

**Letter to GP Practices
regarding COVID-19 and
patients with long-term
conditions**

This letter pack is for GPs across Derby and Derbyshire in regards to managing their patients with long-term conditions and COVID-19. We are aware that the rapid developments in the recent days have led to a significant change in routine practice in addition to managing and treating patients face-to-face.

This pack covers guidance around updates to:

- Respiratory
- Diabetes
- Cardiovascular Disease
- Gastroenterology

Summary and Key Headlines

Respiratory

Diabetes

Cardiovascular Disease

Gastroenterology

Respiratory

- **New COVID-19 guidance**
- [Personal Protective Equipment](#)
- [Aerosol Generating Procedures](#)
- [Anaesthesia and Intensive Care Medicines Guidance](#)
- **NICE COVID-19 Rapid Guideline:** [Managing suspected or confirmed pneumonia in adults in the community](#)
- **NICE COVID-19 Rapid Guideline:** [Severe asthma](#)
- **Primary Care Respiratory Society** – [Guidance for the crisis management of asthma and COPD during the UK COVID-19 pandemic](#)

Please continue to check the [NHS England COVID-19 pages](#) and the [BTS for respiratory specific information](#).

Diabetes Update 6/4/20

We are all under pressure so need to use our limited time wisely, so our suggested focus this week is on our registered patients with type 1 diabetes. If we make sure every person with type 1 diabetes in Derbyshire has access to blood ketone and glucose testing strips, and the emergency hospital helpline numbers below, our colleagues in secondary care will do everything they can do to prevent admissions from DKA and it will reduce our workload.

Below is a link to the latest NHS Clinical guide for the management of people with diabetes during the coronavirus pandemic - 19 March 2020 Version 2.



speciality-guide-diabetes-19-march-v2.pdf

One study in Italy of 355 deaths from Covid 19 showed diabetes to be the most frequent co-morbidity - 35.5% had diabetes.

Every SystmOne practice in Derbyshire has a search uploaded ready for people with type 1 DM and no issue of ketone strips in the past year.

1. Reporting
2. Clinical reporting
3. CCG MOD Team
4. Folder named 'Ketone Testing' (7)
5. Run all
6. Patients with no blood ketone testing strips issued (acute or repeat) i.e. those needing action are in the top report titled '* Type 1 (without type 2 code ever) with no blood ketone testing'

Please can EMIS practices run a search for people with type 1 diabetes and check if any ketone strips are on repeat.

The search above now excludes anyone who has ever had a code for type 2 diabetes. People with type 2 diabetes do not need a blood ketone meter unless recommended by the diabetes specialist team.

We have tried to phone each patient and checked they have their normal supplies of insulin, glucose testing strips and blood ketone strips in stock. We have also checked they know diabetes sick day rules:

Type 1:

http://trend-uk.org/wp-content/uploads/2018/03/A5_T1Illness_TREND_FINAL.pdf

(search Trend sick day rules type one diabetes)

For patients with no ketone meter, I have chosen to send the scripts proactively to our pharmacy as these are by definition the people who are least engaged with their diabetes - otherwise they would have been testing ketones long ago. I have not sent scripts for the people who already have a meter and may have strips as I want to discourage stockpiling.

Some practices have asked for texts to send if they do not have enough staff to phone patients:

Patient with no meter- for Glucomen Areo 2k meter:

xxxxxx, you don't seem to have blood ketone strips at home which are essential when unwell. Please phone 0800 243667 today and ask for an Areo 2k meter and leaflets on how to use it. I have sent a prescription for the glucose and ketone testing strips to your pharmacy. Dr/nurse xxxxx

Patient with no meter- for Caresens Dual:

Xxxxxxx, you don't seem to have blood ketone strips at home which are essential if you become unwell. Please phone 0800 8815423 today and ask for a meter and leaflets on how to use it. I have sent a prescription for the glucose and ketone testing strips to your pharmacy. Dr/nurse xxxxx

Patient with meter and home but no recent request for strips.

Xxxxxxx, you haven't ordered blood ketone strips lately which are essential if you become unwell. Please order more if you have less than 10 in stock at home. xxxxxxxx

Text to advise patients diabetes advice is on your website (advice to upload is attached here)

xxxxxx, here is the advice on our website for to do if you become unwell. <http://www.littlewickmedicalcentre.co.uk/patient-engagement/covid-19-diabetes-care/>
(obviously you would put your own website details!)

For all people with type 1 DM in South/Erewash:

If you are unwell and need emergency advice regarding your diabetes please phone 01332 787671 between 8am-5pm.



