

Pilsley Branch Surgery - Quarterly Progress Report to the Primary Care Co-Commissioning Committee (PCCC).

1. Context

Since the agreement to close the Pilsley Branch Surgery was given in March 2020 the Coronavirus Pandemic has changed the way services are being provided significantly.

From the 1st of April 2020 the practice had planned for the opening hours at Pilsley Surgery to be reduced to one and a half days per week until final closure on 31st March 2021, however all aspects of the Staffa Health service have changed and at the time of writing this includes the opening hours at the Pilsley surgery. The current Staffa Health operating model is described below for the Committee's information. Some of the practice's current operating policy has been mandated centrally or implemented in order to adhere to government guidelines. This way of working and our operational management across our 4 sites has been approved by NHS England and the CCG.

2. Current Staffa Health Operating Model

- The front doors to all surgeries remain closed at all times. Only patients with face to face appointments arranged by the practice are able to access a surgery.
- Reception services are only available via telephone and not in person. Paper prescription requests are no longer accepted over the reception desk or in the post. Patients must order prescriptions via the Medicines Order Line, through the NHS App or other Online Service or through arrangement with their Pharmacy if they are vulnerable.
- Since the 15th March 2020 all patients who contact the practice for an appointment with a GP or nurse practitioner are given a telephone or video consultation that day (for both urgent and routine matters).
- Only patients who cannot be managed remotely and need to be seen in surgery are invited into surgery, usually determined by the triaging them.
- Patients are asked to phone before 4pm for a telephone consultation that day. After 4pm only requests for help with urgent medical matters will be taken.
- Patients are able to complete an eConsultation online 24 hours a day, 7 days a week on the Staff Health website. These are responded to within 1 working day, usually with a call back, face to face or video consultation.
- Where possible appointments are carried out over the telephone or video consultation.
- Nursing appointments such as long term conditions reviews and blood tests are available and are being booked in advance.

- There are a small number of procedures we have been advised not to carry out at all or only if urgent for infection control or clinical reasons (e.g. spirometry, joint injections) and these are therefore not currently available.
- All face to face appointments for 'green' patients (screened as having no Covid-19 symptoms) are taking place at Tibshelf surgery. A back entrance is available for those who are considered more vulnerable (shielding patients).
- Some procedures are being carried out outdoors in the car park at Tibshelf or Holmewood surgery as 'drive through' attendances to minimise any risk to our highest risk patients where appropriate.
- The Stonebroom site is being utilised for patients with symptoms of Coronavirus where they cannot self-care or be managed remotely, this is a designated 'red hub' site for South Hardwick Primary Care Network and is closed to all patients except Covid-19 patients.
- Holmewood surgery is designated as a green infant zone with all mother and baby immunisations for Staffa Health patients taking place here.
- the Pilsley site is currently being used as a blue site/safe haven for staff who's risk assessment identifies them as at highest risk of Covid-19 and who cannot see patients face to face or carry out their duties at home. No patient appointments are carried out at the Pilsley surgery.
- Home visits are being conducted either by the Staffa Health team or the local Red Home Visiting Service for Covid-19 patients.
- We are now providing additional sessions to clear the backlog of appointments that were safe to delay during the first wave of the virus such as routine blood tests, cervical cytology, contraceptive implants and devices.
- We are in the process of fitting sneeze screens at reception in all waiting rooms, doorbells at all surgeries and better facilities to see patients outside to support reduced transmission of disease.
- Appointments that were provided at the weekends and in the evenings (on Saturday and Thursday evening at Tibshelf surgery) are on hold at the moment, however together with our neighbouring practices in our Primary Care Network we will be starting to offer these again in July. Again, the majority of these will be telephone appointments.

