# Tameside and Glossop CCG/LMC GP Guidance

Ve 16

19/06/20 Review 10/07/20

#### **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 safetynet.

#### 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 <a href="mailto:igccg.gppeersupport@nhs.net">igccg.gppeersupport@nhs.net</a>. 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 NIUSE Guidanco LINIK

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

<u>Respiratory Rai</u>

## **C19 Symptoms** — Cough or fever

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

# 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

(desogestrol) LINK

with GMMMG Guidance.

feedback please email

Updates and Feedback

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.

Tips to reduce practice footfall

Consider converting B12 injections to tablets

Leave 14 week gaps between depot-injections

Consider converting testosterone injections to gel

Choose contraception that doesn't need monitoring

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

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

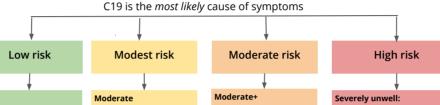
the way you expect we need to know so that we can

sort out problems. If you have an problems all

tgccg.primarycarereporting@nhs.net

### 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.



#### Mild symptoms:

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

Treat temperature:

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 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%

Consider loaning pt O2 satn monitor if available Treat temperature:

Consider Rx presumed Secondary Bacterial Pneumonia particularly if there is pleuritic chest pain or purulent sputum

Paracetamol, Fluids

Doxycycline 200mg stat, 100mg od 5/7 (first line)

Amoxicillin 500mg tds 5/7

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

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



Admission arranged by Digital health

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

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

## 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 <u>recognised health</u> 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, pneumo jabs, high-risk drug 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.