UNDERSTANDING GENERAL PRACTICE IN WORCESTERSHIRE FROM MONDAY 23RD MARCH

We are in unprecedented times and over the weekend colleagues across our practices, primary care networks, CCG and Federations, have put in many hours to try to make the best decisions we can with the constantly evolving picture to best prepare Worcestershire to manage the covid-19 pandemic. We hope that you understand: the decisions are difficult and we will learn and listen and adapt together.

The following documents have been taken into account in order to produce this guidance

- Preparedness letter
- SOP for GPs https://www.england.nhs.uk/coronavirus/primary-care/.
- Future publications must be taken into account and may change the guidance reflected here.

Recent changes which will impact upon general practice

There are **changes to the NHS 111 pathway** which will mean that practices are going to receive calls from patients redirected from NHS 111. All services are now struggling with capacity along with our own but we know these patients and are well placed to manage their needs having full access to their notes. NHS 111 will continue to manage the majority of patients who contact them and will give advice on those needing immediate admission and those needing to self-isolate but who are managing their symptoms. The Category 2 patients (guidance at the bottom of this document) fall somewhere between these two scenarios and it is these patients who may fall to general practice. This document aims to provide a standardised approach to these patients across our county.

We now have greater clarity around the **COVID Management Service.** There is currently no expectation for the CMS to provide face to face treatment during in hours periods as this is seen to be a function of GP practices. The expectation is that General Practice will be required to offer care to certain COVID19 patients as well as maintaining a service to non COVID patients seeking routine care.

PPE – Personal Protective Equipment
The NHSE and CCG state that they have been advised that the PPE issued for General Practice is in accordance with the PHE guidance.

FFP3 is only required if undertaking an Aerosol Generating Procedure (AGP) which should be avoided in the Primary Care setting for this group of patients.
It is the view of the GPPB that adequate PPE should include goggles, long sleeved gown, gloves and FFP3 face masks (as sneezing is an aerosol generating procedure and potentially unavoidable). This view may change as more guidance emerges. At the current time we do not feel that the PPE provided is adequate and GPC and the BMA have taken the same view. This is based on evidence emerging from other countries facing outbreaks and WHO guidance.
As safety is paramount, it is **therefore necessary to take an approach that will minimise any face to face patient contact**. We will ensure that the majority of the services we now provide to the patients of Worcestershire is remote in nature rather than face to face in order to safeguard the workforce for the benefit of both staff and patients.

All staff should be trained in the proper use of all PPE that they may be required to wear. NHSE guidance on PPE can be found here along with instructions on how to use it.

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

PRINCIPLES

- Numbers of covid-19 are escalating

- Assumption EVERYONE has potential covid-19, or is in asymptomatic phase and need to minimise spread in population and to general practice staff

ACTIONS

- All practices moving to video consultations (or telephone if not possible) for patients – unwell patients not seen in own practice. Advice on IT support can by emailing HWDigital.Enquiries@nhs.net
- Med3 for patients self-isolating to be accessed via NHS online https://111.nhs.uk/isolation-note. See guidance on Teamnet
- Do not given longer supplies of medications if requested. There are supply issues and this may also impact on local pharmacy.
- Risk assess your staff. Can they work remotely or on a safe site?
- No patient should be seen on any site without prior telephone triage having taken place and an assessment must have been made regarding COVID-19 symptoms.
- **No** walk in appointments on any sites.
- Review capacity on a daily basis (consider survey results). Adjust service offered as necessary (see guidance on services that should be maintained where possible)
- All monitoring of LTCs to be done on video/phone
- Surgeries to be doing their own calls on site/from home
- Surgeries to assign a buddy surgery and set up logins for staff in case of sudden closure (details to follow)
- All acute - Respiratory patients who need to be seen will be seen in RED clinic (once set up in each network) and should be treated as ? COVID until proven otherwise.
- All other patients who need to be seen (INR, DMARD monitoring) etc will be seen in AMBER clinic (once set up in each network). Continue in surgery at present.
- Those at high risk without respiratory symptoms will be seen in the AMBER clinic.
- ALL ROUTINE WORK TO STOP – see Teamnet for list.
- Extended Hours – to be moved to in-hours to support practice capacity.

UNTIL YOU HAVE AN AMBER/BLUE HUB

- EVERYWHERE seeing patients needs
    - Declutter rooms, all pictures, posters, paperwork etc removed to be wipe clean
    - All clinicians in scrubs- hot washed each day
    - Any necessary face to face contact will mean the clinicians and patient wearing face mask, gloves, + eye wear and apron.
    - Any patient contact to be minimal, history taking etc prior to assessment via online / telephone consultation . IN and OUT.

