

Primary Care Update 23rd April 2020

Dear Colleagues,

Firstly I wanted to express my sincere thanks to you all. Our working lives in General Practice, both in hours and out of hours, look extremely different to previous and the interactions we are having with our patients has radically changed. Each of you has adapted to the new challenges and finding ways to make things work- for yourselves, your teams and your patients.

These changes have been recognised by our Chief Officers and the Senior Management of the Board. Jane Grant our Chief Executive Officer this week expressed to me how fantastic the response of primary care has been.

But, I know we have ongoing challenges ahead of us. The media interest in our Care Home population and our interactions with them, their families and the staff is extremely heightened. I am very aware that you have been working extremely hard in developing Anticipatory Care Plans and having difficult and emotional conversations. Provision of palliative care in the community is a priority that we are all working on to ensure patient care is prioritised.

There has been some anecdotal stories, particularly in the Out of Hours setting, that patients have been unable to access their GP during core hours. There may be many reasons for this but please ensure that patients can access a telephone consultation as a minimum where appropriate. Also, whilst greatly reduced, there will be some patient registrations that are required if patients have recently moved to an area out with their previous practice's catchment area.

It is now widely recognised that there is sustained community transmission of Covid 19. The Four Nations guidance would suggest the use of PPE for every direct patient contact (apron, gloves, mask, eye protection).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

Covid19 testing of symptomatic care home residents

The First Minister has advised that testing should be available for this cohort of patients as much for reassurance for patients, families and care home staff.

A process is currently being developed locally about how care home staff access testing for their residents.

The clinical advisory group have been clear that GPs have a role in this process, mainly around an assessment of the patient (usually remotely) and discussions with staff and families. There may be occasions where carrying out this swab test is not appropriate, particularly in patients who are distressed and are unable to consent- in these situations GPs who have existing relationships with patients and staff are key.

Once a formal process has been agreed we will send out a guidance document.

ACPs and DNACPR

A significant amount of work has been done around anticipatory care planning by GPs, Practice nurses, but also others who are involved with our patients, such as Acute teams (Palliative care and Care of the Elderly) and Community nursing teams. There will be some ACPs on Clinical Portal which will come into the Practice via Docman.

The interim CMO letter and our local letter by Dr Jude Marshall has provided some guidance around DNACPR.

Please be aware that there is no policy in the Board around refusal of admissions of patients from Care Homes or with DNACPR forms. We are very clear that DNACPR should not be used as a proxy around admission for treatment where appropriate. Discussions with Care of the Elderly consultant colleagues via Consultant Connect or hospital switchboard can be used to consider management options or seek second opinions where appropriate.

Community Nursing

Community Nursing colleagues are updating their guidance around work in the community and this should be agreed later this week.

GP 6 week checks should be carried out where possible and again there will be further guidance around this.

Shielding patients

Practices have been carrying out a great deal of work in identifying and contacting Shielding patients. There has been some conflicting advice about how Primary Care manages their contacts with Shielding Patients. The Primary Care Clinical Advisory Group have taken time to consider the best way of managing the group of Shielding patients who require access to Primary Care

- 1. Routine care** eg bloods, injections and CDM- do as much as possible remotely and postpone work appropriately. Then on a case by case basis consider either HV by phlebotomy or bring into GP Practice- will depend on availability of their own transport
- 2. Urgent care**- remote consult via phone/ attend anywhere. Again consider on individual basis whether need to do HV or can bring into Practice using their own transport
- 3. Potential Covid symptoms**-patients to contact the Covid Community Pathway by calling NHS24. If following phone consultation they are felt to require a face to face assessment they should be seen at their local community assessment centre. If they are housebound, and cannot be fully assessed using Attend Anywhere technology they will require a House visit. Consideration should be given during the phone consultation as to whether they require direct referral to SATA.

Individual patient circumstances need to be considered. This position is aligned with the statement in the consolidated guidance from Scottish Government:

A face to face consultation may be required by way of a home visit, but equally after assessment of infection risk, clinical need and service capacity may involve the patient travelling to a practice or centre to be seen. This risk assessment is part of the care that GPs and other health professionals do every day to meet the needs of their patients and should continue whilst bearing in mind the special requirements of patients who are shielding.

Practice Funding

Practices should now have received their additional funding for Easter opening and the April additional Covid19 funding. All GP Practice NHS Funding streams continue throughout Covid 19 and there is also additional funding for Covid 19 related additional expenditure. It would not be appropriate for practices to consider furloughing staff due to Covid 19.

