

COVID-19 RESOURCE PACK

Last Updated:
May 9th 2020

If anybody stumbles across this site by mistake, please note:

Do not trust this website or anything within it.

It is intended as a repository of resources for my own personal use, should not be regarded as anything more.

Most of it is probably wrong and out-of-date.

I am a spokesperson for nobody and represent no official organisation.

If you are one of my close colleagues, I welcome your feedback and you already know how to contact me. If you are not one of my close colleagues, may I politely suggest that you look for a more reputable and reliable website for information.

QUICK LINKS	3
CLINICAL RESOURCES	4
COVID-19-specific Guidance and Protocols.....	4
COVID-19 Testing for staff, householders of staff, and other key workers	9
Resuscitation.....	10
Palliative Care	10
COVID GENERAL RESOURCES	12
Personal Protective Equipment (PPE)	12
Compassionate Telephone Communication	12
Shielding, and the “Extremely Vulnerable” List.....	12
Self-Isolation, and guidance for households with possible COVID-19 infection	13
Social Distancing, and “Lockdown”	13
Notification	13
Clinical Guidance by Specialty	15
Death	28
Safeguarding	34
Responding to Domestic Abuse During COVID.....	34
Research into COVID-19	34
PRESCRIBING	36
Managing Ramadan during COVID-19	40
SERVICE UPDATES - PRIMARY CARE and Community Teams	41
SOCIAL CARE.....	46
Advocacy.....	46
Bereavement Support	46
Nutrition and hydration advice for the elderly.....	46
Social Prescribers – Contact details	46
Volunteer Services	46
Citizens Advice East Hampshire (CAEH)	49
East Hants District Council.....	49
Smoke Free	50

SUPPORT FOR NHS STAFF	51
Mental Wellbeing Support for all NHS Staff	51
Counselling for Everyone	51
Counselling for Doctors	51
Counselling for Nurses	51
Guidance for Managers	52
Supermarket Hours for NHS Staff	57
NHS Staff Offers	57
The post-COVID ERA	57

QUICK LINKS

Organisational:

- GOV.UK <https://www.gov.uk/coronavirus>
- CCG Web Portal <https://gp-portal.westhampshireccg.nhs.uk/>
- Wessex LMC <https://www.wessexlmcs.com/>
- Intranet <https://3057.intradoc247.cloud/login/to/dashboard>

Resources:

- NHS for public <https://www.nhs.uk/>
- BNF <https://bnf.nice.org.uk/drug/>
- 0-18 <https://what0-18.nhs.uk/>
- CAMHS <https://www.camhs-resources.co.uk/>
- Patient <https://patient.info/>
- Mentor <http://webmentorlibrary.com/files/index.asp>
(Login emisweb, password emisweb)

IT Support:

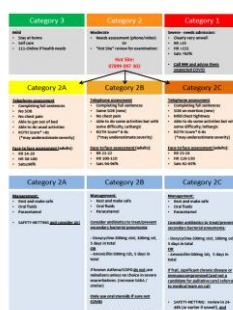
- AccuRx Fleming <https://fleming accurx.com/login>
- AccuRx support <https://support accurx.com/en/>
- Emis <https://www.emisnow.com/csm>
- HC Computing <https://www.healthcarecomputing.co.uk/support/>
- Remote Access [Click here](#)

CLINICAL RESOURCES

COVID-19-SPECIFIC GUIDANCE AND PROTOCOLS

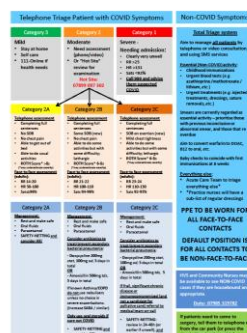
IN-HOUSE PATHWAY – SIMPLIFIED VERSION

(Click on the Thumbnail to view full-size version)



IN-HOUSE ASSESSMENT AND TREATMENT PATHWAY – FULL VERSION

(Click on the Thumbnail to view full-size version)



RED / HOT HUB STANDARD OPERATING PROCEDURES

- All the policies, protocols, pathways for primary care hot sites, combined:

<https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/HIOW-Primary-Care-Hot-Site-SOP-updated-270420.pptx>

BMJ INFOGRAPHIC – REMOTE CONSULTATIONS

- <https://www.bmj.com/content/bmj/suppl/2020/03/24/bmj.m1182.DC1/gret055914.fi.pdf>

PNEUMONIA: DIAGNOSIS

RECOMMENDED APPROACH IN EMERGENCY SITUATION

Key equipment includes:

- Pulse oximeter (provides a simple way to measure pulse and can aid the assessment of the deteriorating patient. Hypoxemia may influence prognosis of patients with CAP independently of severity scores)
- Thermometer
- Stethoscope - (auscultation not essential if overall clinical judgement ['gestalt' or gut-feeling of CAP] is already met. Auscultation should be reserved for those where it is crucial to decision making)
- Assessing blood pressure significantly increases contact time and should be considered only in those in whom it contributes to essential decision making to admit or not
- We recommend documenting that on examination a 'limited examination' was performed
- Remember: STERILIZE all equipment used between patients.

PNEUMONIA: RED-FLAG FEATURES

LIFE-THREATENING SYMPTOMS/SIGNS

- **Severe SOB at rest**
- **Haemoptysis**
- **Cyanosis**
- **Feeling cold, clammy; mottled skin**
- **Collapse / pre-syncope**
- **Becoming difficult to rouse**
- **Little or no urine output**
- **New confusion / disorientation**

Clinical features most strongly associated with pneumonia

- Respiratory Rate ≥ 20 /min
- Temperature $\geq 38^{\circ}$
- Pulse ≥ 100 /min
- Crackles [*but auscultation not necessarily recommended*]

PNEUMONIA: DIAGNOSTIC CONSIDERATIONS

Assessing for pleural effusion (when suspected) without auscultation: dullness to percussion and asymmetric chest expansion

A systematic review (2019) found that clinical gestalt, or “gut-feeling”) was more reliable than NEWS2 and other risk scores.

However, NICE suggest CRB-65.

PNEUMONIA: AN INDEPENDENT ROLE FOR HYPOXIA

Where pulse oximetry is available, an oxygen saturation level below 92% (below 88% in people with COPD) on room air at rest indicates a seriously ill patient

- Where pulse oximetry is not available, while the ROTH tool has been suggested as an alternative, its use has not been validated in people with COVID-19 and there are concerns that it may underestimate illness severity [Note that this is at odds with previous advice - it still offers a useful tool particularly in telephone consultations]
- Should smartphone apps be used as oximeters? No

PNEUMONIA: CRB-65 SCORE

The CRB-65 score is used to assess the severity and mortality risk in patients with community-acquired pneumonia [NB. it has NOT been validated in COVID-19]

Calculate by giving 1 point for each of the following prognostic features:

- New confusion / disorientation
- raised respiratory rate (>30 breaths/min)
- low blood pressure* (systolic <90mmHg, or diastolic <60 mmHg) [*NB. this is at odds with Oxford advice to not bother with BP]
- age 65 years or more

Patients are stratified for risk of death as follows:

- 0: low risk (<1% mortality risk) - likely suitable for home treatment
- 1 or 2: intermediate risk (1-10% mortality risk) - consider hospital referral
- 3 or 4: high risk (>10% mortality risk) - urgent hospital admission

PNEUMONIA: USE OF NEWS2 STRATIFICATION

- NICE: “Use of the NEWS2 tool in the community for predicting the risk of clinical deterioration may be useful. However, a face-to-face consultation should not be arranged solely to calculate a NEWS2 score”
- [NB. this is at odds with previous advice to roll out NEWS2 as the mainstay of assessment and monitoring – it still offers a useful tool particularly in determining CHANGE in severity over time]

Physiological Parameters	3	2	1	0	1	2	3
Respiration Rate (BPM)	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations (%)	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature (°C)	≤35		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	
Systolic Blood Pressure (mmHg)	≤90	19-100	101-110	111-219			≥220
Heart Rate (BPM)	≤40		41-50	51-90	91-110	111-130	≥131
Level of Consciousness				A			V, P or U

PNEUMONIA: DIFFERENTIATING COVID-19 PNEUMONIA FROM BACTERIAL PNEUMONIA

- NICE: “as COVID-19 becomes more prevalent in the community, patients presenting with pneumonia symptoms are more likely to have a COVID-19 viral pneumonia than a community-acquired bacterial pneumonia”

More likely COVID-19 pneumonia	More likely bacterial pneumonia
presents with a history of typical COVID-19 symptoms for about a week	becomes rapidly unwell after only a few days of symptoms
has severe muscle pain (myalgia)	does not have a history of typical COVID-19 symptoms
has loss of sense of smell (anosmia)	has pleuritic pain
is breathless but has no pleuritic pain	has purulent sputum
has a history of exposure to known or suspected COVID-19, such as a household or workplace contact	

PNEUMONIA: ANTIBIOTIC TREATMENT

NICE:

- Do not offer an antibiotic for treatment or prevention of pneumonia if:
 - COVID-19 is likely to be the cause and symptoms are mild
- Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if:
 - the likely cause is bacterial or
 - it is unclear whether the cause is bacterial or viral and symptoms are more concerning or
 - they are at high risk of complications because, for example, they are older or frail, or have a pre-existing comorbidity such as immunosuppression or significant heart or lung disease (for example bronchiectasis or COPD), or have a history of severe illness following previous lung infection

- When starting antibiotic treatment, the first-choice oral antibiotic is:
 - doxycycline 200 mg on the first day, then 100 mg once a day for 5 days in total (not in pregnancy)
 - alternative: amoxicillin 500 mg 3 times a day for 5 days

[Note: this advice is at odds with NICE guidance for CAP, yet this is the NICE advice for antibiotics in COVID; it is also at odds with the advice from the Barnet Primary Care pathway for COVID]

PNEUMONIA: ORAL CORTICOSTEROIDS

NICE:

- “Do not routinely offer a corticosteroid unless the patient has other conditions for which these are indicated, such as asthma or COPD”

COVID-19 TESTING FOR STAFF, HOUSEHOLDERS OF STAFF, AND OTHER KEY WORKERS

- Getting tested whilst symptomatic: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested>
- The new testing centre will be in Tipner, Portsmouth and be open from 10.00am – 1.00pm and 2.00pm – 5.00pm, seven days a week
- Booking: <https://self-referral.test-for-coronavirus.service.gov.uk/>
- More details about the process can be found below and there is also a useful 90 second film which explains: <https://www.youtube.com/watch?v=JVB6TC49ss0>
- Testing for Residential and Nursing home residents and staff: <https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/Residential-and-Nursing-Homes-Comms-28.04.20.pdf>

RESUSCITATION

- CPR and First Aid in COVID-19: <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-community/>
- BLS without defibrillator:
https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry573c77e35e61585a053d7bb2/573c78575e61585a083d7be1/files/Poster_BLS_Algorithm_ENG_V20151005_HRES_site.pdf?
- BLS with defibrillator:
https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry573c77e35e61585a053d7bb2/573c78555e61585a053d7be0/files/Poster_BLS_AutomatedExternal_Algorithm_ENG_V20151005_HRES_site.pdf?
- ALS:
https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry573c77e35e61585a053d7bb2/573c785e5e61585a053d7be6/files/Poster_ALS_Algorithm_ENG_V20151019.pdf?
- Paediatric BLS:
https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry573c77e35e61585a053d7bb2/573c78515e61585a083d7bde/files/Poster_PAEDS_BLS_Algorithm_ENG_V20151014_HRES.pdf?
- Paediatric ALS:
https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry573c77e35e61585a053d7bb2/573c784a5e61585a083d7bdb/files/Poster_PAEDS_PALS_Algorithm_ENG_V20151005_HRES.pdf?
- Anaphylaxis:
https://cprguidelines.eu/sites/573c777f5e61585a053d7ba5/content_entry573c77e35e61585a053d7bb2/573c78485e61585a053d7bdd/files/Poster_SpecCircs_Anaphylaxis_Treatment_Algorithm_ENG_V20151001_HRES_site.pdf?

