

COVID-19 (CORONAVIRUS) RESOURCE PACK

Last Updated: April 27 2020

A dynamic miscellany of accumulated resources, updates, useful information etc.

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HOT TOPICS – LATEST UPDATES

- Jump to: Research into COVID-19 Vaccine
- Jump to: Testing for Staff (see strict inclusion criteria) including NEW self-referral link
- Jump to: Primary Care Hot Site Standard Operating Procedures (all policies, pathways etc.)
- New CCG "GP Portal"
 - This is the definitive information portal to end all portals (like all the other the ones before it) and will be in place forever and ever (until the next one in a year or two): https://gp-portal.westhampshireccg.nhs.uk/
- Jump to: Managing Ramadan during COVID-19 Rapid review and Clinical recommendations
 - This publication is a REMARKABLE achievement by the British Islamic Medical Association. It is a stunning analysis of all the available data, presented very clearly and with practical guidance.
- Jump to: <u>Letter from LMC regarding community prescribing charts</u>, including requests to complete forms for <u>hospital-initiated items such as SC heparin</u>, and clarification on the guidance around prescribing charts for <u>end of life medications</u>
- Jump to: Bereavement support for children and young people
- Jump to: <u>Jonathan Field MSK telephone consultation slots</u>
- Health Visitors update:
 - o Jump to: <u>Health Visitors' Service Update</u>
- Jump to: Nutrition and hydration advice for the elderly
- Sexual Health Services update:
 - o Jump to: FSRH Clinical advice to support provision of effective contraception during COVID-19
 - Jump to: <u>Sexual Health Services update</u>
- Jump to: "Shielding" and "Extremely Vulnerable" FAQs
- Jump to: Changes to L&L death notification and paperwork procedures
- Jump to: <u>Hot / Red Hub protocols</u>
- Jump to: Green Hub Nurse and HCA weekend appointments in Petersfield

CLINICAL RESOURCES

COVID-19-SPECIFIC GUIDANCE AND PROTOCOLS

LIPHOOK & LISS ASSESSMENT AND TREATMENT PATHWAY - SIMPLIFIED VERSION

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



LIPHOOK & LISS ASSESSMENT AND TREATMENT PATHWAY – FULL VERSION



RED / HOT HUB TRIAGE PROTOCOL ("THE BIG ONE")

(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:

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



BARNET PRIMARY CARE PATHWAY

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



BMJ INFOGRAPHIC - REMOTE CONSULTATIONS



DIAGNOSIS OF PNEUMONIA

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.

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 ≥38
- Pulse ≥100/min
- Crackles [but auscultation not necessarily recommended]

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

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

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

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

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	

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]

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"

COMPASSIONATE TELEPHONE COMMUNICATION

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SIGN LANGUAGE INTERPRETING DURING COVID-19

Sonus, which normally provides face-to-face interpreter services for deaf patients in our area, has advised that sign language interpreters are available to assist with telephone consultations. The information can be relayed to deaf patients via Facetime, Skype or any other suitable method/software you may use.

In order to use this service you will need to complete the booking in the usual way, including the patient's Facetime/Skype address (if applicable), and this will then be passed on to the interpreter.

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Sign Language Interpretor Services -

PERSONAL PROTECTIVE EQUIPMENT (PPE)

LMC Statement:

When should we use PPE? In which patients?

UK has recommended above and beyond the WHO recommendation. PPE should be for all patients (not just suspected/confirmed COVID patients) if you will be 2m or closer from the individual. Asymptomatic individuals can pass COVID, but it is much more likely that will be transferred from symptomatic individuals (e.g. droplets when coughing/sneezing). Consider giving patients masks when you see them, if you have adequate supply.

PPE is only one element of protection:

- 1. Total triage and managing remotely if possible, reduces the number of F2F contacts and GP and Nurse exposure. Clinical examination should be focused, with the relevant history already obtained remotely. Discussion and follow-up plans after the assessment can also be performed remotely, therefore reducing the face-to-face time with the patient.
- 2. PPE needs to be used correctly. Risk periods are when removing PPE. Ensure you doff and don correctly and are trained.
- 3. Hand hygiene is critical. Arms should be bare below the elbow.
- 4. Apron and gloves are changed between every patient. Eye protection and masks could be used on a single use or a session basis, dependent on the risk assessment of the work performed and user factors.
- 5. Environmental contamination is also key. Cleaning between patients is needed. Including the equipment used (e.g. stethoscope).

