

**DELIVERED BY MERTON HEALTH LIMITED (LED BY DR SEKERAM)**

**IN PARTERSHIP WITH MERTON MUTUAL AID, MERTON GP PRACTICES & MVSC**

# **PRACTICE GUIDE**

## **CONTENTS**

- Overview of Doorstep assessment service**
- Reception /clinician protocol**
- Volunteer instructions**
- Patient instructions**
- Infrastructure in Merton**
- Confidentiality agreement**

## OVERVIEW OF DOORSTEP ASSESSMENT SERVICE

Merton mutual aid is a self-developed group of local volunteers which has formed as a result of COVID -19. Across Merton they have over 2000 volunteers signed up. They have been helping out with many things like shopping for our residents. This program has been linked/co-ordinated with MVSC Community hub to co-ordinate effort across the borough. At present Oxygen saturation recording seems to be a clear need and could be a great starting point on which to develop a community of champions. This would be developed by residents near your practice / networks and so a great resource. Merton health federation will be hosting this work with support from Merton Borough CCG.

**Oxygen Saturation Monitor “Drop and Collect” supports remote consultations in Primary Care.** The primary aim of the service is to support the remote monitoring of oxygen saturations of patients with suspected or known COVID-19 during the pandemic. Ideally patients should be managed at home where possible and clinically appropriate to do so, avoiding direct patient contact and hospital admission. The ability to monitor oxygen saturations in these patients will support clinical decision making in this regard.

**Indications for use following remote consultation (telephone/video) of patient with suspected or confirmed COVID-19 symptoms:**

- Patient describes SOB (example questions below) and/or cough and/or chest pain/tightness and/or symptoms suggestive of COVID-19 AND/OR
- Saturation monitoring could change clinical management

### EXAMPLE QUESTIONS TO ASSESS FOR SHORTNESS OF BREATH

**Ask the patient to describe the problem with their breathing in their own words, and assess the ease and comfort of their speech. Ask open-ended questions and listen to whether the patient can complete their sentences.**

*"How is your breathing today?"*

**Align with NHS111 symptom checker, which asks three questions (developed through user testing but not evaluated in formal research):**

*Are you so breathless that you are unable to speak more than a few words?"*

*Are you breathing harder or faster than usual when doing nothing at all?*

*"Are you so ill that you've stopped doing all of your usual daily activities?"*

**Focus on change. A clear story of deterioration is more important than whether the patient currently feels short of breath. Ask questions like**

*is your breathing faster, slower or the same as normal?"*

*"What could you do yesterday that you can't do today"*

*"What makes you breathless now that didn't make you breathless yesterday?"*

**Interpret the breathlessness in the context of the wider history and physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning.**

## Drop and Collect Full DAS Protocol (NB: patient = patient or agreed representative)

1. GP Practice “Oxygen Saturation Monitor Pack” contains:
  - Oxygen Saturation monitor (also known as a “pulse oximeter”) contained in a specimen bag
  - PPE: Large gloves x2; FRSM Mask x1
  - Specimen bag x2 (one containing the monitor and one for the volunteer to place the used monitor into)
  - Volunteer disclaimer form (appendix 2)
  - Patient instructions
2. Practice staff member contacts “Drop and Collect” volunteer by telephone/real time messaging (SMS/Whatsapp etc.)
3. On attending the practice, the volunteer washes hands with alcohol gel
4. Volunteer collects “pack” from practice and signs disclaimer form
5. Practice staff member advises volunteer of address, drop off location (i.e. doorstep) and time of drop off (if clinician has agreed a time to telephone/video call patient)  
[It is recommended the drop off occurs 5-10 minutes before the agreed time]
6. Practice staff member advises clinician that monitor has been collected allowing them to video call patient whilst monitoring if they wish
7. Volunteer arrives at drop off location and puts on the gloves provided
8. Volunteer takes the pulse oximeter, which is contained in a specimen bag and leaves it at the agreed drop off location outside the premises
9. Volunteer alerts patient to arrival of the pulse oximeter by the agreed method and ensures they are at least 2 metres from the pulse oximeter on patient collection.
10. Patient collects pulse oximeter
11. Volunteer alerts practice staff member and/or clinician patient has pulse oximeter and waits for monitoring to be complete
12. Patient puts pulse oximeter back in the specimen bag and returns it to the drop location, alerting volunteer by agreed method
13. Volunteer returns to drop location, dons mask and gloves and picks up the specimen bag containing the pulse oximeter and places it into another specimen bag. (i.e. double bagged)
14. Volunteer removes gloves, mask and places in the specimen bag and seals the bag
15. Volunteer returns the “pack” to practice reception and cleans hands with alcohol gel
16. Practice staff member alerts requesting clinician that monitoring is complete (unless clinician already aware – see step 11)
17. Clinician contacts patient to discuss result, please add code to EMIS record “Remote care monitoring commenced”
18. Practice staff dispose of gloves, bags and clean the pulse oximeter using wipes