The services being provided, their format and location is subject to ongoing review over the coming weeks as the social distancing guidelines change and as we update staff and site risk assessments that guide some of the operating policy. The opening of the Pilsley Surgery 1.5 days a week is part of this planning and the practice are keen to be able to provide face to face services from here in the coming weeks. Telephone, online and video consultations will become the norm however as this way of working has improved access significantly and allowed us to implement social distancing, reduced footfall and potential disease transmission in the practices.

3. Progress report

The following action plan details the work the practice has been doing to meet its obligations with regards to working towards the Pilsley branch closure.

Key to RAG Rating:

	Completed
	In progress
	Not started

	Action	Update	RAG Rating
1	Review current service offers to increase overall capacity at the practice, e.g. GP to provide additional capacity to triage demand for same day urgent care	<ul style="list-style-type: none"> Since the 15th March 2020 the operating Policy at the practice has changed in all aspects due to the onset of the Coronavirus Pandemic. Currently 100% of all patients who contact the practice for an appointment each day (for urgent or routine matters) are given a telephone consultation that day. This is a 'total triage model plus' with patients getting a full consultation on the day rather than just a triage and re-booked for a later date. If the patient needs to be seen face to face they will be asked to attend later that day at a suitable site that is providing the appropriate type of care. There is no booking ahead of appointments unless the GP wants to follow a patient up and they will book that in with themselves up to 2 weeks in advance. This helps us to manage demand day by day and avoid cancelling patients if a staff member has to self-isolate. Patients are asked to phone before 4pm for a telephone consultation that day. After 4pm only requests for help with urgent medical matters will be taken. Capacity has been increased through a change to the design of each clinician's session format. An additional Advanced Nurse Practitioner was recruited in May 2020 to support with telephone and face to face consultations and home visits, thus also increasing capacity. Patients are now able to complete an online consultation (eConsult) 24 hours a day 7 days a week. These are responded to within 1 working day. 	

		<ul style="list-style-type: none"> • These operational changes have increased capacity overall and allowed us to respond to all urgent and routine care requests on the same day, significantly improving access for all patients. 	
2	<p>Work with the Pharmacy to review opportunities for additional or enhanced services which can continue following Pilsley branch practice closure</p>	<ul style="list-style-type: none"> • Well Pharmacy at Pilsley are very positive about the potential to work together in future once the branch surgery closes. Discussions are ongoing with the Pharmacist and the Regional Manager in preparation for when normal services can resume. Suggestions of services that could be accessed in the Pharmacy are INR testing, phlebotomy and a more formalised pathway for referral to Pharmacy for Minor Illness. • This joint working will help provide an access point in the Pilsley Community for some services and support the long term sustainability of the pharmacy. • There are also discussions taking place this month with Well Pharmacy about working together to deliver our flu vaccination clinics from September. 	
3	<p>Increase the number of telephone, online and video consultations available and support patients to ensure they are able to access these services</p>	<ul style="list-style-type: none"> • From 15th March 2020 Staffa Health have offered telephone or video consultations for all urgent or routine requests (not including nursing appointments such as blood tests). Face to face appointments are booked for the same day if required. • Video consultations were launched in the practice on the 17th March 2020. All staff have access to this system (called accuRx). Patients are sent a text message with a link to take them into a video consultation. Between 17th March and 3rd July 496 video consultations have taken place. • Online Consultations were launched on the 7th April 2020 (eConsult) and are available to patients 24 hours a day 7 days a week via the Staffa Health website. Patients can expect a response within 1 working day. On average 68 eConsults are currently sent in each week. • Capacity and demand analysis shows that there are currently unused appointment slots and spare capacity. 	

