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London NHS 111 Integrated Urgent Care, resident registered GP and GP Out of Hours Influenza Outbreak Response during a COVID-19 Pandemic

Standard Operating Procedure (SOP) for Care Providers

NHS England and NHS Improvement

London Integrated Urgent Care Provider Influenza outbreak SOP	
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Reviewers This document must be reviewed by the following people:	Reviewer Name	Title/responsibility	Date Version
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	Integrated Urgent Care and Urgent and Emergency Care Networks for London		
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	Public Health England London Health Protection Teams (London)		
	Care Provider Resources Working Group		

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Under the Health and Social Care Act 2012 the Secretary of State has a duty to protect the health of the population. The Health Protection Agency Act 2014 describes functions and activities to be carried out by Public Health England (PHE) to protect the health of the population.

These include:

- **The protection of the community against infectious diseases,**
- **Communicable disease outbreak management.**
- **Operational guidance the prevention of the spread of infectious disease**
- **The provision of assistance to any other person who exercises functions in relation to above.**
- **The PHE London Health Protection Teams are responsible for risk assessment and outbreak management, in coordination with other stakeholders.**

1. Purpose and Scope of this Document:

The purpose of this document is to support Care Provider Managers and staff when managing residents with symptom(s) of Influenza or Acute respiratory viral illness. **A suspected Influenza or Acute respiratory viral illness outbreak in a home may be due to either seasonal flu or COVID-19.** Early testing to determine this is vital to effective management and should be guided by the Public Health England Health Protection Teams (HPT) who should be informed immediately of any outbreak. Testing will determine whether an outbreak is due to seasonal flu or COVID-19. Local HPT will provide guidance on the use of Tamiflu in local outbreaks (please see general guidance in section 3.2, page 9) regarding use in treatment and prophylaxis. At present, there is no evidence that Tamiflu is of use in the treatment of prophylaxis of COVID-19.

Within this document Care Provider, refers to those providing nursing and residential care, Learning Disabilities and Mental Health, as well as supported living. This guidance should be read in conjunction with **PHE guidance for COVID-19**.

This guidance aims to ensure an effective and coordinated approach is taken to risk assessment and outbreak management, from initial detection to formal closure and review of lessons identified.

We have outlined the key roles and responsibilities for the following key stakeholders who are required to work together in a coordinated response to a suspected or confirmed Influenza or Acute respiratory viral illness outbreak within a Care Provider:

- Care Provider Registered Managers/staff
- Resident's registered GP/Primary Care Network (PCN) Clinical lead or PCN where the clinical lead is not a GP/ /GP Out-of-Hour (OOH) services (OOH)/111Integrated Urgent Care (IUC)
- Local Health Protection Teams (HPT)
- NHS Clinical Commissioning Groups (CCG)
- Community Providers

Following these steps (**see flow chart summary on page 10**) will make a significant impact in helping to reduce the number of avoidable calls to 999 and will avoid unnecessary admissions of vulnerable residents in to hospital by effectively supporting Care Providers with management of an outbreak and enable timely and appropriate care to be given to their residents.

2. Definition of an outbreak

- **A suspected outbreak** of Acute respiratory viral illness or Influenza-like illness is when two or more people (staff or residents) in the same Care Provider setting have similar flu-like symptoms within the same 48 hour period. These symptoms include fever, respiratory symptoms, body aches and fatigue, and loss or change to sense of smell or taste.

- Care home residents can commonly present with atypical symptoms of COVID-19 and Influenza such as delirium (hyper and hypo active), diarrhoea, dizziness, conjunctivitis and falls. Some people may also present with changes in usual behaviours such as being restless or changes in abilities such a walking.

- **A confirmed outbreak** of Acute respiratory viral illness or Influenza is when two or more people in the same Care Provider (staff or residents) have similar flu-like symptoms within the same 48 hour period which is confirmed by microbiological testing.

