

# COVID19

## DAILY BULLETIN

**30 April 2020**

**Please share this bulletin with all clinical staff, including GPs/nurses/locums within your practice**

Welcome to today's COVID-19 bulletin. We hope you are well, thanks again for your hard work throughout this crisis.

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### FOR ACTION

#### **Clarification on drive through phlebotomy service**

On Tuesday we sent a message about the STH drive through blood test service being extended to patients who require a routine blood test. The message said that the test could not be carried out without a request form, this raised concerns about patients coming in to practice to get a form.

We have spoken to the STH lab manager who has advised that the patients just needs their NHS number. When processing requests to the service please note, the order must be added on ICE by the GP and the patient be given their NHS number to take with them. Please make sure the patient is aware they won't be able to access the service without their NHS number.

They do not need to book an appointment. Simply turn up at any time between 9am-5pm Monday to Friday.

For those patients who do not wish to use the drive through, the usual hospital phlebotomy services are still available with appropriate social distancing rules applying. For more information please contact: Richard Wardle, Lead Laboratory Manager on 07884 118618.

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## FOR INFORMATION

### **Non-covid triage at PCS hubs**

PCS and GP Collaborative continue to work well together to identify ways of supporting the urgent care system within the City, making best use of limited resources. Unutilised hub GP capacity was successfully used to telephone triage non-covid-19 patients stacked on the GP Collaborative triage list over the weekend at Woodhouse hub.

Therefore, in conjunction with the CCG and the GP Collaborative, PCS have agreed to continue to support the urgent care system in this way.

From Wednesday 29 April, PCS have reduced the coverage across all three of their hot sites to one GP per shift Monday to Friday. Saturday and Sunday will also have one GP per shift at all three hubs. However, to support the GP Collaborative with their increased triage and resilience for home visiting and other face-to-face aspects of their service, an additional GP will added to shifts (PM on Fri and all day at weekend) at the **Woodhouse covid hub only**. They will assist with telephone triage of non covid-19 patients that will be released from GP Collaborative triage list. The other GP at Woodhouse and the GPs at Flowers and Sloan hubs will continue assessing covid patients.

For the May Day Bank Holiday PCS will use the same capacity as per weekend cover described above, including the GP triage at Woodhouse.

This will be reviewed on a two weekly basis and where services return to business as usual the above will be adjusted to meet the demand.

Please note that practices can book into the covid hubs each day from 4pm.

### **May City Taxi passwords**

Please see attached for a list of passwords to be used throughout May when ordering patient transport via City Taxis.

### **Resources for managing diabetes during Covid-19**

Please see attached a collection of information regarding managing various diabetic dilemmas related to covid-19.

### **Death verification and certification process**

The 'excess death cell' has listened to all the concerns that different organisations are having whilst adapting to new legislation and processes and have written a response – please see attachments for info. This confirms the position of the coroners and registrars across the region on who can verify a death. It also makes it official that a wider group of people can carry out this function including care home staff after some training.

Mass training of care home and community staff is underway to assist the system and help to minimise contacts and further information will be issued when we have care home staff trained.

### **Discharge Pathways and GP support from STH in response to covid-19**

The Department of Health and Social Care (DHSC) has requested that all acute trusts and healthcare systems in England work together to implement a package of measures to maximise the speed **patients are discharged** from hospital. This is to retain NHS capacity for the anticipated unprecedented levels of admission of patients with covid 19. These pathways have been constructed taking into account all available and up to date national information from the various authorities involved including the current guidance from both DHSC and PHE. Please see attached pathways document.

### To take out (TTO) medicines – info from STH

During the covid-19 outbreak there is a possibility that STH will have to discharge patients very rapidly to either their usual place of residence or a different location.

There are many aspects to a successful rapid discharge and key is the speed at which **they** can prescribe and dispense the drugs needed **for** the patient to take home. These TTOs are usually all of the drugs that the patient takes and are usually given for 14 days.

During the pandemic, STH will be modifying this process to help facilitate rapid discharge where possible and so the pharmacy and clinical teams will follow the following processes:

If the patient is to be discharged back to their usual place of residence they will only prescribe medicines to continue after discharge as follows:

- New medicines started during admission;
- Existing medicines if the dose has been changed during admission;

- Existing medicines which have not been changed, but the patient has less than 14 days of supply remaining;
- Controlled drugs where a supply is needed from the hospital pharmacy.

If the patient is being discharged to a different location, they will prescribe all required medicines unless nursing or pharmacy staff confirm that there are sufficient 'patient's own medicines' on the ward.

### **Royal College of General Practitioners and Academic Health Science Networks webinar on physiology covid-19**

Thanks to those of you who were able to join the RCGP/AHSN webinar: COVID-19: Patient Assessment - the role of physiology and oximetry.

For those of you who weren't able to join, or for anyone who would like to watch the webinar again, it has now been uploaded to Youtube. Please see below for more detail.

A webinar for GPs being held by Royal College of General Practitioners and Academic Health Science Networks examines the role of oximetry and other physiology in the clinical assessment of patients with covid-19. View here:

<https://youtu.be/EUGurkVfJQI>

### **End of life (EOL) prescribing update**

As you may be aware DHSC, NHS England and NHS Improvement have now published Coronavirus (COVID-19): reuse of medicines in a care home or hospice SOP, link [here](#) to document.

In summary, the reuse of medicines in care homes and hospices could be an option if:

- No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy) and there is an immediate patient need for the medicine.
- No suitable alternatives for an individual patient are available in a timely manner i.e. a new prescription cannot be issued, and the medicine(s) supplied against it in the conventional manner quickly enough.
- The benefits of using a medicine that is no longer needed by the person for whom it was originally prescribed or bought, outweigh any risks for an individual patient receiving that unused medicine.

The SOP provides a framework as to how this can be done.

The Medicines Optimisation Team at the CCG is taking the following action;

Team members went through the SOP yesterday and it brought up some questions, which we will apply our interpretation on and issue advice locally, we have however also sought feedback from the authors on these points.

We do not want to reinvent the wheel so will be signposting people to the national SOP however to help focus on the key points we will be:

- producing a Q and A for care home staff - We will share when done.
- producing a summary for GPs and pharmacies - will share when done.

To support practice and patients accessing EOL medicines we have produced a flowchart, see [link](#).

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## USEFUL LINKS

[NHS Covid19](#) | [CCG Intranet](#) | [Past bulletins](#) | [Email us](#)