Covid letter for
people with type 1 di

For all people with type 1 DM in North Derbyshire:

If you are unwell and need emergency advice regarding your diabetes please phone 07880 147785 between 8am-5pm.



Covid letter for people with type 1 di

Derby & Derbyshire Clinical Commissioning Group

Diabetes Up-dates - Week ending 27/03/2020

Area	Update
<u>Prescriptions / Medications</u>	<p>People with type 1 diabetes need access to an adequate supply of insulin, blood glucose testing strips and blood ketone testing strips. You can order Glucomen Areo on 0800 243667 or Caresens Dual on 0800 881 5423. Both companies are happy for clinicians or patients to contact them and they will send the meter and leaflets on how to use a ketone meter directly to the patient.</p> <p>People with type 2 diabetes also need a reasonable supply of their usual medication and blood glucose testing strips if used.</p> <p>Please advise patients who are feverish and unwell to stop diuretics, metformin (if vomiting/not eating and drinking normally) NSAIDs and especially SGLT2i such as empagliflozin and provide advice on when to restart these once better. Patients on empagliflozin need a blood ketone test at the GP practice when unwell even if they have normal blood glucose as they can get DKA.</p>
<u>Patient information</u>	<p>Sick day rules can be found at: Type 1: http://trend-uk.org/wp-content/uploads/2018/03/A5_T1Illness_TREND_FINAL.pdf Type 2: https://trend-uk.org/wp-content/uploads/2018/12/A5_T2Illness_TREND.pdf</p> <p>If these links are blocked on NHS computers, search for Trend sick day rules Type 1 diabetes or Trend sick day rules Type 2 diabetes.</p> <p>Diabetes UK have produced patient-facing guidance which is available here https://www.diabetes.org.uk/about_us/news/coronavirus</p>
<u>COVID-19 and Diabetes specialty guide v2 19th March 2020</u>	<p>A COVID-19 and Diabetes specialty guide version 2 has been published by NHSE https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/speciality-guide-diabetes-19-march-v2.pdf</p>
<u>Diabetes Covid19 training</u>	<p>Cambridge Diabetes Education Programme (CDEP) have added a new module on Diabetes and Corona Virus. This is free for all staff. Contact candice.ward@addenbrookes.nhs.uk for further assistance if you do not already have access to CDEP.</p>
<u>Structured Education</u>	<p>All groups cancelled.</p> <p>The Providers have contacted all affected patients and will be contacting them to rebook when they can. DAFNE: people with type 1 diabetes have been given number to contact the diabetes team at RDH.</p>

	Xpert and DAY: People with type 2 diabetes will be signposted to online advice and guidance either through letters to current patients or through DCHS out of office e-mail response.
<u>National Diabetes Prevention Programme</u>	All groups cancelled. All attendees informed by providers. Provider awaiting further instructions from NHS England. See correspondence NHSE/I and from the local Derbyshire provider on this below.



DPP Comms - COVID
Response 19 March-I



ICS Health &
Wellbeing COVID-19

Other useful links:

Diabetes UK – Update advice for people with diabetes and their families:

https://www.diabetes.org.uk/about_us/news/coronavirus

Should we still be doing diabetes reviews?

People with HbA1c >75 or admissions with DKA in the last year are at the highest risk if they get Covid-19, so they would be the best people to prioritise.

Assess weekly your capacity and phone selected people with diabetes, check no Covid 19 symptoms and arrange booked blood test within 2 days then diabetes phone review by nurse/GP when capacity allows.

NB. It is only safe to invite people with diabetes into the practice if you can separate them from unwell respiratory patients either by time or in a different location. National and local guidance suggests this maintains some level of diabetes provision while reducing footfall and sitting waiting in the practice.

NHSE/I have also worked with Diabetes UK on patient-facing guidance which is available here https://www.diabetes.org.uk/about_us/news/coronavirus

Dr Kriss Owen,
Diabetes Clinical – NHS Derby & Derbyshire CCG

Cardiovascular Disease Update

Updated Covid-19 Cardio Vascular Service Details (02 04 20)