  (See **Appendix 2**- Public Health England Guidance outbreaks of Acute respiratory viral illness (Flu) in Care Providers)

3. Roles of multi-organisations in preparation and prevention of a suspected Acute respiratory viral illness or Influenza outbreak

3.1 Care Provider teams' responsibilities:

Preparing for Winter

- Ensure all staff have access to guidance documentation regarding routine infection control measures – see **NICE quick guide: Help to prevent infection (see Appendix 3) and 8 NHS Improvement's Infection & Control Team: The Acute respiratory viral illness Guidance for Care Providers(Appendix 8)**.

- It is good practice for Care Providers to liaise with the GP/ PCN Clinical Lead supporting the Care Provider from early September onwards to ensure all residents have had a pre-winter annual health assessment by the GP and a medication review by the Pharmacist. All residents are to be offered and administered seasonal flu vaccination as part of this process.

- Care Providers should identify a vaccination lead who will be responsible for identifying the numbers of staff and residents who require flu vaccination and promoting vaccination uptake in the care home. This lead should track the numbers who have received 'flu vaccination through their general practice or community pharmacy. This vaccine is free of charge. For non-clinical staff (e.g. cleaners), they are eligible for a free vaccine in London's participating community pharmacies – see www.myvaccinations.co.uk. Community pharmacies are also able to do onsite vaccination clinics for the care home (if numbers to be immunized are >10).

It is also important to ensure that all residents aged over 65 have received a one off pneumococcal vaccine (PPV23) to prevent against invasive pneumococcal disease and

pneumonia. All residents aged between 70 and 79 should also receive a one-off shingles vaccine unless clinically contraindicated.

- Ensure guidance and information about Acute respiratory viral illness or influenza and access to vaccinations is clearly visible for all staff, residents and relatives around the Care Provider premises.

- Ensure all contact lists are up to date for your local GP/PCN Clinician Lead supporting the Care Provider, Pharmacy, local Health Protection Team (HPT), Clinical Commissioning Group (CCG) and Local Authority Team (LA) and NHS 111 *6. Your Local Authority and CCG leads will be able to help you with this if needed.

- Review winter guidance available from Public Health England - see **Appendix 2**

- Where appropriate ensure that residents have a **Coordinate My Care Plan**- see **Appendix 12**

- Please use the resource centre on Capacity Tracker to access useful information and guidance provided by a wide range of national and local, health and social care organisations. To access these resources visit https://carehomes.necsu.nhs.uk/- see **Appendix 9**

Access to advice and reporting outbreaks

- **Contact the GP/ PCN Clinician Lead supporting your care provision (in-hours) or dial 111 *6 (out of hours)** to seek clinical advice and guidance on how to manage the clinical care of all symptomatic residents within the Care Provider setting.

- Contact your local **Health Protection Team** once you have received clinical advice to inform them about suspected outbreaks of Acute respiratory viral illness or Influenza-like illnesses via the contacts within the appendix of this document – see **Appendix 5**.

Immediate Action for Care Providers:

- Contact NHS 111 (dial 111 and press *6) if any residents deteriorate prior to the GP consultation (remote or face-to-face) to speak to a GP or Senior Clinician.

- Where appropriate, identify the resident's wishes in their Coordinate My Care plan.

- Prepare a list of residents suspected of having Acute respiratory viral illness or Influenza type symptoms jointly with the GP (which can be shared with the local Health Protection Team representative), please include the following information:

    - Names, dates of birth and NHS Numbers, - a template can be found in **Appendix 6**.

    - Collate a listing of all symptomatic residents who may require antiviral treatment,

    - Collate a list of any additional residents who potentially require antiviral prophylaxis Acute respiratory viral illness. This will assist the HPT in their risk assessment.

    - You may wish to consider revising your visitor policies during an outbreak. For more information please check PHE Guidance: Update On Policies for Visiting Arrangements in Care Homes.

- Where additional staffing resource is needed within the Care Provider setting to support the outbreak contact your **Local Authority.** Any requests for additional resources will be considered in accordance with local system plans and commissioning arrangements for supporting Acute respiratory viral illness or Influenza outbreaks.

- Care Provider to organise scripts via Electronic Prescription Service (EPS) or local pharmacy to collect. Where this is not possible, drop-off of prescriptions at Community Pharmacy (or Group Patient Specific Direction if prescribing out-of-season) for dispensing.