## Reception Protocol/Clinician Protocol

1. Clinician provides receptionist/ Health care assistant with:
  - Patient name
  - Patient address
  - Drop off location for the monitor (doorstep/bottom of stairs etc.)
  - How to alert the patient when the monitor has been dropped off (ring bell/knock etc.)
2. Receptionist completes the Drop/Collection form.
3. Receptionist contacts volunteer contact (**details tbc between practice and volunteer**)
  - a) Date and time of collection
  - b) Collection point \_\_\_\_\_ (Practice)
  - c) Who to collect from \_\_\_\_\_ (Reception)
  - d) Patient name and address including postcode
  - e) Remind the driver this is a drop off and/or return job
4. When volunteer arrives
  - a) Drop/Collection form and practice staff talk volunteer through these instructions
  - b) One specimen bag containing x 2 large gloves
  - c) One specimen bag containing monitor and patient instructions
5. Reception to inform requesting clinician that the monitor has been collected.
6. Clinician to call patient and engage in video consultation when the patient has received the monitor to observe monitoring if possible.
7. Reception adds details to the Register on \_\_\_\_\_ drive (COVID/Oxygen Saturation Monitoring/O2 Monitor register).
8. Clinician to add code "Remote care monitoring commenced" to the EMIS record.
9. Monitor is returned to Reception and a member of the nursing team contacted to clean the monitor and return it to reception in a clean specimen bag.

## Volunteer Instructions – see document below



Final - Oxygen  
Saturation Monitor 'D

## Pulse Oximeter (drop off/collection)

Date \_\_\_\_\_/Time \_\_\_\_\_

<b>Practice Address</b>	
Telephone number	
Main contact	

<b>Patient Name</b>	
Delivery Address	Postcode:
Telephone number	
Alert method (Ring bell/knock on window/etc.)	
Special instructions (if any)	

★Please include this form when the Pulse Oximeter is collected★

## Patient Instructions: How to Use the Pulse Oximeter (SpO2)

### Preparation

- You **MUST** remove any nail polish or false nail on one finger
- Get a pen & paper to write down the numbers
- Wash your hands to make sure they are warm & clean

### Using the Pulse Oximeter

- Ensure you are well rested before the reading is taken
- Rest your hand flat on your leg, a table or arm of chair with nails facing upwards
- **Place a finger into the probe**
- Press the button so the screen lights up
- Keep the probe on the finger for 30 – 60 seconds. After 30-60 seconds the numbers on the screen will have settled
- **Write both numbers down**
- [Sometimes the doctor may ask you to re-warm your hands and/or keep the probe on your finger for longer]
- Your doctor may ask you to repeat these measurements after exerting yourself



### Returning the Pulse Oximeter

- Place the pulse oximeter into the plastic bag and place in the drop off location for the volunteer to collect

**Please note the volunteer has been asked to respect “social distancing” and will not come within 2 metres of you. Please DO NOT approach the volunteer.**

**Write Your Results Here (today's date: \_\_\_\_\_ time: \_\_\_\_\_)**

Measurement	Your result
SpO2 Oxygen Level	
PR Pulse Rate	

**PLEASE KEEP THESE  
RESULTS AND THIS SHEET.  
DO NOT RETURN TO THE  
volunteer.**

The results will be very helpful to your clinician who will either phone you at the time of measurement or afterwards. If you do not receive a telephone call, please call the practice.

