No C19 Symptoms

Most cases managed online, by phone or by video.

C19 Symptoms — Cough or fever

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

Telephone / Video Consult

Most cases managed online, by phone or by video.

F2F needed?

Principles

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

Patient comes to surgery alone, wearing mask

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.

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.

Tips to deliver good primary care

Most GP/PNs are delivering good LTC care remotely, combining this with some face-to-face contact when clinically appropriate.

If your practice has specific reasons why care (eg, blood tests, smears) cannot be delivered due to specific C19 related risks/capacity issues then consider making good use of the PCAS service or talk to your PCN CD to explore alternatives.

Preventative/LTC Care

See Link for CCG Guidance

Offer: child immnations, 8 week baby checks, postnatal checks, pneumonia jabs, shingles jabs, high-risk drug monitoring, urgent infections (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 vacs, joint injections, Implants/Intrauterine contraception, face to face annual reviews for dementia, RA, NHS health checks, ear syringing.

Do not offer: spirometry, peak flow assessment (other than by video), FeNO testing.

Ensure any equipment is appropriately cleaned after every use.

Baby checks can be combined with the first immnations.

Caring for vulnerable groups (LCS Bundle):

SMT healthchecks- These form part of the LCS bundle. See link for guidance on CCG expectations.

LD healthchecks - These form part of the LCS bundle. See link for guidance on CCG expectations.

Encouraging optimum self-care

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

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. 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.primarycarerreporting@nhs.net

Tameside & Glossop CCG/LMC GP Guidance

Vs 191 16/10/2020 Review 13/11/2020

Principles

Consider double triage with colleague.

Patient 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.

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 windows(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.fitzgerald@b分行.net 07776 635141.

Peer GP/PN support phone call from bccg.support@nwemail.com Mon-Fri 9-6pm

Check with your PCN resilience lead re. remote O2 stat 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 Long-COVID symptoms.

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

For patients on symptom management from TGICFT/CCG

LOCAL OPTIONS:

Patients with persistent or other significant Sx following COVID or probable COVID can be referred urgently to TGICFT Respiratory clinic on 0161342 4299 / tga-tr.IUCT@nhs.net.

Post-COVID rehab may be useful. TGICFT has a Recovery clinic. Refer by phone call or email to IUCT 0161342 4299 / tga-tr.IUCT@nhs.net.

C19 is the most likely cause of symptoms

Low risk

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

Moderate

Completing full sentences

No SOB or Chest Pain

Able to do ADLs

Able to get out of bed

Normal urine output

Adults RR 14-20

Adults HR <100

(measured by Pt/over video)

If equipment available

Adults O2 Sats >94%

Moderate+

Completing full sentences

New SOB

Mild chest tightness

Struggling to do ADLs

Reduced urine output

Adults RR 20-24

Adults HR 100-130

(measured by Pt/over video)

If equipment available

Adults O2 Sats 92-94%

Severely unwell:

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%

Assess pre-COVID Clinical Frailty Score (CG)

CFS4

Consider(looting pt O2 saturation monitor if available

Treat temperature: 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

CFS5

999

Digital Health Service Team will assess

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

Admission arranged by Digital Health

REMEMBER: all non-COVID acute medical admission also go via Digital Health as before 0161 922 4460

Supportive care advice Mon-Wed 10-1 from Dr Patrick Fitzgerald (Willow wood) patrick.fitzgerald@b分行.net 07776 635141.

Peer GP/PN support phone call from bccg.support@nwemail.com Mon-Fri 9-6pm

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

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

Respiratory symptoms 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.

For patients on symptom management from TGICFT/CCG

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