How did the UK make these PPE decisions? Why are they different to international recommendations?

The UK recommendations were based on consistency and equitability across the NHS system, regardless of setting. They are based on a "risk" assessment of the clinical activity undertaken e.g. aerosol generating procedure (AGP or non-AGP), giving the health worker the option of using PPE in all clinical contact.. The recommendations are based on the available evidence and this was separated from the availability of the supplies. The UK has a long history of using plastic aprons in infection control, this is not seen in other countries hence the focus on gowns in the WHO recommendations (though gowns are acknowledged to have issues, see section below).

UK has recommended above and beyond, WHO recommendations with consideration for PPE use if 2m distance from patients and use for all patients (not just suspected/confirmed COVID patients).

What evidence supports the recommendations?

The evidence based medicine group at Oxford are one source of information. They recently published a systematic review on fluid resistant masks compared to other mask protection, with further pending reviews due shortly on additional elements of PPE including gown use.

The speaker was challenged that "no evidence" (e.g. lack of evidence) does not mean that there is "no risk" and this was acknowledged.

PPE elements in more detail:

FFP3 Masks:

• To be used correctly, they need to be fit-tested for each use. If they are not fit-tested they offer not better protection than a fluid resistant surgical mask (FRSM).

Eye protection:

- This should be included in the supply chain, but NHSE acknowledge that this might appear differently on the ground.
- Eye protection should cover the eye entirely (including the sides) e.g. normal spectacles are not adequate eye protection
- Visors offer better protection and should be used for close exams e.g. throat examination as the risk of respiratory secretions are higher
- Some eye-protection will not be single use (e.g. goggles/visors) and should be re-used after cleaning at the end of the session (with session wipes containing 60% or greater alcohol content, or detergent based wipes)

Have you got **visors**? If not, some practices have sourced them locally others have been provided with them via the CCG.

Gowns:

- The Health and Safety Executive and Health Protection Scotland reviewed the evidence and found that gowns have very weak evidence additional benefit. The UK also has good evidence and historical experience of using aprons for infection control, which is different from the WHO which needs to make international recommendations.
- Concerns were raised that gowns had have a significant contamination risk when attempting to remove and therefore was concern about the use in primary care and home settings.
- When used in a COVID ITU where all patients are known to have COVID, the gowns are
 worn by the clinicians for the whole session they work without changing and this therefore
 protects the individual.
- They did acknowledge that gowns are under a national shortage and need to be reserved for Aerosol Generating Procedures (none of these should be performed in general practice) where they offer the greatest protection based on risk. Areas such as ED, ICU and

medical resuscitation settings are where most AGP are undertaken. This ensures appropriate use and equity of resources.

What is an aerosol generating procedure (AGP)?

AGP are acknowledged as procedures in which high pressures are generated across the respiratory track. Coughing is mainly droplet formation (as not high pressure) and subsequently is not recognised by CDC, WHO as AGP. Nebulisers, PEFR and spirometry are not thought to be AGP, but Non Invasive Ventilation (NIV) is. A rapid systematic review is being undertaken to determine what is an AGP and what we could be exposed to in primary care. Elements of CPR are AGP, with a further review pending.

Does the setting change the recommendations of what PPE is appropriate?

The setting does not change the recommendations for PPE. Though it is acknowledged that a home visit is a challenging environment when you could come into contact with surfaces etc. this does not mean that a gown is recommended. PPE should be used on a risk based assessment of the procedures, not a situational assessment. Settings such as "hot-hubs" do not require additional protection, though in any setting, NHS new worker uniform review recommends changing clothes before coming home. It is noted that hand hygiene and normal infection control principles mean that you are very unlikely to transmit virus to family members.

