

**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:

- Diabetes
- Cardiovascular Disease
- Respiratory
- Gastroenterology

Summary and Key Headlines

Diabetes

- Letter from Dr Kriss Owen DDCCG Diabetes Clinical Lead
- In order to keep our patients safe, we would ask practices to ensure people with type 1 diabetes have access to an adequate supply of insulin, blood glucose testing strips and blood ketone testing strips
- People with type 2 diabetes also need a reasonable supply of their usual medication and blood glucose testing strips if used.
- Find contact numbers for urgent advise
- Suggested information to send to people with diabetes

Cardiovascular Disease

- Letter from Dr Tarun Narula DDCCG CVD Clinical Lead
- Coronavirus and ACE-i/ ARB medications
- NSAIDs and COVID-19
- Social distancing and CVD disease
- Heart Failure- Update from Heart Failure (HF) Community services

Respiratory

South Derbyshire

- ImpACT+ Community Respiratory Service

North Derbyshire

- Community Respiratory Service
- Chesterfield Royal Hospital – Acute Respiratory Services
- Home Oxygen Service at Chesterfield Royal Hospital

Gastroenterology

- Letter from Dr Caroline Garside DDCCG Gastroenterology Lead
- Secondary care update
- Find contact numbers for professional urgent advise
- Community management pathways for Crohn's and Colitis flare

Diabetes Management during the COVID-19 Pandemic as at 20 March 2020

As part of contingency planning for supporting patients with effective diabetes management during the COVID-19 pandemic and preventing diabetes related hospital admissions, we are writing to you to raise awareness of possible issues that may arise as a result of recently issued COVID-19 guidance.

As you will be aware, patients with diabetes are in a higher risk group if infected with COVID-19. In order to keep our patients safe, we would ask practices to ensure people with type 1 diabetes have access to an adequate supply of insulin, blood glucose testing strips and blood ketone testing strips.

Whilst we want to avoid stockpiling, people with type 1 diabetes can use up to 10 strips a day when unwell. This may lead to patients running out of their repeat supply earlier than they usually do. So please consider issuing an additional supply of these items/medications without delay if requested, unless there is a clinical reason to decline such requests. The Derbyshire Medicines Management blood glucose monitoring meter formulary has details of the preferred combination meters offering both blood glucose and ketones testing, and the corresponding test strips for these. 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. Copies of the leaflets are attached for your reference. Both meters test blood glucose and ketones and strips for both would need to be added to repeat. The companies make a loss if they issue meters purely for ketone tests. Patients can continue to use their current lancet device with any meter.

Practices can consider running a search for people with type 1 diabetes who do not have blood ketone strips on repeat for use in an emergency. If practice staffing allows, this small group of patients could be phoned or texted and given one of the numbers above to order a blood ketone meter.

People with type 2 diabetes also need a reasonable supply of their usual medication and blood glucose testing strips if used. As above, please ensure patients are able to access additional supply of their regular repeat quantities in a timely manner if clinically indicated, but again discourage stockpiling.

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.

Recent media reports that ACE Inhibitor drugs ('pril' drugs) and Angiotensin receptor blockers ('sartan' drugs) may increase the risk of death from novel corona virus

(COVID-19) infection will provoke anxiety for many people with diabetes and leave them uncertain about the best action to take. This is a helpful joint position statement from the renal association consistent with the European society of cardiology guidelines:

<https://renal.org/renal-association-uk-position-statement-covid-19-ace-inhibitorangiotensin-receptor-blocker-use/>

In brief, patients should continue these medications even if they are unwell, but we may need to advise stopping them if they have a significant drop in BP or hypovolaemia on clinical assessment.

Urgent advice:

South Derbyshire and Erewash: Advice line for health professionals regarding any patient with diabetes and this can also be given out to people with type 1 diabetes: 01332 787671 from 8am-6pm.

Same-day advice in hours is available at dhft.diabetesteam@nhs.net

North Derbyshire: the advice line for health professionals and people with Type 1 diabetes is 07880 147785 available Mon-Fri 8am-5pm. DSNs at CRH also can be bleeped on 781 or in-patient nurses on 013 or 172.

Out of hours: CRH on call medical team

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

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.

Advice for patients:

Attached are guides for patients with type 1 diabetes and type 2 diabetes which can be sent to patients or uploaded onto your website. Practices could then text people with diabetes to let them know.

Please be aware there is a North and South version with the relevant contact details.

NHSE guidance:

See attached document suggesting providing diabetes care remotely when possible but accepting that a face to face blood test might be necessary to facilitate care.

Please refer to ongoing national and local updates as this challenging situation is changing so rapidly.

Please do not hesitate to phone the advice lines as above or speak to your own DSN if needed so that we can work together to keep our patients with diabetes well and out of hospital.

Dr Kriss Owen,

Diabetes Clinical – NHS Derby & Derbyshire CCG

on behalf of DDCCG and UHDB and CRH diabetes teams.

