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WELSH HEALTH CIRCULAR

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Title: Clinical Assessment of COVID-19 in the Community

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For Action by:
GP Senior Partners and Practice Managers
GP Out of Hours
111
WAST ambulatory teams

Action required by: 4 August 2020

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Enclosure(s):
None

Dear colleagues

CLINICAL ASSESSMENT OF COVID-19 IN THE COMMUNITY

The Welsh Government issued a Community Framework for the management of COVID-19 in March 2020. The Community Framework includes a clinical pathway for the assessment, management and escalation of COVID-19 disease. I would like to thank all those involved in implementing this Framework locally.

Over the past three months we have been monitoring the pandemic and its effect on the population in terms of accessing healthcare. There is emerging evidence that a large proportion of COVID-19 cases are avoiding contact with primary care and the vast majority of COVID-19 admissions are likely to be emergencies. Although there is no evidence this is impacting people's outcomes, I am concerned that there is potential for people to wait too long to seek medical support and this could potentially result in people being admitted to hospital at an advanced state of deterioration.

The Community Framework already provides for members of the public with COVID-19 symptoms to contact 111 or their GP for advice. I am concerned that the public message to isolate at home with mild symptoms may have encouraged people to attempt to cope alone for too long without contacting 111 or their GP. I am also concerned that the emphasis on remote consultation in primary care, given understandable concerns about infection prevention, may make it more difficult for GPs to assess the severity of COVID-19 illness. In particular, it has emerged that breathlessness is not a good indicator of disease severity. Oxygen saturation appears to be the key indicator and this requires the measurement of pulse oximetry.

In order to address public behaviour, we will adjust the public messaging to encourage people not to attempt to cope on their own with anything more than short lived, mild symptoms. We are being very careful not to over stimulate contacts to primary care but recognise achieving the correct balance will be challenging. The public advice for people who are isolating with symptoms or confirmed COVID will state:

- If your symptoms do not improve after 7 days;
- Or if you experience vomiting;
- Or if you experience breathlessness;
- Or if you are fatigued and can no longer perform your normal daily activities;
- Then don't leave it too late, contact 111 or your GP.

It is important people with COVID symptoms feel confident they are making an appropriate use of their GP's time and are encouraged to re-contact their GP if they display any of these safety netting symptoms. The safety netting advice above has been added to the latest iteration of the community COVID pathway that was issued on 16 June.

I would like to ask for your support to ensure that people who do get in touch with primary and community care services are appropriately assessed on the

basis of their clinical risk. The Community Framework has been updated to reflect a greater emphasis on the measurement of pulse oximetry. It includes guidance on thresholds of care informed by individual pulse oximetry results.

I am asking you to place a greater emphasis on measuring pulse oximetry as part of your clinical assessment. I recognise the need for proper infection prevention and control in delivering more pulse oximetry assessments. Where necessary, I would encourage you to consider using the cluster hub approach, and if appropriate, ‘drive through’ models of delivery. For some patients who are not able to travel, then a home visit may be necessary. In order to support you, the NHS Shared Services Partnership will be distributing additional pulse oximeters to your practices at no cost to you. I appreciate your practices will already have these devices to an extent, but an additional supply should help to ensure you can provide for a larger number of staff to undertake assessments and a larger throughput of cases can be accommodated while maintaining infection prevention and control procedures.

I am not advocating the *remote* monitoring of pulse oximetry at the present time. There are some limits to the value of remote oximetry, including training and interpretation, false reassurance and inappropriate escalations of care; as well as practical difficulties in providing a sufficient number of devices, determining who should have them and recovering them. The use of remote monitoring is a matter for local discretion based on the needs of your population. At the present time I am recommending an enhanced use of pulse oximetry as part of your wider clinical assessment.