

# Coronavirus Management Service Notes For Clinicians

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# Purpose

- This presentation is for GPs undertaking the CMS GP Triage role
- But also for information for all Shropdoc clinicians so they understand how OOHs and the CMS function alongside each other

# 3 Roles for the CMS GP

1. Routine follow up of patients on the ward  
'My PCC Cases' when logged on as CMS GP
2. Receipt and admission (clerking) of new patients onto the virtual ward
3. Assessing patients who have called into the service helpline (akin to triage)

# CMS Triage GP Shift Timings

- M-F
  - 0900 to 1300
  - 1000 to 1500
  - 1400 to 1900
- Weekends
  - 0800 to 1200
  - 1000 to 1500
  - 1400 to 1900
- AOC and Longbow staff cover after hours

# Before You Start Doing CMS GP Triage Shifts

- Ensure you are set up for remote working
  - Contact [oohsbookings@shropdoc.nhs.uk](mailto:oohsbookings@shropdoc.nhs.uk) if not
- Sign up for accuRx.  
<https://fleming accurx.com/login>
  - Choosing Shropdoc as the organisation
  - This allows text message to patients with self isolation advice and social services links for help at home etc but also allows you to text the helpline number
  - Also enables secure video consultation
- Read the rest of this presentation

# CMS Background

- Operating now in Shropshire, Telford and Wrekin and Powys
- The service is a virtual ward designed to support General Practice in managing COVID19 patients in the at-risk category i.e. over 70, or under 70 and have a flu jab every year for underlying condition
  - At home via daily calls if necessary

# What it Does

- Provides a virtual ward with daily 'rounds'
  - Step down to more virtual 'soft touch' follow-up for those that don't need seeing on the ward round every day
- Provides a 24/7 helpline (*01743 454911*) for patients on the ward to call rather than 111
  - Keeps them out of ambulances and ED unnecessarily
- Designed to look after acute COVID19 related problems and any acute exacerbation of underlying disease

# What it Doesn't Do

- The CMS does not replace the GMS functions so no repeat Rx or chronic disease management
- Doesn't currently include helpline for Care Home (Nursing and Residential) residents with COVID19 but this is coming
- Not a service for Cat 3 patients at all
  - Young, not co-morbid and coping



# Sources of Patients

- In hours from own GP
  - Electronic referral or telephone
- OOHs from Shropdoc clinicians identifying patients who need admission to CMS
- From care homes (not operational yet but coming)
- Positive swab results from SaTH for at-risk groups

# Things to Remember

1. Log in as 'Coronavirus Management Service' on the front screen where you enter your username and password
2. Open up NHS Mail and log in as shropdoc.cms@nhs.net
  - Password available from team leader
  - This is where the patient summary sits when referred from own GP
  - Can also use this method to send email to patients with advice if needed
3. Check patients are indeed in the at-risk category
4. Check they have COVID symptoms and not something else
  - We've had some referrals for 'barn door' UTI for example or chronic symptoms over 3-weeks
5. Ask for email address if not already available in the record and mobile phone number
6. Give them the URL for self-isolation advice
  - <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>
7. Remember to give them the **01743 454911** number and only ask them to use 111 or their own surgery if absolutely necessary
  - E.g. if they need a repeat Rx from own surgery
8. Check any ceiling of care details or ReSPECT forms in place
9. Check what support they have at home and text/email or signpost resources as necessary



**\*\*START HERE\*\***  
Is the patient already self isolating due to suspected or confirmed COVID19?

Is there a clear cause for the patient's symptoms that isn't COVID19 e.g. tonsillitis?

Cat 1 – unwell requires admission for COVID19 via 999

Cat 2 – in the at-risk group and *eligible* for CMS

Cat 3 – not in at-risk group – currently *ineligible* for CMS

Category 2 Patients under the care of the Coronavirus Management Service (CMS) will be assessed by that service both in-hours and OOHs on 01743 454911

Does the patient meet the case definition for COVID19?  
a. New continuous cough  
OR  
b. High temperature (of 37.8 degrees centigrade or higher)

Explore history, paying attention to chest signs/symptoms.  
  
Happy you have identified the cause of symptoms other than COVID19?

Triage to see how unwell they are and define whether they have a parallel condition that needs seeing e.g. appendix

Does patient really need seeing F2F?  
Say in triage note what uncertainty can be informed by F2F.