What lessons have we learnt from international colleagues regarding PPE?

There have been 60 + deaths internationally of Health Care Workers, little information and details are known and it is not clear if this is related to PPE. Early information is that the most exposure could have been when assessing individuals "not known" to be COVID, with no PPE. This is why the NHS has recommended PPE in all settings with all contacts. Within the media, we are focused on the ICU setting, we are yet to see community and GP settings, which alters the PPE shown and used.

PPE FOR PRIMARY CARE BY SETTING



PPE FOR CARE HOME STAFF

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



DONNING

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

- 1. Place all necessary equipment (pulse oximeter etc.) on the green trolley
- 2. Wash hands & arms
- 3. Apron
- 4. Surgical Mask
- 5. Safety specs (if desired)
- 6. Visor
- 7. Gloves (two pairs)

DOFFING

- Wipe down room as r wipes in <u>white</u> bin

- down visor and place on OR/ by; discard wipes in <u>white</u> bin
- 8. 9.
- 10. Rei
- 11. Tie white bin liner a
- Move clean equipment to GREEN trolley (safety specs and visor back to shelves)
 Wash hands & arms thoroughly

SELF-ISOLATION

- If you live alone and you have symptoms of coronavirus illness (COVID-19), however mild, stay at home for 7 days from when your symptoms started
- After 7 days, if you do not have a high temperature, you do not need to continue to self-isolate. If you still have a high temperature, keep self-isolating until your temperature returns to normal. You do not need to self-isolate if you just have a cough after 7 days, as a cough can last for several weeks after the infection has gone
- If you live with others and you are the first in the household to have symptoms of coronavirus, then you must stay at home for 7 days, but all other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill.
- For anyone else in the household who starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14 day isolation period
- It is likely that people living within a household will infect each other or be infected already.

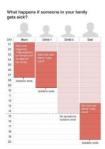
 Staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community
- If you can, move any vulnerable individuals (such as the elderly and those with underlying health conditions) out of your home, to stay with friends or family for the duration of the home isolation period
- If you cannot move vulnerable people out of your home, stay away from them as much as possible

If you have coronavirus symptoms:

- do not go to a GP surgery, pharmacy or hospital
- you do not need to contact 111 to tell them you're staying at home
- testing for coronavirus is not needed if you're staying at home
- wash your hands regularly for 20 seconds, each time using soap and water, or use hand sanitizer
- if you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 7 days, then use the NHS 111 online coronavirus service. If you do not have internet access, call NHS 111. For a medical emergency dial 999

SELF-ISOLATION GRAPHIC

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SOCIAL DISTANCING



SHIELDING

• LMC Statement (10.4.2020)

"Practices were being contacted by patients who thought they should be on the Shielded List but had not received a letter and others who had a letter but did not think they should be on the list. Many have then realised that the benefits of being on this list include things like prioritisation in the supermarket online ordering and therefore want to be on the list to gain these benefits. Finally this week some patients have been sent a SMS message about being shielded and this has caused a further layer of complexity.

There has been a delay in practices receiving the approved list of patients and now you have been told that this had to be completed in an unrealistic timescale, it was the 3rd April and then the 10th (today!).

Below is the advice published on the LMC Listserver by Dr Farah Jameel, the GPC lead in this area.

Action for practices

- 1. Check you have received the refined list of patients with codes applied from suppliers; circa 200 patients for an average sized practice (8,000 patients).
- 2. Give it a quick scan, get extra staff in and claim as COVID-19 related expenses, if needed.
- 3. Add/take people off that you think do or don't qualify.
- 4. The goal is to ensure as many patients as possible and most appropriate patients can access the Government support offer.
- 5. The sooner flags are applied the faster individuals can be offered shielding support.
- 6. The task needs to be completed as soon as possible and by no later than 17:00 on Tuesday 14 April.
- 7. The deadline is important for the support offer to be put in place. But you can only do what you can do in the limited time you have with the limited resources you have.

