashford: **01784 884530**

Walton: **07825 048742**

Administrator Process

1. If the patient has not already called at the time of their appointment call them to ask if they have arrived at the site.
2. When indicated, "arrive" them on EMIS so the clinician is aware they are outside. Receptionist to tell patient if clinician is running late.
3. Receptionist to ask the patient "*Do you feel OK to wait inside your car until the appointment?*" and advise that they will receive a call when the clinician is ready to see them, and to please wait inside their car till then.
4. The clinician will be calling them to take a history over the phone.
5. Indicate to them that if they are feeling more unwell before being called to call back immediately.



GP CONSULTING MODEL

1. Telephone the patient from a cold administrative room whilst patient is sat in the car.
2. Take the history from over the phone and document on EMIS.
3. Don PPE (see Appendix)
4. Ask patient (and guardian/carer) to walk to entrance of site and provide them with a surgical mask and ask to sanitise their hands with alcohol gel.
5. Bring them directly into a hot consultation room for examination. Ask them not to touch the hand rails and stay at least two metres from others en-route. Open door for patient and ask them to observe a 'no touch' technique.
6. A sphygmomanometer, pulse oximeter (adult and paediatric), stethoscope, otoscope and thermometer will be provided in each clinical room.
6. Following examination send patient back to the car - again ask them to observe a 'no touch' technique.
7. Clean the room (see Cleaning section)
8. Doff PPE in room (see Appendix)
9. Document notes in clean administrative room and call patient with management plan, specific worsening advice and answer any questions they have.
10. Telephone the next patient who will be waiting in the car.

PPE

All clinicians working within the hot clinic must adhere to the following:

- Own clothes to be worn to work.
- Scrubs to be changed into before the shift begins. If scrubs not available clinicians must bring an additional change of clothes.
- Scrubs should be laundered separately from other household linen and at the maximum temperature the fabric can tolerate.

PPE provided:

- Single use gloves
- Fluid resistant surgical mask
- Single use plastic apron
- Eye Protection (subject to risk assessment)

Don and Doff PPE guidance:

https://www.youtube.com/watch?v=-GncQ_ed-9w&feature=youtu.be

Don PPE:

- Remove jewellery and watch. Tie hair back.



- Perform hand hygiene before putting on PPE.
- PPE should be put on outside of the clinical room.
- Put on apron and tie securely at waist
- Put on face mask - position upper straps on the crown of head and lower strap at nape of neck
- With both hands mould the metal strip over the bridge of nose
- Don eye protection if chance of splashing into the eyes
- Put on disposable non sterile gloves

Doff PPE:

- PPE should be removed in an order that minimises the potential self-contamination
- Before leaving the room where the patient is, remove gloves, perform hand hygiene and then remove apron (avoid touching outside).
- Remove eye protection and perform hand hygiene.
- Once outside the clinical room remove face mask.
- Dispose of them as infectious clinical waste.
- Wash hands with soap and water

Administrative staff

Administrative staff will be provided with a fluid resistant surgical mask to wear and be set up in a covid secure administrative room with seating two metres apart.

Surgical Mask guidance

- 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
- be removed outside the patient room, cohort area or 1 metre away from the patient with possible/confirmed COVID-19
- be worn once and then discarded as healthcare (clinical) waste (hand hygiene must always be performed after disposal).



THROAT EXAMINATION

Examination of the oropharynx should only be undertaken if essential.

If a diagnosis of tonsillitis is suspected based on clinical history, a pragmatic approach should be adopted and there should be a lower threshold to prescribe antibiotics. Although this is likely to result in a temporary increase in antibiotic prescribing, this is felt to be preferable to healthcare staff being unnecessarily exposed to COVID-19.

PEAK FLOW AND NEBULISERS

Do not record a peak expiratory flow rate (PEFR) until after salbutamol treatment is completed.

The patient will either use their own peak flow meter if they have one or a new sealed peak flow meter for single patient use. The peak flow meter cannot be used for other patients as it carries a potential infection risk due to viral droplets within the unit after use.

The use of a peak flow meter is not an aerosol generating procedure (AGP)

Where possible the room will be ventilated by opening of a window. Keep the patient warm.

Consider the use of MDI and spacer for patients with mild and moderate asthma. In severe asthma/COPD nebulisers can be used; this does not count as an AGP.

PRESCRIBING

Prescribing will be done via EPS.

In the event of EMIS downtime paper FP10s can be used. These will be stored in a locked cabinet. A log with the FP10 serial number, date, clinician name and signature, medication prescribed and countersignature of administrator are required.

Clinicians should prescribe in accordance with SurreyPAD Antibiotic guidance.

EMERGENCY DRUGS AND EQUIPMENT

Emergency drugs and equipment (including defibrillator and oxygen) will be available at each site.

See NICS emergency drugs policy.



EMERGENCY/RESUSCITATION

In the event of an emergency:

- Clinician to shout for help
- Response team to bring emergency equipment to room (defibrillator, oxygen, emergency bag and emergency drugs are available at each site)
- Team to don PPE - in the event of a resuscitation full PPE must be worn - this includes a gown, FFP3 masks, eye protection and gloves (3 sets will be available in grab bag)

CLEANING

Cleaning and disinfecting the room will be carried out in line with PHE guidance.

- All rooms used will be clutter free with clean wipe-able surfaces, hard floors, 2 plastic chairs, a couch and facilities for hand washing (or alternatively alcohol gel)
- A clinical waste bin will be kept inside the examination room for the patient and the clinician to dispose of PPE.
- Windows should be opened to improve airflow and ventilation
- Between patients hard surfaces, chairs, door handles and equipment must be cleaned with Clinell wipes.
- PPE should be worn when cleaning and disinfecting; gloves, aprons and splash resistant masks. Specialist equipment such as FFP-3 masks are not required.
- For blood and body fluid spillages clinicians are to use provided spillage kit initially and then contact Estates for a deep clean.
- On leaving room doff PPE (see Appendix) and dispose in clinical waste bin and perform hand hygiene.
- At the end of each day the Estates team will deep clean premises with hypochlorite solution of 1000ppm.