March 2020

Additional Resources:

[Patient information leaflets on Diabetes](#) – You can find the following resources:

[COVID-19 & people with Type 1 Diabetes – University Hospitals of Derby and Burton | Patient information](#)

[COVID-19 & people with Type 1 Diabetes – Chesterfield Royal Hospital | Patient information](#)

[COVID-19 & people with Type 2 Diabetes – Derbyshire | Patient information](#)

[Managing worry about COVID-19 and Type-1 Diabetes | Patient leaflet](#)

[Coronavirus \(COVID-19\) advice for people living with diabetes and their families | Patient information](#)

[Specialty guides for patient management during the coronavirus pandemic | Clinicians](#)

Cardiovascular Disease Management during the COVID-19 Pandemic as at 19 March 2020

As you are aware the advice relating to coronavirus is evolving on daily basis. We would like to update on some key points.

1. **Coronavirus and ACE-i/ ARB medications**

There has been speculation in social media that treatment with ACE-1 and ARB predispose to adverse outcomes should they become infected with COVID-19. This has led to patients stopping their hypertension treatment. These concerns do not have sound scientific basis and position statement issued by European Society of Cardiology is '**strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACEi or ARBs should be discontinued because of the COVID-19 infection**'. This has been supported by British Cardiovascular society.

The British Society of Heart failure supports the Position Statement of the ESC Council on Hypertension. Furthermore it has been advised that the risk of ceasing prescribed medication without advice and support from your medical team is likely to cause worsening heart failure and associated risks.

2. **NSAIDs and COVID-19**

There has been concern raised by French authorities relating to NSAIDs and COVID-19. There has been no evidence that NSAIDs increase the chance of acquiring COVID-19. As NICE and MHRA are looking into it and in the interim it has been suggested by NHS England Medical director 'for patients who have confirmed COVID-19 or believe they have COVID-19, they should use paracetamol in preference to NSAIDs'.

3. **Social distancing and CVD disease**

As per the recent guidance on social distancing people above age of 70 years or less than 70 years with other underlying health conditions should be particularly stringent in following social distancing measures. This list includes patient with chronic heart disease such as heart failure.

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

4. Heart Failure- Update from Heart Failure (HF) Community services

From the Patient perspective

They will have their reviews done via the telephone unless identified a serious clinical need to help prevent hospital admission/ further deterioration if possible.

We are continuing to titrate patients as clinically indicated (where it is safe to do so).

We have assigned our HF HCA to do our urgent titration / unwell bloods on patients as we should not be advising they attend a clinic unless there is no other option as it is them at risk from others rather than staff being at risk.

From the GP/primary care perspective

The HF service is continuing to deliver care and advice (on the usual numbers) albeit via telephone or HV as discussed above.

The main thing we can ask the GP's to supply prescriptions via EPS (we will task them the request) instead of us posting out to patients while we're not seeing them face to face.

Contact numbers (between 9am to 4pm, Mon- Fri)

North Derbyshire- 01246-253061

South Derbyshire- 01332-564879

References:

[https://www.escardio.org/Councils/Council-on-Hypertension-\(CHT\)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang](https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang)

https://www.britishcardiosociety.org/news/ACEi-or-ARB-and-COVID-19#.Xm_GR8MqGdQ.whatsapp

[https://www.escardio.org/Councils/Council-on-Hypertension-\(CHT\)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang](https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang)

Dr Tarun Narula

CVD Lead – NHS Derby & Derbyshire CCG

March 2020

Respiratory Disease Update during the COVID-19 Pandemic

as at 19 March 2020

We are working with Derbyshire providers to contingency plan for protecting our patients with respiratory conditions during the COVID-19 pandemic and prevent their admission to hospital. As you will be aware, patients with respiratory problems are in a higher risk group if infected with COVID-19.

South Derbyshire

ImpACT+ (Community Respiratory Service – South Derbyshire)

- Routine referrals will take longer to process.
- Urgent/high risk patients will take priority.
- Referrals will be triaged and prioritised. Home visits will be arranged if deemed necessary.
- A Lung Line is in place for patients requiring support or for Healthcare professionals to request advice on - Telephone 01332 788225 (Option 1, or Option 4 if Option 1 is engaged). Due to increasing demand staffing levels for the Lung Line will be increased (dependent on sickness/staff in self-isolation).
- Temporarily suspended the following services: Non urgent clinics, Fatigue and Breathlessness Groups, Pulmonary Rehabilitation, Lungs4 Life, Sing to Beat breathlessness groups (at Little Eaton and Hulland Ward) and Virtual Multi-Disciplinary team meetings.
- Telephone consultations will be held wherever possible.