Patients who self-identified through Cabinet office site

- 1. You'll get a second list of patients, comprised of those that self-identified (total list is 150,000), circa 20 per average-sized practice.
- 2. These patients will need a review to see if they fit the criteria for shielding.
- 3. If you think they fit the criteria, add the code to their record.
- 4. Every time you add a patient to the shielded group, send them a shielding letter.

- 5. Once the patient gets a flag added they get added to the central register, at which point they have a fail-safe where another shielding letter gets sent out.
- 6. This work can commence after 17th April. The task will need to be completed by 17:00 on Monday 20th April.

Outside of these two distinct groups of patients, If you feel through your own proactive searches of high risk groups that someone is missing and should get added, add them.

As a principle, every time you add a patient to the shielded group, send them a shielding letter.

NHS Digital will pull the details of these flags from GP IT systems weekly.

Once this has happened these individuals will be able to access the government's shielding support offer (which they may have already registered for).

There will be a lag in processing this information and if in the meantime any of these patients require urgent help they should contact their local authority.

If you have any questions, please contact the NHS Digital Shielded Patients List Hub: splguery@nhs.net

This mailbox will be monitored and responses provided ASAP throughout the Easter period.

PRESCRIBED MEDICATIONS THAT INDICATE A PERSON WOULD QUALIFY FOR "SHIELDING"

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



"SHIELDING" AND "EXTREMELY VULNERABLE" - FREQUENTLY ASKED QUESTIONS

 https://www.england.nhs.uk/coronavirus/wpcontent/uploads/sites/52/2020/03/20200403-Clinician-FAQs-v_FINAL.pdf

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



ROLE OF THE GP (JOINT STATEMENT BY BMA, RCGP, NHS ENGLAND)



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 (Word Version)

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



Notification / Referral Form for Public Health England (PDF Version)



RESEARCH INTO COVID-19

COVID-19 VACCINE STUDY

A study to assess a new COVID-19 vaccine in healthy adults

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



L&L COVID-19 RESEARCH

From Lucy Clack 22.04.20:

The main study are going to be doing is the PRINCIPLE study. I have attached the training slides for any of you that want more in-depth information, but essentially 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.



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 \leq 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.

CLINICAL GUIDANCE BY SPECIALTY

ADVOCACY

• Advocacy referrals for those who lack capacity to make decisions about their care

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



CANCER

Cancer referral guidance for primary care – in response to COVID-19

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



BOWEL CANCER SCREENING PROGRAMME

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



ENT

Statement from LMC:

<u>Asymptomatically infected children – infection control implications for healthcare professionals in primary care</u>

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 or 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.

GERIATRICS

Observations from Dr. Ali Bartens, 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:
 - o 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
 - o Lymphopenia and raised CRP seem pretty universal
 - Reduced taste and smell seem to be early feature as well
 - o 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

Guidance for switching from intramuscular B12 to oral B12



BSH guidance on B12 supplements during COVID pandemic

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



MENTAL HEALTH

 Managing Self-Harm – Resources for Education Staff and Parents Supporting Children and Young People in Hampshire

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



PAEDIATRICS

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

- 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

• See attached file for a panoply of useful resources for the perinatal period, for parents and children:

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



RENAL MEDICINE

• Risk of Acute Kidney Injury – Sick Day Rules

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



RESPIRATORY

- Asthma UK definition of "Severe Asthma": https://www.asthma.org.uk/advice/severe-asthma/
- BTS Advice for Healthcare Professionals treating patients with asthma

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



- NICE Guidelines Severe Asthma with COVID
- NICE Guidelines COPD with COVID

SEXUAL HEALTH

• FSRH clinical advice to support provision of effective contraception

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



• See also: <u>Sexual Health Service updates</u>

PRESCRIBING

STATEMENT ON NSAIDS

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



STATEMENT ON COMMUNITY PRESCRIBING CHARTS / MAR SHEETS

 Letter from LMC 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

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



MEDICINES OPTIMISATION TEAM BULLETINS

Aril 14th 2020



MANAGING RAMADAN DURING COVID-19

• Rapid review and clinical recommendations



RESUSCITATION

CPR AND FIRST AID IN COVID-19

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



PALLIATIVE CARE

PALLIATIVE CARE IN COVID-19

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



END OF LIFE MEDICATIONS IN COVID-19

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



CLINICAL GUIDELINES FOR CHILDREN AND YOUNG PEOPLE WITH PALLIATIVE CARE NEEDS



BEREAVEMENT SUPPORT

BEREAVEMENT SUPPORT FOR CHILDREN AND YOUNG PEOPLE



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 <u>a</u> 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