PALLIATIVE CARE

PALLIATIVE CARE IN COVID-19

https://elearning.rcgp.org.uk/pluginfile.php/149342/mod_resource/content/1/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20FINAL.PDF

END OF LIFE MEDICATIONS IN COVID-19

- Prescribing for end-of-life symptoms in COVID-19: https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/A3-COVID-EoL-Drugs-table-V1_5.pdf

CLINICAL GUIDELINES FOR CHILDREN AND YOUNG PEOPLE WITH PALLIATIVE CARE NEEDS

- <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0249-clinical-guidelines-children-young-people-with-palliative-care-needs-24-04-2020.pdf>

COVID GENERAL RESOURCES

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Wessex LMC PPE General Resources: <https://www.wessexlmcs.com/covid19ppe>

PPE FOR PRIMARY CARE BY SETTING

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf

PPE FOR CARE HOME STAFF

- <https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-care-homes>

COMPASSIONATE TELEPHONE COMMUNICATION

- <https://www.dropbox.com/s/exi2cgymu1crnox/Talking%20to%20Relatives%20-%20NHS%20Covid-19%20Communications%20020420.pdf>

SHIELDING, AND THE “EXTREMELY VULNERABLE” LIST

- Wessex LMC: <https://www.wessexlmcs.com/covid19vulnerablepatients>
- BMA: <https://www.bma.org.uk/news-and-opinion/identifying-patients-at-highest-risk-from-covid-19-advice-for-gps>
- NHS Digital – Medicines indicating “extreme vulnerability”: <https://digital.nhs.uk/coronavirus/shielded-patient-list/methodology/medicines-data>
- NHS England - FAQs: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/20200403-Clinician-FAQs-v_FINAL.pdf

SELF-ISOLATION, AND GUIDANCE FOR HOUSEHOLDS WITH POSSIBLE COVID-19 INFECTION

- Gov.uk: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

SOCIAL DISTANCING, AND “LOCKDOWN”

- <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>

NOTIFICATION

Public Health England should be informed of patients with symptoms of COVID-19 in the following settings:

- any case from a long-term care facility e.g. care homes
- any outbreak in a healthcare setting e.g. GP surgeries
- Schools

Contact details for Public Health England:

- 0344 225 3861 then follow options for COVID-19
- email address for notification of infectious diseases (including COVID-19) for patients in Hampshire is phe.hiow@nhs.net
- email address for non-notification enquiries is hiow@phe.gov.uk

Care homes can contact Public Health England directly for advice and guidance regarding managing infection control in the homes.

For TESTED patients, PHE receive positive results from the laboratories directly: there is no need for us to notify them.

For UNTESTED residents of care homes, we (or the care homes themselves) can discuss with PHE.

After the first case within a care home there is no need for us to notify PHE, although the care home may want to speak to them regarding infection control.

Contact PHE for any concerns arising.

Notification / Referral Form for Public Health England

- <https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners>

CLINICAL GUIDANCE BY SPECIALTY

QAH URGENT CONTACT DETAILS

Service	Lead Organisation	Purpose/Service Brief	Operational Hours	Locality	Who can access the service?	Contact Details	Additional Comments
GP Bypass Numbers							
GP Bypass Numbers	Primary Care	For ambulance crews to access urgent advice and guidance from patients GP (15 min call back)	Week days 0800-1830 Out of Hours	All localities	SCAS	GP Practice Bypass Numbers Out of Hours (provided by PHL referred by 111)	
Ambulatory Emergency Care (AEC)							
Ambulatory Emergency Care (AEC)	Portsmouth Hospitals Trust	For advice or direct admission	Daily 0800-1900	All localities	Primary Care SCAS	Dial: 023 92286916 Out of Hours: 023 9228600 Bleep 1111	
Cardiology							
Cardiology Dept.	Portsmouth Hospitals Trust	Urgent on the day advice	24/7	All localities	Primary Care SCAS for PPCI (SCAS wider criteria under review)	Dial: 023 92286000 Bleep: 0189	
Gastroenterology							
Gastroenterology Dept.	Portsmouth Hospitals Trust	Urgent on the day advice	24/7	All localities	Primary Care (SCAS criteria under review)	Dial: 023 92286000 Bleep: 1329	
Respiratory							
Respiratory Dept.	Portsmouth Hospitals Trust	For urgent advice telephone department, leave a mobile contact and the Consultant of the day will call back	Mon – Fri 08:00-17:00	All localities	Primary Care (SCAS criteria under review)	Dial: 023 92286000 Extension: 6665	

CONSULTANT CONNECT

- Web: <https://www.consultantconnect.org.uk/>
- iOS: <https://apps.apple.com/gb/app/consultant-connect/id1138956970>
- Android: <https://play.google.com/store/apps/details?id=uk.org.consultantconnect.app>

MEDICAL ASSESSMENT UNIT (MAU)

QAH AMU hotline available on (02392 286 916) is available between 0830 and 2000. All calls will be triaged by the AMU consultant of the day who will return your call as soon as is possible to discuss potential admissions / alternatives to admission.

CANCER

- Cancer referral guidance for primary care – in response to COVID-19:
https://www.bsuh.nhs.uk/library/wp-content/uploads/sites/8/2020/04/Covid139_SE-Primary-Care-Cancer-Referral-Guidance-in-Response-to-COVID-19-v1-0.pdf

CARDIOLOGY

Changes to QAH Cardiology referral pathways to support COVID-19

To support the department's sustainability during COVID-19 and to protect patients from unnecessary visits to hospital, the Cardiology Department at Portsmouth Hospitals NHS Trust have stopped all face-to-face outpatient encounters with the exception of the 2 week heart failure patients. Referrals currently being received via eRS are being triaged then patients are being contacted to make a treatment plan.

To help streamline the process further during this challenging period, the department has asked referrers use advice and guidance as the ONLY route of referral with immediate effect. Any patients already in the system will be dealt with. However going forward, any referrals received that have not been through advice and guidance will be not be accepted.

The department also has a number of patients that were "deferred to provider" due to appointments not being available at the time of referral. These will be triaged over the coming weeks with one of the following outcomes:

- If the referral has already been through A&G before being made, the consultants will call the patient to discuss their treatment virtually or return to GP with advice for further primary care support
- If the referral has not been through advice and guidance, the referral will returned to primary care for the correct advice and guidance pathway to be followed

The above approach does not apply to the heart failure pathway: GPs should continue to refer these patients to the Trust in the usual way.

We would also like to make you aware that if the consultant feels an echo is required following referral for suspected heart failure, this is likely to take place in the community by Care UK, who are supporting the Trust with diagnostic capacity at this time. There is no change to the referral pathway for heart failure, but something you may want to make your patients aware of.

This revised pathway will enable the department to triage more efficiently to ensure urgent cases are identified and will mean a number of patients will not need to attend the hospital to see the consultant. This approach fits with both the recent guidance around how to manage elective services in response to COVID-19, and our ongoing transformation programme which aims to reduce face-to-face outpatient appointments in line with the NHS Long Term Plan.

DERMATOLOGY

Changes to QAH Dermatology referral pathways to support COVID-19

To support the Trust with reducing unnecessary visits to hospital sites for patients during this challenging period, the Dermatology Department at Portsmouth Hospitals NHS Trust (based at St Mary's Hospital) has asked referrers to follow the attached revised referral pathway with immediate effect.

The points to highlight are:

- Please only use the 2ww service for anything that needs to be seen within the next two weeks i.e. lesions likely to be melanomas, SCCs and other high risk skin tumours. Please send referrals via Advice & Guidance with a photograph for urgent triage.
- PHT are suspending the teledermatology service for the next 3 months. All new GP referrals will be triaged via Advice & Guidance with photographs submitted by the GP. At point of triage, if the lesion is suspicious or the department are unsure about it, they will bring the patient for face-to-face consultation.
- All routine referrals to be referred to Advice & Guidance with photograph attached for triage
- Rashes and the management of other skin conditions should also be referred via advice and guidance with a photograph attached
- Important: Please ensure that the only attachments uploaded are the relevant photographs. All other required information must be included within the free text box.

These revised pathways will enable the department to triage more efficiently and the use of photographs with advice and guidance will mean a number of patients will not need to attend the hospital to see the consultant. This approach fits with both the recent guidance around how to manage elective services in response to COVID-19, and our ongoing transformation programme which aims to reduce face to face outpatient appointments in line with the NHS Long Term Plan.

We will be working closely with primary and secondary care colleagues to support the implementation of these changes. If you have any queries, please contact us via sehccg.icpelectivecaremailbox@nhs.net

ENDOCRINOLOGY (INCLUDING DIABETES)

Portsmouth Diabetic Eye Screening - COVID-19

We have taken the decision to pause diabetic eye screening with immediate effect to ensure your patients are not put at unnecessary risk.

All appointments have been cancelled and we are currently contacting patients who have screening appointments in the coming weeks to inform them that screening is being paused. We will send a new screening appointment, at a later date, when the restrictions are lifted. In the

meantime, if any of your patients are concerned and showing signs of losing vision, please advise them to telephone their local Hospital Eye Service.

