

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, 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](#).

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 C-19 related risks/capacity issues then consider making good use of the PCAS service or talk to your PCN CD to explore alternatives.

[RCGP/BMA Guidance on workload prioritisation](#)

Preventative/LTC Care

See [LINK for CCG Guidance](#)

Offer: child immunisations, 8 week baby checks, postnatal checks, pneumo jabs, shingles 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, 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 immunisations.

Caring for vulnerable groups (LCS Bundle):

SMI 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

[Signposting 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.primarycarereporting@nhs.net

C19 Symptoms — Cough or fever

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

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.

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.

Tameside & Glossop CCG/LMC GP Guidance

Vs 19 t 16/10/2020 Review 13/11/2020

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.
- 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 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 from tgccg.goppeersupport@nhs.net Mon-Fri 9-6pm

Check with your PCN resilience lead re. remote O2 satn [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](#).

[Guidance for clinicians from NHSE](#)

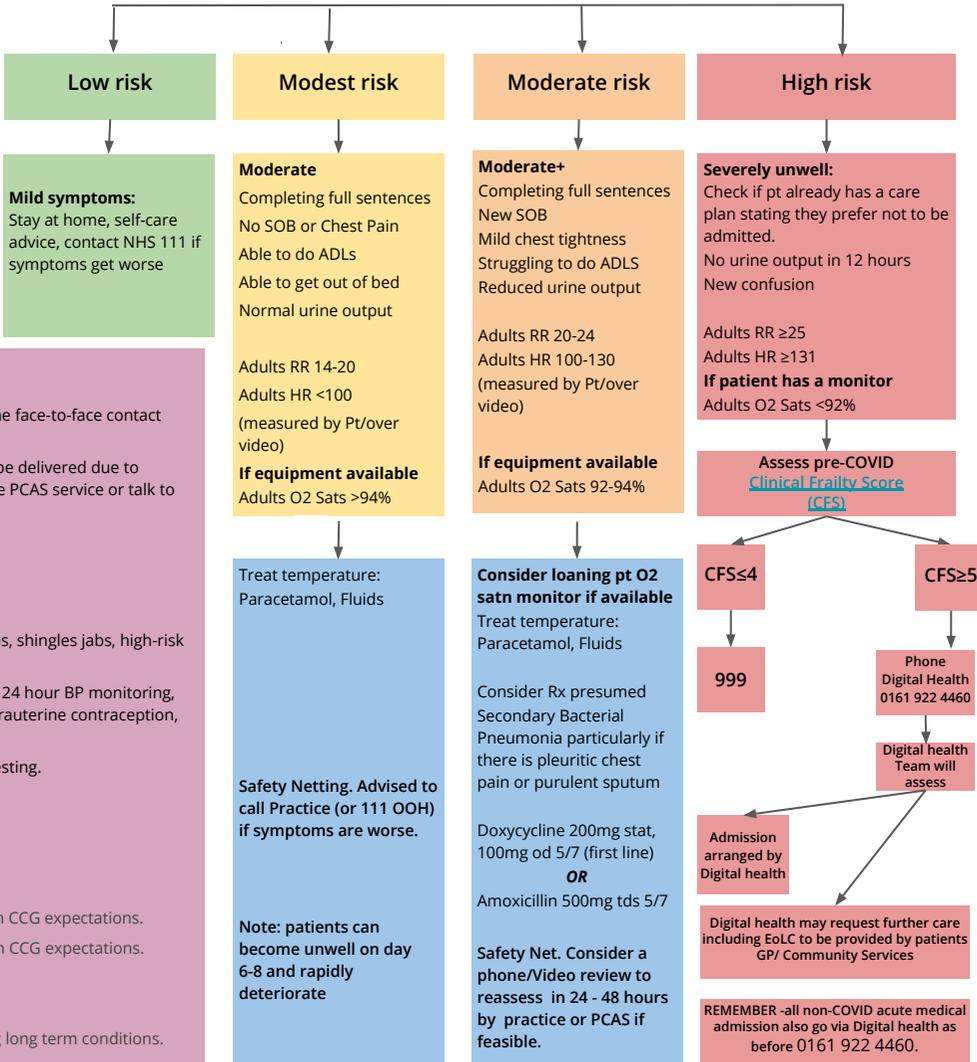
[Info for patients on symptom management from TGICFT/CCG](#)

LOCAL OPTIONS:

Patients with persistent respiratory or other significant Sx following COVID or probable COVID can be referred urgently to TGICFT Respiratory clinic on eRS.

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

Modest risk

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 risk

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%

High risk

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 (CFS)

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

Consider loaning pt O2 satn monitor if available
Treat temperature:
Paracetamol, Fluids

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

Doxycycline 200mg stat, 100mg od 5/7 (first line)
OR
Amoxicillin 500mg tds 5/7

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

CFS ≤ 4 → 999 → Admission arranged by Digital health

CFS ≥ 5 → Phone Digital Health 0161 922 4460 → Digital health Team will assess

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.