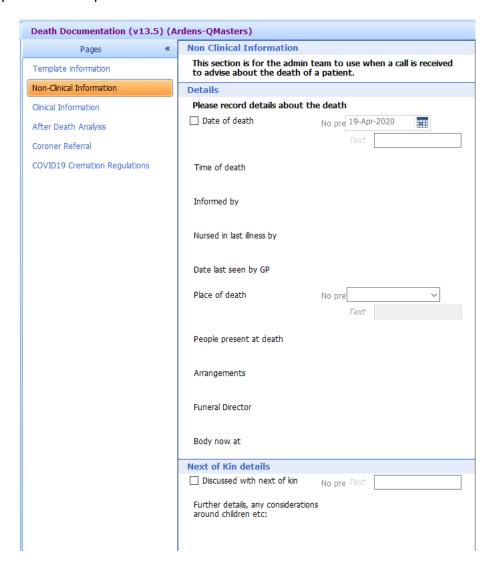
- Question 8. 'Not applicable' is acceptable. As above, if the Form 4 is being completed on the basis of another medical practitioner having seen the deceased after death, the date, time and nature of their examination should be recorded at Question 9
- Form 4 (Part 1) should be emailed to the relevant 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

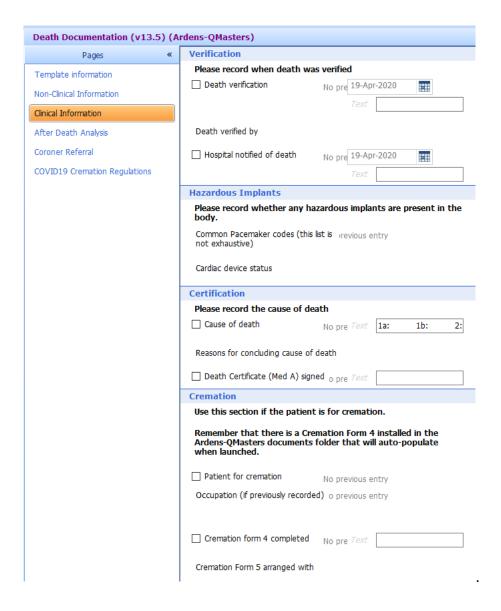


CHANGES TO THE DEATH CERTIFICATION PROCESS - LIPHOOK & LISS SURGERY PROTOCOL

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



- 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:



- 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.liphookandlisssurgery@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: <u>sehccg.liphookandlisssurgery@nhs.net</u>; 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:
 - o The Coroners Court, 1 Guildhall Square, Portsmouth PO1 2AJ
 - o 023 9268 8326
 - o email: coroners.office@portsmouthcc.gov.uk
- Winchester Office:
 - o The Castle, Winchester SO23 8UL
 - o **01962 667884**
 - o email: hampshirecoroners@private.hants.gov.uk

Referral form

Word Version

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



PDF Version

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



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)



• PDF Version



FUNERAL DIRECTORS

Name	Email	Telephone	Address
Co-operative Funeralcare Liss	liss funeral@south coops.co.uk	01730 895593	3 Lower Mead Hillbrow Road Liss GU33 7RL
Co-operative Funeralcare Haslemere	has lemere@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

SERVICE UPDATES - PRIMARY CARE

LIPHOOK & LISS SURGERY

INTERNAL TELEPHONE DIRECTORY

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



EXTERNAL TELEPHONE DIRECTORY

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



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.