ONCE THE CLINICS ARE SET UP, WHAT AM I DOING IN MY OWN SURGERY? (Blue site)

- Telephone/video triage of all patients who have acute problems or need LTC care
- I will be looking after my own patients
- If a surgery in my PCN closes due to staffing issues, I will be caring for those patients virtually too
- This is a clean site
- We would expect social distancing in these clinics to protect staff too. See guidance on Teamnet with regard to social distancing at work.
- Some of this can be done virtually from home by those well but self-isolating.
- Each surgery needs to contribute staff for the hubs- will be rostered in their network in their usual hours.

WHAT DOES IT MEAN TO BE A AMBER CLINIC?

- Here we will be seeing patients who are well but MUST be seen for something routine eg DMARD monitoring, B12 injections, URGENT blood tests Such as INR
- Or need to be seen for a NON-respiratory condition but are self isolating due to vulnerability factors (over 70, immunocompromised, pregnant, poorly controlled heart disease, diabetes, lung disease)
- These patients may be immunocompromised and so minimise time spent with anyone
- Space appointments to not have people waiting in waiting areas.
- Consider car park testing
- Staff to wear gloves and mask and surgical scrubs, goggles/ eyewear.
- All rooms and waiting area must be decluttered (no pictures, no posters, no paperwork, no magazines)
- This is initially virtual assessment of patients who are unwell whose own GP/ANP thinks they need examining
- These will predominantly be patients from your Primary Care Network.
- If you agree that examination will change their management you will bring them into the clinic or (less commonly) arrange home visit
- Most of these patients will not have covid-19 symptoms but where examination will change your management
    - Abdominal pain: is this cholecystitis or renal colic
    - Is this a breast lump that needs 2ww or an abscess that needs antibiotics etc
- You will need to consider what you will do when you see the patient, what equipment you need to get out and how to make this a one stop shop. You might need an ECG or to take bloods

WHAT DOES THE COVID MANAGEMENT SERVICE (CMS) DO

- As of Monday 23rd March it has been decommissioned and we wait further clarification of what services will replace it.

WHAT DOES IT MEAN TO BE A RED CLINIC? – TO BE POSTPONED UNTIL SATISFACTORY PPE IN PLACE

- Here we will be reviewing F2F those HIGH RISK RESPIRATORY PATIENTS – that have been clinical triaged as needing a F2F review.
- Minimal Clinical contact with the patient i.e. History taking via the patient remaining in their car, clinical examination but no communication about management plans until the patient is back in the car
- Consider Car park, Gazebo or Pod as the red area or a clinical space.
- Clinical spaces need to have a clean and a dirty entrance, vinyl flooring that can be washed and minimal equipment and furniture in the rooms i.e. no blinds/curtains/toys/computer/phone – Rooms should really only have equipment and a desk/examination bed in them.
- Full Infection control measures and cleaning for these rooms.
- You will be in full PPE – scrubs, surgical hat, fluid resistant face mask +/- visor/goggles and gloves
- The room will be cleaned between patients
- Someone in another room will assist you with writing notes.
- Patients will also wear a mask.

HOME VISITING

- Visits will be provided on a practice basis when staffing levels allow and on a network basis if practices are at crisis point.
- Visits will be conducted in full PPE by a doctor, as per Amber sites
- ALL likely COVID POSITIVE patients will receive phone/ video support. ONLY in extreme circumstances will any of these patients be visited. Those at risk will be telephoned every 24 hours which 111. (?)

HOME VISITING ADVICE

- For every request, the question must be asked "How will a home visit change my management of this patient?"

Home visits must **not** be arranged to patients with

- A new (in the last 14 days) continuous (for at least 4 hours) cough
  Or
- A fever – temperature 37.8 or more

They must be managed on the phone because of coronavirus risk. Clinicians should not use their own discretion as doing so puts other patients and staff at risk at the practice. This guidance may change if FFP3 level PPE becomes available, suitable for the management of patients with a High Consequence Infectious Disease.

Home visits should not be carried out for completion of documentation such as RESPECT forms, prescriptions or other documents. Arrangements may be made for an asymptomatic third party to bring documents to the practice but should ideally be sent by electronic means.