ENT

Message from LMC:

Asymptotically infected children – infection control implications for healthcare professionals in primary care

Dr Sanjay Patel - a consultant paediatrician at University Hospital Southampton and a specialist in infectious diseases had advised not to examine throats in children and I suspect the same would go for adults, because of the risk of aerosol generation - please pass this message on to all clinicians in your practice.

The following advice has been written by Sanjay for the Royal College of Paediatrics and Child Health.

Although the COVID-19 narrative has focused firmly on adults, there is growing concern about the role played by asymptomatic children in the spread of infection.

1. Transmission from the upper airway has been raised as a particular concern by ENT specialists
2. With viral replication shown to take place in the upper airway as well as the lower airway. This may explain why a number of paediatric and/or ENT healthcare professionals have developed disease in the absence of currently defined risk factors.

We recommend that the oropharynx of children should only be examined if essential. If the throat needs to be examined, personal protective equipment (fluid resistant surgical face mask, plastic apron and gloves) should be worn, irrespective of whether the child has symptoms consistent with COVID-19 or not.

Suspected tonsillitis in primary care or A+E

If a diagnosis of tonsillitis is suspected based on clinical history, we recommend that during the COVID-19 pandemic, the default stance becomes not examining the throat unless absolutely necessary. If using the [feverpain](#) scoring system to decide if antibiotics are indicated (validated in children 3 years and older) ³, we suggest that a pragmatic approach is adopted, although automatically starting with a score of 2 in lieu of an examination is not entirely unreasonable. Children with a total [feverpain](#) score of 4 or 5 should be prescribed antibiotics (we suggest children with a score of 3 or less receive [safety netting advice](#) alone). Although this is likely to result in a temporary increase in antibiotic prescribing in children, we feel that this is preferable to healthcare staff being unnecessary exposed to COVID-19. Antibiotics rarely confer a benefit in children less than 3 years with tonsillitis and should only be prescribed in exceptional circumstances or if a diagnosis of scarlet fever is strongly considered.

Letter from QA ENT:

Dear Colleagues,

We are in the midst of unprecedented times requiring some very difficult and different working practices.

I would like to ask for your help on behalf of my department regarding 2 Week Wait referrals into ENT.

We are all trying to limit attendances for patients as much as possible. It has emerged in the last few days specifically that ENT examinations and nasendoscopy confer a particularly high chance of spreading COVID to the clinician with very high associated viral loads. So far in the UK one ENT surgeon has died and a number are currently ventilated. This has been confirmed with similar demographics in Asia. National guidance from this Friday is that ENT Surgeons should be using the full PPE for these procedures which is obviously in very limited supply and I fear for the safety of our department when this runs out and if we are then forced to perform these examinations and emergencies without protection.

Our current 2 week wait criteria result in only 1.8% of patients found to have a cancer. On that basis I would like to make some emergency suggestions given the current situation that might help to better risk stratify and ensure that only the most essential patients are seen for assessment.

- Patients under 40 are very unlikely to have head and neck cancers. It should be exceptional to have to refer these patients
- The majority of patients traditionally seen in 2 week wait clinics have one of the following symptoms:
 - Persistent Throat clearing
 - Sensation of Lump / Tickle in the throat
 - Feeling of swallowing past something (without dysphagia)
- This is very unlikely to be cancer, most likely to be related to silent reflux and I would suggest consider these options before considering referral for further clinical assessment:
 - Advice and reassurance using available resources such as https://www.britishvoiceassociation.org.uk/voicecare_reflux-and-voice.htm <https://www.racgp.org.au/afp/2017/januaryfebruary/laryngopharyngeal-reflux-a-confounding-cause-of-aerodigestive-dysfunction/>
 - Empirical 3/52 trial of a PPI bd and Gaviscon Advance qds and a follow up phone consultation
 - Please can all 2 week wait referrals be only made by a Doctor at this time

The Neck Lump Clinic will run as normal (for as long as possible) but please only refer if you can actually feel a neck lump.

We will of course continue to provide both emergency and cancer care.

Finally, my ENT, Head and Neck Consultant colleagues and I would like to offer an extended service in addition to the option of Advice and Guidance via eRS. If you have a specific concern regarding patients with ENT symptoms you may email any of us to ask for advice or leave a number and we can call you back

Costa Repanos Costa.Repanos@porthosp.nhs.uk

Matthew Ward Matthew.Ward@porthosp.nhs.uk

Volkert Wreesmann Volkert.Wreesmann@porthosp.nhs.uk

FERTILITY SERVICES

All non-essential services provided by Wessex Fertility including diagnostic semen analysis have been temporarily suspended until further notice. They are however continuing to receive and register referrals through the normal process adding patients to waiting lists to be offered appointments.

If you require any further information or advice please contact Wessex Fertility at info@wessexfertility.com

GASTROENTEROLOGY / ENDOSCOPY

To support the department's sustainability during COVID-19 and to protect patients from unnecessary visits to hospital, the Gastroenterology Department at Portsmouth Hospitals NHS Trust are continuing to manage referrals via the usual grading process but will assess them by phone rather than face to face. Every 2ww / urgent case will have a record of telephone conversation or action by letter.

The Gastroenterology team is also following the latest guidance from the BSG/JAG (see link at end of message) around which patients should be offered endoscopy – this is limited to those with emergency and life-critical conditions, such as a GI bleed or those requiring emergency ERCP, etc. To support the department and ensure patients are kept safe during this challenging period we have agreed the following:

- Please use advice & guidance as first point of referral. The clinical teams will endeavour to give strong advice at that point to negate the need for referral where possible
- Please give as much information as possible in the A&G request using the free text box, rather than attachments such as relevant medical history, tests already carried out and the results
- Patients who are considered lower risk following clinical triage will be directed back to the GPs with a management plan including the clinical threshold for consideration of future referral if necessary

This revised pathway will enable the department to clinically triage and review more efficiently to ensure urgent cases are identified and will mean a number of patients will not need to attend the hospital to see the consultant. This approach fits with both the recent guidance around how to

manage elective services in response to COVID-19, and our ongoing transformation programme which aims to reduce face to face outpatient appointments in line with the NHS Long Term Plan.

Link to BSG/JAG guidance: <https://www.bsg.org.uk/wp-content/uploads/2020/03/Endoscopy-recomendations-COVID-19-ver-2.1.2-pub-260320-final.pdf>

We will be working closely with primary and secondary care colleagues to support the implementation of these changes. If you have any queries, please contact us via sehccg.icpelectivecaremailbox@nhs.net

Suspension of Faecal Calprotectin and FOB testing with immediate effect – Portsmouth Hospitals NHS Trust

Effective immediately we will be suspending the following faecal tests because they require significant manual sample handling. COVID19 can be isolated from faecal samples and this is a step we need to take in order to protect our staff. Similar actions are being taken by other Biochemistry labs in the UK. The tests affected by this are calprotectin and faecal occult blood. You will no longer be able to request these tests on ICE and any FOB samples that we receive will not be analysed at all. Any calprotectin samples we receive may be tested at a later date if this becomes possible.

We hope to review this as the situation develops.

GERIATRICS

QAH: Between the hours of 0800 and 2000 the on-call Consultant Geriatrician is available via switchboard (02392 286000), to discuss management plans for your patients. Please call the hospital and ask for the On-Call Consultant to be bleeped.

Some of our usual pathways are not completely active due to the altered risk environment

We are still running PEC (remotely), TIA (remotely), PD clinic (remotely), Rapid access and general clinic (Portsmouth) remotely

We want to be available to support community decision-making through the ConsultantConnect platform (watch this space)

We will be onsite at QAH until midnight seven days a week starting 6/4/20

Observations from Dr. Ali Bartens, QAH Geriatrician (6.4.20)

- We are seeing increasing number of atypical presentations in older people
- Some people are “not quite right” or gone off food or legs including falls and then the more typical syndrome develop a few days later
- They may well not present with fever and this may develop within 48 hours
- Patients can seem relatively asymptomatic but when they deteriorate it has been seen to be very rapid with deoxygenation being the dominant issue
- We have not seen many inappropriate admissions but the care home population are still coming and I think this relates to care home staff feeling anxious about the imminent risk to others in the home setting

- The number of cases we are seeing in hospital is not growing quite as precipitously as we'd anticipated but there is steady growth
- The clinical picture is quite fascinating:
 - May be minimally symptomatic
 - Then may see fever which can be difficult to control
 - Breathlessness is disproportionate (lower RR) than you'd expect for degree of desaturation
 - Lymphopenia and raised CRP seem pretty universal
 - Reduced taste and smell seem to be early feature as well
 - CXR uniformly demonstrates peripheral infiltrates and alveolar patchy shadowing
 - Loss of energy and risk of deconditioning fairly uniform
- Some people are bouncing back quite quickly even though odds stacked against them, in terms of comorbidities
- No two people seem to behave the same and there's no real way of knowing by eye-balling them
- The sensitivity if swabbing remains 70-80% and we are seeing people whom fulfil case definition without alternative cause, but with negative swab results
- We are successfully discharging people
- There continues to be anxiety in care-giving groups and care homes about sending back people recovering from COVID, which is understandable

HAEMATOLOGY

- BSH guidance on B12 supplements during COVID pandemic: <https://bsh.org.uk/media/18275/bsh-guidance-b12-replacement-covid-1901052020finalv.pdf>

MATERNITY SERVICES

- <https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/PROMPT-Newsletter.pdf>

MENTAL HEALTH

- Managing Self-Harm – Resources for Education Staff and Parents Supporting Children and Young People in Hampshire:
<https://documents.hants.gov.uk/adultservices/ManagingSelfHarmResourceSheet.pdf>
- iTalk (self-referral): <https://www.italk.org.uk/>
 - iTalk updates: <https://mailchi.mp/1dfd692b7b53/italk-news-updates-from-your-local-talking-therapy-service?e=8c531008ca>
- Samaritans: <https://www.samaritans.org/>

- CRUSE Bereavement Counselling: <https://www.cruse.org.uk/get-help/coronavirus-dealing-bereavement-and-grief>
- Mental health crisis line for children and young people: <https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/CYP-Crisis-Line-Booklet-FINAL.pdf>

MSK (MUSCULOSKELETAL) – PCN PRIMARY CARE SLOTS

- PCN-led, telephone appointments with Jonathan Field, directly bookable from Emis appointments screen

From Jonathan Field (22.4.20): “As you will know I have been engaged to support the PCN with MSK complaints. This is new service for this network but one operating successfully elsewhere and I am excited to be involved. I have remote clinics Monday, Wednesday and Friday when I will be happy to work with adult patients (aged 16 or over) with non-pathological MSK complaints. In this role I am able to assist with self-help advice, information, reassurance, support with reactivation, exercise provision and advice on further referral/care.