NEW CCG "GP PORTAL"

- This is the definitive information portal to end all portals (like all the other the ones before it) and will be in place forever and ever (until the next one in a year or two)
- https://gp-portal.westhampshireccg.nhs.uk/

SERVICE UPDATES – COMMUNITY TEAMS

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

Booking line: **07899 104511**

Appointments are at Swan Surgery, Petersfield

- Sat- Sun 0900-1300 Nurse and HCA Led Appointments with rota system for remote GP supporting and clear prescribing process
- Scalable option of increasing hours/days/activity based on need/guidance from the Community teams

Key Factors in the model:

- For use by SEH practices
- Dedicated Green phone line for pre-bookable appointments to aid screening for suitability/mitigate risk of COVID
- · Additional layer of screening prior to patients entering the buildings to identify potential COVID patients
- Increased spacing between appointments to ensure that patient separation remains at optimum level
- Close work with PCNs and Community teams to increase level of trust pulling patients back into hubs where safe to do so
- Engagement with voluntary transport groups where necessary to help patients access care in green hubs
- Encourage patients on the shielded list to continue to access healthcare where possible to minimize additional burden to Community Nurses/Home Visiting Services
- Scalable. Start small, scale up, as and when necessary
- Suggest bloods (Saturday only) and dressings as a starting point for criteria for booking but I will be liaising with the community as to how we can expand on this also.



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

I-TALK COUNSELLING SERVICE

• Updates: https://mailchi.mp/1dfd692b7b53/italk-news-updates-from-your-local-talking-therapy-service?e=8c531008ca

CHEMISTS

• Pharmacy Alteration Request Form (Word version)

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



• Pharmacy Alteration Request Form (PDF version)

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



Boots Liss: <u>dennis.ng@nhs.net</u>

• 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.

LISS FOOD BANK

To protect both customers and volunteers during the coronavirus outbreak, the following arrangements will be in place from 1st April 2020. Please note, there will be no distribution point at the Triangle after 25th March for the time being.

Food bags will be delivered direct to your doorstep on a Wednesday or Thursday. To be sure of a delivery, customers are asked to ring 01730 300659 or 01730 300921 by Sunday 9pm at the latest.

Emergency bags may be available at other times but only to first time customers, as it is unlikely we will have the resources to pack and deliver throughout the week.

We have a new Facebook page. Please check it out for updates. www.facebook.com/liss-foodbank

(Liss Churches Working Together has started a food bank for the Liss area. The food bank no longer uses Crossover- it is now at The Triangle, via the side door. The contact hour is Wednesdays 3 – 4pm.

In an emergency, ring Annie 01730 300659 or Angie 01730 890073 or Sue 01730 300921)

SERVICE UPDATES - SECONDARY CARE

QUEEN ALEXANDRA HOSPITAL (QAH)

URGENT CONTACT DETAILS

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



CONSULTANT CONNECT

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



Website: https://www.consultantconnect.org.uk/

• iOS Version: https://apps.apple.com/gb/app/consultant-connect/id1138956970

Android Version: https://play.google.com/store/apps/details?id=uk.org.consultantconnect.app

MEDICAL ASSESSMENT UNIT (MAU)

A reminder that the 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.

CARDIOLOGY

Changes to 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 <u>ONLY</u> 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 <u>has</u> 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 <u>has not</u> 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 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 – this can be done using a mobile phone in line with the "UK guidance on the use of mobile photographic devices in dermatology", which can be found here: http://www.bad.org.uk/shared/getfile.ashx?itemtype=document&id=5818
- To support you in including photographs with your advice and guidance request, we have created the following "how to" video guide: https://www.youtube.com/watch?v=geJoSRdMRjo&feature=youtu.be
- 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

A guide to taking the best photographs for teledermatology



ENDOCRINOLOGY (INCLUDING DIABETES)

Urgent Safety Notice: Use of SGLT2 inhibitors during the COVID-19 Crisis

As the frequency of COVID-19 admissions to hospitals across the UK increases we have developed a knowledge-base around the impact of the virus on people with diabetes.

