Tameside and Glossop CCG/LMC GP Guidance

01/05/20 Review 08/05/20

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

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 support phonecall (fast response) from tgccg.gppeersupport@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.

patients who are significantly unwell with COVID19 who are being looked after in their own home/care home. Accessed for patients via Digital health.

C19 Symptoms — Cough or fever

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

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

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

Resp Sx with no fever more likely due to asthma

Heart failure etc

(desogestrol) LINK

Updates and Feedback

feedback please email

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 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

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

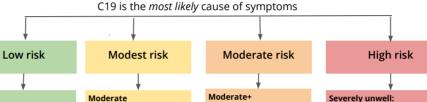
tgccg.primarycarereporting@nhs.net

Consider converting B12 injections to tablets

Leave 14 week gaps between depot-injections

Triage Assessment: Phone/Video

This will be done in the first instance by 111/CCAS. However sometimes patients will phone their GP surgery or CCAS may book directly into GP system via GP Connect.



Mild symptoms:

Stav 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: 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

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.

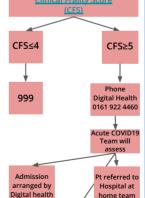
No urine output in 12 hours New confusion

Adults RR ≥25 Adults HR ≥131

If patient has a monitor

Adults O2 Sats <92%

Assess pre-COVID



The Acute COVID team may request EoLC to be provided by patients GP/ Community Services

REMEMBER -all non-COVID acute medical admission also go via Digital health as before

No C19 Symptoms

Telephone / Video Consult

Most cases managed on the telephone 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

NON-COVID19 ILLNESS

GPs should try and manage all patients virtually (telephone triage and/or video consultation).

Adequate PPE must be worn for every single F2F appointment.

Risk assess blood tests/investigations and arranged if essential (eg. for early diagnosis of cancer) and cannot be delayed by several months.

If acute medical admission needed, please go via digital health as before 0161 922 4460.

GP ROUTINE BUT ESSENTIAL WORK

e.g.child immunisations AND essential blood tests (e.g. high-risk drug monitoring like azathioprine, methotrexate, mycophenolate, cyclosporin, sirolimus, tacrolimus, warfarin, lithium) AND urgent injections (cancer, etc). Aim to do this on home visits (at doorstep) for patients in highly vulnerable group we are 'shielding'.

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

Other care can continue if it can be done virtually/remotely.

Smears can be risk assessed. Routines can be postponed if PPE is in shortage or staff capacity low due to absence.

At least basic PPE (apron, mask, gloves) must be worn for every single F2F appointment.

See this link for guidance on essential GP work.

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

The Hospital Home visiting team to care for

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