In an earlier message introducing this service it was suggested that the initial management strategies for a MSK/ST injury are utilising the basics of Protect, Rest, Ice, Compress, Elevate and Short course of topical/oral NSAIDs.

I would add that guidelines for spinal pain differ in that once red flags are excluded the emphasis should be on reassurance and reactivation/activity as this results in faster recovery, reduces likelihood of chronicity and gives patients a better strategy for managing future episodes.

Do not assume patients require or want medication for spinal pain. Medication is seen to reduce pain in spinal pain patients but has a small effect size compared to placebo suggesting much of its impact is non-pharmacological. This should be offered to patients who need it with an explanation that its role is to help support a return to / increase activity not to make them better.

I am very happy to discuss patients and can be contacted via jonathan.field@nhs.net or 07595002204”.

MSK (MUSCULOSKELETAL) – SOUTHERN HEALTH

In response to the COVID-19 crisis Southern Health MSK Physiotherapy Service are currently only a telephone service which is predominantly triage, advice and discharge. Please advise your patient of this at the point of referral.

PAEDIATRICS

Update regarding COAST service

In partnership with NHS 111 we have agreed to implement a 6th HRG around Upper Respiratory Tract Infection/COVID-19 to support parents and carers with children who are likely to be displaying symptoms of this virus.

This will be a telephone, support, advice and guidance service only for this condition.

This service is now running 7 days a week 10:00 am through to 8:00pm

As well as the new service offer above, the COAST service will still continue to take referrals from CAU, ED and any GP who is redirected to us via the Consultant Advice Line, to provide support and assessment at home if appropriate and safe to do so. We are quickly implementing a video link service which will assist in remote face to face consultation which we will also use as appropriate for this work. Plans are in place to review and adapt this on a weekly basis.

COVID-19 advice for parents of children with any clinical condition known to the QAH Paediatric team:

- COVID-19 has been shown to be a relatively mild illness in children, even those with significant underlying medical conditions
- There is no treatment for COVID-19 and children will not be swabbed unless they need to be admitted to hospital
- Most children will be able to be managed at home with their usual treatments. Make sure you are giving all regular treatments (including immunosuppression) as reliably as possible to optimise their health
- Children should follow government or your specialist team's guidance about this over the next few days/weeks
- Fever and respiratory symptoms should be managed in the same way as they would have done 6 months ago before COVID-19 was an issue. If worried about fever and/or chest symptoms then follow the pathway that you would have done previously for these problems
- The Wessex Healthier Together website (<https://what0-18.nhs.uk/popular-topics/coronavirus>) and 111 can give advice about COVID-19
- Contact your specialist team in the usual way for further advice if you are worried about your child

PERINATAL CARE INCLUDING SAFEGUARDING, AND 6-8 WEEK CHECKS

- RCOG: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-20200331.pdf>

- CCG (a panoply of useful resources for the perinatal period, for parents and children): <https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/FINAL-Safeguarding-Guidance-for-Primary-CareCH-COVID-30-Mar-2020.docx>

RESPIRATORY

- The QA respiratory team are now responding to all E-referrals (ERS) advice and guidance requests within 24 hours – please use this rather than the AMU line for specialty direct advice where you can.
- Asthma UK definition of “Severe Asthma”: <https://www.asthma.org.uk/advice/severe-asthma/what-is-severe-asthma/>
- BTS Advice for Healthcare Professionals treating patients with asthma: <https://www.brit-thoracic.org.uk/document-library/quality-improvement/covid-19/bts-advice-for-healthcare-professionals-treating-patients-with-asthma/>
- NICE Guidelines Severe Asthma with COVID
- NICE Guidelines COPD with COVID

RENAL SERVICES

The QAH Renal team are still accepting referrals from GPs and booking appointments. They would like GPs to advise patients that they may get a telephone consultation and not a clinic attendance, the administration team at the Renal clinic will let the patient know nearer the date of the appointment. We have added this as an alert on e-Referral and also to the instructions to the patient on e-Referral.

- Risk of Acute Kidney Injury – Sick Day Rules: <https://ihub.scot/media/1401/20180424-web-medicine-sick-day-rules-patient-leaflet-web-v20.pdf>

SEXUAL HEALTH

- FSRH clinical advice to support provision of effective contraception: <https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/fsrh-clinical-advice-to-support-provision-of-effective-contraception-covid-26.3.2020.pdf>

- Advice for HIV management during COVID-19:
<https://www.bhiva.org/file/5eac2b1e84f0f/BHIVA-interim-ART-guidelines-COVID-19-01052020.pdf>

TISSUE VIABILITY

Email referrals & wound photos to SHFT.hampshiretvteam@nhsnhs.net

Tissue Viability Advice Line – 07733 264059

Extended Hours 11am to 12.30pm

Monday to Friday until further notice - 1pm to 4pm

UROLOGY

QAH Urology: We are introducing a new referral form for the 2ww Prostate pathway which should make recording your consultation and referral information within EMIS Web much easier.

The system is produced for Fareham and Gosport and SE Hampshire CCGs by Ardens and consists of a dedicated clinical template with which to gather the referral information and a document template. The template entries are saved to the record and then the referral form (document template) is launched which attaches the consultation content to the form. Both should already be installed on your system. Please contact ardens.emis@nhs.net if you are unable to find them. The clinical template is called: "2ww Prostate Referrals F+G and SEH (v13.5) (Ardens-QMasters)". The document template is called: "2WW Suspected Prostate Cancer Referral (Mar20)" and replaces the previous Wessex 2ww prostate form.

How to use the new prostate 2ww referral tools (March 2020):

The system is produced for Fareham and Gosport and SE Hampshire CCGs by Ardens and consists of a dedicated clinical template with which to gather the referral information and a document template.

The template entries are saved to the record and then the referral form (document template) is launched which attaches the consultation content to the form. Both should already be installed on your system. Please contact ardens.emis@nhs.net if you are unable to find them.

The clinical template is called: "2ww Prostate Referrals F+G and SEH (v13.5) (Ardens-QMasters)". The document template is called: "2WW Suspected Prostate Cancer Referral (Mar20)" and replaces the previous Wessex 2ww prostate form.

To use, please follow these steps:

1. Within your consultation, run the template by selecting 'Run Template' from the ribbon menu
2. Type "2ww prostate" into the top-left box and press enter to find the template

3. Double-click on it when found in order to launch it.
4. The template will open
5. Select the second page as in the screenshot below
6. Fill in the template with your referral information
7. When you've completed the template, click 'Save template' in the top left of the screen
8. The information you entered will be visible in the consultation screen as below
9. Click 'Save' in the top left to save the consultation to the record
10. Next you need to launch the referral form
11. Select 'Add à Document à Create letter' as below
12. The quick-picker will open as below; ignore it and click the magnifying glass in the bottom-right
13. The main document search window will open; type "2ww suspected" and press enter. Once you find the form named as below, double-click it and it will open
14. You will be asked which problems from the problem list you want to include; check/uncheck the relevant boxes as appropriate, then click 'OK'
15. You will next be asked which consultations to include; be sure to tick the one with the contents of the template you've just completed, then click 'OK'

This approach fits with both the recent guidance around how to manage elective services in response to COVID-19, and our ongoing transformation programme which aims to reduce face to face outpatient appointments in line with the NHS Long Term Plan and the Faster 28 day Cancer Target.

We will be working closely with primary and secondary care colleagues to support the implementation of these changes. If you have any queries, please contact us via sehccg.icpelectivecaremailbox@nhs.net

WOMEN'S HEALTH

- Primary Care Women's Health Resources: <https://pcwhf.co.uk/resources>

DEATH

CHANGES TO THE DEATH CERTIFICATION PROCESS - NATIONAL

For the Medical Cause of Death Certificate (MCCD)

- Relatives now have to register a death by telephone: 0300 555 1392
- We (GPs) can assist relatives by scanning (or taking a photo of) the death certificate (FRONT AND BACK) and emailing it to: fareham.registrars@hants.gov.uk
- The original needs to be posted to: Fareham Registry Office, 4-8 Osborn Road South, Fareham PO16 7DG
- Relatives need to call 0300 555 1392 to make an appointment with the registrar (which will be a telephone appointment) and they will need to inform the registrar's office that the death certificate has been sent electronically
- Relatives can get more information from: www.hants.gov.uk/birthsdeathsandceremonies

For the Cremation Form (note recent changes under Coronavirus Act 2020)

- Examination of the body is not required for completion of Form 4 if the deceased was seen by a medical practitioner (including audio-visual consultation) in the 28 days before death
- Form 4 should ideally be completed by the “attending doctor”, but can be completed by any doctor as long as the attending doctor is not available, and the deceased had been seen* within the last 28 days by a doctor ('seen' includes audio-visual consultation)
- When a medical practitioner who did not attend the deceased completes Form 4, the following applies:
- Question 5. 'Usual medical practitioner' - Where the certifying doctor did not themselves attend the patient either during their illness or after death, the certifying doctor should provide the GMC number and name of the medical practitioner who did attend at
- Question 9. This should also include the date when the deceased was seen and a report of the record made by the attending doctor
- Question 6. 'Not applicable' is acceptable
- Question 7. 'Not applicable' is acceptable

- Question 8. 'Not applicable' is acceptable. As above, if the Form 4 is being completed on the basis of another medical practitioner having seen the deceased after death, the date, time and nature of their examination should be recorded at Question 9
- Form 4 (Part 1) should be emailed to the relevant funeral director with e-signature – 'Save to PDF' and email from nhs.net email
- Form 5 (Part 2) no longer required

DEATH CERTIFICATION PROCESS – LMC INFOGRAPHIC

- LMC Guidance: <https://www.wessexlmcs.com/certificationdeaths>
- LMC Flowchart: <https://www.dropbox.com/s/vyusfay9v27h0yt/Death%20certification%20process%20during%20the%20COVID-19%20pandemic%20HC%20VERSION.pdf?dl=0>

CHANGES TO THE DEATH CERTIFICATION PROCESS – IN HOUSE PROTOCOL

- 1) When reception team become aware of a death, use Ardens "Death Documentation" template and complete "non-clinical information" section:

Death Documentation (v13.5) (Ardens-QMasters)

Pages <<

Template information

Non-Clinical Information

Clinical Information

After Death Analysis

Coroner Referral

COVID19 Cremation Regulations

Non Clinical Information

This section is for the admin team to use when a call is received to advise about the death of a patient.