**★Do not keep the Pulse Oximeter, it is needed by other patients★**

## Volunteer COVID-19 Mutual Aid Group

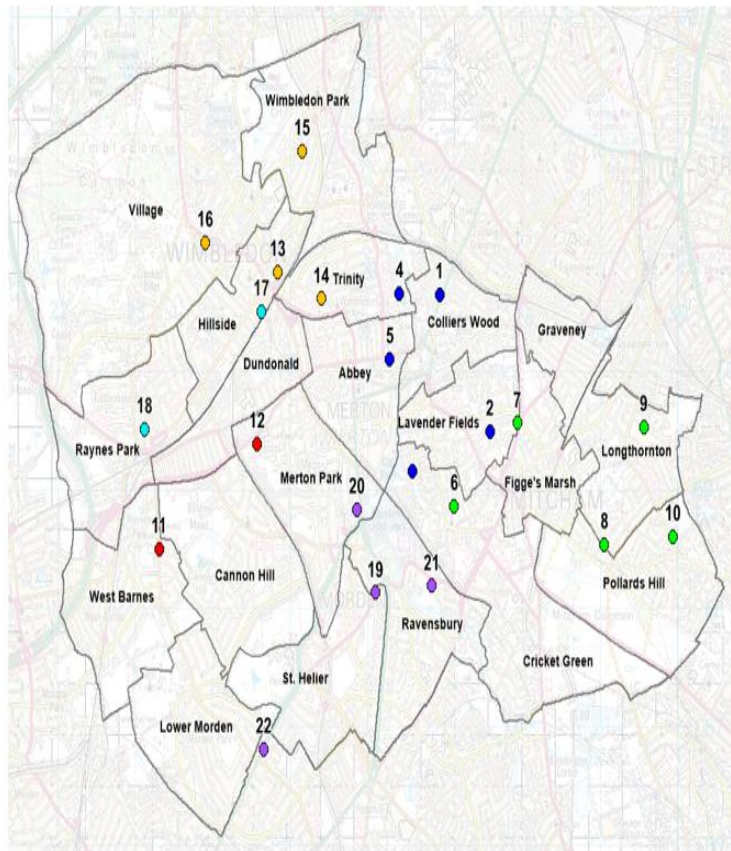
This is a national program to identify volunteers across the UK. They are working with the MVSC Community hub to co-ordinate delivery across the borough. Volunteers are aligned through wards and practices within each borough to ensure they are responsive. Each of the ward volunteer groups has a dedicated lead that is responsible for leading and coordinating efforts.

**The primary care networks and wards have been aligned.**

Primary Care Network (PCN)	Practice	Post-code	Mutual aid Lead/contact
North Merton	Mitcham Family Practice	CR4 3HS	
	Riverside medical practice	SW19 1YG	
	Merton medical practice	SW19 1DG	
	Mitcham Medical Centre	CR4 3PR	
	Colliers Wood Surgery	SW19 2BY	
East Merton	Rowans Surgery	SW16 5HF	
	Figges Marsh Surgery	CR4 3LD	
	Tamworth House Medical Centre	CR4 1DL	
	Wide Way Medical Centre	CR41BP	
	Cricket Green Medical Practice	CR4 3DA	
South West	Grand Drive Surgery	SW20 9EA	
	Nelson Medical Practice	SW20 8DA	
Morden	Ravensbury Park Medical Centre	CR4 4DQ	
	Stonecot Surgery	SM3 9EY	
	Central Medical Centre	SM4 5RT	
	Morden Hall Medical Centre	SW19 3DA	
North West Merton	Vineyard Hill Road Surgery	SW19 7JL	
	Alexandra Surgery	SW19 7JZ	
	Wimbledon Medical Practice	SW19 1NX	
	Wimbledon Village Practice	SW19 5BY	
West	Francis Grove Surgery	SW19 4DL	
	Lambton Road Medical Practice	SW20 0LW	



# Merton Pulse Oximeter SpO2 DAS Service



Primary Care Network	Reference number	Practice name	Accountable Clinical Director
North Merton	1	Colliers Wood Surgery	
	2	Mitcham Family Practice	
	3	Mitcham Medical Centre	
	4	Riverhouse Surgery	
	5	Merton Medical Practice	
East Merton	6	Cricket Green Medical Practice	
	7	Figges Marsh Surgery	
	8	Tamworth House Medical Centre	
	9	Rowans Surgery	
	10	Wide Way Medical Centre	
South West	11	Grand Drive Surgery	
	12	Nelson Medical Practice	
North West Merton	13	Alexandra Road Practice	
	14	Wimbledon Medical Practice	
	15	Vineyard Hill Road Surgery	
	16	Wimbledon Village Surgery	
West Merton	17	Francis Grove Surgery	
	18	Lambton Road Medical Practice	
Morden	19	Central Medical Centre	
	20	Morden Hall Medical Centre	
	21	Ravensbury Park Medical Centre	
	22	Stonecot Surgery	



