

### **CCHUB guidance – effective from Monday 6<sup>th</sup> April 2020**

The CCHUB is rapidly expanding in anticipation of the expected significant increase in demand for a service to safely manage confirmed or suspected COVID-19 patients or households. We thank you for your support in helping us getting it up and running so quickly for the first 2 weeks.

From 8am on Monday 6<sup>th</sup> April there will be face to face GP/Advanced Practitioner reviews at a site at Cavendish Court in addition to the existing telephone consultation and home visiting service operating out of Devonshire House (also at Cavendish Court). There will also be some General Practice Nurse and HCA hours provided to carry out other treatment room tasks that cannot wait, including wound care and essential blood tests. A SOP for these roles is being developed, we want to work with the nurses and HCAs undertaking the first few shifts to inform this (as we have done with the GPs thus far).

As with the home visiting service, these new services will only cater for patients who meet the criteria for a confirmed or suspected COVID-19 diagnosis or are in such a household. Patients appropriate to attend the Cavendish Court site will need to be able to do so without the need for public transport to minimise any risk to the wider public.

Patients with a confirmed or suspected COVID-19 diagnosis who are who are housebound for medical reasons alongside their COVID-19 status will continue to be assessed and, where appropriate, visited by a clinician from the CCHUB where there is a “medical” need. Where there is a “nursing” need, and this can’t be postponed until they are no longer COVID-19 status, they will be visited by the RDaSH Community Nursing Service through a referral by SPA in the usual way – it is essential that you clearly state that the patient is suspected or confirmed to have COVID-19 and why the intervention needs to be done urgently.

The CCHUB will continue to reject referrals for shielded (extremely vulnerable) patients without COVID-19 symptoms to minimise the risk of introducing infection to this cohort of patients and separate advice is being issued to practices on how this group is to be managed. The larger vulnerable cohort of patients will continue to access primary care services in the usual way.

#### **What the service will do:**

1. Provide a potential face to face review for a confirmed or suspected COVID-19 patient/household who the registered GP practice feel unable to safely manage remotely by telephone and/or video consultation only. This may be due to symptoms related to their suspected COVID-19 infection or an unrelated problem e.g. a potential acute abdomen
2. NEW - This face to face review will either be by a face to face consultation at the Cavendish Court site or as a home visit carried out by a GP or Advanced Practitioner
3. Prior to arranging a face to face review the triage GP will speak to/videoconference with the referring GP and/or patient to make certain that the added value of a face to face review exceeds the potential infection risk to both the clinician and to the patient/carer associated with this contact
4. The outcome of the triage GP remote assessment may be safety netting or a prescription rather than arranging a face to face review

5. Patients managed by remote consultation or following a home visit may be returned back to their own practice for follow up or may remain under the CCHUB for monitoring
6. NEW - There will also be some nursing capacity within the CCHUB for other interventions including wound care and essential blood tests for confirmed or suspected COVID-19 patient/household who are able to attend Cavendish Court. This will not include patients who are housebound for reasons other than their COVID-19 status (who will need referring directly to RDaSH Single Point of Access). These referrals should be by direct discussion between the practice nurse and the CCHUB nurse and the same principles apply as for referrals to the GP / Advanced Practitioner arm of the service.

#### What the service does not do

1. Provide a reason for clinicians to lower the current threshold of managing patients without a face to face review. If this happens then the service will rapidly become unsustainable and GP practices will have to go back to individually seeing their confirmed or suspected COVID-19 patients
2. Provide additional staff and clinical capacity to the Doncaster system – the CCHUB is contingent on being sufficiently staffed by the existing local General Practice workload, it is effectively a redeployment to realise efficiencies of scale and reduce the risk of individual practices being exposed to symptomatic COVID-19 patients
3. Review confirmed or suspected COVID-19 patients who are too unwell to be safely managed in the community and are appropriate for escalation of care – admission for these patients should be arranged without involvement of the CCHUB. Any changes to current admission pathways will be communicated in due course
4. Review or visit any patients who are not suspected/confirmed to have COVID-19 – this remains part of core General Practice
5. Death verification regardless of COVID-19 status – pathways for this in different care settings are being reviewed but do not form part of the CCHUB