Details

Please record details about the death

☐ Date of death No pre 19-Apr-2020

Time of death

Informed by

Nursed in last illness by

Date last seen by GP

Place of death No pre

People present at death

Arrangements

Funeral Director

Body now at

Next of Kin details

☐ Discussed with next of kin No pre

Further details, any considerations around children etc:

- 2) Reception team to inform Acute Care Team and add the details to triage list
- 3) The Acute care team have the option of completing the “Clinical Information” section of the Ardens Death Documentation template:

Death Documentation (v13.5) (Ardens-QMasters)

Pages «

- Template information
- Non-Clinical Information
- Clinical Information**
- After Death Analysis
- Coroner Referral
- COVID19 Cremation Regulations

Verification

Please record when death was verified

☐ Death verification No pre 19-Apr-2020 Text

Death verified by

☐ Hospital notified of death No pre 19-Apr-2020 Text

Hazardous Implants

Please record whether any hazardous implants are present in the body.

Common Pacemaker codes (this list is previous entry not exhaustive)

Cardiac device status

Certification

Please record the cause of death

☐ Cause of death No pre Text 1a: 1b: 2:

Reasons for concluding cause of death

☐ Death Certificate (Med A) signed o pre Text

Cremation

Use this section if the patient is for cremation.

Remember that there is a Cremation Form 4 installed in the Ardens-QMasters documents folder that will auto-populate when launched.

☐ Patient for cremation No previous entry

Occupation (if previously recorded) o previous entry

☐ Cremation form 4 completed No pre Text

Cremation Form 5 arranged with

- 4) Duty GP to determine whether a MCCD (medical certificate of cause of death) can be issued or whether a referral to Coroner is warranted (refer to another GP if appropriate)
- 5) If able, GP to complete the hard copy of the MCCD, scan/photograph (BOTH SIDES) and sends to admin team via: sehccg.liphookandlissurgery@nhs.net
- 6) Admin team to
 - email MCCD to Registrar: fareham.registrars@hants.gov.uk
 - save a copy on the patient record
 - send the original in the post: Fareham Registry Office, 4-8 Osborn Road South, Fareham PO16 7DG
- 7) When required, GP completes Cremation forms (Form 4) within EmisWeb, then:
 - Option 1: digitally sign and email directly to undertaker

- Option 2: email to admin team via: sehccg.liphookandliyssurgery@nhs.net ; ask admin team to add GP's electronic signature and email completed form to undertaker
- 8) If referral to the Coroner is required, check the location of death against the Coroner catchment areas (next section)

CORONERS' CATCHMENT AREAS

- Map of catchment areas

(Click on the Thumbnail to view full-size version)



HAMPSHIRE CORONER

- Senior Coroner: Mr. C. C. Wilkinson
- Portsmouth Office:
 - The Coroners Court, 1 Guildhall Square, Portsmouth PO1 2AJ
 - 023 9268 8326
 - email: coroners.office@portsmouthcc.gov.uk
- Winchester Office:
 - The Castle, Winchester SO23 8UL
 - 01962 667884
 - email: hampshirecoroners@private.hants.gov.uk

Referral form

- Word Version

(Click on the Thumbnail to view full-size version)



Coroner
(HAMPSHIRE) Referr:

SURREY CORONER

- 01483 404530

WEST SUSSEX CORONER

- Senior Coroner: Ms. Penelope Schofield
- Address: Coroner's Office (West Sussex Division), Centenary House, Durrington Lane, Worthing, West Sussex BN13 2PQ
- Tel: 01273 404012
- email: wscoroners@sussex.pnn.police.uk

Referral form

- Word Version

(Click on the Thumbnail to view full-size version)



Coroner (WEST
SUSSEX) Referral For

FUNERAL DIRECTORS

Name	Email	Telephone	Address
Co-operative Funeralcare Liss	lissfuneral@southcoops.co.uk	01730 895593	3 Lower Mead Hillbrow Road Liss GU33 7RL
Co-operative Funeralcare Haslemere	haslemere@letsco-operate.com	01428 651153	80 Wey Hill Haslemere GU27 1HN
G.M. Luff & Partners	haslemere@gmluff.uk	01428 643524	84 Lion Lane Haslemere GU27 1JH
Gould & Chapman (no mortuary on-site)	gould.chapman@yahoo.co.uk	01428 604436	Avenue House Headley Road Grayshott GU26 6TZ
Michael Miller & Partners Ltd	michael@michaelmiller.co.uk	01730 233244	27a High Street Petersfield GU32 3JR
Rowland's Funeral Services Ltd	rowlandsfuneralservices@gmail.com	01730 262711	1 St. Peter's Road Petersfield GU32 3HX
Thorne-Leggatt	info@thorne-leggatt.net	01420 488896	1 Brenthurst Petersfield Road Whitehill Bordon GU35 9AR

SAFEGUARDING

<https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/FINAL-Safeguarding-Guidance-for-Primary-CareCH-COVID-30-Mar-2020.docx>

- Bruising protocol: <https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2019/12/HIPS-LSCPs-Bruising-Protocol-September-2019-3.pdf>

RESPONDING TO DOMESTIC ABUSE DURING COVID

<https://irisi.org/wp-content/uploads/2020/04/Guidance-for-General-Practice-Covid-19-FINAL.pdf>

RESEARCH INTO COVID-19

COVID-19 VACCINE STUDY

- <https://covid19vaccinetrial.co.uk/participate-trial-southampton>

IN-HOUSE COVID-19 RESEARCH

From Lucy Clack 22.04.20:

The main study are going to be doing is the PRINCIPLE study. This is an open-label, randomised study between normal care and Hydroxychloroquine sulphate. This study is for patients 50+ with risk factors and all those over 65. We have just been given the green light and we now have the meds in stock. We will be texting all potentially-suitable patients, telling them that if they develop symptoms they can contact the study team directly. We will still be dispensing the medication from Liphook. We also can obviously recruit opportunistically and if you find a potentially suitable patient who is interested just message me and I will sort everything else out.

- <https://www.phctrials.ox.ac.uk/principle-trial>

We also have started two surveillance studies in the surgery this week. One is a virology swabbing study which includes all ages (if they are in the high risk or over 65 they would obviously prefer they go into PRINCIPLE trial but if not one of these we can include them in this one). They have to have had their symptoms for < 7 days which might be slightly tricky as we are unlikely to have contact with them in this first week, but saying that I was able to include our first patient today. We only get paid £5 per sample but it helps them build a better picture of the actual spread of the virus and as you can imagine patients are keen as we will get the results back and find out if they have COVID or not. It can take up to 9 days to get results back though!

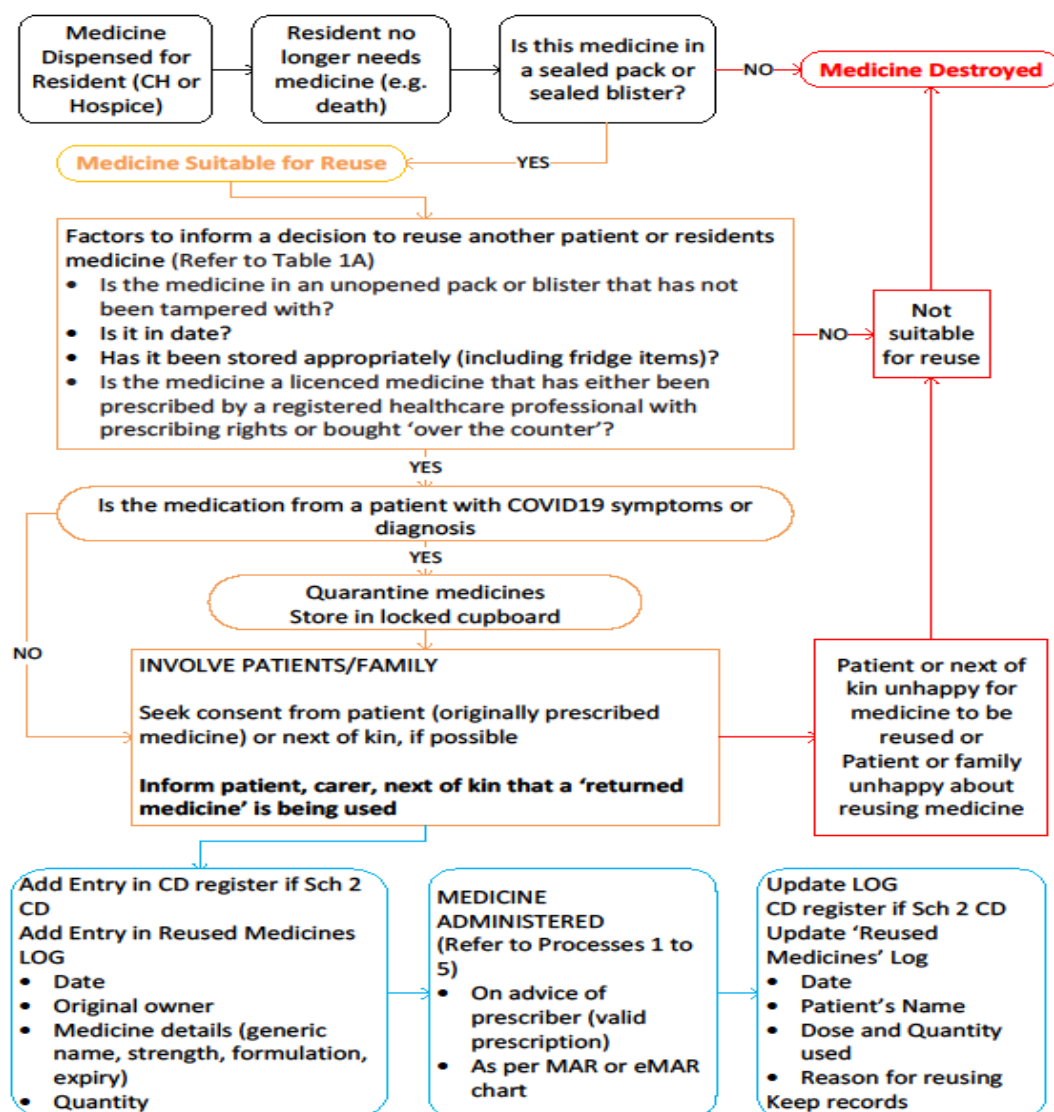
The third study is a serology study that Kathryn started on Monday. This is taking an extra vile of blood from those coming into the surgery anyway for bloods. They only need to give verbal consent which makes things very quick. This is testing for background immunity but as they don't know the effect of this yet they are not giving us or the patient any results. Saying that Kathryn said she had a really positive response on Monday and from now on Gill and her will be taking these samples from patients in their clinics (thank you both). Again we get £5 each for these which isn't a huge amount but I think we will rack up the numbers pretty quickly.