## ID CHECK

Due to urgency of getting things started due to COVID-19 crisis it may not be feasible to get a new full DBS check. Where applicable a quick DBS check will be sought. Where this is not possible we want to ensure that the volunteers are vetted, the following volunteers will be preferred:

1. \*Resident of Merton
2. \*Registered Patient of a local GP practice (pref. the practice you wish to volunteer for)
3. \*Known to Merton Covid-19 Mutual Aid Group
4. \*Has valid ID (to present to GP practice when making a collection)
5. Active as a volunteer
6. \*Recent DBS check or agreement to complete a DBS check

*\*Mandatory Criteria*

## Routes of communication

It is recommended each practice or PCN have a pool of volunteers with a lead and deputy lead. The practice can then contact the group (by whatever means as arranged by the practice and volunteer group e.g. phone, what's app, e-mail)

The volunteer group will then indicate how long they may take to respond to request and liaise with representative at the practice. The representative at the practice may be a nurse, Health care assistant or admin staff (again pre-arranged by practice and volunteer group)

## Training

The volunteers will be expected to see the video which outlines the steps required for this particular work.

[https://webmail.doctors.net.uk/?\\_task=mail&\\_mbox=INBOX&\\_page=1300](https://webmail.doctors.net.uk/?_task=mail&_mbox=INBOX&_page=1300)

## Saturation probes

The federation will provide Saturation probes to practices in Merton and it is the responsibility of the practice to calibrate and maintain.

**Appendix 1**

**Merton COVID 19 Volunteer confidentiality agreement Door assessment Service**

**WE want to make sure that all information stays safe and confidential in line with the Data Protection Act 1998 and GDPR Regulations 2018.**

I understand that as a volunteer of the COVID-19 19 Doorstep assessment Service, I will be given confidential information about a patient such as name and address. I understand and agree that I will not disclose any confidential information which may relate to the person I am helping. I will treat other people’s personal information with the utmost respect. I will maintain confidentiality and will not discuss or disclose any data or information with anyone.

.....  
Volunteer signature

.....  
Date

## Appendix 2 – Respiratory Assessment Questions

Ask the patient to describe the problem with their breathing in their own words, and assess the ease and comfort of their speech. Ask open-ended questions and listen to whether the patient can complete their sentences.

*"How is your breathing today?"*

Align with NHS111 symptom checker, which asks three questions (developed through user testing but not evaluated in formal research):

*Are you so breathless that you are unable to speak more than a few words?"*

*Are you breathing harder or faster than usual when doing nothing at all?*

*"Are you so ill that you've stopped doing all of your usual daily activities?"*

Focus on change. A clear story of deterioration is more important than whether the patient currently feels short of breath. Ask questions like

