

Oximetry at Home – Briefing Paper for PCN CDs

As part of the ongoing response to the pandemic, it has been recommended that a Covid oximetry@home model is put in place so that (silent) hypoxia can be detected earlier and morbidity and mortality further reduced. A letter and Standard Operating Procedure (SOP) was issued by NHS England on 12th November.

1. What is the model?

Defined cohorts are to be offered an NHS Oximeter for their own self-monitoring, three times a day for a fortnight. They are given advice: go to hospital or call 999 if their SpO₂ is 92% or lower or call their GP if its 93-94%. Through a shared decision-making conversation, they are also given the option of a regular prompt at days 2,5,7,10, and 12, either by (a) text or (b) email or instead (c) a non-clinician led phone call.

2. Who are the defined cohorts?

The aim is that the Covid Oximetry@home pathway should be available to people who are:

- i. Diagnosed with COVID-19: either clinically or positive test result **AND**
- ii. Symptomatic **AND EITHER**
- iii. Aged 65 years or older OR
- iv. Under 65 years and clinically extremely vulnerable to COVID. (Clinically Extremely Vulnerable)

Although it is not explicitly stated the assumption is that this pathway is for people aged 18 years over and with normal lung function.

3. Approach to implementation

The approach has been to build on existing monitoring arrangement that are in place, to develop a service model that; meets the needs of the patient, follows the SOP as closely as possible, is feasible to deliver and avoids placing significant additional demands on General Practice (in view of current pressures on capacity).

4. Considerations that were made in developing the model.

- **Differentiating between symptomatic vs asymptomatic Covid +ve patients referred via Test and Trace.**

The SOP requires that patients can be referred onto the pathway from all relevant providers; NHS111, the Covid Clinical Assessment Service (CCAS), Test and Trace and hospital emergency departments (ED) and that only symptomatic patients be provided with this service.

Patients referred by hospital ED, CCAS or NHS11 will have a clinical/clinically supervised assessment to determine whether their symptoms are consistent with a Covid diagnosis before referral into the service, however, Covid +ve people referred by Test and Trace may or may not be symptomatic, as the system does not make this distinction.

The model therefore includes a step for people referred via Test and Trace, to exclude Covid +ve patients who are asymptomatic from the pathway.

- **Inclusion of Patients who are Covid+ve and mildly symptomatic**

There is evidence that some patients have mild illness for a week and then deteriorate clinically in the second week. The oximetry@home pathway is aimed detecting deterioration and (silent) hypoxia and preventing these patients coming to harm. The SOP criteria therefore includes symptomatic patients irrespective of the severity of their symptoms. However, patients who are Covid +ve and mildly symptomatic are not routinely seen in General Practice, they are advised to self-isolate and contact NHS111 if their symptoms become worse; referral to their GP would be via NHS111 at this point. A model that requires clinical assessment/onboarding of patients would result in increased workload for clinicians.

The model is therefore based on patients self-monitoring, with “onboarding” and ongoing support provided by non-clinical staff; building on arrangements that are already in place.

Patients will be provided with an oximeter and contacted by a Health Care Assistant, Social Prescribing Link Worker or Volunteer, they are supported, as needed, to use the oximeter to take a baseline assessment, what to do based on this initial reading, how to complete the patient diary and options for regular prompts are discussed. Ongoing support is via non-clinically led check in calls with the opportunity of using accRx to support this, with standard scripts for the caller to ensure escalation to a clinician (the patient is informed of this) and guidance for the patient on who to contact should they have concerns.

- **Exclusion of patients with Chronic Hypoxia from the Service**

Although not explicitly stated, the assumption is that patients who have chronic hypoxia are excluded from the oximetry@home pathway (the SOP only refers to SpO₂ ranges for patients with normal lung function).

Patients with chronic hypoxia who are Covid +ve/symptomatic are one of the higher risk groups (and are currently monitored by the York Covid Support Hub-SPA, and by some practices outside of York who are using accRx for this purpose).

Specific advice has been provided for GPs to manage patients with chronic hypoxia by the Respiratory Consultant from YTHT and information is included in the Information Pack (Annex 5)

- **Patients excluded from the oximetry@home service who may benefit from support.**

Where arrangements are already in place to support patients who do not meet the criteria of this service, but who would benefit from support this is proposed that this continues (without oximetry) e.g. through accRx +/- support calls or for York practices through check-in calls provided by the York Covid Support Hub-SPA.

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