ImpACT+ is now developing the following services as a matter of urgency - dependent on capacity within the team (i.e. staff sickness or in self-isolation):

- Early enhanced supported discharge for chronic respiratory disease/ COVID-19 patients
 - Facilitating earlier discharge from hospital when patients still need temporary oxygen and nebulisers.
 - Reviewing patients daily and wean them off the oxygen / nebuliser as appropriate.
 - Supporting patients with COVID-19 once it is clear that they are definitely recovering (e.g. 48hrs of reducing oxygen requirement).
- Optimising patients' health and preparedness for the coming months
 - Aiming to provide all COPD patients with a rescue pack (Prednisolone and Antibiotic) at home to take if they get their usual exacerbation symptoms.
 - Promoting smoking cessation (the plan is to start issuing nicotine replacement therapy).
- Admission avoidance for respiratory patients already known to ImpACT+ Team

- Assessing deteriorating respiratory patients known to the team not requiring admission.
- Assessing patients at home with blood gas assessment.
- Prescribing Steroids, Antibiotics, Nebulizers and short term Oxygen if appropriate.

University Hospitals of Derby & Burton

- Cancer and urgent patients will take priority.
- Routine referrals will take longer to process.
- Temporarily suspended some services (clinics and elective procedures).
- Telephone appointments will be undertaken where appropriate.

North Derbyshire

Derbyshire Community Health Services – (Community Respiratory Service - North Derbyshire)

- Routine referrals will take longer to process.
- Urgent / high risk patients take priority.
- Referrals will be triaged and prioritised.
- Telephone consultations will be undertaken wherever possible.
- Respiratory nursing and physiotherapy clinics have been temporarily suspended.
- Home visits will be arranged if deemed necessary.
- If patients do need a home visit, screening and telephone consultations will take place to minimise time spent in patient homes and risks to staff.
- Temporarily suspended Pulmonary rehabilitation clinics/group activities.

Chesterfield Royal Hospital – Acute Respiratory Services

- Cancer and urgent patients will take priority.
- Routine referrals will take longer to process.
- Temporarily suspended some services (clinics and elective procedures).
- Telephone appointments will be undertaken where appropriate.

Home Oxygen Service at Chesterfield Royal Hospital

- Home visits have temporarily ceased.
- Referrals are being prioritised and patients requiring a new Oxygen prescription will be seen in clinic.
- The team will undertake telephone consultations for patients already on Oxygen and continue to respond to Patient/Healthcare professional queries.
- If a new patient requires Oxygen within normal hours Tel 01246 516128.
- If patient requires Oxygen out of hours, the referrer should complete a Part A HOOF (referral) on www.airliquidehomehealth.co.uk/hcp/ and write “COVID-19” in the consent box – see guidance embedded below. Ensure the Home

Oxygen team is advised if a patient has been prescribed Oxygen to enable the patient to be followed up by the team.



CRH HOS paperwork
during COVID19 1803

The above is the current situation, however as more information becomes available we will send out further updates, particularly around oxygen supply and early supported discharge.

Dr Seema Kumari

Respiratory Lead – NHS Derby & Derbyshire CCG

March 2020

Gastroenterology Update during the COVID-19 Pandemic

as at 19 March 2020

As you are aware the situation is rapidly changing; however we can supply the following information regarding provision of services for chronic gastro conditions.

Secondary care providers have cancelled non urgent outpatients for the foreseeable future. They plan to continue to offer urgent cancer referral appointments and IBD flare up clinic/urgent gastro clinic appointments whilst able to.

As per DDCCG update: Acute Trusts have asked GPs referring patients into hospital to continue as normal with two week wait referrals but for other referrals to 'choose but not book' i.e. do not finish the referral – this anticipates that much elective activity will shortly be cancelled.

The primary care business continuity plan prioritises high risk drug monitoring in at risk patients including IBD patients who are on immune suppressants and other high risk drugs, usually as part of a shared care approach. General practice is working on plans to continue to provide this service in the event of staff shortages.

Attached are helpful links to Crohn's and Colitis UK: patient information regarding COVID-19 for patients who may be concerned.

<https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>

Please also find attached to this document the community flare management pathways for Crohn's and Colitis developed by CCUK and RCGP. The current IBD Triage telephone services at secondary care are experiencing significant call volume and these pathways may be of use to primary care colleagues. The CCG have been developing local versions of these pathways recently, but events have overtaken us; in the absence of more local guidelines these pathways can be used by primary care to guide treatment for flare ups.

This will be temporary guidance and will be accessible via the Derbyshire Pathfinder service which is available in some areas of the CCG.

Please ensure that if flare management is commenced that a short e-mail is sent to the secondary care team so they can follow up as capacity allows. Patients under the care of Chesterfield Royal - CRHFT.ibdadvice@nhs.net and patients under the care of Derby should email dhft.ibdadvice@nhs.net



CD-Flare-Pathway-Updated.pdf



UC-Flare-Pathway-Updated.pdf

Additionally the IBD Specialist Nurses have mobile phones for direct conversations. These numbers are only for professional to professional not patient contact.

CRH – 07717700489

UHDB - 07825 385738

Dr Caroline Garside

Gastroenterology Lead – NHS Derby and Derbyshire CCG

Additional Resources:

<https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>

<https://www.crohnscolitisfoundation.org/coronavirus/professional-resources>