PRESCRIBING

- Portsmouth and South East Hampshire Formulary:
<http://www.portsmouthareaformulary.nhs.uk/>
- Statement on NSAIDs in COVID-19:
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103478
- LMC statement regarding community prescribing charts, including requests to complete forms for hospital-initiated items such as SC heparin, and clarification on the guidance around prescribing charts for end of life medications:
<https://www.fourteenfish.com/Attachments/DownloadS3/1116220>

MEDICINES OPTIMISATION TEAM BULLETINS

- <https://www.northeasthampshireandfarnhamccg.nhs.uk/documents/miscellaneous/medicines-management/optimisation-positions>
- Anticoagulation - warfarin or DOAC? Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT / PE) during the coronavirus pandemic that was published on 26th March 2020 can be found [here](#)
- Denosumab - Denosumab is now available as a pre-filled syringe. Patients will still need to see a healthcare professional for their next injection, which should not be missed or deferred for more than four weeks. However if they are trained in the self-injection technique, it may be suitable for future injections for some patients. Amgen have provided links to follow-up training videos for self-injection and also information on Prolong, their patient support service, which requires registration. A summary of what they are offering is attached along with the required registration form. Further details can also be found on the [Amgen Prolia website](#)
- Medicines re-use in a care home or hospice setting - [National Standard Operating Procedure](#) Due to the current unprecedented impact of COVID-19, DHSC and NHS England and NHS Improvement are recommending a relaxation of previous recommendations and the NICE recommended good practice guidance to accommodate re-use of medicines, under very specific circumstances and only in a crisis situation as outlined. The change in guidance only applies to medicines in care homes and hospices. A flow chart that explains the process is replicated below, but it is recommended that anyone who is likely to become involved in such a situation makes themselves familiar with the full [documents](#).



- Contraception - The Faculty of Sexual and Reproductive Healthcare (FSRH) has written several clinical statements to support effective contraception during the COVID-19 outbreak. This guidance includes the recommendation that for individuals already established on a combined hormonal contraception, it is reasonable to allow a further remote prescription to cover up to an additional 6-12 months' supply, without rechecking BMI or blood pressure. For existing progestogen only pill users, it is reasonable to allow a further 12 months' supply, without review. These documents may be accessed via: [FSRH CEU clinical advice to support provision of effective contraception during the COVID-19 outbreak](#)

Additionally, Solent Sexual Health Services have provided a local information summary dated 3rd April 2020:

- Sexual Health: All initial consultations in sexual health will be done remotely via telephone. Only patients that fulfil the FSRH and BASHH urgent guidelines will then be seen via a face to face consultation. The sexual health service is providing treatment by post where appropriate to reduce face to face consultations.

- Oral EHC is still available from most community pharmacies. Pharmacies can now provide this service as a telephone consultation and arrangements are in place for patient representatives to collect EHC following a telephone consultation for women who are self-isolating and unable to attend pharmacies in person.
- FSRH have released guidance to support provision of effective contraception during the COVID-19 outbreak. The guidance provides the recommendation that for individuals already established on a contraceptive method, it is reasonable to allow further remote prescription to cover up to a further 12 month supply of combined hormonal contraception and progestogen only pill.

FSRH have released guidance on the extended use of Implants and IUS. Below is the FSRH guidance about extension of LARC methods: LARC	Extend to
Etonogestrel implant	4 years from date of fitting
52mg Levonorgestrel-releasing intrauterine system	6 years from date of fit
Banded IUD	12 years from date of fitting
5 year IUD (non-banded)	Unable to extend, change to POP or offer condoms by post*
Jaydess and Kyleena	Unable to extend, change to POP or offer condoms by post*

- Vitamin B12 - The British Society for Haematology has issued [guidance](#) around the administration of hydroxocobalamin injection and when alternative options can be considered. A B12 [Intervention Brief](#) to aid implementation of the guidance for clinicians in West Hampshire CCG can be found on the website
- Vitamin D supplements - the need to take Vitamin D supplements has recently been in the national press and relevant [guidance](#) has been updated on the NHS website. It is suggested that all members of the public, except those who require high treatment doses, should consider purchasing a supplement from a pharmacy, supermarket or online health food shop.

The guidance is as follows:

- Consider taking 10 micrograms of vitamin D a day to keep your bones and muscles healthy
- This is because you may not be getting enough vitamin D from sunlight if you're indoors most of the day.
- There have been some news reports about vitamin D reducing the risk of coronavirus. However, there is currently no evidence that this is the case
- Do not buy more vitamin D than you need
- Urgent Prescriptions - Due to the constraints on accessing medication, patients and pharmacies are utilising various means to ensure patient safety whilst allowing individuals to obtain their prescriptions. To enable safe prompt delivery of medication, already established pharmacy delivery services are working alongside volunteer groups, family

members and local community care groups. There have been some difficulties in patients accessing urgent medication which can lead to increased patient anxiety and a strain on pharmacy services and the pharmacist/patient relationship. Prescribers should discuss urgent prescriptions with their patients at the time of prescribing and think about how the patients are actually going to obtain the medication. If it is not reasonably possible to obtain a prescription before the end of a working day then a clinical decision needs to be made by the prescriber as to whether it can wait until the following day and formulate a plan if this is not safe or appropriate. It is important not to have unrealistic expectations as to what a volunteer/pharmacy delivery service should be able to achieve in a short time frame

- Secondary care requests to prescribe - In order to minimise hospital attendances for patients at high risk for Covid-19, there may be some occasions when G.P.s are asked to prescribe a medicine that is normally supplied through secondary care. For example, a prolonged course of antimicrobial for an immunocompromised patient might be requested. Full details should be made clear in the request, but please ask a member of your Medicines Optimisation Team if you are unsure. NB: This does not apply to medicines that are subject to specialised commissioning arrangements
- Triptorelin - The RCGP Guidance on workload prioritisation during COVID-19 lists administration of gonadotrophin releasing hormone injections as one of the essential services that must be continued. Decapeptyl 22.5mg (triptorelin) is licensed for the treatment of metastatic and non-metastatic prostate cancer and is administered once every 6 months. Use of this product enables a reduced number of visits to the surgery and it should be considered as the first choice agent for patients whose condition is stable.
- Supply problems - There are national supply issues with sulfasalazine 250mg/5ml oral suspension and propantheline 15mg tablets. The embedded documents below detail the actions that should be taken for any patients unable to obtain these products.
- NICE: Managing symptoms (including at the end of life) in the community - [NG163](#)
Covers cough, fever, breathlessness, anxiety, delirium and agitation and matters relating to supply and disposal of medicines
- NICE: Managing suspected or confirmed pneumonia in adults in the community – [NG165](#).
First line treatment is a five day course of doxycycline
- NICE: Severe asthma – [NG166](#) Considerations for people using biologic treatments and / or high dose corticosteroids
- Rheumatological autoimmune, inflammatory and metabolic bone disorders – [NG167](#)
Considers minimisation of risk and the need for monitoring
- NICE: Community-based care of patients with chronic obstructive pulmonary disease (COPD) – [NG168](#)

- Patients should continue to refer to their self-management plan for exacerbations.
 - Patients should not start any corticosteroids or antibiotics that form part of their self-management plans for symptoms of COVID-19 such as fever, dry cough or myalgia.
 - A short course of oral corticosteroids or antibiotics should not be provided unless they are clinically indicated
- NICE: Dermatological conditions treated with drugs affecting the immune response – [NG169](#) Considers minimisation of risk, continuity of supplies and atypical presentation of Covid-19 in patients taking agents that affect the immune response
 - [NG172](#) COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response. Brings attention to the possible atypical presentation of COVID-19 in patients taking immunosuppressive agents. For example there may be a lack of fever. Specialist input should be sought regarding any changes to treatment that might be considered.
 - [NG 165](#) COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community. Reiterates that the course of doxycycline is for 5 days in total and that this agent is preferred to amoxicillin because it covers a broader-spectrum
 - [NG167](#) COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders. The availability of subcutaneous infliximab when switching from intravenous treatment is highlighted.
 - [NG163](#) COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. The guidance has been amended to include an option for the use of NSAIDs as detailed in Prescribing and Medicines Optimisation Guidance. A link to the GMC and CQC Joint Statement about off-label prescribing has also been added, especially to address co-prescribing of an opioid and benzodiazepine for patients who are dying, are distressed and suffering from moderate to severe breathlessness. The statement summarises the overall view as: “We want practitioners to know that it is entirely appropriate to follow these guidelines and that we would not have concerns about prescribing decisions based upon them.”

MANAGING RAMADAN DURING COVID-19

- Rapid review and clinical recommendations: <https://britishima.org/wp-content/uploads/2020/05/Ramadan-Rapid-Review-Recommendations-v1.2.pdf>
- Diabetes UK has produced information to support patients fasting during the Covid-19 outbreak. See [Link](#)

SERVICE UPDATES - PRIMARY CARE AND COMMUNITY TEAMS

NHS111 COVID CLINICAL ADVICE SERVICE (CCAS) APPOINTMENTS

From LMC 20.4.20:

Recent amendments to the GMS regulations, will increase the minimum number of appointments that practices must make available for 111 direct booking and all practices must now make a minimum of 1 appointment per 500 patients available for direct booking from NHS 111 through the CCAS clinical triage service. The 1 in 500 figure is not in addition to 1 in 3000, it replaces it. The previous locally booked NHS111 appointments are now part of this overall figure. We're expecting further guidance to be published shortly.

There is a difference between the current local NHS111 appointments, which were used to book in to practice appointment systems for patients that don't have COVID-19 related symptoms, and the new national CCAS. This service is staffed by clinicians, including returning GPs, and is intended to take the pressure off Practices by dealing directly with many of their patients with COVID-19 related symptoms. The CCAS service is additional capacity to support your Practice, and should reduce the number of patients the Practice has to deal with directly.

Patients with COVID symptoms are asked to initially use NHS111 online, this will then provide them with advice or direct them to phone NHS111. The call will be triaged and if thought to be a person with potential COVID it will be passed to the CCAS. A clinician will triage the patient and broadly patients will be divided into three categories:

1. Able to stay at home and self-care.
2. Patient is seriously ill and required hospital care and this is then organised.
3. The person may require a face-to-face assessment either in the surgery or by home visit - these are the ones that are then passed to Practices for them to decide the most appropriate course of action.