4	Streamline routine reviews for patients with long-term conditions and move to an annual review where possible	<ul style="list-style-type: none"> • All annual Long Term Condition (LTC) reviews have been pulled into a single appointment process that takes place in a patient's birth month from the 1st June 2020. • In addition to this a patient's annual medication review is also now being incorporated into this birth month review. • Combining these appointments will significantly reduce the number of times a patient is asked to attend surgery. • The only attendance for a Long Term Condition review required at the moment is the single appointment for a blood test (depending on the condition, this may not be required for all patients). • The Long Term Condition Review with the nurse is done via video consultation or telephone at the moment, meaning the patient is not required to attend surgery. If a review appointment determined that the patient needed to be seen face to face by a nurse or GP this would be arranged. • Whilst our new LTC process was launched in response to the Coronavirus pandemic in order to reduce the need to attend surgery, this process will continue and LTC reviews will be conducted over the telephone or by video in future as our trial of this has shown it is efficient and effective. • Please see patient information leaflet and letter below regarding this new combined system that was launched on the 1st June below. <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  House of Care Leaflet - June 2020.p </div> <div style="text-align: center;">  House Of Care Invitation Letter June </div> </div>	
5	Consider availability of bus travel and transport, and the reliability of the service is accepted as a reason why patients may be late to appointments	<ul style="list-style-type: none"> • The availability and reliability of the local bus service is acknowledged. The practice will accept this as a reason for lateness to appointments for Pilsley patients and their appointment will be accommodated. 	
6	Display a poster notifying patients of the outcome of a conversation between NHSE (KW) and the Local Authority, around possible changed to bus schedules.	<ul style="list-style-type: none"> • Staff Health will display the poster once this discussion has taken place. 	
7	Take steps to improve car parking arrangements at the remaining three premises	<ul style="list-style-type: none"> • Plans to increase the capacity of the Tibshelf car park have been drawn up. The Tibshelf landlords have purchased the house and garden that sits 	

		<p>within the curtilage of the existing surgery car park and are proposing to convert this area to car parking, subject to the appropriate planning permissions. This would increase the number of car parking spaces from 39 to 51.</p> <ul style="list-style-type: none"> • In addition to the above plan the practice has also been involved in a development group looking at the future use of the former Tibshelf secondary school site that is adjacent to the practice. These discussions do not look as though there will be any land made available to the practice in the short term, however separate discussions are now underway with Derbyshire County Council about use of land at the adjacent care home site. • The Car Parking at Holmewood surgery is considered more than adequate, even with increased future attendances. The Holmewood practice is surrounded by two council owned car parks that are for community use and can accommodate 50+ cars. • The Stonebroom surgery has limited car parking capacity, however there is on street car parking available on the main road and surrounding estates. Discussions are taking place with Stonebroom Parish Council about use of the Pavilion car park to the rear of the surgery. • The move to a telephone based service has significantly reduced the number of cars parked at all surgeries. • An audit of car parking at the Tibshelf site in June showed that the car park was on average only 57% occupied over a day. Busier periods are seen between 10am and 3pm but there were no periods recorded where the car park was full. • Whilst it is anticipated the levels of face to appointments will increase in future the Practice have implemented a telephone consultation first model which will continue to keep the number of attendances to a minimum. 	
8	<p>Undertake work on their premises in order to increase the number of clinical rooms at the main Tibshelf site.</p>	<ul style="list-style-type: none"> • Architects have completed a third draft of plans to convert existing space within the Tibshelf surgery from admin use to clinical consulting rooms to accommodate the clinicians and the patients from Pilsley Surgery. This interim internal reconfiguration will provide an additional 4-5 consulting rooms (Pilsley Surgery currently has 5 clinical consulting rooms). An additional overflow waiting area has also already been identified as the practice's meeting room has been converted 	

