

Issue 132 - 12 February 2020

Primary Care Newsletter

Welcome to your weekly e-bulletin – Primary Care News.

Please share this newsletter with colleagues within your practice who might benefit from the information.

Please forward any items for inclusion (aimed at Practice Managers) on the attached article [template](#) no later than **Monday evening** each week to the Primary Care email address at barnsleyccg.primarycare@nhs.net

Reminders - Important dates

Dates for your diary

- **2020 BEST events** and **Primary Care Network** meeting dates and deadlines for booking cover are available [here](#)

Coronavirus: Advice for Primary Care

Thank you to everyone for continuing to be prepared for and manage the range of queries you may be receiving from patients. As guidance is updated it is sent to your practice directly. We are asking all practices to ensure that everyone in your team is aware of what to do if a patient presents to primary care (in person or on the phone). **The guidance for primary care below is available on the gov.uk website.** It is possible that novel coronavirus (2019-nCoV) may cause mild to moderate illness, in addition to pneumonia or severe acute respiratory infection, so patients could potentially present to primary care. See [further information on 2019-nCoV](#).

1. Main principles

- identify potential cases as soon as possible
- prevent potential transmission of infection to other patients and staff
- avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- isolate the patient, obtain specialist advice and determine if the patient is at risk of 2019-

nCoV infection

Currently, if 2019-nCoV infection is seen in the UK, it is most likely to occur in travellers that have recently returned from China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan, or Thailand. Therefore, an accurate travel history is an important part of identifying potential risk. See PHE [guidance for assessing possible cases](#).

2. Actions to take

An unwell patient with a relevant travel history should be identified when they book in at reception and placed in a room away from other patients and staff. If 2019-nCoV is considered possible when a consultation is already in progress, withdraw from the room, close the door and wash your hands thoroughly with soap and water. Avoid physical examination of a suspected case. The patient should remain in the room with the door closed. Belongings and waste should remain in the room. Advise others not to enter the room. If a clinical history still needs to be obtained or completed, do this by telephone. The patient should not be allowed to use communal toilet facilities. Instruct them to not touch anything or anyone when walking to the toilet. Instruct the patient to wash their hands thoroughly after toileting. Ask the patient to call NHS 111 from their room, on their mobile (use GP surgery landline if mobile unavailable). When a telephone interview is being conducted with a patient located elsewhere (eg at home) and it determined that 2019-nCoV is possible (based on the [PHE criteria for a possible case](#)), then a face-to-face assessment in primary care (including out-of-hours centres and GP hubs) must be avoided. Instead, call the local secondary care infection specialist to discuss safe assessment, which may require assessment in hospital.

3. Patient transfers

If the patient is critically ill and requires an urgent ambulance transfer to a hospital, inform the ambulance call handler of the concerns about 2019-nCoV infection. In all other instances, the case must be discussed with the hospital first so that they are aware that 2019-nCoV is being considered and the method of transport to secondary care agreed. Patients with suspected 2019-nCoV should be instructed not to use public transport or taxis to get to hospital. Following the patient transfer, the room should be closed and should not be used until further advice is provided by the local HPT.

4. Environmental cleaning following a possible case

Once a possible case has been transferred from the primary care premises, the room where the patient was placed should not be used, the room door should remain shut, with windows opened and the air conditioning switched off, until it has been cleaned with detergent and disinfectant. Once this process has been completed, the room can be put back in use immediately.

4.1 Preparation

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- collect all cleaning equipment and clinical waste bags before entering the room
- any cloths and mop heads used must be disposed of as single use items
- before entering the room, perform hand hygiene then put on a disposable plastic apron and gloves

4.2 On entering the room

- keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products
- bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- remove any fabric curtains or screens and bag as infectious linen
- close any sharps containers wiping the surfaces with either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.) or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)

4.3 Cleaning process

Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:

1. use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
2. or a neutral purpose detergent followed by disinfection (1000 ppm av.cl.)
 - follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants
 - any cloths and mop heads used must be disposed of as single use items

4.4 Cleaning and disinfection of reusable equipment

- clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal
- clean all reusable equipment systematically from the top or furthest away point

4.5 Carpeted flooring and soft furnishings

If carpeted floors/item cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use, following or combined with detergent cleaning.

4.6 On leaving the room

- discard detergent/disinfectant solutions safely at disposal point
- all waste from suspected contaminated areas should be removed from the room and quarantined until patient test results are known (this may take 48 hours); if the patient is confirmed to have 2019-nCoV further advice should be sought from the local HPT
- clean, dry and store re-usable parts of cleaning equipment, such as mop handles
- remove and discard PPE as clinical waste
- perform hand hygiene

4.7 Cleaning of communal areas

If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible, unless there has been a blood/body fluid spill which should be dealt with immediately. Once cleaning and disinfection have been completed, the area can be put back in use. *End of info from website*

Advice and updates in summary

- Updates to the advice sent on **31 January 2020**.
 - The geography for clinical case definition is now; mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia and Macau.
 - Symptoms; fever without any other symptoms is sufficient criteria for testing (if the patient has also travelled from or transited through the previously names countries in the previous 14 days). Alternative clinical diagnosis for fever in a returning traveller should be considered and tests performed at local NHS laboratories, according to published PHE guidance.
- Travellers who develop relevant symptoms, however mild, within 14 days of returning from mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau should self-isolate at home immediately and call NHS 111. Travellers from Wuhan and Hubei province should self-isolate for 14 days, even if they do not have symptoms, due to the increased risk from that area.
- Primary care practices are asked to identify possible cases, isolate them immediately, and ask the patient to call NHS111 from their mobile (or GP landline if a mobile is unavailable). Primary care settings are not expected to undertake any clinical assessment or sampling.

