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Date: 23rd June 2020

Our Ref: KN/GP's

Dear Colleagues,

COVID Pathway

Following on from the initial Covid-19 pathway that was issued on the 24th March and the way in which we have had to respond and manage the evolving challenges with Covid-19, we are issuing the further additional pathway for those who may be a risk of infection but present with Non-Covid problems needing face to face assessment during their potentially infective period. This ensures that GP practices remain a Low-Risk Covid environment for other patients. This period would be the 14 days where patients are requiring to self-isolate due to being in contact with a positive COVID-19 case.

This provides an option for a patient to be referred to a CAC for a face to face examination which is deemed necessary by their GP and the patient cannot wait until after their potentially infective period. The patient's own GP will remain in charge of the case and will continue to manage the patient once they have the results of the examination from the CAC GP (unless emergency admission is required). As they are not presenting with Covid-19 symptoms, they will not require the full CAC Covid assessment, just the examination specified by their GP. The letter from the CAC will pass the examination results back to the GP to continue to manage the case. It is recognised that this is an unusual way to work but we expect numbers to be extremely small and it is important to keep potentially infective cases out of GP practice premises.

As you are aware CAC's have been operating across the Board since 25th March. An Operational Group was set up to manage, respond and support the challenges of the development and operational management of the CAC's. The group consists of Chief Officer Chair, Operational Leads, Clinical Leads and Primary Care Lead.

During this period the numbers of patients attending the CAC's has significantly reduced. In response to this a paper was developed to consider the various options and configuration of the CAC's. The group recommended a reduction from 7 centres to 5 centres and this was agreed at the Partnership tactical group and the Board Strategic group (SEG).

There has been recognition that the type of patients attending the CACs have also changed and it became apparent that there was a need to consider the management of non-COVID patients who potentially pose a risk of infection. A small strategic group was established and included Clinical Directors, GP Subcommittee members and CAC clinical leads. They considered the development of this pathway and this has been agreed by the Clinical Advisory Group.

As with everything relating to COVID we will be keeping this pathway under close review and will consider any changes that may be required.

We would welcome any feedback on this pathway.

Kind regards,

Dr Kerri Neylon
Deputy Medical Director for Primary Care
On behalf of the Covid 19 Primary Care Clinical Advisory Group