CCAS was commissioned to support Practices and reduce the demand on general practice and prevent the system become 'overrun'.

Patients should not be told by CCAS that they will be phoned back at a particular time, as per the nominal appointment slot they may have been put in to.

The appointment slots are just a technical way of transferring patients from CCAS to the Practice. It is for the Practice to determine how they respond to the patients who have been transferred to them.

Practices may therefore set up a separate triage list that they monitor during the day alongside whatever their normal arrangements are for managing patients who have contacted the practice directly.

In most areas the numbers transferred will be far fewer than were originally modelled, and which led to the 1 in 500 figure.

PETERSFIELD AND BORDON INTEGRATED CARE TEAM

Message from Petersfield ICT: We are just emailing to request that for the foreseeable future, please would it be possible to scan all blood forms and email them to us or upload to the patient's EMIS. This is just for Liphook forms. We know this isn't ideal, but due to the current situation surgeries are restricting visitors and we are trying to reduce visits to multiple sites.

HOME VISITING SERVICE

- The HVS team will have a Duty Mobile in action from next Monday the 23rd March, so going forwards please call this number only if you need to get hold of the team: 07985 319782
- Update: 24.4.20 – “We are now providing Pro-active slots again as our team is back to full capacity and patient demand is increasing.”

GREEN HUB NURSE AND HCA WEEKEND APPOINTMENTS IN PETERSFIELD

Grange Phlebotomy Service

- Secondary care-requested blood tests ONLY (but only QA, not RSCH/Frimley)
- By appointment on 01730 779727 (phone line open Mon – Fri 15:00 – 17:00)
- Service runs Monday and Tuesdays 08:00 - 13:00
- At Grange Surgery (next to the big Tesco), Petersfield GU31 4JR

Petersfield Green Hub

- Dressings (Saturdays and Sundays) and Bloods (Saturdays only) – Blood tests for QA lab only
- Saturdays and Sundays 0900 – 1300 (hours might change in future) – SATURDAYS ONLY FOR BLOOD TESTS
- At Petersfield Hospital
- L&L clinician phones Petersfield Green Phone number: 07899 104511
- Required information:

- Patient's registered practice
- Name
- NHS number
- Date of birth
- Current MOBILE number
- Car registration number, make and colour
- Then WE need to inform patient of the time/confirmation, perhaps by AccuRx text.
- Tell patient:
 - Appointment date and time
 - Patient to remain in the car until called on their mobile at the allotted appointment time by the Green hub team and someone will check temperature in the car, prior to showing them into the building
- (Portsmouth lab are accepting handwritten blood forms and tubes, so as long as the request is saved within EMIS, the Petersfield Green Hub nurses can handwrite the vials)

MINOR INJURIES UNITS

If you have a minor injury or illness, please do not attend our Emergency Department (ED) at Queen Alexandra Hospital (QA).

Instead, if you need urgent, non-emergency care, please visit:

- Petersfield Community Hospital Minor Injuries Unit 023 82 310595
Open seven days a week from 8am to 5.45pm
<https://www.southernhealth.nhs.uk/services/minor-injuries-units/>
- St Mary's Urgent Treatment Centre, Milton, Portsmouth 0333 321 8277
Open seven days a week from 7.30am to 10pm (weekends 8am to 10pm)
<https://www.stmarystreatmentcentre.nhs.uk/utc/>
- Gosport War Memorial Hospital Minor Injuries Unit 023 92 794753
Open seven days a week from 8am to 9pm
<https://www.porthosp.nhs.uk/departments-and-services/gosport-minor-injuries-unit/96458>

These urgent treatment centres and minor injuries units can help with a number of conditions including those below but you are advised to call ahead before attending.

- Cuts and grazes
- Sprains and strains
- Broken bones or fractures
- Bites and stings
- Infected wounds
- Minor head injuries
- Minor eye problems

Patients should not attend if they have COVID symptoms - Telephone first.

HEALTH VISITORS

From Health Visitor Team 16th April 2020:

“Our clinics are closed and we realise that it is difficult for clients to get their babies weighed. There has been information provided by Southern Health to all GP surgeries and I must apologise if this has not reached your surgery.

H/V service is by telephone: 0300 303 4304

Chat Health number is 07520 615720. This service operates 9-4 Mon - Friday. This is a text service. Clients can text this number and a Health Visitor will respond. Obviously non-urgent calls (see link below).

We are offering antenatal appointments and New Birth appointments via telephone and a video link-up is in the process of being sorted. Postnatal calls are being provided if deemed essential.

We are keeping in touch with our vulnerable clients.

Child protection conferences are by video or telephone.

Essential visits are taking place. H/V wearing PPE are visiting but this is in exceptional circumstances.

Most of us are working from home, I am doing so”.

Carole Westmacott

Health Visitor

- “Chat Health 0-5” information: <https://www.southernhealth.nhs.uk/services/child-health-services/health-visiting/chat-health-0-5/>

GRANGE MIDWIFERY SERVICE

- Grange Unit, Petersfield Hospital has moved to QAH due to COVID-19
- New contact number is now 02392 286000 extension number 3860 , open 0830-4.30

CHEMISTS

- Pharmacy Alteration Request Form (Word version)



Pharmacy Alteration
Requests.docx

- Boots Liss: dennis.ng@nhs.net
- Liphook Lloyds: lp0391@lloydspharmacy.co.uk

SOUTH COAST AMBULANCE SERVICE (SCAS)

SCAS 111 are working as part of the national contingency plan which means that GP practices will not receive post-event messages that patients have contacted 111.

SOCIAL CARE

ADVOCACY

- Advocacy referrals for those who lack capacity to make decisions about their care: https://voiceability.org/images/easy-read/You_must_continue_to_make_advocacy_referrals_during_the_coronavirus_pandemic.pdf

BEREAVEMENT SUPPORT

- Bereavement support for Children and young people 9Jigsaw service now extended to include Hampshire during COVID-19): <https://www.jigsawsoutheast.org.uk/make-a-referral/>

NUTRITION AND HYDRATION ADVICE FOR THE ELDERLY

- Advice sheet produced by Wessex AHSN: <https://gp-portal.westhampshireccg.nhs.uk/wp-content/uploads/sites/3/2020/04/Nutrition-and-hydration-Wessex-AHSN-tweet-sheet.docx>

SOCIAL PRESCRIBERS – CONTACT DETAILS

- Refer using the Elemental panel within Emis Web
 - Kim: 07852 988 201
 - Natasha: 07852 987 794

VOLUNTEER SERVICES

BORDON FOOD BANK

- <https://en-gb.facebook.com/BordonFoodBank/>

BRAMSHOTT AND LIPHOOK VOLUNTEERS

Bramshott and Liphook Parish Council, in partnership with Community First, has formed Liphook Help Hub to respond to those in the community in need of support.

Liphook Help Hub will match volunteers with those needing help for such things as shopping, collecting prescriptions or telephone contact.

To request help or volunteer please go to liphookmc.co.uk/covid-19

You will also find links to useful websites, including local services, retailers and trades.

We are here to help - don't hesitate to ask!

Contact the Help Hub Coordinator, Gill Snedden

Tel: 01428 723889

Email: liphookhelphub@gmail.com

GOODSAM

As a Health Care Practitioner or a Local Authority you will be able to place a referral on behalf of an isolating - vulnerable at risk - patient providing the person meets the below criteria and would benefit from one of the 4 volunteer roles as determined by you a health care professional or a local authority referrer.

The following criteria have been supplied in order to assist you in your decision to refer. However, discretion can be used by a health care practitioner/local authority if someone is deemed a vulnerable patient but does not fall into the below.

- Those that have been asked to self-isolate or 'shield' and are part of the 1.5 million
- People aged 70 years and older with underlying health condition
- Others with high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [BMI] >40)
 - certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, dementia, renal failure, or liver disease might also be at risk
- People who are pregnant
- People who are newly socially vulnerable as a result of COVID-19 and would benefit from one of the 4 volunteer roles as determined by a health care professional or a local authority referrer
- People who are registered disabled

The domains of available support are:

- Community support

- Patient Transport support
- NHS Transport support
- Check in and chat support

Referral form

- <https://www.goodsamapp.org/NHSreferral>

HARTING PARISH EMERGENCY GROUP (INCLUDING NYEWOOD)

- www.parish-council.com/HartingParishCouncil/index.asp
- [Do you need help?](#)
- [Assistance and Volunteer Form](#)
- Telephone Friendship Group – Contact Vicky Lush on 7816 977591 or victoria@lushfamily.co.uk

LISS FOOD BANK

- <https://www.crossoverliss.org.uk/foodbank/>

LISS VILLAGE AGENT

A message from Bill Briggs, Liss Village Agent:

Regarding COVID-19, to help people that are self-isolating, I am setting up a neighbourhood buddy system to assist with shopping, picking up prescriptions, or even just a reassuring phone-call.

If you would like to volunteer, please email or call me with the following details:

- Name
- Road you live on, including postcode
- Contact details

Bill Briggs

Email: woolmerlodge@yahoo.co.uk

Phone: 01730 892297

MILLAND VOLUNTEERS

Milland volunteers, in conjunction with Milland Parish Council offering support to our Community. Here to help with shopping, prescriptions, mail, pets, or even if you would just like a chat, please contact us:

FOLLOW US:

www.millandvolunteers.co.uk

Facebook: MillandCommunity

Twitter: @MillandVols

Instagram: @MillandVolunteers

Snapchat: MillandVolunt

Please let us know of anyone you think might not be able to reach us via the above channels... and if you'd like to become a volunteer, just get in touch.

Milland Community Stores: Its doors may be closed at present but the shop is still offering a non-contact delivery service. You can place an order via their website www.millandstores.co.uk

PETERSFIELD FOOD BANK

- http://www.pact.org.uk/pact_food_store.asp

SIGNPOSTING FOR HELP/VOLUNTEERING

- Get coronavirus support as a clinically extremely vulnerable person:
<https://www.gov.uk/coronavirus-extremely-vulnerable>
- Register as a volunteer with Community First:
<https://docs.google.com/forms/d/e/1FAIpQLSfm7LWXt7jcYWXR1bgON0G43ppSMAAou6avQLyKziwKHmyMWQ/viewform>
- Register as an NHS volunteer: <https://www.goodsamapp.org/NHS>
- Register as a volunteer or as needing help in West Sussex:
<https://www.westsussex.gov.uk/leisure-recreation-and-community/supporting-local-communities/community-hub-COVID-19/>

CITIZENS ADVICE EAST HAMPSHIRE (CAEH)

The public can call Citizens Advice on our Advice line 0300 3309 028 (East Hampshire residents only though part of a national queue) and we encourage them to call this number with any advice query, including housing, employment, debt and welfare benefits or even if they feel worried about the practicalities of their life particularly finance.

