

**Acute Presentations of COVID Clinical Update & Operational Reminders**

**Monday 5<sup>th</sup> October**

**Q&A with Dr Sarah Elkin, Dr Vince Mak, Dr Afsana Safa & Professor Delaney**

**Q: *Is it possible to use GoodSam, and how do we get it?***

**A:** The main platform in NW London is Medopad at the moment. But Hubs can use whatever system they are used to. **VM**

**Q: *Knowing that Covid swabs are unreliable with false positives, even after weeks, is there a better way to determine if a patient can be discharged to a nursing home (CRP, FBC...)?***

**A:** There is the Nudge PCR rapid test in EDs at the moment which apparently has 90-95% sensitivity. **VM**

**Q: *In the list of symptoms predicting severity of disease (Pleuritic) chest pain was not on the list - does this imply this is not a worrying symptom?***

**A:** This needs to be looked at in context of all symptoms. With COVID it was not a strong predictor of mortality - BUT it would be a concern if other signs of PE present. **SE**

**Q: *Hi your assessment relies on sats probe, how do we assess without this?***

**A:** We advise sats monitoring; hard without because of the silent hypoxia. Respiratory rate/questions on breathlessness on rest and exertion may help. **SE**

There is a very helpful service run via Covid Crisis that can get sats probes across London within 90 mins if needed, run by Dr Sharon Raymond. **YR**

It is also surprising how many people now have a pulse oximeter, and Apple Watch now has oximeter in the latest version. Previously, some hubs would taxi or deliver oximeters to patient's homes. **VM**

**Q: *What is the accuracy of mobile phone sats probes?***

**A:** Mobile Phone apps are not reliable. **YR**

**Q: *Also you mention bacterial pneumonia patients are more breathless, but Covid patients also complain of this. This is not a reliable differentiator.***

**A:** Many patients with COVID are happy hypoxics. Bacterial pneumonias are not happy hypoxics. Titeh concern is with the covids who are 945 and fine- not the pneumonias.

Agree - it is not a good differentiator though. **SE**

**Q: *Has the SOP changed to reflect the change in Paediatric population... Is this only for central London CCG?***

**A:** Paediatrics is giving talk on Wednesday. The sop is for NWL. **SE**

**Q: *Wondered if we know what proportion of NWL patients have access to a vehicle (to attend hot hub if needed)?***

**A:** Important question. In Central we know what a significant number of our patients don't have their own vehicles so we have a private taxi service. Another option is if a household member can drive them to the hub. **AS**

**Q: *Is fever in children not considered a risk for Covid?***

**A:** Covered on Weds by the paediatrics team. It's a difficult one; While children are well, in primary care our concern is actually the other patients in the waiting area! A separate

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room/entrance can be helpful here.
Speak to your hub if concerns too, nothing beats a clinician to clinician conversation. <b>AS</b>
<b>Q: <i>Is the monitoring equipment provided by the Hot hub?</i></b> <b>A:</b> We provide the sats probes and take the patient through the onboarding process with the app. (We do collect them back at the end and clean them!). <b>AS</b>
<b>Q [Re case study]: <i>Given the fever at day 8, wouldn't he have been a candidate for hospital at that point instead of the hub?</i></b> <b>A:</b> Not necessarily, his other parameters were fine. He was also mobile, fully conscious. The deterioration happened quite quickly. <b>AS</b>
<b>Q: <i>What is future of hubs?</i></b> <b>A:</b> For now, we're looking to March. Of course commissioners will need to think about funding and future quite quickly now. <b>AS</b>
<b>Q: <i>Do you allow clinicians to come and spend a few hours in the hub for experience etc.?</i></b> <b>A:</b> Drop me an email <a href="mailto:afsana.safa@nhs.net">afsana.safa@nhs.net</a> <b>AS</b> .
<b>Q: <i>Has the central funding for Covid hot hubs stopped altogether, and is it likely to be restarted if second wave really gets going?</i></b> <b>A:</b> A question for commissioners..... <b>AS</b>
<b>Q: <i>How are patients being seen by GP's in urgent care centres (who are not unwell enough to be admitted) being referred into hubs given that there are no referral routes to the community from here? i.e., they rely on GP's picking up on their discharge notes and following things up...</i></b> <b>A:</b> Currently they go back to GPs but pathways are being developed. <b>SE</b>
<b>Q: <i>Will the existing local Covid templates be taken off S1 then?</i></b> <b>A:</b> The NWL template on S1 has been updated as of Friday (I gather that download is automatic). <b>BD</b>
<b>Q: <i>Brendan, can you clarify why we don't have to get patient consent?</i></b> <b>A:</b> It's because NWL has agreed record linkage via WSIC already. <b>BD</b>
<b>Q: <i>Looking at the new template can I ask: Temperature, why is this not a value code?</i></b> <b>A:</b> It is. The one marked temperature on the drop down list is 'temperature symptoms. <b>BD</b>
<b>Q: <i>Are we sure that incidence of Covid is less in children? Is there a risk of exposing health care staff to Covid rather than concentrating them onto escalated care hubs?</i></b> <b>A:</b> We will ask this in the Wednesday Paediatrics Webinar (it will be recorded for those who cannot attend). <b>YR</b>
<b>Q: <i>Do patients with confirmed Covid months ago have to re-self-isolate if further exposure Or symptom?</i></b> <b>A:</b> Yes. <b>YR</b>
<b>Q: <i>If a 17 year old is symptomatic but the test comes back negative, is the family ok to stop quarantining?</i></b> <b>A:</b> Technically yes. But from a clinical perspective remember the test is approximately 70% accurate... <b>AS</b>
<b>Q: <i>Lots of patients are investing in contactless thermometers - am I right to discourage these?</i></b> <b>A:</b> They are fine if kite marked. <b>BD</b>

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**Q: For the Recap project - if it's clinical basis for diagnosis - then Covid is often indistinguishable from influenza – how will that impact on the validity of the research outcomes?**

**A:** We are including the SARS-Cov-2 test result and will do a sensitivity analysis. **BD**

**Q: Do the speakers think that Covid severity has reduced since the first surge, or have we got better in treating it?**

**A:** Maybe too early to tell. There appears to be a good effect from dex in those requiring oxygen. **SE**

**Q: Could we have doctors who run the other hot hubs comment as well on the management?**

**A:** This was discussed after the meeting and will be taken forwards for future meetings if possible. **YR**

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