

Triaging patients for remote LTC reviews during COVID-19

- This table can be **used as a guide** – when triaging for multimorbidity reviews. There may be other patient or practice factors you need to take into account.
- Patients will generally fall into 3 categories; a number may be able to have their review deferred, some will be able to have a remote review without any blood tests/other measurements and some will need an information gathering appointment then a remote review.
- The principle is to only defer those who would have had a review in 4-6 months anyway, to avoid a surge of extra work at a later date.
- People with hearing loss or have dementia, learning disabilities or language difficulties - consider discussion with them, their families or carers about the best method of communication depending on individual preference and needs.
- Please remember this is TEMPORARY guidance for use during the pandemic, it is **not long-term best practice**.

LTC	Defer review for 4-6 months	Remote CSP (without info gathering appointment)	Remote CSP (with info gathering appointment)
COPD		All Video is best for inhaler technique/changing inhaler type Action plan can be sent via text or post	
ASTHMA		All Video is best for inhaler technique/changing inhaler type Consider home PEFr Action plan can be sent via text or post	
TYPE 2 DIABETES	Tests in last 6m HbA1c <59mmol/mol Last BP <140/90 BMI<3 No risk hypos (inform patient and offer review if any concerns)	Previous results in last 6 months stable Patient declines face to face appointment	No monitoring done in last 6 months Last HbA1c or BP level above target and no home monitoring Other previous abnormal results e.g. reduced eGFR

TYPE 1 DIABETES		Monitoring done in last 6 months and HbA1c/BP/cholesterol results to target No complications	No monitoring done in last 6 months Previous HbA1c/BP not to target Admission with DKA in last 12 months
CVD/PVD/CVA/ HYPERTENSION/ CKD		Have had essential monitoring checks done in the last 12 months e.g. U+E, BP, urinalysis Consider BP check if have home BP monitoring available	No essential monitoring checks done in last 12 months e.g. U+E/BP CKD 4/5 – no U+E in last 3 months
AF		Have had essential monitoring checks done in last 12 months e.g. U+E	No essential monitoring checks in last 12 months e.g. U+E
LVSD	NYHA1 asymptomatic – defer 6 months if previous bloods stable		Info gathering needed for all but the NYHA1 patients (mainly for safely monitoring meds)

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Recall options for CSP conversation

Ideally this should depend on the preferences of the individual as far as possible with certain advantages and disadvantages conferred by different methods (see table).

Having a means of collecting people's general preferences at the information gathering visit would be a means of assessing this. Either:

- Face to face and in person
- Video consulting
- Telephone consulting

	Face to face	Video consulting	Telephone
Pros	<p>Allows practical skills to be shared</p> <p>Allows for physical examination/observation of person e.g. mobility</p> <p>Some nuance of communication is better</p> <p>Human interaction</p> <p>No technology involved</p>	<p>Convenience for both</p> <p>Patient in a more familiar environment</p> <p>Includes non-verbal communication</p> <p>Presence of family (and at a distance)</p> <p>Ability to have 3- or 4-way video call to include family/interpreter/sign language interpreter</p>	<p>Convenient</p> <p>Quick</p> <p>Easy to get interpreter when needed via Language Line or equivalent</p> <p>Most people at ease with using the telephone</p>
Cons	<p>Involves patient having to travel to surgery and wait in waiting room</p> <p>Use of PPE during COVID-19 limits some of the pros listed above</p>	<p>Some 'hidden agendas' may be less likely to be shared</p> <p>Presence of family</p> <p>Limited by availability of technology/WIFI</p> <p>Lack of confidence using available tech can cause an added layer of anxiety</p>	<p>Absence of non-verbal communication</p> <p>Evidence suggests professionals become more directive</p> <p>Perfunctory</p> <p>Difficult for complexity</p> <p>Not easy for hard of hearing or some people with learning disabilities or dementia</p> <p>Fatiguing and less human (like working in a call centre)</p>