- Post lab confirmed influenza result, administer oral antivirals as soon as possible (within 48 hours), if required, under the guidance of the GP (see Care Home Resource pack for guidance on testing and swabbing processes).

- Update your bed capacity management tool to ensure Commissioners, Local Authorities and Hospitals are able to view your current bed vacancies and include status updates regarding outbreak - see **Appendix 9**.

3.2 Resident registered GP (In Hours) & GP OOHs via 111 *6 responsibilities:

- GPs should refer to locally commissioned arrangements via their CCG as part of the local system's annual winter resilience/business continuity planning for managing Acute respiratory viral illness or Influenza outbreaks in the Care Provider setting. Local commissioning arrangements should ensure there are dedicated resources and timely GP support for Care Providers (in hours & out-of-hours).

- NHS 111/Integrated Urgent Care (IUC) Clinical Assessment Service (CAS) GP will prioritise calls, with any 111 *6 referral from a Care Provider supporting approriateness of London Ambulance Services referrals. A referral will need to be made between the GP in the IUC CAS and the local GP Out-of-Hours Provider-visiting service to make direct contact with the Care Provider and arrange a consultation which may be face-to-face or remote. The IUC CAS must pass patient and clinical details to the relevant GP Out-of-Hours Provider-visiting service.

- If NHS 111 service is not an Integrated Urgent Care (IUC) service ie separate GP OOH service then the NHS 111 Shift Leader or Operational Manager must pass patient and clinical details to the relevant GP Out-of-Hours (OOHs) service to make direct contact with the Care Provider and arrange a consultation which may be face-to-face or remote.

- Ensure the Health Protection Team is directly linked to the duty Medical Director of the IUC GP Clinical Assessment Service or GP OOH Service so that senior to senior conversations can take place if needed.

- For system recording – Acute respiratory viral illness or Influenza outbreak will be a "special case type" and group patients (IUC & GP OOH services only).

A GP/ GP Practice providing timely support is expected to:

- Following contact from the Care Provider, the GP/GP practice should visit or arrange assessment remotely within 2 hours if necessary, undertake a debriefing from Care Provider staff and a risk assessment. Care Provider staff will remind the GP practice of this 2hour timescale at the point of contact;

- Provide advice to Care Provider staff on management of residents with suspected symptoms of Acute respiratory viral illness or Influenza-like illness as well as infection control advice;

- Undertake appropriate assessments of registered unwell residents, including a physical assessment, and noting/observing other residents for possible complications of other winter respiratory viruses;

- Notes on every resident and any change of information should be recorded. E.g. GP's clinical records/ Adastra/Summary Care Records (SCR)

- Prepare a list of residents suspected of having Acute respiratory viral illness or Influenza type symptoms jointly with the Care Provider staff (which can be shared with the local HPT representative), the following information should be included:

    - Names, dates of birth and NHS Numbers, - a template can be found in **Appendix 6**

    - Collate a list of all symptomatic residents who may require antiviral treatment to share with the GP(s) looking after the Care Provider

    - Collate a list of at-risk residents who require antiviral prophylaxis (noting patients with chronic underlying conditions who have not received an Acute respiratory viral illness or Influenza vaccination this season). This will assist the HPT in their risk assessment

- GP/ Clinical Lead supporting the Care Provider to review and discuss situation with the local Health Protection Team and Care Provider Manager, including any review of any risk assessment information available and issues with Care Provider Manager.

- Understand **treatment and prophylaxis doses for antivirals** *(e.g. treatment adult dose – Tamiflu 75mg BD for five days & prophylactic adult dose Tamiflu 75mg daily for ten days)*. Details about the choice of antiviral, their dosage and mode of administration can be found in the PHE guidance on the use of antiviral agents. If further guidance regarding dosing is required contact your local CCG Medicines Optimisation Team.