		<p>to a waiting area to support social distancing measures.</p> <ul style="list-style-type: none"> • It is anticipated that the internal reconfiguration will be complete by April 2020. • A second set of plans for a +250msq extension at Tibshelf have been drafted. These will be discussed with the CCG in July 2020 and a planning application will follow once approval in principle is given. 	
9	Identify new ways of providing supportive and proactive care to the most vulnerable patient groups	<ul style="list-style-type: none"> • The practice committed to identifying new ways of providing supportive and proactive care to our most vulnerable patients such as: <ul style="list-style-type: none"> • Frail elderly • Less mobile • Disabled • Low incomes • Mental health • Young families • Carers • People in poor health • The recent changes to service provision has made access for all of the above patents easier with appointments being given the same day in all cases and the majority conducted remotely thereby reducing the need to travel to a surgery. • Throughout the pandemic the safety and wellbeing of our most vulnerable patients has been a priority for us. Over 350 patients who were placed on the shielding list in April and May were proactively contacted by a clinician at the practice to discuss the advice they had been given and to ensure they had the support in place that they needed. Every patient with a dementia diagnosis or a learning disability were also comfort called. Nearly 3,000 patients who are over 70 years of age are also being contacted by phone to check they are safe and well and have the support they need. • It was identified that our deaf and hearing loss patients may find our new telephone based system more difficult to access. As a consequence we wrote to all of these patients in May 2020 and informed them directly of the online eConsult system; the availability of video consultations; explained that an interpreter is welcome at video and telephone consultations and gave them a specific telephone number that they could text reception rather than talking on the telephone. 	

		<ul style="list-style-type: none"> • The South Hardwick Primary Care Network has employed 3 social prescribers. One of these staff members has been allocated to Staffa Health two days each week from February 2020. All staff members are able to refer to her and ask her to provide support to our most vulnerable patients. At the moment most of her work has been practical, emotional and mental health support related to Covid-19. As things develop she will be able to support Pilsley patients with any concerns they may have and supporting with any physical or mental health or wellbeing issues that arise. • The practice is piloting the use of the Comprehensive Geriatric Assessment for frail elderly patients. These assessments are being done for new patients registered to care homes at the moment but if successful will be something we would complete for other vulnerable patients in the community. These assessments help identify specific support frail and elderly patients may need in order to remain living well at home. 	
10	Provide home visiting capacity to support the housebound and frail elderly	<ul style="list-style-type: none"> • It is recognised that there may be an increase in requests for home visits for Pilsley patients who are frail and would find travelling to another surgery difficult. The practice will still operate a strict home visiting policy based on health need; however we have recruited an additional advanced nurse into the home visiting team who started in post in May 2020. This was in anticipation of a future increase in requests for home visits. This will take the practice's home visiting team to 4 full time staff members, giving us exceptionally high day to day visiting capacity. 	
11	Review practice operating models, administration systems, timing of appointments and appointment types to ensure these work for patients and with a view to improving access where possible.	<ul style="list-style-type: none"> • Since the onset of the Coronavirus pandemic the practice's operating model has changed in every aspect. The new operating model has altered timing of appointments and appointment types in order to improve access whilst working as safely as possible. • Our new operating model has significantly improved access times. Waiting times for routine GP care are now 24 hours as opposed to 2-3 weeks previously. • We are currently reviewing capacity and rota provision in order to provide 'green' face to face services from Pilsley surgery in the coming weeks. We are also looking at ways we may be able to provide 'green' face to face services at the 	

		<p>Stonebroom branch also.</p> <ul style="list-style-type: none"> • Our operating model will continue to be reviewed at regular intervals in order to improve access for all patients. 	
12	<p>Ensure communications is robust within the twelve month period to keep Patients' informed of progress.</p>	<ul style="list-style-type: none"> • Updates for all patients on the current operation of the practice have been provided on our website and is updated as things change. The updates are also displayed in the windows of all surgeries. • A patient Newsletter was drafted in June 2020 and this included an update on the Pilsley Surgery. This is available on our website and social media while the practices are not open-door. • The introductory message on the practice's telephone system has been regularly updated to explain how the practice is operating. • The Staffa Health Facebook page posts updates for patients on a daily basis and has over 700 followers. • This PCC report will be made available on the Staffa Health website. • Pilsley Parish Council have also been sent a copy of this report for information. • Communications will be ongoing as things change. 	

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