EAST HANTS DISTRICT COUNCIL

FOR RESIDENTS OF EAST HAMPSHIRE

- [Hantshelp4vulnerable](#) 0333 370 4000
- The helpline is available seven days a week, from 9am to 5pm, and is for vulnerable people who do not have support from families, friends or their local community, and who need urgent assistance with practical issues.

FOR BUSINESSES IN EAST HAMPSHIRE

Single point of access to the council via: partnersupport@easthants.gov.uk

The purpose of this email is twofold:

- For you to tell us what support you need from us now or in the near future
- For you to tell us what groups are on the ground assisting vulnerable residents in your area.

From this information we will understand where there are gaps in provision and support, and take action to fill them. It is very likely that we will deploy staff from within their traditional roles to assist you in this community work.

SMOKE FREE

You can continue to refer via our referral form on EMIS, our website, www.smokefreehampshire.co.uk, via our secure NHS email at smokefree.hampshire@nhs.net or by contacting us on our service Quitline on 01264 563039 or 0800 772 3649

SUPPORT FOR NHS STAFF

MENTAL WELLBEING SUPPORT FOR ALL NHS STAFF

Access to Unmind

- https://blog-unmind-com.cdn.ampproject.org/c/s/blog.unmind.com/why-we-gave-nhs-workers-access-to-unmind?hs_amp=true

COUNSELLING FOR EVERYONE

iTalk (self-referral)

- <https://www.italk.org.uk/>

Samaritans

- <https://www.samaritans.org/>

CRUSE Bereavement Counselling

- <https://www.cruse.org.uk/get-help/coronavirus-dealing-bereavement-and-grief>

COUNSELLING FOR DOCTORS

BMA support (for all doctors and medical students including non-BMA members)

- <https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-for-doctors-and-medical-students>

NHS Practitioner Health (Doctors and Dentists)

- <https://www.practitionerhealth.nhs.uk/>

Doctors' Support Network

- <https://www.dsn.org.uk/>

COUNSELLING FOR NURSES

Counselling for members of Royal College of Nursing (RCN):

- <https://www.rcn.org.uk/get-help/online-advice-form>

GUIDANCE FOR MANAGERS

GUIDANCE AND STANDARD OPERATING PROCEDURES

General Practice in the context of coronavirus (COVID-19):

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0133-COVID-19-Primary-Care-SOP-GP-practice_V2.1_6-April.pdf

PREPAREDNESS

Preparedness Letter (19.3.2020): <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf>

COMPLAINTS PROCEDURES

- Pausing the NHS complaints process: <https://www.ombudsman.org.uk/coronavirus-update>

Pausing the NHS complaints process

Due to the ongoing COVID19 pandemic NHS England and NHS Improvement are supporting a system wide “pause” of the NHS complaints process which would allow all health care providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to COVID19 this means that:

- All providers should ensure that patients and the public are still able to raise concerns or make a complaint, but that the expectation of an investigation and response in the near future is managed.
- All providers would continue to acknowledge complaints, log them on their respective systems, triage them for any immediate issues of patient safety, practitioner performance or safeguarding and take immediate action where necessary. All complaints would then remain open until further notice, unless an informal resolution could be achieved, or the complainant chooses to withdraw their complaint.
- In secondary care where PALS offices still operate, they could still provide support by email and telephone and this should be encouraged for patients and the public to engage with the organisation.
- CCGs should ensure that they continue to have open channels of communication with patients and the public.
- We would advise the system that consideration should be given to complainants who, at the time of the “pause”, have already waited excessively long for their response (specifically those who have waited six months or more) these should be reviewed to ascertain if and how these can be resolved to the complainant’s satisfaction.

- The initial “pause” period is recommended to be for three months with immediate effect. All health care providers can opt to operate as usual regarding the management of complaints if they wish to do so and this “pause” is not being enforced.
- Please note that of 26 March, the Parliamentary and Health Service Ombudsman has stopped accepting new NHS complaints and has stopped work on open cases.

Parliamentary and Health Service Ombudsman update on health complaints

Dear Forum member

As we all know, the coronavirus pandemic is putting unprecedented pressure on the National Health Service. This has meant many NHS organisations are struggling to answer complaints, and many complaints staff members have understandably been redeployed to help with tackling the coronavirus.

Having considered our position carefully, we have decided that we should not place additional burdens on the health service at this time. We will therefore pause our work involving health complaints with effect from Thursday 26 March and until further notice. This means that we will not accept new health complaints, nor progress existing ones where this requires contact with the health service or clinical advisers. We will of course keep the situation under close review.

We appreciate that this will have an impact on our complainants and stakeholders, and will raise a number of questions about what happens in the interim. We ask for your patience at this time. Please note that our telephone lines will remain open to give advice to callers, although we will not be able to deal with new complaints.

You can find more information about our decision on our website and answers to the questions some of you have already raised below.

Please email any feedback, concerns, or further questions to
Liaisonmanagers@ombudsman.org.uk

Follow @PHSOmbudsman on Twitter for latest updates.

Kind regards

Andrew Medlock

Assistant Director of Strategy & Partnerships Parliamentary and Health Service Ombudsman

Question & Answers for complaints handling teams

Q1. What does 'pausing' actually mean for ongoing investigations?

We will only progress health cases (both assessments and investigations) up to the point we need to get clinical advice or contact a health organisation.

Q2. Will there be any exceptions?

We are mindful of our responsibility to support vulnerable people who may be distressed by work pausing on their complaint. In these cases, we will continue to ensure that appropriate action is taken, where we can as well as signposting people to organisations who can provide support.

If you have such a case your PHSO Caseworker will be in touch to agree how to take this forward.

Q3. What should I do if I am contacted by a complainant on a case currently being dealt with by PHSO?

Please inform the complainant that PHSO has paused its work on new and existing NHS complaints that involve contacting the health service and direct them to our website where they can find more information. PHSO caseworkers will be contacting existing complainants in due course to advise them when we are unable to do any further work on their case.

Q4. We have completed the local complaints process and are still issuing a final decision. Should I still refer the complainant to the PHSO?

No. Please use the following paragraph:

If you're not happy with how we've dealt with your complaint, you are entitled to raise your complaint with the Parliamentary and Health Service Ombudsman. However, please note that the Ombudsman is currently not accepting any new complaints about the National Health Service because of the COVID-19 pandemic. This is to help ensure the NHS can focus its resources on providing urgent healthcare. You can find out more information on the Ombudsman's website www.ombudsman.org.uk

Q5. What should local complaints teams do?

This is a very challenging time and each organisation will need to decide what is most appropriate in the circumstances for them. You should inform complainants of any changes to your complaints handling procedures, including if there are delays in responding to complaints.

Q6. Will the Ombudsman penalise us for delays caused by the pandemic?

No. We will ensure that we take into consideration the impact of the pandemic on all decisions you have had to make during this difficult time.

Q7. How will this affect your consideration of the 12-month time limit for bringing complaints to the Ombudsman?

If the health complaint is in time as of 26 March 2020, we will continue to treat it as in time when we resume consideration of health complaints.

Q8. Government departments are also under extreme pressure so why are you not pausing these investigations as well?

We are mindful of the extreme pressure the NHS is current under in trying to tackle COVID-19. The decision to pause health complaints is our way of ensuring we do not place additional burdens on stretched NHS resources at this time. We are aware of the different pressures that COVID-19 is placing on Government Departments and we will continue to monitor the situation.

Q9. When will you resume normal service?

We will regularly review the overall position to decide when it would be right to re-start our work. That is likely to be at a time when the NHS will be able to respond to our enquiries without causing an unnecessary burden on the resources being used to respond to the pandemic. When this happens, we will let you know and post information about next steps on our website.

VoiceAbility

As of the 01 April 2020 the advocacy service changed for NHS Complaints to VoiceAbility. Can we please ask that your websites and patient information be changed to reflect the change.

Information about our service and referral forms can be found at:

<https://www.voiceability.org/services/hampshire>

For further information, their contact details are: 0300 303 1660 or email

helpline@voiceability.org

VoiceAbility has advised that they are just finalising their materials and will send them out shortly.

LMC statement (10.4.2020): “The DVLA has now confirmed that they have ceased requesting any form of medical examinations with effect from 24 March. If members have outstanding requests they can just refuse to do them and ask the patient to go back to the DVLA”.

RISK ASSESSMENTS FOR NHS STAFF

- <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>

SICKNOTES

NHS 111 isolation notes and sick notes / fit notes

LMC statement (10.4.2020): “The NHS 111 Online Get an Isolation Note service issues isolation notes to individuals with symptoms of COVID-19 or those having to self-isolate due to residing with someone with COVID-19 symptoms.

Employers have received clear guidance that for all COVID-19 related illness they should accept the Isolation Note as medical evidence to support absence from work and not require employees to get a fit note from a GP.

If an employer asks for fit notes relating to non COVID-19 health conditions for payment of Statutory Sick Pay (SSP) or Occupational Sick Pay (OSP), GPs should complete a fit note in the normal way, scan this and then email it to the patient, with due consideration of GDPR and with the necessary consent in place.

Should an employer insist on a paper copy fit note, this can be posted to the patient.

GPs can issue fit notes for a clinically appropriate time, which can be up to 13 weeks within the first six months of a condition, in line with existing guidance”.

SMEARS

LMC Statement (20.4.20): “We expect that all routine cervical smears should be delayed by 3 - 6 months during the COVID crisis but for those who have had previous abnormal smears and are not on routine follow up should still be having their cervical smears performed”.

WEBINARS FOR MANAGERS

Weekly Webinar for Practice Managers Wessex LMC Podcasts):

https://www.podbean.com/media/share/pb-djcbp-d89ba5?utm_campaign=w_share_ep&utm_medium=dlink&utm_source=w_share

INDEMNITY FOR GENERAL PRACTITIONERS

- <https://www.rcem.ac.uk/docs/FINAL%20letter%20on%20supporting%20doctors%20in%20COVID%2019.pdf>

SUPERMARKET HOURS FOR NHS STAFF

ASDA: Between 8am – 9am Mon, Weds and Fri.

TESCO: Sundays browsing hour before checkouts open. (Open from 9am).

SAINSBURYS: From Mon – Sat 7.30am – 8am.

M&S: Tues and Fri 8am – 9am.

NHS STAFF OFFERS

- <https://www.england.nhs.uk/coronavirus/nhs-staff-offers/>

THE POST-COVID ERA