An early observation from anecdotal National case-sharing has been that patients with diabetes admitted with COVID-19 symptoms are at higher ketosis risk than with other infections. Those individuals with type 1 diabetes who use adjunctive SGLT2 inhibitors (Empagliflozin / Dapagliflozin / Canagliflozin) for control alongside their insulin are at particularly high risk for DKA if admitted with COVID-related symptoms. DKA co-existing with COVID-19 is particularly hazardous to treat because of the challenges around pulmonary fluid accumulation secondary to the high volume fluids required.

There is therefore a consensus view that:

- 1. People with type 1 diabetes and adjunctive SGLT2 inhibitor use should be advised to STOP it immediately (even if well) and rely on higher dose insulin for the short to intermediate term
- 2. People with Type 2 Diabetes treated with insulin who have previously experienced ketoacidosis during illness should similarly be advised to STOP it immediately
- 3. People with Type 2 Diabetes on oral agents can continue to take SGLT2 inhibitors if well but should stop immediately if they develop COVID-related symptoms
- 4. People without diabetes (or with pre-diabetes) who have high cardiovascular risk and have been offered SGLT2 inhibition as a cardiovascular risk reduction strategy should STOP it immediately (even if well)
- 5. No patient admitted to hospital with COVID-related symptoms should be prescribed an SGLT2 inhibitor

Actions Requested:

We'd request that your practice pharmacist immediately searches the prescribing records of the practice to ensure that anyone being prescribed an SGLT2 inhibitor is provided with this information ASAP.

The specialty team will try to contact those individuals with type 1 diabetes known to the unit to be taking SGLT2 inhibitors as a second-line to this information.

Thank You

Drs Cranston, Nicholson, Meeking & Butt and Professors Kar and Cummings

Sample Letter:

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



<u>Diabetic Eye Screening - COVID-19</u>

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

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

<u>Suspension of Faecal Calprotectin and FOB testing with immediate effect – Portsmouth Hospitals NHS Trust</u>

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

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

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 <u>jonathan.field@nhs.net</u> 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 6 th 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.

RESPIRATORY

The 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.

RENAL SERVICES

The 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.

SEXUAL HEALTH SERVICES

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



• See also: FSRH clinical advice to support provision of effective contraception

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

• Patient Carer Info Leaflet

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



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.

To use the tools, please see the attached pdf:



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

SOCIAL CARE

SOCIAL PRESCRIBERS - CONTACT DETAILS

• Kim: 07852 988 201

Natasha: 07852 987 794

Jonathan: 07852 988 056

VOLUNTEER SERVICES

LISS VOLUNTEERS

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



LISS FOOD BANK

https://www.crossoverliss.org.uk/foodbank/

MILLAND VOLUNTEERS

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



BORDON FOOD BANK

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

PETERSFIELD FOOD BANK

http://www.pact.org.uk/pact-food-store.asp

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

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/1FAIpQLSfm7LWXt7jcYWXR1bgON0G43ppSMAAou6a
 vQLyKziwKHmyMWQ/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/

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

- o 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

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.

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.

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

NUTRITION AND HYDRATION ADVICE FOR THE ELDERLY

Advice sheet produced by Wessex AHSN:



IT SUPPORT

EMERGENCY REMOTE ACCESS INSTRUCTIONS

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



ACCURX TROUBLESHOOTING

- Try: https://support.accurx.com/en/articles/3223432-how-to-use-the-accurx-utility-tool
- A fall-back option is the web-version: https://fleming.accurx.com/select-product

SUPPORT FOR NHS STAFF

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

Message from CCG (21.04.2020):

COVID testing for NHS and social care staff

- NHS and social care critical workers who are self-isolating because of coronavirus symptoms are now able to be tested in our area
- 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

In order to be tested, staff showing COVID-19 symptoms (such as a temperature and/or a new and persistent cough), or self-isolating due to a household member, can book via:

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

Am I eligible?

All NHS and social care staff are eligible, along with other key workers.

- If you are self-isolating because you are symptomatic, and have been symptomatic for less than 5 days, then you are eligible for testing.
- If you are self-isolating because a household member is symptomatic, then all symptomatic household members who have been symptomatic for fewer than 5 days are eligible for testing
- If you are self-isolating because a household member between the ages of 5-18 years old is symptomatic, then all symptomatic household members between the ages of 5-18 who have been symptomatic for fewer than 5 days are eligible for testing (Note: 5-18 year olds will require a parent or guardian to perform the test in a self-test bay, under 5's cannot be tested)

Please be aware, you or your household member must be symptomatic, if not, you will be turned away at the testing centre. The test is only viable for people with symptoms.