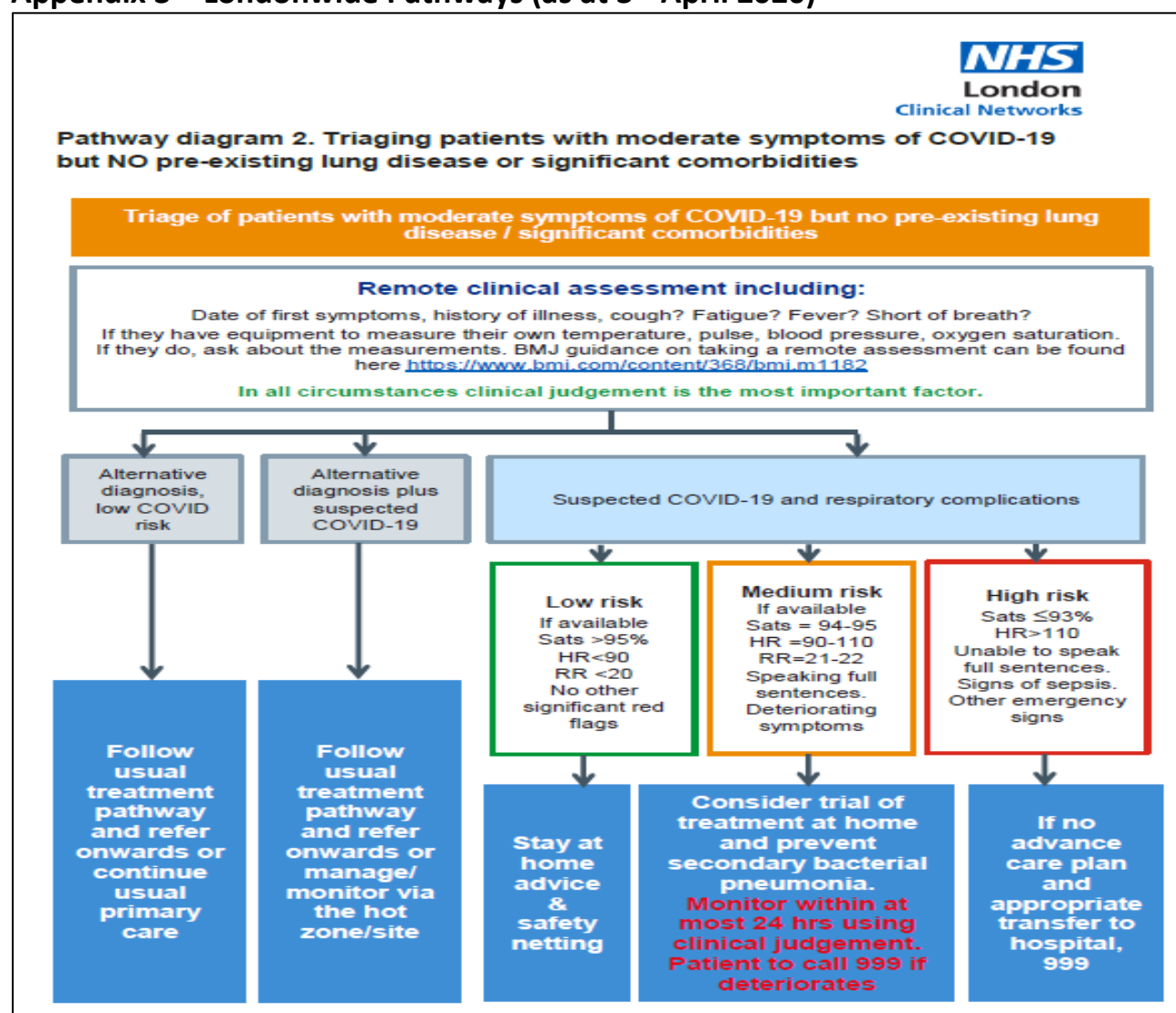
*is your breathing faster, slower or the same as normal?"*

