

C19 Symptoms — Cough or fever

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

Principles

- Consider double triage with colleague.
- Person triaging sees the patient themselves.
- Restrict building access eg. by entryphone, or allowing 2 people at a time with adequate social distancing.
- Consider assessing patients outside if possible
- Clinician wears at least gloves, mask, apron and eye protection. [PPE Guidance](#).
- Patient comes in to surgery alone if possible and told 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, then straight out.
- 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 safety net.

Support for GPs, APs and GPNs

Palliative care advice Mon-Fri 10-6 from Dr Patrick Fitzgerald (Willow wood)
patrick.fitzgerald1@nhs.net 07776 635141

Peer GP/PN support phone call (fast response) from tgccg.gopeersupport@nhs.net. This includes advice from GPwSI if needed. Mon-Fri 9-6pm

A variety of options to assess patients O2 saturations remotely are currently being tested out in T&G. Check with your PCN resilience lead.

[Full NHSE Guidance LINK](#)

All residents in Care Homes will be reviewed daily by the Digital health team at ICFT.

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

[Pulse Rate](#) [Respiratory Rate](#)

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

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

OR

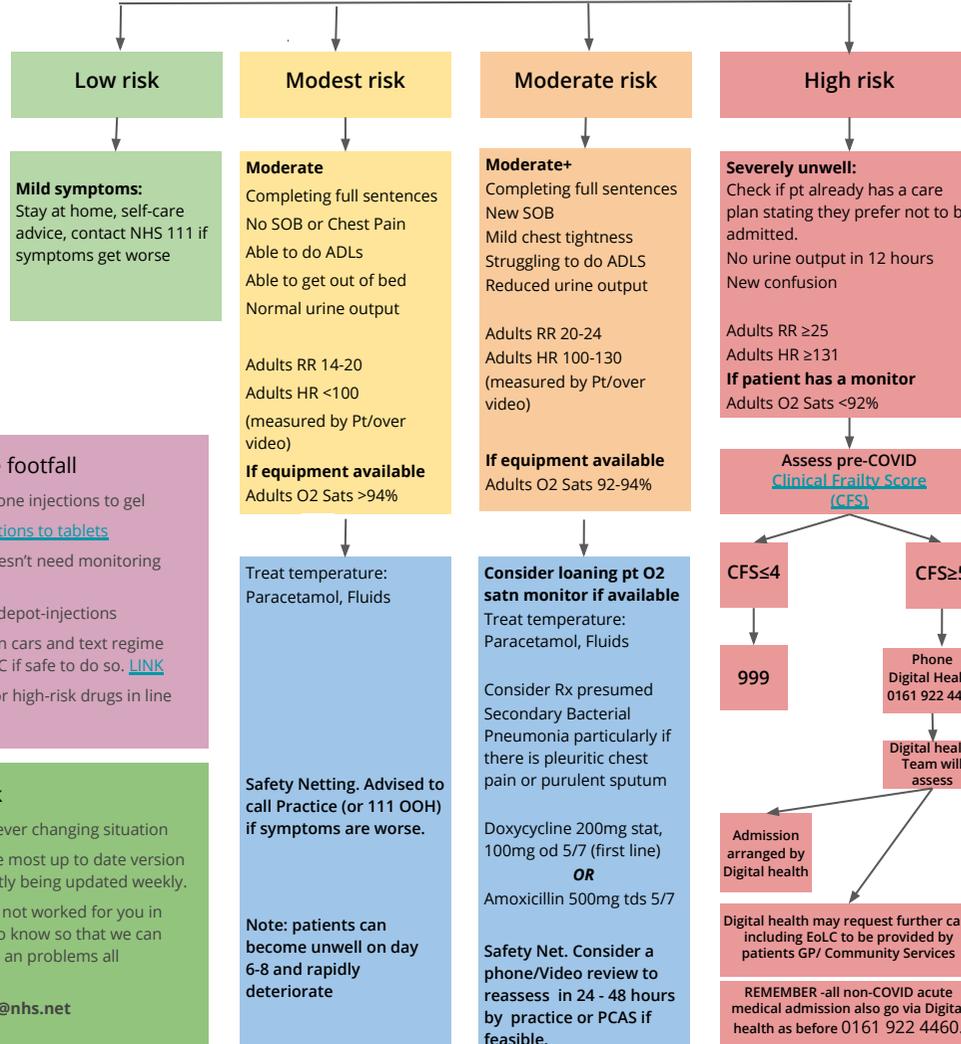
Resp Sx with no fever more likely due to asthma
Heart failure etc

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](#).

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.

C19 is the *most likely* cause of symptoms



Tips to reduce practice footfall

- Consider converting testosterone injections to gel
- Consider converting [B12 injections to tablets](#)
- Choose contraception that doesn't need monitoring (desogestrol) [LINK](#)
- Leave 14 week gaps between depot-injections
- Consider INR testing outside/in cars and text regime later/convert warfarin to NOAC if safe to do so. [LINK](#)
- Extend monitoring intervals for high-risk drugs in line with [GMMMG Guidance](#).

Updates and Feedback

The COVID19 pandemic is an ever changing situation Please check you are using the most up to date version of this guidance as it is currently being updated weekly.

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 problems all feedback please email

tgccg.primarycarereporting@nhs.net

No C19 Symptoms

Telephone / Video Consult

Most cases managed online, by phone or by video.

F2F needed?

Principles

- Restrict building access eg. by entryphone, or allowing 2 people at a time with adequate social distancing
- Patient comes to surgery alone
- Patient washes hands
- Brief consultation
- Wipe down all surfaces afterwards
- 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](#).

NON-COVID19 ILLNESS

[Adequate PPE](#) must be worn for every single F2F appointment.

PREVENTATIVE/LTC CARE

Offer: child immunisations, 8 week checks, diabetes foot checks, ECGs, 24 hour BP monitoring, urgent injections (cancer, etc), smears.

Consider/risk assess: LTC monitoring blood tests, diabetes foot checks, ECGs, 24 hour BP monitoring, LD/SMI health checks, minor surgery, travel vaccs.

Do not offer: spirometry, peak flow assessment (other than by video), face to face annual reviews for dementia, RA, NHS health checks, ear syringing.

Aim to do home visits (at doorstep) for essential care for patients in the 'shielding' group if phone or video not appropriate.

Ensure any equipment is appropriately cleaned after every use.

Baby checks can be combined with the first immunisations and performed in as short a time as possible.

Any care that can be done virtually/remotely can continue.

[See this link for guidance on essential GP work.](#)