Cleaning of communal areas

If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use.



Cleaning the admin room

- Clinicians and admin staff should wipe down their work station with Clinell Wipes after each shift. The work station includes: Chair, Desk, Computer, Telephone and any other computer accessories/stationary used.

SICKNESS

In the event of staff sickness or the need to self-isolate shifts will be put out to GPs and ANPs/PPs staff via email, text communication and on Locums Nest. See '*Disaster Handling and Business Continuity Plan*' for full details.

Appointments for GP Practice patients will be prioritised over 111/WIC patients.

BLOODS AND MICROBIOLOGY SAMPLES

Routinely bloods and microbiology samples will not be taken for patients attending the hot clinic.

However, in exceptional circumstances, and to avoid a hot patient who needs timely bloods/sample being sent back to their Practice, these can be undertaken.

Clinicians will be able to order tests via ICE.

Samples will be picked up at Walton Hospital at 15.15, Woking Hospital at 15.45 and Ashford at 17.00 (these may be extended over time).

No patient samples can be taken after pick-up times; in exceptional circumstances the patient can be booked in the next day before the pick-up time.

A discharge summary will be sent to the Practice outlining which samples have been taken.

Results will go back to the patient's Practice to be checked and actioned.

DNA POLICY

Patients will be telephoned three times over a 2-hour period if they do not attend an appointment.

After this the administrator will call the Practice to inform them of non-attendance. Out of Practice hours an email or letter will be sent.



OUT OF AREA PATIENTS

Patients who are not registered with a GP in NWS cannot be booked into the hot clinics. 111/WIC will need to direct this cohort of patients to a local service or to the UTC at St Peter's Hospital.

REFERRALS

If the GP / HCP has determined that the patient needs admission into hospital and the patient has the ability to make their own way to hospital (i.e. family member who brought them into the hub), and the GP / HCP feels that it is clinically safe for this to happen, then wherever possible this should be considered. The patient **should not** use public transport including taxis/Uber.

Acutely unwell patients should have an ambulance transfer organised.

See '*St Peter's Hospital Referral Contact List*' (Appendix)

SAFEGUARDING

Refer to NICS '*Safeguarding Policy*' and '*Safeguarding Pathways*'

AUDIT

Audits of clinician notes will be undertaken in line with NICS' '*Consultation Note Audit Procedure*'.

FOLLOW UP/REED CLINIC

It is anticipated the REED clinic (virtual covid monitoring clinic) will return to follow up patients who do not require hospital admission.

In the REED clinic's absence a discharge summary will be sent by email to the patient's Practice advising a follow up is required. If it is deemed this follow up will need to be face-to-face then the patient is to be booked in to the Hot Clinic.



COMPLAINTS

NICS aims to provide the highest standard in healthcare and if there any patient concerns aim to resolve this as soon as possible. In the event a patient would like to make a formal complaint they can do via email or post:

This will be managed in accordance with NICS *Complaints Policy*.

Complaints can be made via:

Email: nics.admin@nhs.net; *Post:* Southview Surgery, Guildford Road, Woking, GU22 7RR



Appendix:

St Peter's Hospital Advice and Referral Contact List

PAEDIATRIC TEAM
<p>Paediatric ED Doctors Desk: 01932 723624 (10am-9pm) 01932 723627 (10am-9pm)</p> <p>OR</p> <p>Paediatric Registrar: Call ASPH switchboard on 01932 872000 and bleep 5315 (10am-9pm)</p>

MEDICAL TEAM
<p>Respiratory Consultant: Consultant Connect (9am-5pm)</p> <p>AECU Medical Registrar: 01932 726439 or (10am-8pm) 07790353580 (10am-8pm)</p> <p>Medical Registrar on call: Call ASPH switchboard on 01932 872000 and bleep 5951 (10am-9pm)</p>

SENIOR ADULT MEDICINE SERVICES
<p>Use 'Medical Team' contact list. In addition:</p> <p>SAMS Physician Associate/Consultant Line: 07500 099414 (8AM-4PM)</p>

Patients requiring hospital assessment should be sent to SPH ED. Please call UTC streaming nurse on 01932 726648 and inform them patient is being sent so they can be triaged to the appropriate place.



Public Health
England



Putting on personal protective equipment (PPE)

Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Tie hair back
- Remove jewellery
- Check PPE in the correct size is available

- 1** Perform hand hygiene before putting on PPE.



- 2** Put on apron and tie at waist.



- 3** Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4** With both hands, mould the metal strap over the bridge of your nose.



- 5** Don eye protection if required.



- 6** Put on gloves.





Taking off personal protective equipment (PPE)

Standard Infection Control Precautions

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- PPE should be removed in an order that minimises the risk of self-contamination

- Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



Slide the fingers of the un-gloved hand under the remaining glove at the wrist.

Peel the remaining glove off over the first glove and discard.



2 Clean hands.



3 Apron.

Unfasten or break apron ties at the neck and let the apron fold down on itself.



Break ties at waist and fold apron in on itself – do not touch the outside – **this will be contaminated.** Discard.



4 Remove eye protection if worn.

Use both hands to handle the straps by pulling away from face and discard.



5 Clean hands.



6 Remove facemask once your clinical work is completed.



Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. **DO NOT** reuse once removed.

7 Clean hands with soap and water.