Clinical Navigator/Reception Staff

When arranging a home visit for a patient who is asymptomatic for COVID-19, the reception team should advise the caller of the following:

- The visiting clinician cannot see anyone other than the patient

- The patient should be asked whether:
  Anyone in the household is self-isolating
  Anyone has a fever or new continuous cough
  If this is the case an online or telephone consultation is appropriate

- Only one person should be in the same room as the doctor and the patient and they must not have had a cough or high temperature in the last week

- The patient should be seen in a room with an open window/ adequate ventilation. Surfaces should be clean.

- A history should be taken prior to attendance to limit face to face time with a patient.

- The patient should be encouraged to carry out examinations from home in advance of the visit where this is possible (EG take BP if they have a machine, check their own temperature, pulse rate, use Roth's score).

Worcestershire Primary Care Guide During Covid-19
(Patient age >12)

This pathway was created for GPs during uncertain times, using clinical judgment and are currently not evidence based.
HR, RR and o2 sats are taken from the spesis and NEWS2 score – these may or may not be sensitive for Covid-19.

Telephone Triage
Non-Covid19

Initially all patient to be managed by telephone or video consultation.

Telephone Triage
Patients with Covid-19 symptoms

Category 3
Mild symptoms: stay at home, self-care advice, contact NHS 111 if urgent health needs (whether related to Covid-19 or another health issue)

Category 2
Moderate symptoms: needs further assessment call 111 (Out of Hours)
If call in General Practice. Follow below.

Category 1
Severely unwell: need to admit patient to hospital. Call ambulance and inform call handler or COVID-19 risk. No need to telephone the Medical Registrar

Organise video consultation (where possible)
Patients may have a smart watch, BP machine or sats probe at home

Adults RR >25
Adults HR >131
Roth Score <5 seconds

Category 2A

<u>Basic Assessment</u>
Completing full sentences. No SOB or chest pain able to do ADLs able to get out bed
Roth Score >8 second

<u>Advanced Assessment</u>
Adults RR 14-20
Adults HR 50-100
Adults 02 Sats >96%

Category 2B

<u>Basic Assessment</u>
Completing full sentences. No SOB or chest pain able to do ADLS but lethargic
Roth Score 6-8 seconds

<u>Advanced Assessment</u>
Adults RR 21-22
Adults HR 100-110
Adults 02 Sats >94%

Category 2C

<u>Basic Assessment</u>
Completing full sentences. SOB on exertion (new) Mild chest tightness Able to do ADLS but lethargic Roth Score 6-8 seconds

<u>Advanced Assessment</u>
Adults RR 23-24
Adults HR 110-130
Adults 02 Sats >93%

Children <12: for now, use spesis guidelines/parameters for RR, HR etc. and clinical judgement. See BNF for antibiotic dosing.

Management

Management

<u>Category 2A</u>
Treat temperature: paracetamol, Fluids
Safety netting, advised to call practice or 111 is symptoms are worse

<u>Category 2B</u>
Treat temp: paracetamol, fluids. Prevent secondary bacterial pneumonia. Amoxicillin 500mg tds 7/7 and Clarithromycin 500mg bd 7/7
OR
Doxycycline 200mg stat, 100mg od 7/7
If known Asthma/COPD do not use nebulisers. Increase SABA or similar use. Only use oral steroids if sure not Covid19 related.
Safety Netting. Tele/video review in 72 hours (or earlier if unwell)

<u>Category 2C</u>
Treat Temp: paracetamol, fluids. Prevent secondary Bacterial Pneumonia: Augmentin 625mg tds 7/7
Or
Levofloxacin 500mg od 10/7
If known Asthma/COPD do not use nebulisers. Increase SABA or similar use. Only use oral steroids if sure not Covid19 related.
Safety Netting. Tele/video review in 24-48 hours (or earlier if unwell)

Practice Zones
(Based on PCN geography)

<u>Blue Zone</u>
No clinical work. Practice closed to allow staff to work from there. Staff are able to move from sites if needed.

<u>Amber Zone</u>
All patients within the PCN will be seen at this site. This is for COLD but essential work. Which includes: childhood imms, urgent bloods (e.g drug monitoring and INRs) urgent injections. Also, acute non respiratory illness If a patient needs to be seen must be at the Amber Zone. This can include things like acute abdominal pain or urgent gynae.
PPE to be worn at all times (apron, gloves, mask,goggles/eye wear)

<u>Red Zone</u>
This is for high risk respiratory patients.
Full PPE MUST be worn at all times. (Face mask, Eye protection, apron and gloves)