- The protocol requires the GP prescriber to assess renal function and consider the creatinine level prior to administration of Tamiflu. The British Geriatric Society advises if no creatinine is available in the last six months and given the need for clinical expediency, It can be reasonably expected that any resident whose renal function is currently unknown, may be renal compromised and should be given 30mg daily (prophylactic dose) or BD (treatment dose) **(See PHE core pack 19/20 Appendix 2 – page 27 titled "British Geriatrics Society advice on antiviral prescribing.**

- Refer to local commissioning arrangements (in-hours & out-of-hours) to confirm arrangements for accessing antiviral supplies from local designated Community Pharmacies holding antivirals so that stocks may be secured as soon as possible.

- GPs are advised to not prescribe antivirals using FP10s outside of the Influenza or Influenza in-season. Out of season, a Group Patient Specific Direction (GPSD) can be used and the antiviral supplied from a designated local pharmacy. During the Influenza or Influenza in-season period (*usually between Dec/Jan to April/May as confirmed by the Chief Medical Officer alert – see link dated 31st December 2018 provided in footnote below for Acute respiratory viral illness or Influenza season 2018-19*[1]). Where antivirals are required, they can be prescribed on an FP10 in line with the Selected List Scheme (SLS) criteria (see national drug tariff) and supplied through any or designated community pharmacies as per local commissioning arrangements.

- Residents can decline antiviral treatment or prophylaxis; for residents who lack capacity to decide then a best interest decision should be made through discussion between GP and Care Provider staff/Family/Carers.

3.3 Health Protection Teams (HPT) responsibilities:

- Undertake an initial risk assessment, and provide Infection, Prevention and Control (IPC) advice to the Care Provider;

- To lead on the co-ordination of obtaining samples (e.g. swabbing) if needed and communication of results to GP(s) of symptomatic Care Provider residents with suspected Acute respiratory viral illness or Influenza as per the Care Providers outbreak measures plan;

- Work with the Care Provider and GP/ PCN Clinician lead supporting the Care Provider to follow up and collate assessment data for decision-making purposes, as outlined in the section on Care Providers responsibility above.

- If necessary (e.g. numbers of cases rapidly escalating), declare a local outbreak, and convene an outbreak Control Team meeting (OCT - which may include the GP undertaking clinical assessments of cases, Care Provider Manager, CCG, local virologist, and Director of Public Health/Local Authority Public Health team).

- The HPT will advise on the use of antivirals (for laboratory confirmed cases of influenza) for treatment and/or prophylaxis in the care home.

- Share risk assessment information and discuss outbreak control measures with the registered GP or NHS111/ IUC GP OOH, if needed.

- Health Protection Team will maintain communication with key stakeholders throughout the incident, as needed.

- Health Protection Team will determine when the outbreak is over, and produce a short outbreak report and lessons learnt, if needed.

[1] https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103136

- Health Protection Team can liaise with the GP/Clinical Lead supporting the Care Provider or named CCG lead/provider to discuss the provision of antiviral medication if needed.

3.4 Commissioners (CCG and Local Authorities)

- Circulate information and guidance about Acute respiratory viral illness or Influenza to all Care Providers in the Borough; these can be found on the Healthy London Partnership Enhanced Health in Care Providers webpage.
- Ensure contact lists for local GP/ PCN Clinician lead supporting the Care Provider, Pharmacies, local Health Protection Team (HPT), CCGs and Local Authority Teams are up to date and circulated to all Care Providers;
- Ensure local Care Providers Outbreak Measures Plans are up to date and accessible. Plans should include measures in place for deployment of additional resources to support an outbreak where needed;
- Ensure local surge team are informed of the outbreak in hours; include number of people (staff/residents) affected, risk assessments information and providers are alerted i.e. Trusts, Community Services etc.
- Ensure locally commissioned arrangements are in place to respond to an outbreak (in-hours & out-of-hours) are communicated to all key stakeholders in a timely manner;
- Attend Outbreak Control meetings organised by your local Health Protection Team if an outbreak has been declared;
- Ensure that local commissioning arrangements are in place for accessing antivirals for lab-confirmed Influenza treatment or prophylaxis both in and out of hours, and in and out of flu season, and that these arrangements are clearly communicated to the local Health Protection Team.
- Identify a Pharmacy lead to support GP / Clinical Lead supporting Care Provider (in & out-of-hours) as per local commissioning arrangements to provide rapid access to advice on prescribing *(e.g. dosing of oseltamivir where creatinine clearance and weight measurements are available)* and/or how to access supplies of antivirals from local designated Community Pharmacies (in-hours & out-of-hours).

