

Thursday 19th March 2020

Covid 19 Community Pathway- Call for assistance

Dear Primary Care colleagues,

As you will hopefully be aware from my letter yesterday we are planning to start the Covid 19 community pathway from Monday 23rd March 2020. This will be a telephone triage hub at Caledonia House in Cardonald, managing calls screened by NHS24 and also assessment centres, initially at the old Woodside Health Centre at Barr Street Glasgow.

Why are we doing this?

We should not underestimate the potential challenge ahead of us due to Covid 19. Setting up these new services will help to increase resilience across the system in the face of the expected pressure to come. John O'Dowd has carried out modelling of the potential impact of symptomatic patients that in the worst case scenario, could require some degree of clinical assessment. The following figures are for the NHSGGC board resident are of 1,17 million people. If social distancing is strictly observed, we can expect lower numbers needing assessment. It should be remembered that around 25% of the 135,000 weekly primary care attendances at this time of the year are due to respiratory symptoms.

He assumes that 80% of our population will be infected, 50% of the population will be symptomatic and of these, 30% will require assessment, in addition to those with non-Covid respiratory symptoms who would usually be seen for assessment.

We are currently in week 2 of the first epidemic wave and we have seen a small number of additional patients as a result of Covid infection. By week 5, which is the second week in April, these numbers will rise substantially causing significant pressures on all health systems.

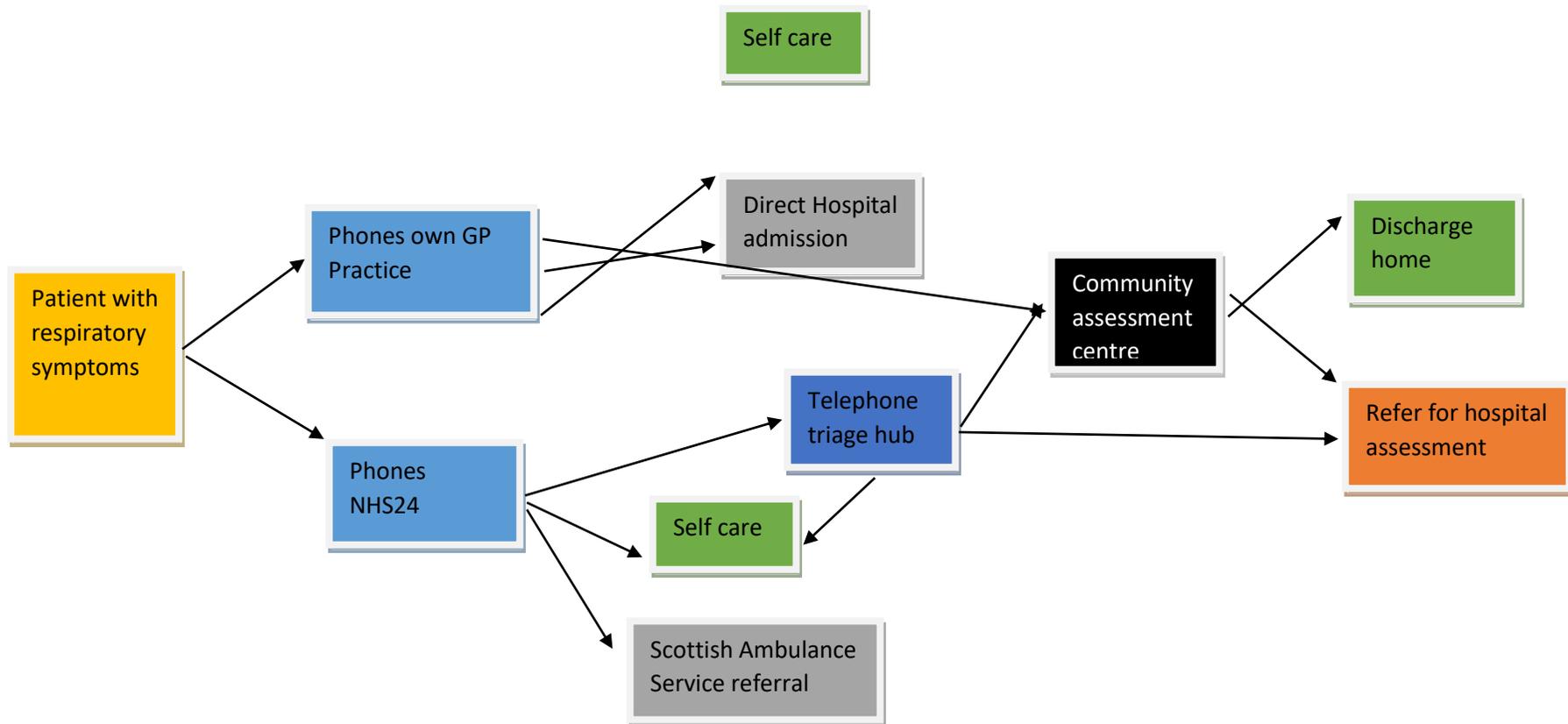
These numbers, which represent the worst case without the controlling effect of social distancing, are overwhelming and may swamp our Primary Care services over the coming weeks. The guidance around self-isolation for symptomatic and household contacts of symptomatic individuals will mean the number working across health and social care will be significantly impacted. Developing the community pathway has two purposes:

