

In response to our primary care colleagues who are working in different ways and using mobile devices to check emails, all updates and e-newsletters will also be issued in a word format. Documents referenced in this communication are attached to this email.

**COVID-19 update**

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**COVID-19 update, FAQs and IT update**

Attached is the COVID-19 update from Dr Nigel Wells, Clinical Chair along with and update on IT and a set of FAQs that answer some common clinical and business continuity questions. These were previously circulated on the 17 March 2020.

**\*\*\*SCAM ALERT\*\*\* COVID-19: rapid tests for use in community pharmacies or at home**

Some manufacturers are selling products for the diagnosis of COVID-19 infection in community settings, such as pharmacies. \*\*\*The current view by PHE is that use of these products is not advised\*\*\*:

* some of these products look for virus while others look for the body’s immune response to the virus. Such tests are very rapid and can work on a range of specimens including serum, plasma or finger-prick whole blood
* there is little information on the accuracy of the tests, or on how a patient’s antibody response develops or changes during COVID-19 infection. It is not known whether either a positive or negative result is reliable
* currently there is no published evidence about the suitability of these tests. for -19 infection in a community

**Important guidance and position statements for treating patients during the COVID-19 pandemic**

**The following documents are attached and have been added to the COVID-19 section of RSS.**

* Position statement on Hypertension on ACE-Inhibitors and Angiotensin Receptor Blockers AND Position Statement on NSAIDS.
* Clinical guide for the management of acute diabetes patients during the coronavirus pandemic.
* New guidance - Assessment of a suspected COVID 19 symptomatic, clinically well child.

**New COVID-19 messaging posters for GP premises**

New artwork has been developed by NHS England.  The printer friendly advice posters are attached for you.

**Specialist Dementia Nurse support for practices**

Julia Davy, a local Specialist Dementia Nurse is now available to help your practice support older vulnerable people at home.

In the current circumstances Julia's role is to keep older people safe at home and prevent avoidable admissions. Dementia Forward's response during the Coronavirus pandemic is to offer a telephone service to isolated older people, identified as vulnerable/frail and needing enhanced support from their general practice - not only those with dementia or a diagnosis of dementia.

Julia estimates she could make fifteen, 20-30 minute calls per day. That's 45-60 per week. She will be able to assess peoples' basic needs for daily living, check they are taking medication and essentially provide a lifeline during this time of social isolation. In doing so, Julia will build up a relationship with patients and when the Coronavirus crisis is over, will be able to visit those people who she has identified may benefit from cognitive testing.

Alternatively, Dementia Forward has a referral form, however in order to share patient information you will need to contact patients to obtain their consent to refer and share their data.

Please liaise with Sheila Fletcher, the CCG’s Commissioning Specialist for Mental Health and Vulnerable Adults for any clarification or support needed. Sheila can also be contacted on 07513 134 317. Julia is happy to arrange a call if you would like to contact her directly for more information. Her email is [julia.davy@dementiaforward.org.uk](mailto:julia.davy@dementiaforward.org.uk).

**Infant vaccination – a message from Public Health England**

We have received a number of enquires asking for advice about infant vaccination as a result of some parents having difficulties in obtaining infant paracetamol suspension.  Given the risk of the serious infections that the vaccines protect against, PHE are recommending that the routine primary immunisation schedule should not be delayed. Whilst parents should continue to try to obtain and administer infant paracetamol if possible, infant vaccines can and should still be given even if it is not possible to give prophylactic paracetamol.

Parents who have been unable to obtain infant paracetamol should be advised as follows:

* Fever can be expected after any vaccination but is more common when the MenB vaccine (Bexsero) is given with the other routine vaccines at eight and sixteen weeks.
* In infants who do develop a fever after vaccination, the fever tends to peak around six hours after vaccination and is nearly always gone completely within two days.
* Ibuprofen can be used to treat a fever and other post-vaccination reactions. Prophylactic ibuprofen at the time of vaccination is not effective.
* Information about treating a fever in children is available from the NHS UK webpage “Fever in children” at [www.nhs.uk/conditions/fever-in-children/](http://www.nhs.uk/conditions/fever-in-children/)
* If an infant still has a fever 48 hours after vaccination or if parents are concerned about their infant’s health at any time, they should seek advice from their GP or NHS 111.

The diseases that the vaccines protect against are very serious and therefore vaccination should not be delayed because of concerns about post-vaccination fever.

**Cause of fever following immunisation**

We have also been made aware of concerns that parents will not know whether a fever in their infant following immunisation is due to their immunisations or to COVID-19. Indications to date suggest that COVID-19 causes mild disease in infants and children. As has always been recommended, any infant with fever after vaccination should be monitored and if parents are concerned about their infant’s health at any time, they should seek advice from their GP or NHS 111.

The same advice applies to teenagers who are due their routine adolescent immunisations. Teenagers are less likely to develop vaccine reactions such as fever and if they do, these are generally short lived and resolve quickly.  COVID-19 is associated with a more prolonged course of illness with respiratory symptoms, especially cough, which would not be expected following vaccination. As with the infant primary immunisations, PHE are recommending that the routine adolescent immunisations should not be delayed.

**Useful COVID-19 information source for primary care**

Thank you to Dr Becky Field for highlighting this useful online source <https://primarycarepathways.co.uk/covid2019>

**A message from City of York Council – registration of deaths**

In its work to streamline the easy registering of deaths at the moment, without having to trouble surgeries or send informants away, City of York Council is asking practices to ensure that all MCCDs are fully, correctly and legibly completed and that the certifying doctor ensures his or her name is legibly printed at the bottom of the MCCD together with his or her GMC number.

We are trying to reduce the likelihood of having to contact GPs for clarification etc. as we know how overstretched they are. Equally we are anxious not to have to delay appointments and send families away until we are able to check the information. The full guidance is at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757010/guidance-for-doctors-completing-medical-certificates-of-cause-of-death.pdf>

**Drive through ‘see and swab’ facility in Easingwold – currently suspended**

In line with the latest government policy, the screening service at Easingwold’s Health Centre is currently suspended.

**Information for clinicians on RSS**

A dedicated COVID-19 button has been created on the home page of RSS. The button provides information written specifically for clinicians.