3.5 Community Providers responsibilities

- As part of the MDT, community providers will work with the home's clinical directors to help administer flu vaccinations in the home to residents and staff.
- Community Providers will also have a key role in helping the home to enact adequate IPC measures during an outbreak.

4. NHS 111 IUC & GP OOH services responsibilities

- All NHS 111/ IUC and GP OOH services should train their staff in responding to and dealing with suspected/confirmed community Acute respiratory viral illness or Influenza incidents and outbreaks.

- During Out-of-Hours contact local surge team to inform them of the outbreak; number of people (staff/residents) affected, risk assessment information and to alert all providers i.e. Trusts, Community Services and Local Authorities etc.

5. Wider Service Management

In the event of an Acute respiratory viral illness or Influenza outbreak, wider service performance may be under pressure within the local system. In this instance, normal local contingency/ escalation processes managed by local Surge Teams should be enacted and followed, these will be managed via agreed surge pathways and there is not an expectation for Care Providers to escalate directly to Surge teams.

See **Appendix 9** for your local Surge Team contact details.

6. Record Keeping and Local Governance

All parties are responsible for ensuring all documentation and communications regarding an outbreak are retained for audit purposes. This should include:

- Records of calls/emails to resident registered GP (In Hours) & GP OOHs via 111 *6, local HPT, local pharmacy and CCGs.

- For Care Providers nursing documentation, this should be in line with the NMC code of conduct section 10 ensuring that clear and accurate records are kept regarding care delivered to your resident. Further details of the code can be found on the NMC website https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

- It is good practice for any other Health Care Professional to also update the Care Provider documentation to ensure contemporaneous records during the outbreak.

- List of residents who were affected by the outbreak and treatment provided including further follow ups should be maintained as per local policy.

- Local policies/procedures used during the outbreak

As part of best practice, we recommend Care Providers keep a record of all documentation and lessons learned to support routine CQC inspections (See CQC's SAFE key lines of enquiry and prompts **Appendix 7**). Support to facilitate After Action Reviews (lessons learnt) can be requested by emailing the Enhanced Health in Care Providers Programme team hlp.ehchprogramme@nhs.net

NHS England & Improvement are responsible for providing status updates regarding an outbreak in monthly IUC Clinical Governance reports reviewed by Local IUC NHS 111 Clinical Leads. The Local PHE Health Protection Team will determine when the outbreak is over and produce a brief outbreak report and lessons learned document, if needed.

The Health Protection Team are required to provide returns to NHS England winter rooms on any newly identified suspected or confirmed Acute respiratory viral illness or Influenza

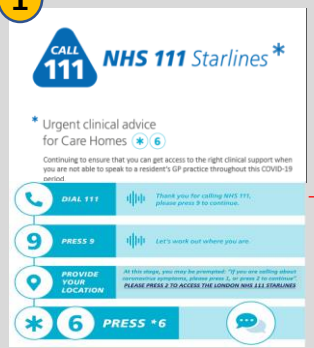
outbreaks (and other key infections) in community and hospital settings for planning and monitoring purposes.

Outbreak Management Overview - London Care Home Outbreak Protocol, September 2020

If 2 or more residents show Acute respiratory viral symptoms

Stage 1: Identification of outbreak

1 Pending Resident's GP/GP Out of Hours (GPOOH) consultation & diagnosis, ensure fluids, rest & paracetamol are provided and control of infection measures implemented*

1 

2 Assessment to be carried out by Resident's GP/ GPOOHs within 2 hours of alert

3 Care Home to contact Local Health Protection Team (HPT) if outbreak is suspected after speaking to GP. If influenza is suspected or confirmed then proceed to no 4. If COVID-19 is suspected or confirmed, please follow the advice of the HPT

***Infection control guidance:**
NICE:
https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf
NHS:
https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/

Stage 2: Assessment & Management

Additional resources to support Care Home and outbreak may be required – refer to local commissioning arrangements via Local Authority

