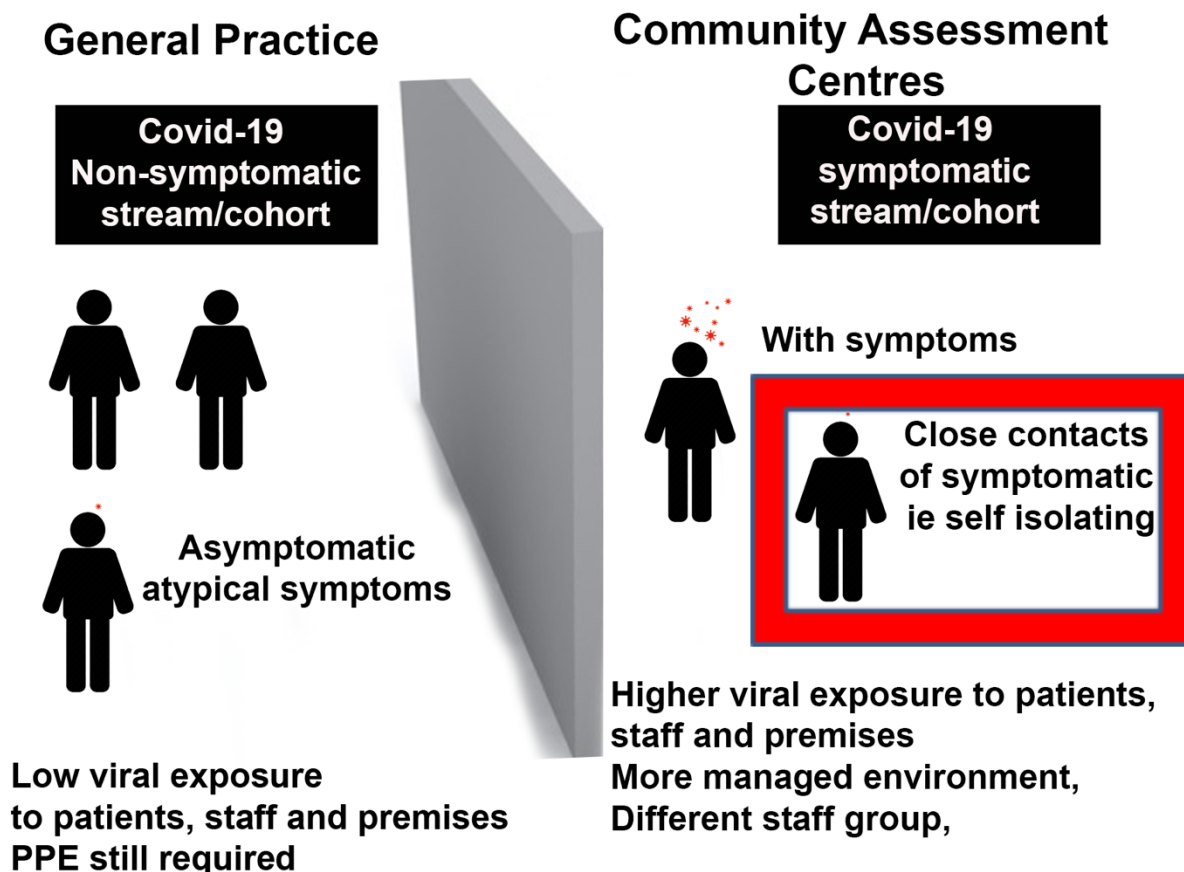


# Non-Covid Presentations (NCPs) in patients who are Covid Infection Risk (CIR)

## Managing a prolonged pandemic situation

During “Sustained Transmission”