<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care>

Closure of direct GP referral into routine Leeds Teaching Hospitals Spinal Surgical Service

Please see attached [letter](#) for your information from Leeds Clinical Commissioning Group regarding access to the Leeds Spinal Service.

Lower GI Fast Track Referral - 2 Week Wait

When booking patients on the Lower GI referral please can practices ensure the following:

- Bloods should be taken within 3 days of referral (if observed that no bloods have been taken within 3 months) This is a requirement as the correct Bowel Prep cannot be given without a recent **EGFR**
- Please ensure presenting symptoms/consultation information is documented on the pathway in order to aid assessment and to ensure the patient can be triaged and sent to Clinic or Straight to test for a procedure.

Please ensure all up to date information ie current problems and past Medical history are on the referral.

Vague Symptoms Pathway

This is a reminder for all practices to use the vague symptoms pathway, as per attached letter below:

- [CCG Vague Symptoms Letter](#)
- [Vague Symptoms Pathway](#)

Yorkshire & Humber Palliative Care Symptom management advice

Information about an updated app for Yorkshire and Humber palliative care symptom management advice can be accessed via the links below:

Apple: <https://apps.apple.com/gb/app/palliative-care-symptom-guide/id1168941132>

Google: <https://play.google.com/store/apps/details?id=com.HYMS.PalliativeCare>

Please note that due to the Play Store changing the submission process, it has not been possible to release this as an update therefore it has been done as a new app.

Should practices require further information please contact Janet Owen, End of Life Care Clinical Lead at janet.owen@swyt.nhs.uk

Barnsley 2030 - Have your say!

Use your voice to shape the future of Barnsley

Barnsley 2030 is a chance for everyone to get involved in shaping the future of the Barnsley borough.

Your views will give a real insight into how Barnsley can become an even better place where people can realise their potential and be inspired to create a better life. That's why we're encouraging you to not only have your say and share your future ambitions but encourage your friends and family to do the same.



Be sure to complete the survey at barnsley.gov.uk/barnsley-2030. Every response matters.

SWYPFT Involvement Strategy - Have your say!

The Trust are developing a strategy which will describe how they involve people, this will include how they communicate, inform and consider their diverse population in everything they do. To help them understand what this means, they want to gather your views so they can make sure their strategy represents everyone in the Trust – this means YOU. The strategy will also be

supported by an action plan and website – these will also be shaped by your responses. **We would be grateful if you could take 10 minutes to share your thoughts by clicking on the survey link below:** <https://www.surveymonkey.co.uk/r/HOWWEINVOLVEYOU>

The survey will run until the 28 February 2020.

EDUCATION AND TRAINING

EMIS AND SystemOne Training

For details of the upcoming EMIS web and SystemOne Training Workshops click on the links below:

- [EMIS web](#)
- [SystemOne](#)

Places on all courses are limited and will be offered on a first come first served basis.

<https://itselfservice.embedhealth.co.uk/> using the option "Clinical Software Training Request" or alternatively if you do not have log in details for the portal, or for any other queries, please contact the IT Service desk by telephone 0345 140 8000 or email IT_Servicedesk@embedhealth.co.uk

Mary Seacole "local" programme for Primary Care colleagues

The North East Leadership Academy invite primary care colleagues from across the North East, Yorkshire and the Humber to take part in a locally run cohort of the Mary Seacole programme, hosted in Durham from February.

The programme is designed for first time/emerging leaders, runs over a 6 month period and learning is delivered through The National Academy's virtual campus, which includes programme films, interactive content, discussion forums and online resources, plus 3 one day face to face skills workshops working with expert facilitators

This particular cohort is targeted at Primary Care participants (this can include non NHS primary care partners such as local authority colleagues). Each cohort is made up of 20 participants and the cost per place is £150. For further information please contact **cdda-**

tr.NELAcademy@nhs.net

Please note all dates below are mandatory with the exception of the briefing session which is highly recommended, as it gives an insight into the commitment required to the programme and an opportunity to meet fellow participants.

- Briefing session: 10 February
- W/shop 1: **25 March**
- W/shop 2: **13 May**
- W/shop 3: **22 July**

SCREENING AND IMMUNISATION

The Yorkshire and Humber Screening and Immunisation Team update for the W/C 3 February 2020 can found [here](#) **Please cascade to ALL staff, including GP's, Practice Nurses and Reception Staff**