#### Advice on referrals in

1. Make sure that you've established that the patient indeed meets the criteria for a suspected diagnosis of COVID-19. A new, continuous cough is now defined by the 111 algorithm as "New: means a cough that you've not had before, or if you usually have a cough, it's got worse. Continuous: means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours"
2. Make sure you've done all you can to assess and/or manage the patient remotely. Consider discussing the case with another GP at your practice, reviewing the latest guidance on remotely managing patients during the COVID-19 pandemic including advice for specific conditions like asthma and COPD, and using the different video consultation solutions.
3. Currently there is no read or write access to EMIS or TPP, so referrers need to provide enough information to the call handler to make it clear why the patient has a suspected COVID 19 diagnosis, what management has been done so far and why you think they need a face to face assessment today. This is being looked at locally and nationally
4. Provide a bypass number or a mobile number that the referring clinician can be directly contacted on if the call handlers can't put you straight through the one of the CCHUB GPs.
5. Be prepared to explain to a colleague the value that will be added by a face to face review and how that will impact the management plan

6. Be prepared to be contacted by the CCHUB regarding a prescription after a remote or face to face assessment. An EPS should be in place within the next few days but until this is working we need the support of practices in facilitating this where requested

### 10 tips for working at the CCHUB

1. CCHUB is based at Devonshire House on Cavendish Court, South Parade, DN1 2DJ. Sign in at reception and head to the 2<sup>nd</sup> floor
2. A full day is 8am to 6pm but you can do 8am to 1pm or 1pm to 6pm shifts if unable to do the full day
3. Alongside those GPs, Advanced Practitioners, nurses or others providing face to face interventions, there will be at least one GP at the CCHUB at all times whose responsibility is to lead on telephone triage and co-ordination of work
4. Free car park for shift workers at the far end of Cavendish Court (go through the arch)
5. Encouraged to dress down, you're either on the phone or wearing PPE for face to face assessments so dress practically. Scrubs should be available but not guaranteed to have the right size, so recommend you bring something clean and casual just in case
6. FCMS will sort you out on the day with a login and familiarisation training on the Adastra system if you need it
7. Check in advance that you have a working password for the IDCR (Integrated Doncaster Care Record) and bring your smartcard
8. All clinical equipment (easy clean) is provided for face to face care; it's up to you whether you bring your own stethoscope or use theirs
9. Consumables and blood testing equipment will be provided. Patients attending for wound care will be expected to bring their own dressings with them.
10. Clinicians carrying out face to face assessments, and nurses undertaking blood tests and wound care, will be provided with personal protective equipment of a level between that used by GP practices and those used for aerosol generating procedures in Doncaster Royal Infirmary. The current PPE consists of:
  - Surgical mask (same as a GP practice's own PPE supply) or an FFP3 mask
  - Gloves (same as a GP practice's own PPE supply)
  - Protective goggles
  - Surgical gown
  - Apron (same as a GP practice's own PPE supply)

Public Health England have released videos on how to put on ([https://www.youtube.com/watch?v=kKz\\_vNGsNhc](https://www.youtube.com/watch?v=kKz_vNGsNhc)) and remove (<https://www.youtube.com/watch?v=oUo5O1JmLHO>) PPE in the safest way.

Latest guidance on when and where to use it is found here <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877599/T2\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_and\\_community\\_care\\_by\\_setting\\_poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)

**Whether seeing patients at Cavendish Court or on a home visit, even though you are wearing PPE limit your risk by maintaining a safe distance from the patient at all times apart from where necessary for examination, wound care, taking blood tests etc. There is no reason to be close to the patient whilst taking any additional history or discussing the management plan**

11. Home visit process:

- a. Driver takes you to location
- b. Put PPE on outside the patient's home with driver's assistance
- c. Enter the home and do as much assessing as you can at a distance from the patient
- d. Carry out any necessary examination including observations of the patient
- e. Discuss the management plan at a distance from the patient
- f. Leave the home
- g. Clean equipment
- h. Safely remove your PPE and dispose of it into the provided bag, this will be put in the car boot
- i. Wash hands with alcohol gel and get back in the car
- j. Write up visit whilst in car using the portable laptops and/or when back at base

12. Face to face process:

- a. The patient will call the Hot Site number (given to them upon booking of appointment) when they or their driver has safely parked and they will be reminded to remain in their car.
- b. It will be the Hot Site Clinician that will conduct the call. This will allow the clinician to review any of the medical history and ask further questions prior to the examination phase which will be kept as brief as possible.
- c. They will be asked to wait in their vehicle until they are instructed to make their way safely to the designated consultation room, which they will be directed to by the clinician. If there is a delay, the patient or their escort will be notified of this and they will also be given instructions to ring the Hot Site Team if their clinical condition deteriorates or becomes life threatening.
- d. The patient will be given a fluid resistant surgical mask to wear. The patient will be asked not to touch anything until they are seated in a chair or asked to lie down on the couch.
- e. The Hot Site Clinician will perform the examination or procedure required and advise the patient of the outcome of the consultaion.
- f. The patient will then leave the premises via a designated exit, with appropriate instructions not to linger or congregate in any communal areas.