What do I need to bring?

You will need to bring your work ID to the site to access the service. Household members will need to be accompanied by you and you will need your work ID. A smartphone is also recommended as this is part of the process that you will have to go through once you are on site.

What do I need to do on the day?

The testing centre is in Tipner Lorry Park, Portsmouth, PO2 8AN. Please go to Park & Ride Portsmouth, Tipner Interchange, M275 Junction 1, Portsmouth, PO2 8AN and you will be directed by staff once at the Park and Ride.

You and household members **must** arrive at the test centre in a car.

You will not be able to exit your car at any point on site, and there are no other facilities on site (such as toilets). You can arrive at any point in the day between the times above. You will be asked to show your work ID before you are admitted.

If you are unable to attend to the site, please contact your line manager. We are exploring options such as home testing for the future.

The process of being tested is simple and only involves a single swab being taken from both the throat and the nose. It should take no more than 10 minutes.

The test is a PCR test, to test whether the person has COVID-19. It is not an antibody test to identify if they have had or are immune to the virus.

The test centre will aim to do the swab test / provide you with the self-test kits as quickly as possible and will usually mean that you will complete the process within 30 minutes of arrival. However, this may vary at busy periods.

When will I receive my results?

You should receive your results within 72 hours. Please contact your line manager informing them of your results. If the results return as negative, you may be able to return to work if you are well enough to do so.

Who can use this facility?

- All NHS and social care staff, including hospital, community and primary care, relevant staff
 providing support to frontline NHS services, and voluntary workers. Examples
 include clinicians, nurses, GPs, staff in community pharmacy, healthcare assistants and
 those providing hotel accommodation for NHS staff.
- Police, fire and rescue services, including the National Crime Agency, security agencies,
 MOD police and the British Transport Police
- Local authority staff, including those working with vulnerable children and adults, with victims of domestic abuse, and with the homeless and rough sleepers.
- Defence, prisons, probation and judiciary staff.
- Medical supply chain and distribution workers (including veterinary medicine)
- Testing infrastructure workers (such as laboratories)
- Workers in the funeral industry and coroners
- Frontline Home Office and Border Force staff
- Maritime and Coastguard Agency staff
- Critical personnel in the continuity of energy, utilities and waste networks
- Critical personnel in food and drink production
- Workers critical to the continuity of essential travel and movement of goods

GUIDANCE FOR MANAGERS

LIPHOOK & LISS ACTION PLAN

Liphook & Liss COVID-19 Action Plan (Word Document)

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



GUIDANCE AND STANDARD OPERATING PROCEDURES

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

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



PREPAREDNESS

Preparedness Letter (19.3.2020)

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



DVLA MEDICALS

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".

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".

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".

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_

SAFEGUARDING

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



Bruising protocol

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



RESPONDING TO DOMESTIC ABUSE DURING COVID

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



COMPLAINTS PROCEDURES

Pausing the NHS complaints process



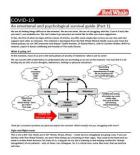
INDEMNITY FOR GENERAL PRACTITIONERS

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



EMOTIONAL AND PSYCHOLOGICAL SURVIVAL GUIDE

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



COUNSELLING FOR NURSES

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

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

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/

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

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

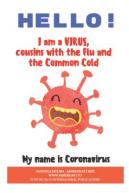
https://www.england.nhs.uk/coronavirus/nhs-staff-offers/

APPENDICES

LEAFLETS / INFORMATION SHEETS

CHILD-FRIENDLY EXPLANATION OF CORONAVIRUS

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



REFERRAL FORMS

CORONER REFERRAL FORM (HAMPSHIRE)

Word Version

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



PDF Version



CORONER REFERRAL FORM (WEST SUSSEX)

• Word Version

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



PDF Version

