

17 Apr 2020

GPs & UCPs

WEEKLY ROUND UP OF CHANGES

Coronavirus Management Service

This is going well. Patient feedback is excellent. There have been some incidents and feedback from practices around:

- Lack of detail in some of the 'hand-backs'
- Premature discharge from the service for some elderly patients who then go onto deteriorate rapidly
- Difficulty getting the post event messages – IT is dealing with this
- Thresholds for referral back to practice in-hours vary between CMS clinicians

I've captured some of the lessons identified in a PowerPoint on the website clinical area and hub and would value feedback (it is attached to this email also).

CPR in light of COVID19 – Variation in PPE Advice

There is conflicting advice out there regarding whether or not chest compressions during CPR generate aerosols therefore requiring Level 3 PPE i.e. FFP3 masks, coveralls etc that requires fit testing and training on donning and doffing.

<https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/covid-healthcare-resources/covid-19-cpr-and-resuscitation-in-non-acute-hospital-settings/>

We are therefore sourcing FFP2 masks while the authorities make up their minds about this; these do not require fit testing. If you find yourself in the unenviable position of having to perform CPR in the meantime then it is OK to do defibrillation and chest compressions but sensible to cover the casualties face, and wear your standard PPE in the meantime. However, unless wearing FFP2 as a minimum you should not carry out any ventilator support e.g. ambu-bag.

Ibuprofen

Ibuprofen is safe again!

<https://www.gov.uk/government/news/commission-on-human-medicines-advice-on-ibuprofen-and-coronavirus-covid-19>

End of Life Care Meetings

We're holding a second EOL care meeting tonight 17th April as follows:

Purpose:

- Catch up with each other to discuss aspects of end-of-life care in the current climate

Objectives (agenda):

- Challenging cases in the last fortnight anyone would like to discuss (All)
- Update on advance care planning - and flagging (Derek)
- DNAR and ReSPECT - reflections on any challenges - opportunity to share best practice (All)
- Options for oral meds and non-pharmacological intervention (Derek)

Desired outcome:

- Shared understanding of challenges and solutions
- Mutual support

How to join:

Shropdoc Support is inviting you to a scheduled Zoom meeting.

Topic: End of Life Care Meeting

Time: Apr 17, 2020 18:00 London

Join Zoom Meeting

<https://zoom.us/j/99186294068>

Meeting ID: 991 8629 4068

One tap mobile

+442080806592,,99186294068# United Kingdom

+443300885830,,99186294068# United Kingdom

Remote Verification of Death

We're moving where possible to remote verification of death. Please ensure you record where COVID19 is suspected. Draft Policy for comments attached and on the hub and website.

CD PRESCRIBING FOR COMMUNITY HOSPITALS COMMUNITY NURSES - TAXI FOR CHARTS AND RX

As you know, occasionally we are asked to write, or re-write drugs charts and EOL syringe driver and PRN Patient Specific Directives (PSDs) for patients who are either admitted to the community hospitals or being seen by community nursing colleagues in their own places of residence.

We also know the Rx chart and PSDs for Schedule 2 and 3 CDs can be printed but must be signed in ink currently. Often, getting these signed prescriptions and PSDs to the patients can prove difficult OOHs.

We will produce a standard operating procedure in the call centre to allow team leaders to use taxis to get these charts from where they are written to the patient.

The hierarchy of choices might be:

- If patient also needs seeing face to face for assessment then no problem - home visit or CH visit
- If there are outstanding visits near to patient in question but no need to visit in person then take signed Rx that when passing
- Check if member of Community Nursing team can attend nearest base or Longbow to pick up Rx
- Can a relative pick up the Rx

And if these are exhausted then we could then transport by taxi in sealed envelope.

Call for GP Volunteers for Ad-hoc Support of Community Hospitals OOHs - Shropshire

Occasionally, we are called to an urgent visit at a Community Hospital that cannot be met in the timeframe due to non-availability of a nearby team. We are also occasionally called to 'clerk' a patient late at night when there is no GP available until after midnight, when the GP is then the single GP for the whole county and may struggle to get to the CH at all in the time available.

I will shortly send out a calling notice to GPs asking for expressions of interest in volunteering to be available in the evenings and at weekends in each postcode area for this work. There will be a call out fee and the work will be paid at the standard GP rates by time of day.

Yours

Simon Chapple

Medical Director - Shropdoc

07900 425791 simon.chapple@shropdoc.nhs.uk