4 Health Protection Team (HPT) declares local contained outbreak and enacts Outbreak Control Measures

if Confirmed flu Continue 5-10

If confirmed COVID-19

Provide advice to Care Home staff on management of residents with suspected symptoms and infection control measures

5 **Care Home/GP/ HPT discuss and prepare a list for either treatment or prophylactic antivirals ie Oseltamivir (Tamiflu)**

- **Adult Treatment = 75mg twice daily x 5 days (oral)**
- **Adult Prophylaxis= 75mg daily x 10 days (oral)**
- **Renal impairment = 30mg twice daily x 5 days (treatment dose) or 30mg daily x 10 days (prophylaxis dose)**
- **Where renal function is unknown and since most residents (>75 years) may have degree of renal disease give dose advised for renal impairment**

Stage 3: Treatment

6 Resident's GP/GPOOHs to refer to local commissioning arrangements for accessing antivirals from Community Pharmacies

****If an FP10 prescription is written and issued at a Care Home it is likely to be left with care home staff to arrange drop off to local designated pharmacy holding antiviral stock**

Resident GP may wish to utilise the Electronic Prescribing Service (EPS) functionality within their own practice in order to process prescriptions efficiently for patients requiring antivirals for prophylaxis

7 Resident's GP/GPOOHs to issue prescription for antivirals via GPSD (out of season) or FP10 (in-season)

8 Care Home to arrange for drop off of signed GPSD (out of season) or signed prescriptions** FP10) (in-season) to local designated pharmacy

9 Local pharmacy will dispense antivirals

10 Care Home to organise collection of dispensed antivirals from Community Pharmacy and administer to residents

KEY ● **Actions for Care Homes** ● **Actions for In hours and Out of Hours** ● **Actions for Pharmacy** ● **Actions for Health Protection Team**

Appendices

Appendix No.	Name of Document	Link to the Document
1.	Care Home Resource Pack	https://carehomes.necsu.nhs.uk/resources/category/52/covid-19-resources-for-london-care-homes
2.	Public Health England Guidance outbreaks of Acute respiratory viral illness or Influenza (Flu) in Care Providers Amantadine, oseltamivir and zanamivir for the treatment of influenza	https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes https://www.nice.org.uk/guidance/ta168
3.	NICE quick guide: Help to prevent infection	https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Infection%20prevention.pdf
4.	PHE London Winter readiness information for Care Providers; includes useful resources for Care Provider Managers	https://www.healthylondon.org/wp-content/uploads/2019/02/Appendix-3-Winter-readiness-information-for-London-care-homes-1.pdf
5.	Local Health Protection Team contact details	https://www.gov.uk/guidance/contacts-phe-health-protection-teams
6.	Template for recording patient information	https://www.healthylondon.org/wp-content/uploads/2019/02/Appendix-5-Template-for-recording-patient-information.docx
7.	Key lines of enquiry, prompts and ratings characteristics for adult social care services	https://www.cqc.org.uk/sites/default/files/20171020-adult-social-care-kloes-prompts-and-characteristics-final.pdf
8.	NHS Improvement's Infection & Control Team: The Acute respiratory viral illness or Influenza Guidance for Care Providers (adopted from Health Protection Scotland and NHS National Services Scotland)	https://www.healthylondon.org/wp-content/uploads/2019/02/Appendix-7-NHSI-Infection-Control-Team-Influenza-Guidance-for-Care-Homes.docx
9.	Capacity Tracker Resource Centre	https://carehomes.necsu.nhs.uk/resources/category/52/covid-19-resources-for-london-care-homes
10.	Local Surge Team contacts	 Local Surge Team contact details.docx
11.	Immediate actions to take if a flu outbreak occurs	https://www.healthylondon.org/resource/accelerated-improvement-resources/enhanced-health-in-care-homes/seasonal-readiness/winter-readiness/influenza-flu/flu-outbreak-response-care-s-standard-operating-procedures/

12.	CMC resources	MyCMC guide for care home staff CMC contact coordinatemycare@nhs.net 020 7811 8513 Getting a CMC log on CMC training including 5 minute video HIN guide to support care homes to implement CMC