PPE & Infection control for all contacts



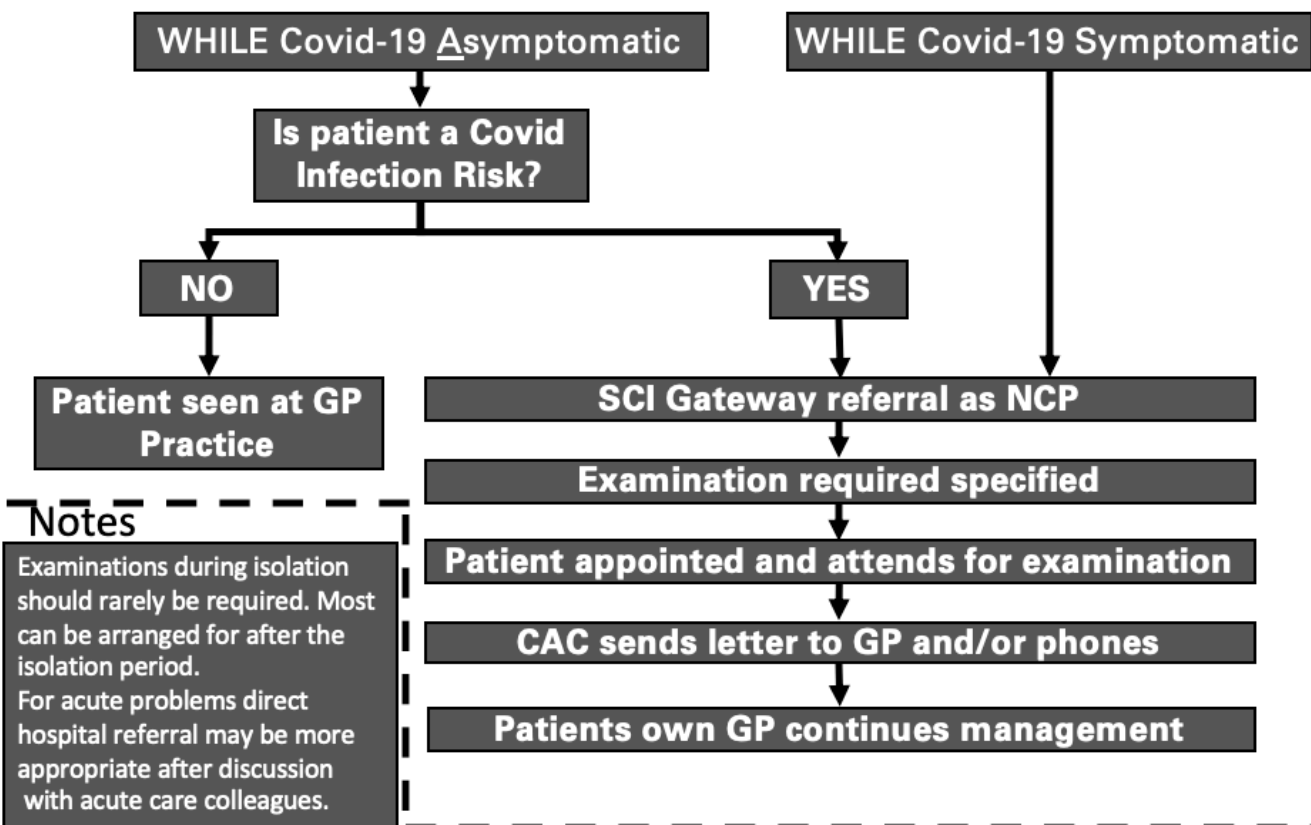
Both cohorts include all non-covid presentations

**Non Covid Presentations**

**Streaming/cohorting of Covid-19 Asymptomatic patients with Non-Covid Presentations (NCPs) who may present an infection risk**

**18/06/20 SINGLE PAGE GUIDE**

**GP decides Face to Face examination required for NON-Covid Presentation**



**Notes**  
 Examinations during isolation should rarely be required. Most can be arranged for after the isolation period.  
 For acute problems direct hospital referral may be more appropriate after discussion with acute care colleagues.

**Streaming Decision Tool for attending CACs**

for "Face to Face" NON-COVID CONTACT if needed during Covid-19 risk

	Positive Test	Waiting for result	No Test	Negative Test <sup>5</sup>
<b>Symptomatic<sup>1</sup></b>	CAC (during 14 days <sup>3</sup> + until symptoms gone)	CAC Until result known	CAC (During 14 days <sup>3</sup> + until symptoms gone)	CAC (During 14 days <sup>3</sup> ) <sup>4</sup>
<b>Self-isolating<sup>2</sup></b>	CAC (during 14 days <sup>3</sup> + until symptoms gone)	CAC Until result known	CAC (during 14 days)	CAC (during 14 days) <sup>4</sup>
<b>Atypical symptoms but clinical suspicion</b>	CAC (during 14 days <sup>3</sup> + until symptoms gone)	CAC Until result known	CAC (during 14 days <sup>3</sup> )	Practice
<b>Asymptomatic<sup>3</sup></b>	CAC (during 14 days <sup>3</sup> )	Practice	Practice	Practice

<sup>1</sup>with Covid-19 case definition symptoms (Recent onset - New continuous cough or Fever or loss of/ change in sense of smell or taste)

<sup>2</sup>patient decision/medical advice/contact tracing advice

<sup>3</sup>14 days means from the start of symptoms or the test date if no symptoms

<sup>3</sup>with NO Covid-19 case definition symptoms (Recent onset - New continuous cough or Fever or loss of/ change in sense of smell or taste)

<sup>4</sup>as 30% false negative, higher risk of transmission

<sup>5</sup>Negative test is valid on that day only as may be subsequently infected

Face to Face contact should rarely be needed for Non-Covid illness during isolation.

" symptoms have gone"

NOT counting just a cough or changes to sense of smell or taste – these symptoms can last for weeks after the infection has gone  
 Keep self-isolating if, after 14 days still have a high temperature or feeling hot and shivery

# General Practice operation during the pandemic.

## Operating model for general practice in the context of COVID-19- Non Covid Presentations with Covid Risk

### Relevance to GG&C CAC Operation

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Community Assessment Centres (CACs) were set up at the request of the Scottish government at the beginning of the pandemic. In the absence of the lockdown, it was predicted that an extremely large surge of ill patients would have to be dealt with during the early phase. Lockdown has had a very significant impact on the timeline and peaks of the pandemic.

The reality is that the number of patients who have had to be looked after by the centres has been quite low, probably no more than the work of two practices each day. In the current circumstances, it can seem an excessive effort and cost to have set up the centres when general practice could have easily absorbed this additional workload.

