

To all GP practices NHSGGC  
10 June 2021

## CHANGE TO THE COVID PATHWAY IN THE 0-4YR AGE GROUP

Dear Colleagues,

Further to previous communication there has been ongoing discussion regarding the COVID pathway and how this is operationalised across NHS Greater Glasgow & Clyde.

There remains a clear commitment to maintaining the pathway for the foreseeable future. It remains a priority to ensure that potentially COVID positive patients are seen in the pathway and not in General practices in order to meet the original aims of streaming and cohorting this group of patients.

However, we need to ensure that we are seeing the correct patients in this pathway and that support is provided to the pathway. It is important that patients are seen in the most appropriate setting. Options have been considered and changes have been agreed with the GP Subcommittee.

### AGREEMENT of CHANGES TO START FROM MONDAY 14<sup>TH</sup> JUNE 2021

- All referrals coming via NHS24 to the Hub that require a Face to Face assessment will continued to be referred to the CACs.
- 0-4yr patients who require a F2F assessment and are **known to be COVID positive or are direct contacts of COVID** (especially household members) should continue to be referred to the CAC using SCI Gateway.
- **Pre-school children (aged 0-4yr) who do not fit those criteria and are likely to have an alternative explanation for symptoms, should have a telephone consultation/triage and if a F2F assessment is required that should take place in their GP Practice**

### **THE ATTACHED FLOWCHART SUMMARISES THIS PATHWAY**

- Where possible and appropriate, assessment should take place either F2F or using NearMe prior to any referral to the Royal Hospital for Children. Consultant Connect is also available for discussion with RHC where there is immediate consideration of possible admission
- Across all age groups, referral to the CAC should only be where a need for face to face assessment has been identified following an initial telephone or near me consultation. This also applies to requests for home visits. Patients who have Covid symptoms but are not unwell and requiring face to face assessment should be advised to self-manage where appropriate, and to access testing through existing routes, not to attend the CAC.
- We acknowledge that for some Practice it may take a few days to facilitate this change and can assure you that no referrals to the pathway will be 'rejected'

## **Reasons for the decision**

### **Demand and clinical presentations**

Demand within the pathway has escalated significantly over the past few weeks with patients coming through NHS24 and referrals from Practices. Following a peak at the start of 2021, when consideration was given to triggering the practice emergency contribution, the numbers declined into March and April. These numbers have risen again in recent weeks to approaching the trigger level for the PEC. However, this is against a context of lower community prevalence of Covid than at the start of the year, and a change in the nature of referrals and presentations.

Work on a deep dive in April 2021 showed that many of the patients attending were not COVID cases, and this was particularly true for children. In addition, across all age groups, the majority of the patients are not significantly unwell and have not been tested, despite much wider access to testing. The CAC model was developed to see patients who were likely to have Covid where they were unwell/deteriorating and to determine whether they required hospital admission.

Most recently there has been a huge increase in the numbers of children being referred to the CACs from GP Practices, particularly the pre-school age group. The national incidence of COVID in this group is <1% and is similar in GGC. Young children attending CACs are often very distressed and it is not felt to be a positive patient experience. A number of complaints have recently arisen following referrals in this age group.

Paediatric colleagues from RHC report only 7 COVID inpatients during May 2021, all were found incidentally but very high rates of rhinovirus, enterovirus, parainfluenza and adenoviruses. These were the same findings as the CAC deep dive in April 2021.

Increasing demand in this pathway is impacting on its viability, but also impacting on the GP Out of Hours service. When capacity is reached in the COVID pathway, the GP OOH service is the only option for patients to be seen. However, on weekdays if the CACs are fully booked by 3pm patients referred by GP Practices or the Hub are left 'in limbo' until the GPOOH service opens before they are booked at a PCEC for review. This can be as many as 15-20 patients and impacts on the capacity of the OOH service. There is also risk for these patients in the cross over period and many of these patients are young children.

### **Workforce**

GP shifts for the COVID pathway (and GPOOH) are unfilled and additional shifts are not being picked up. CACs have worked to increase their capacity over the past 3 weeks, calling in 'back up' GPs and advertising additional shifts.

In CAC operating a co-operative model there are competing demands for the GPs with increasing demand in their own Practices.

Weekends are challenging with increasing numbers of patients across the COVID pathway and GPOOH services.

Nurses and AHPs have been supporting the CACs but in many cases there is a pull for these staff to be deployed back to their original roles. Some have been employed as part of the PCIP and their continued work in the CACs is delaying the delivery of the new contract arrangements.

There are questions of equity of access to other services for patients where these services are unable to remobilise and increase their capacity due to staff working in CACs and accommodation being unavailable to them.

## **Options**

A number of options have been debated by the Operational Group and at a special meeting of GP Sub-Committee, held on Wed 2<sup>nd</sup> June 2021.

### **Increasing capacity in the COVID pathway**

It was agreed that there was little scope to increase capacity within the pathway and recognition of increasing challenges in recruiting GPs and other staff to work in the Hub and CACs. This was not felt to be an option without impacting on other services including daytime General Practice.

### **Trigger the Voluntary Contribution ask from GP Practices**

It is recognised that this would be extremely challenging due to current demand in GP Practices at present. In addition some GPs have already made some changes to see children in Practice and do home visits, rather than refer to the pathway.

The voluntary contribution would only include GPs and therefore lead to a 'GP Heavy' model and a requirement to change the standard operating procedures. The voluntary contribution relates to the working week hours, so does not address issues of capacity in the evenings or weekends.

In addition there is a question as to why this would be appropriate with current levels of COVID in the community. Therefore this option was discounted.

### **Reduce demand on the CACs.**

Agreement was reached that we needed to try to reduce demand on the CACs, as part of an incremental and step wise de-escalation of the COVID pathway, however, recognising that there may be changes in incidence and further spikes requiring further escalation.

## **Practice Considerations**

We recognise that there are currently no "green" or "no risk" patients being seen F2F in General Practice (in hours or out of hours) given ongoing community prevalence. Patients are being seen F2F in GP Practices and GPOOH with use of appropriate PPE as "Amber" or "low risk" and of course "Red" or "high risk" patients are being seen in the CACs.

Seeing pre-school children in Practices may cause a degree of complexity however many GPs stated that they were already doing so. Some state that these patients are brought in at the end of a session and taken directly into consulting rooms, or parents phone from cars when they arrive, again allowing direct access into rooms and not sitting in waiting areas with the potential impact on other patients.

- These arrangements have been occurring in the GPOOH service throughout the period of the pandemic.
- There is no requirement for a "deep clean" of the consulting room after the patient has attended.
- Wearing the appropriate PPE during the consultation provides the appropriate protection for staff.
- There will be no expectation that testing should be carried out in General Practice

GPs will continue to have access to the COVID pathway and there is no block on any CAC referrals. Making these changes for the 0-4yr group may impact on the weekday referrals into the pathway

and ensure capacity is available to see patients and reduce the risk for patients and the GPOOH service, as well as ensuring children are seen in the most appropriate setting.

There remains concerns about capacity across the COVID pathway at weekends and we would ask colleagues to consider picking up some of these shifts.

The changes to the pathway will be kept under review along with incidence in the community.

Kind regards



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