GP Trainees

Following discussion with NES agreement has been reached that GP STs can work across both GP Out of Hours and the Covid community pathway when the workload requires this. Work in these sites should be sessional along with their usual roles within their Practices and no more than any other local GP.

All trainees require appropriate supervision.

A GP in a site should be appointed as a supervisor and needs to understand their role and what this entails. It would be preferable if there was an Educational Supervisor was also working, but this may not always be possible. The trainees should receive an induction and appropriate support, including PPE

Trainees can work alongside their Educational Supervisor in both areas

The Educational Supervisor should be consulted and provide their consent that the ST3 trainee can carry out this work.

If this work carries out during the day time, this would class as their “usual” work. Work in the evenings can count towards the GP OOH commitment.

GP ST3 trainees cannot be paid for additional work until they have completed their 72 hours in GP OOH and their Educational Supervisor states that they are competent for licensing.

Minor Injuries Units

The MIU at the Victoria Ambulatory Care Hospital is CLOSED- please ensure your signposting information is updated to reflect this and give patients the correct information.

The MIUs at both Stobhill and the Vale of Leven remain open

Radiology Update

There has been discussion with our Radiology colleagues around requests for imaging. Currently there are thousands of requests being held and placed in priority categories and these will be acted on once lock down has been lifted.

Urgent requests are still being carried out. If you have a concern about an urgent request your local Radiology team would welcome a phone discussion

Some issues have been raised about specialties requesting imaging prior to their assessment and these test not been carried out yet. We are clear that the responsibility sits with the specialty and should not be passed back to Primary Care.

With regards to CXR requests, rather than “walk ins” our colleagues are keen that patients are appointed. Order comms will be changed so that when a GP requests a CXR as usual they will need to provide a patient phone number. Radiology will contact the patient to arrange a suitable time for them to attend a site for imaging.

Also Radiology have reported that they are getting CXR referrals for patients suspected of Covid 19. Please do not to Radiology if a patient is suspected of Covid.

Useful links

The HPS guidance for primary care remains a key reference and is updated regularly, with the most recent update on 16 April. <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-primary-care/>

We are conscious that there have been a lot of updates from different services and specialties about service change, referral guidelines and advice during Covid19. Where these have been agreed and circulated, we have tried to pull these together into one place for reference. They can be seen on the Covid19 pages on the NHSGGC website <https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-gps/>

CSMEN has developed a number of multi-professional skills bundles for use in any setting with patients with suspected COVID-19 and have been designed to support:

- any healthcare practitioner working in the NHS or Social Care in Scotland
- practitioners returning to the workplace as part of their induction
- healthcare students who have been recruited

These resources are regularly reviewed and updated in line with current best evidence and can be found here: <https://www.csmen.scot.nhs.uk/resources/covid-19-resources/>.

Skills Bundles

Unit A: COVID-19 Helping you in your role - Self-Protection

Unit B: COVID-19 Helping you in your role - Assessment and Management

Unit C: COVID-19 Helping you in your role - Protecting your Workplace

Skills for Practitioners

Unit D: COVID-19 Helping you in your role - Procedural Skills using Simulation

Unit E: COVID-19 Helping you in your role - Rehearsing Skills using Simulation

Covid Community Pathway and GP Out of Hours

Generally, the numbers of attendances coming through the Community Assessment Centres are reducing and some of the capacity is being reduced.

We are keen to capture the learning from development of the community pathway and consider how we influence the changes in the Out of Hours service. If you have any suggestions please drop me an email- your input would be very much appreciated.

Out of Hours also remains open and we require GPs to work in this service. Currently all patients attending the centres or having house visits are having a GP telephone assessment first. As a result the numbers attending are much reduced.

If you would like to work in GP OOH or even just shadow part of a session please contact Carole.Noonan@ggc.scot.nhs.uk who can arrange log ins and training for both Rotamaster and Adastra computer systems.

If you wish to speak to any of the OOH team to discuss this please phone 0141 626 6213.

Again I stress that we really need our GP colleagues to support this service and delivery of care to our patients in the out of hours period.

We are still awaiting decisions around opening on the two May bank holidays.

Finally.....

Most importantly I hope that you are all managing some self-care, down time and rest. The current situation is likely to continue for another few weeks and during that period we will need to consider how we "turn on" activities and how we manage the output of these. Please consider taking some annual leave where possible. Please be kind to yourselves.

The following link provides information about support arrangements, in particular a Covid 19 confidential support line for all Health and Social Care staff. This may be helpful for yourselves and your teams.

<https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-nhsggc-staff/staff-support-and-wellbeing/>

If there is additional information that would helpful please get in touch with me directly.
Kindest regards

Dr Kerri Neylon

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