*"What could you do yesterday that you can't do today?"*

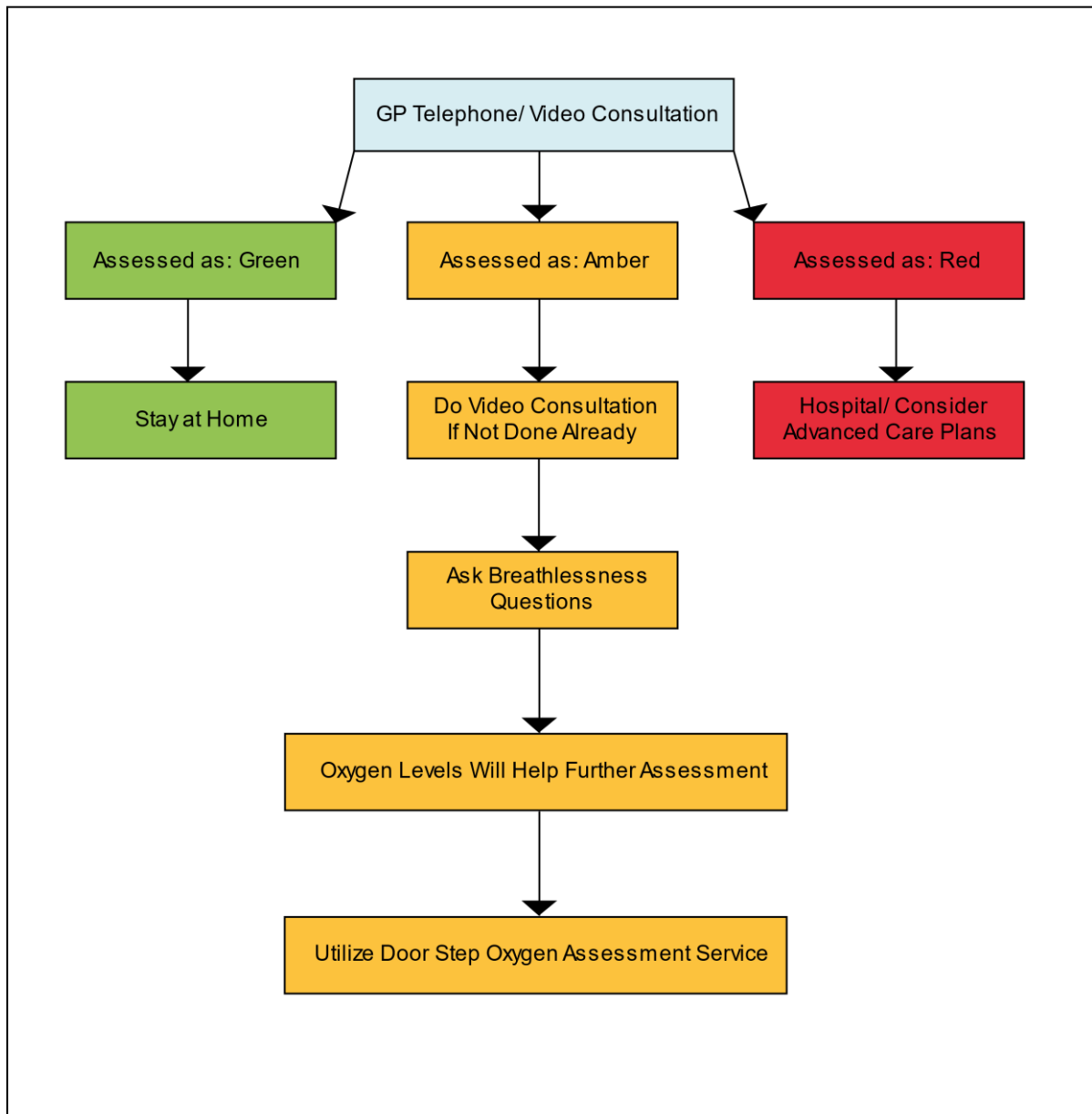
*"What makes you breathless now that didn't make you breathless yesterday?"*

Interpret the breathlessness in the context of the wider history and physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning.

## Appendix 3 – Londonwide Pathways (as at 3<sup>rd</sup> April 2020)



## Appendix four



## Appendix 5

Attached to pack will be latest guidance from NHS London Primary Care and Community Respiratory Resource pack for use during Covid – 19

## Appendix 6

### Core Merton Health Limited, Volunteer and Practice Responsibilities

<b>Merton Health Limited</b>	<b>Volunteers</b>	<b>Practice</b>
<b>Volunteers Indemnified through Merton Health Limited including vicarious liability cover</b>	<b>Adhere to responsibilities as outlined in the volunteer agreement with Merton Health Limited</b>	<b>Own oximeters and ensure they are maintained, calibrated annually, working effectively and not lost</b>
<b>Ensure Merton Health's policies and procedures are adhered to including code of conduct</b>	<b>Adherence with standard operating procedures outlined in this document and other relevant Merton Health Limited standard operating procedures</b>	<b>Clinical management of the patients accessing remote monitoring via the volunteers</b>
<b>Responsible for DBS checks, their monitoring and being kept up to date</b>		<b>ID verification of the volunteers on attending the practice</b>
<b>Provide operational line management of the volunteers via Lynsey Buckles who reports into the CEO of Merton Health Limited who in turn report to the board of Merton Health Limited.</b>		<b>Availability of hand gel on site to support with infection control procedures</b>
<b>The programme is clinically led by Dr Sekeram with the Medical Director overall clinically accountable reporting into the board of Merton Health Limited.</b>		<b>Ability to dispose of clinical waste brought back by volunteers. (bag gloves and mask after each patient contact)</b>
<b>Provide training and induction of volunteers into the remote oxygen</b>		<b>Support volunteers with complying with the standard operating</b>

saturation monitoring service.		procedure described in this document
Identify to practices the identity of their allocated volunteers and whether this changes.		
Advise practices of any potential issues relating to their allocated volunteers' agreement with Merton Health Limited should this arise. E.g. conduct issue		