However, according to the strategy, the centres have been extremely successful in ensuring that Covid symptomatic patients have been kept out of general practice. This has helped to protect staff and dealt with the infection within carefully managed environments which have promoted rapid learning within teams.

the centres have been successful in ensuring that Covid symptomatic patients have been kept out of general practice

In a pandemic situation, which appears to be long and drawn out whilst hopefully keeping infection numbers low at any one point, the ability to say that general practice is a **virus low-risk environment** for the majority of patients who attend practices with comorbidity is enormously helpful in maintaining patient confidence to attend when necessary.

So long as those with Covid symptoms and those others who have been in contact with them, can be seen within the centres, we can offer the rest of the population reassurance that the risk of infection in a general practice is extremely low and they can safely attend for other healthcare issues when required. This would seem to be of particular importance when the pandemic could last over a prolonged period. The risk of other health issues not being adequately addressed could be as dangerous as the virus effects.

### Streaming/cohorting of Covid-19 symptomatic patients

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It is the intention to stream these patients for management away from general practice to enable the Non Covid-19-Symptomatic patients with other problems to be seen. Ideally these centres would be staffed with clinicians who are not running general practices and who may come from other clinical backgrounds whose work is paused

during the pandemic. It is easier for such non-GP clinicians to assess Covid-19 patients than to deal with the wide variety of normal presentations to general practice. However, it is clear that each CAC also has to have GPs present to manage the more complex presentations especially with co-morbidities.

It is the intention to stream these patients (with Covid symptoms) for management away from general practice to enable the Non Covid-Symptomatic patients with other problems to be seen.

As much as possible the intention is that GP practices will continue to be able to care for the Non-Covid19 Symptomatic patients throughout the pandemic.

### Streaming/cohorting of Covid-19 Asymptomatic patients with Non-Covid Presentations (NCPs) who may present an infection risk

#### Streaming Decision Tool for attending CACs for "Face to Face" NON-COVID CONTACT if needed during Covid-19 risk

	Positive Test	Waiting for result	No Test	Negative Test <sup>5</sup>
<b>Symptomatic<sup>1</sup></b>	CAC (during 14 days <sup>3</sup> + until symptoms gone)	CAC Until result known	CAC (During 14 days <sup>3</sup> + until symptoms gone)	CAC (During 14 days <sup>3</sup> ) <sup>4</sup>
<b>Self-isolating<sup>2</sup></b>	CAC (during 14 days <sup>3</sup> + until symptoms gone)	CAC Until result known	CAC (during 14 days)	CAC (during 14 days) <sup>4</sup>
<b>Atypical symptoms but clinical suspicion</b>	CAC (during 14 days <sup>3</sup> + until symptoms gone)	CAC Until result known	CAC (during 14 days <sup>3</sup> )	Practice
<b>Asymptomatic<sup>3</sup></b>	CAC (during 14 days <sup>3</sup> )	Practice	Practice	Practice

<sup>1</sup>with Covid-19 case definition symptoms (Recent onset - New continuous cough or Fever or loss of/ change in sense of smell or taste)

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Face to Face contact should rarely be needed for Non-Covid illness during isolation.

" symptoms have gone"

NOT counting just a cough or changes to sense of smell or taste – these symptoms can last for weeks after the infection has gone

Keep self-isolating if, after 14 days still have a high temperature or feeling hot and shivery.

It is the intention to also stream these patients for management away from general practice to enable the Non Covid-19-Symptomatic patients with other problems to be seen in General Practice.

The currently held understanding is that those who are isolating due to contact with Covid-19 (and it is expected many more such people will be identified by Test & Protect), are a significant risk for transmission of Covid-19. Whilst isolating, some of these patients may require “face to face” (f2f) medical assessment for non-covered presentations. In order to avoid the risk of these individuals passing on the infection they would need to be seen at the CACs for the f2f element of their assessment.

There is no intention that the community assessment centres should form a parallel GP service. Where the patient is assessed as requiring a face-to-face clinical examination as part of their own GP’s assessment of a non-Covid presentation, they can be sent to the CAC just for that part of the assessment. The results of that assessment will be sent back to the GP in the GP letter and the GP will carry on managing that patient. The only circumstance in which this will not occur this with the patient is assessed s requiring admission to hospital whilst attending the CAC.

It should be relatively rare that the patient does require to attend the CAC for a face-to-face examination. In most occasions, as part of remote consultations, decisions can be made without examination. Another occasions, the examination can wait until after the period of self-isolation.

If a patient is sent to the CHC for examination, it may be helpful for the CAC doctor to telephone the GP to pass on the information.

## Home Visiting

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Home visiting is organised from the Community Pathway Triage Hub or Clinical Assessment Centre to deliver care at home to COVID-19 symptomatic shielded patients or symptomatic patients whose other conditions are the main cause of concern. This system will persist as long as it can be staffed after which home visits will be passed to practices.

A home visiting service is an essential part of ensuring that Covid symptomatic patients are kept separate from those without symptoms and, where possible, the staff who are in contact with them.