Tameside & Glossop CCG/LMC GP Guidance

Vs 25 16/04/2021

No C19 Symptoms

Telephone / Video Consult

Most cases managed online, by phone or by video.

F2F needed?

Principles

Restrict building access eg. by entryphone

Patient comes to surgery alone, wearing mask. Social distancing whilst waiting.

Clinician to wear Adequate PPE for every single F2F appointment.

Patient washes hands, brief consultation

Wipe down all surfaces afterwards

Clean down the waiting room and patient toilets regularly

Ensure the risk/benefit has been considered including a risk assessment of the person carrying out the assessment or procedure using a recognised health risk assessment tool.

Tips to deliver good primary care

If your practice has specific reasons why care (eg. blood tests, smears) cannot be delivered due to specific C-19 related risks/capacity issues then consider making good use of the PCAS service or talk to your PCN CD to explore alternatives.

RCGP/BMA Guidance on workload prioritisation

Preventative/LTC Care

See LINK for CCG Guidance

Caring for vulnerable groups (LCS Bundle):

SMI healthchecks: See LINK for guidance on CCG expectations.

LD healthchecks: See LINK for guidance on CCG expectations.

Encouraging optimum self-care

Signposting patients to self-care resources for optimising health and managing long term conditions.

COVID 19 Testing

Symptomatic patients: www.gov.uk/get-coronavirus-test or 119

Patients who may have COVID but are unable to self-book a test: Book an appointment for them at the Ashton Primary care centre by email tgccg.covid-19testing@nhs.net or use practice-provided PCR test

Symptomatic staff: Either the same route as symptomatic patients (above) or practice-provided PCR test

Asymptomatic patient-facing practice staff: Practice-provided lateral flow test (LFT) twice a week and report to https://www.gov.uk/report-covid19-result and weekly practice-provided PCR for HCPs who visit care-homes

Asymptomatic keyworkers: Lateral flow tests available as a drop-in at Dukinfield Town Hall 7am-7pm or Stalybridge Civic centre 9am-5pm.

C19 Symptoms — Cough or fever

(Pts may have myalgia, fatigue, anosmia, sore throat, diarrhoea, congestion or delirium/unexplained deterioration/falls in older people)

Triage Assessment: Phone/Video

This will be done in the first instance by 111/CCAS. However if patients phone their GP surgery then they should be dealt with by the practice and not redirected to 111. CCAS may book directly into GP system via GP Connect.

Alternative diagnosis to C19 more likely (but C19 possible).

Usually no resp symptoms
eg. fever due to pyelonephritis, Endocarditis etc

OR

Resp Sx with no fever more likely due to asthma, HF etc

In these circumstances the clinician may decide to risk a brief F2F consultation due to their knowledge of the patient. If this is the case TAKE PRECAUTIONS and use PPE in line with PHE guidance.

Principles

Consider double triage with colleague.

Person triaging sees the patient.

Restrict building access eg. by entryphone, or allowing 2 people at a time with adequate social distancing.

Consider assessing patients outside.

Clinician wears at least gloves, mask, apron and eye protection. PPE Guidance.

Patient comes in to surgery alone if possible and not to touch anything.

Use the shortest possible path to consulting room and dedicate one room (Red room) in the practice for face to face assessment.

Patient washes hands, and to wear a surgical mask.

Patient brought in for brief exam.

Clean the room surfaces, and equipment with alcohol wipes. Open window(s) to air the room. Remove PPE, wash hands.

Phone patient afterwards to discuss plan and safetynet.

C19 is the *most likely* cause of symptoms

Mild

Stay at home, self-care advice, contact NHS 111 if symptoms get worse.

Remember to consider increased VTE risk in any **pregnant or post-partum woman** with a positive COVID test

Rest, Paracetamol, Fluids

Safety Netting. Advised to call Practice (or 111 OOH) if symptoms are worse.
Note: patients can become unwell on day 6-8 and rapidly deteriorate. They may be suitable for home O2 monitoring if they fall into a high risk category for serious disease.

Moderate

New SOB, Mild chest tightness
Completing full sentences
Struggling to do ADLS

Adults RR 20-24 Adults HR 91-130
(measured by Pt/over video)

If patient has a monitor
Adults O2 Sats 93-94% or 3-4% less than normal

CONSIDER HOSPITAL ASSESSMENT

If not yet for hospital assessment:
Home O2 monitoring
See separate guidance

Severe

Check if pt already has a care plan stating they prefer not to be admitted.
No urine output in 12 hours
New confusion

Adults RR ≥25
Adults HR ≥131

If patient has a monitor
Adults O2 Sats ≤92% or >4% less than usual

Assess pre-COVID
Clinical Frailty Score (CFS)

CFS≤4

999

CFS≥5

Phone Digital Health 0161 922 4460

Digital health Team will assess

Admission arranged by Digital health

Digital health may request further care including EoLC to be provided by GP/ Community Services

REMEMBER -all non-COVID acute medical admissions also go via Digital health as before 0161 922 4460.

Consider Pulmicort turbohaler 800 mcg twice daily for up to 14 days or until all doses of the inhaler are used (whichever comes first). **For patients**:

- with onset of symptoms within the past 14 days, **and**
- symptoms are ongoing **and**
- COVID-19 confirmed by PCR test within the past 14 days **and**
- 65 years and over OR 50-64 years with a comorbidity consistent with a long-term health condition from the flu list

Unless contraindicated, already on ICS or unable to use an inhaler.

Recommended terms/codes

'Acute Covid-19 infection': signs and symptoms of COVID-19: ≤4 weeks.

'Ongoing symptomatic COVID-19': signs and symptoms of COVID-19: 4-12 weeks.

'Post-COVID-19 syndrome': signs and symptoms that develop during or after COVID-19, lasting >12 weeks and not explained by another diagnosis.

Consider phone/Video review to reassess in 24 - 48 hours by practice or PCAS if feasible.

Consider Secondary bacterial pneumonia if there is pleuritic chest pain or purulent sputum
Doxycycline 200mg stat, 100mg od 5/7
OR Amoxicillin 500mg tds 5/7

Patients with COVID pneumonia have an increased risk of VTE, esp in the post-partum period. Consider admission if concerned.

Support for GPs, APs and GPNs

Palliative care advice: 24 hour advice line at Willow Wood Hospice, staffed by experienced nurses. 0161 330 5080

Peer GP/PN support phone call from tgccg.gppeersupport@nhs.net Mon-Fri 9-6pm

Check with your PCN resilience lead re. remote O2 satn Full NHSE Guidance LINK

Videos to help patients to measure their pulse rate and respiratory rate remotely: Pulse Rate Respiratory Rate

Supporting patients with post-C19 Symptoms

This link from the BMJ guides GPs/APs in how to assess patients with possible Post-COVID symptoms.

Guidance from BLS/Asthma UK on post-COVID Symptoms HERE.

Info for patients on symptom management from TGICFT/CCG

On line recovery support https://www.yourcovidrecovery.nhs.uk/

LOCAL OPTIONS:

Patients with persistent Sx beyond 12 weeks following COVID or probable COVID can be referred to **TGICFT Post-COVID Syndrome Assessment Clinic**. Referral proforma templates have been sent to Practice Managers to be uploaded into your medical record system.

Updates and Feedback: Please check you are using the most up to date version of this guidance. If any part of the pathway has not worked for you in the way you expect we need to know so that we can sort out problems. If you have any problem or feedback please email **tgccg.primarycarereporting@nhs.net**