Covid-19
Guidance for practices

Date: 26.10.2020

Please be aware that this is a rapidly evolving situation.

Monitoring of patients with suspected Covid-19

- We would advise that practices develop a system for remote follow up of patients with suspected Covid-19 in the community, including those discharged into the community with ongoing symptoms.
- We are currently exploring technical solutions for self-reporting and stratifying patients so that practices are supported to clinically prioritise the patients who require clinician review.
- We need to effectively manage the workload of monitoring community cases, and practices should develop an operating model that is appropriate in the context of immense demand and reduced workforce.

  For example:
  - A Covid-19 appointment list is created and, after initial assessment, those that require active follow up are booked onto this list for follow up in either 24-48 hours or 72 hours depending on the clinical situation, the patient's co-existing disease and whether the patient lives alone.
  - A member of the admin team, or if available an HCA, checks this list daily and makes the initial contact with all patients on the list.
  - Practices may wish to consider utilising any staff member who is self-isolating to do this initial follow up contact with these patients. We are exploring if it would be permissible to utilise NHS volunteers for this role.
  - Any patient who reports worsening of their symptoms/concerning features is escalated to a clinician for further review.

- Patients should be assessed and monitored remotely. However, there may be some circumstances in which the history and remote examination alone do not enable the clinician to stratify severity, and therefore manage appropriately, or may cause the diagnosis to be in question.
- Clinicians should discuss how best to manage this circumstance.

  For example, discuss case with at least one other clinician:
  - If an oxygen saturation is deemed necessary to determine further management, practices should consider the best way to obtain this. There must be limited exposure of the patient to others, and ideally the patient should maintain their self-isolation. This could be through:
    - Pulse oximeters delivered to patients, if pulse oximeters are available.
    - 'Drive-through' oximetry testing stations.

- Infection control measures must be considered in all environments, and for all staff and devices.
- We have developed guidance on the appropriate use of pulse oximeter and models of how patients can access testing.
- The Roth Score has been suggested as a remote method of getting an indicative oxygen saturation. We now advise **against** using Roth because reports have come in of critical events and near misses where GPs have been falsely reassured by a "normal" Roth score (latest evidence from Oxford CEBM).

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- Please note, technology is evolving quickly and although some smart phones have the ability to measure pulse oximetry these are not certified as medical devices so should not be utilised for this purpose.
- There is now a requirement from NHS England regarding patients assessed by NHS 111.
    - Practices need to enable one appointment per 500 patients per day to be available for direct booking by NHS 111. For full details click here.
    - Practices will need to have a Covid-19 emergency list set up for the specific purpose of following up these patients assessed by NHS 111, which will need to be active for the duration of the pandemic. Following the pandemic this list will no longer be required.

In summary the NHS England guidance states that GPs should:

- Enable GP Connect for both appointment booking and record access, click here for guidance.
- Ensure nominal appointment slots are always available into which the National Covid-19 Response Service can 'book' patients into a work list. Patients will be told that they will be contacted by their practice with further information about the follow-up, not given a specific appointment time. No additional clinical triage will be required, but practices will decide how to deliver the appropriate care to each patient according to the record of the assessment already made and the local delivery model.