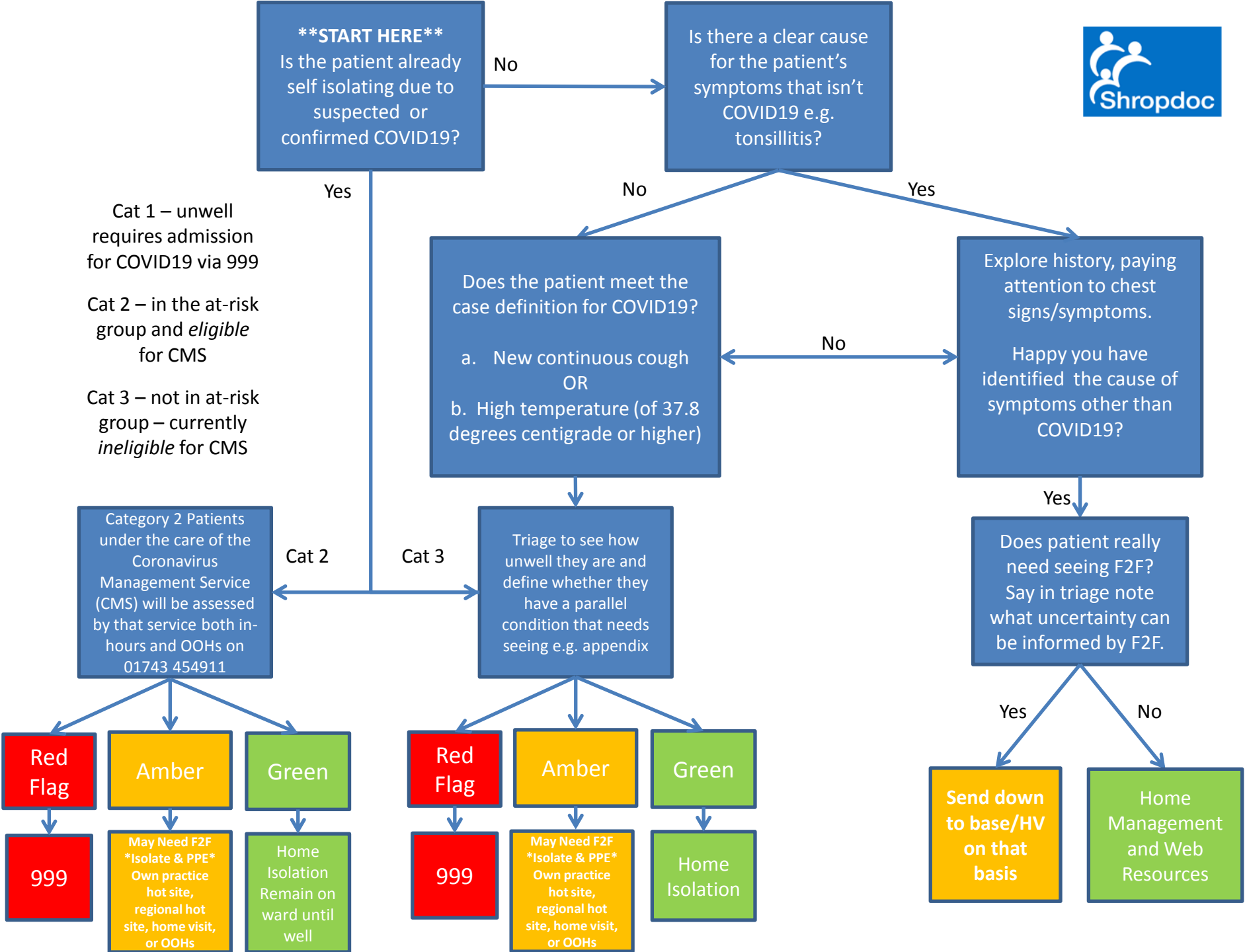
Red Flag  
Amber  
Green

999  
May Need F2F \*Isolate & PPE\* Own practice hot site, regional hot site, home visit, or OOHs  
Home Isolation Remain on ward until well

Red Flag  
Amber  
Green

999  
May Need F2F \*Isolate & PPE\* Own practice hot site, regional hot site, home visit, or OOHs  
Home Isolation

Send down to base/HV on that basis  
Home Management and Web Resources



# From OOH Triage Calls or F2F

- If you identify in-scope Cat 2 patient requiring admission to CMS then notify despatch or Team Leader
- They will book patient onto the CMS clinic for call back same day if before 2200
  - Or next day if received after 2200
- Patients identified by OOHs triage clinicians will need calling back by the CMS GP in 2-hours

# If CMS Patient Needs Seeing F2F OOHs



- Record in notes why they need seeing
- Record in notes whether base or HV
- Book this by calling despatch and passing info above
  - at same time note whether they also need to book follow-up CMS appointment for next day if needed
- Give patient base or home visit instructions accordingly
  - Put pets away
  - Ask that only 1 person accompanies patient and only if necessary
  - Wait in car until called if going for base appointment
- Close as normal

# If CMS Patient Needs Seeing In-Hours



- In-hours
  - Say why they need seeing in notes
  - Pass as ‘Urgent GP In-Hours’ for own GP
  - Or DN/SCN for community services
  - Tell despatch and they will notify practice or Community Trust
  - Also remember to tell despatch to book the patient for an appointment the next day if required because you are closing the case differently here and won’t be able to book appointment yourself in Adastra

# Scanning 2 Screens

- From the above you'll see that if single-handed then there is a requirement to scan Aداstra in 2 areas
  - My PCC Cases (routine ward round) and
  - Coronavirus Management Service Tab (admissions and triage for acute problems)
- As service gets more busy we'll ask GPs to concentrate on one area and recruit more GPs

# Assessing Disease Severity On The Phone



- Roth score while not validated is nonetheless a useful tool to use with Gestalt and
  - Functional assessment: ‘what’s it stopping you from doing?’
  - Video call using accuRx.
  - Recording Resp Rate
  - Sats if they have a monitor
  - Note that deterioration on exertion is poor prognostic sign
- Timing of chest pain and dyspnoea – watch for the day 7-9 deterioration especially if fever still running high



# Prescribing

- Happens in the same way – will print out upstairs at Longbow
  - Note the pharmacy you have decided on when you write the Rx
  - E.g. Doxycycline 100mg bd 7-days (14) *Woodside Pharmacy*
- See hub for guidance on Abx in light of COVID19

# Questions - Clinical

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# Questions - Operations

- Anything to do with remote access
  - EMIS passwords
  - Rotamaster
  - Aداstra
  - Eve App
- [ooobookings@shropdoc.nhs.uk](mailto:ooobookings@shropdoc.nhs.uk)
  - Who can redirect you enquiry