- To maximise the numbers of symptomatic people who can be cared for in the community, reserving our hospitals for those with the most serious illness; and

- To minimise the exposure of patients in GP Practice to Covid 19, to reduce spread and to protect patients requiring support for other conditions, who are most likely to be older and have multiple non-communicable diseases.

We believe that it is sensible to attempt to provide care for those with symptoms consistent with Covid 19 infection either by telephone or telemedicine in the community. It is anticipated that the majority of patients will be managed safely in the community however in some cases it will be clear from initial contact that hospital assessment is necessary. In those cases where a clinical assessment is required in the community this would be carried out at the Community Assessment Centre (CAC). The creation of the CACs will provide important protection for vulnerable patients who require non- Covid 19 related care and should support our 235 GP Practices to provide this care.

PATHWAY



There is to be a national campaign to get symptomatic patients to contact NHS24 directly. However we are aware that many patients will choose to contact their own Practice. There may be strength in the usual GP Practice carrying out the initial triage as they are more likely to have prior knowledge of the patient and their “usual” state. Following GP triage if a patient is requiring a clinical assessment they should be referred through SCGateway. Patients will be contacted and given an appointment time to attend the CAC.

Patients requiring hospital assessment should be referred in the usual manner by a phone call and SCGateway information transfer.

Patients contacting NHS24 who require clinical triage will be referred to the Triage Hub using Aداstra and creating a patient record. Following clinical triage those who require further clinical assessment will be referred to the CAC using Aداstra. The patient will be contacted and given an appointment time.

Following clinical assessment in the CAC if patients require hospital assessment they will be referred by the centre. Most patients will be sent home with worsening advice, and in some instances they will be referred to the Community Respiratory Team if they have Chronic Lung Disease.

We are working to make the Community Respiratory Team (CRT) available for those with Chronic Lung Disease in the community, so that these patients calling 111 or their GP can be referred to the CRT. The CRT will most likely run seven days a week from 8 am to 6 pm and will cover all NHSGGC areas. It will be available from 30th March. A gateway referral will be developed to ensure that GPs can divert this very vulnerable group to the CRT in the hope that it avoids them attending the assessment centres. Asthmatics will not be an initial priority for this service as it will be difficult to predict and manage demand for those with other chronic lung diseases.

This will be kept under review.

House visiting from the CACs is also being scoped at present

Staffing

Staffing is required for the both the triage hub and the Community Assessment Centre.

Triage Hub

The telephone triage hub will be working on a 24/7 basis. We are looking for GPs and ANPs to carry out the telephone triage. There should be no health restriction on who can work in this setting.

Community Assessment Centre

Initially we are planning to open this 8am -10pm, however as numbers increase these hours are likely to increase. We envisage a mixture of nurses and GPs carrying on face to face assessment.

The guidance around “higher risk” groups is important in deciding which clinicians can do this work

Shifts for both will be advertised on NHSGGC GP OOH rotamaster system: www.oohggc.net

Passwords for this system for those who do not already have access are available from

Raylene.McLaggan@ggc.scot.nhs.uk Information required is: Full name, GMC number, Mobile phone number, Emergency contact details and number, nhs email address, and whether able or work in either or both sites.

Applications will be processed and you will be provided with log in detail and instructions on how to use the system.

The rota is being built at present but there is a manual template which is being filled

If you have any issues with this please phone 07810 801132.

Payment mechanisms and HR issues are being considered and worked through.

Support

Working within these sites will be supported. Work is being carried out to determine clinical pathways, criteria and thresholds.

Pregnant women who are symptomatic and do not have obstetric issues will be assessed through the community pathways.

Children will be seen at the CACs and we are working with our Paediatric colleagues to manage this.

We continue to play into national discussions around end of life care and admission criteria.

WE NEED YOU and YOUR PATIENTS NEED YOU

Working in the community pathway will allow us to protect your patients who have chronic medical conditions and are at higher risk of Covid 19.

Please take on some shifts within this service.

If there are any additional questions please do not hesitate to contact your Clinical Director.

Kind regards

Dr Kerri Neylon
Deputy Medical Director Primary Care