Provider	Clinical Lead	Contacting Cardiologists for advice	Service changes
Derby Royal Hospital	Dr Nauman Ahmed	Via Hospital Switchboard 01332 340131	All non-essential outpatient activity has been cancelled. All cancelled clinics are being reviewed and patients are receiving telephone consultations depending on clinical priority.
Burton Queens Hospital	Dr Aftab Gill	Via Hospital Switchboard 01283 566333	<p>Rapid Access Chest Pain (RACP) is currently running at both sites due to the nature of the service.</p> <p>Heart Failure patients are being assessed and seen only when clinically necessary.</p> <p>The Cath Labs are closed to all elective work and are only performing procedures deemed to be clinically urgent.</p> <p>Palpitations Clinic – Telephone consultation.</p> <p>Uncontrolled HTN – Telephone consultation</p>
Chesterfield Royal Hospital	Dr Justin Cooke	Via Hospital Switchboard 01246 277271 - / cardiology office and leave message for call back	CRHFT are essentially providing an urgent only service for the time being. CRHFT have triaged all outstanding requests and will

			<p>deal immediately with all those that are urgent.</p> <p>Other referrals will be returned to the referrer. Some might still be urgent but the referral form did not allow CRH to make that judgment. These can be sent back with more information. The others can either be cancelled or sent back as routine referrals in the knowledge that they will not be covered for quite a long time.</p> <p>CRH plan to telephone the chest pain clinic referrals and bring up those that they do not feel they can deal with over the phone.</p>
DCHS, Heart Failure Team, North Derbyshire	Martin Melville, , Heart Failure Specialist Nurse, Heart Failure Team Lead	01246 253061 E-mail DCHST.heartfailurenorth@nhs.net	<p>The HF service is limiting contacts to protect vulnerable patients from coming to clinics and going to GPs having non-essential blood tests and to protect staff</p> <p>* Thus stable patients who are on at least 50% LVSD meds and HFnEF patients who remain stable despite symptoms will be placed on a suspended caseload, given safety netting advice and if they have not called us back, someone from the HF team will call back in due course (no dates will be given) and finish titrating meds.</p> <p>* All patients on less than 50% LVSD meds are likely at moderate to high risk of admission so the HF Team will continue to work with them to try to avoid admission – especially if they were referred as a consequence of admission, as this is the strongest predictor of readmission</p> <p>* All patients who are worsening (regardless of baseline NYHA) the HF Team will continue to work with to try</p>

			<p>to avoid admissions</p> <p>The HF Team will manage them on the telephone but where essential they WILL visit patients/may bring them to specific clinic locations (ask them to wait in car and phone mobile to ask them to come in directly to clinic room to minimise social contact)</p> <p>Key to this work will be U&Es as some patients will need urgent and others essential bloods. Collaborative working between GPs, community phlebo and the HF Team team to help ensure this happens.</p> <p>*The response times on the referral form are irrelevant at this time. If GPs have an urgent referral for deteriorating patients please PHONE THE OFFICE and ask for a clinician to call back. Otherwise refer in usual way and the HF Team will triage and review when they can</p> <p>*Any patient who has suspected or confirmed symptoms of COVID 19 needs to inform the HF Team BEFORE they see them – they should contact the office. The Team ask all patients at every phone call re potential Covid-19 symptoms</p>
DCHS, Heart Failure Team, South Derbyshire	Mandie Santon, Clinical Lead, Heart Failure Service	01332 564879 or 01332 789205 E-mail dhft.heartfailureteam@nhs.net	<p>All heart failure clinic appointments will be converted to telephone consultations.</p> <p>The community team will only be visiting when absolutely necessary due to clinical need.</p> <p>For more urgent matters, the team can be contacted by email /phone</p>

Dr Tarun Narula
CVD Lead – NHS Derby & Derbyshire CCG

Stroke Update

Guidelines from Speakeasy on patients with Aphasia:

<http://speakeasy-aphasia.org.uk/message-for-everyone-from-gill/>

Further Speakeasy Covid-19 guidelines are below:



The Coronavirus
30.03[1083].pdf



Keeping apart from
other people.pdf

Anticoagulation

Please see NHS Clinical guide for the management of anticoagulant services during the coronavirus pandemic - 31 March 2020 Version 1

As healthcare professionals we all have general responsibilities in relation to coronavirus and for these we should seek and act on national and local guidelines. We also have a specific responsibility to ensure that anticoagulant care continues with the minimum burden on the NHS. We must engage with management and clinical teams planning the local response in our hospitals and across primary care.



Enc 1 - C0077
Specialty guide_Antic

Gastro Update

NHS Advice for practices on the prioritisation of Amber drug monitoring in ADULTS during Covid-19 pandemic

The following guidance has been produced to support General Practices on the prioritisation of amber drug monitoring during the current emergency. All clinicians are responsible for their own judgement in what is deemed 'urgent', the following is given for advice only and patients should be individually assessed.



Advice for practices
on the prioritisation c