Splenectomy and COVID-19
There are 183 patients in Tower Hamlets alone with coded splenectomy (total/partial), hyposplenia or asplenia. NHS Digital says that Splenectomy is included in both the CMOs clinical criteria and the national algorithm. But only 61% are coded high risk. We have provided you with a search to identify and review those patients.

Please note that the British Society for Haematology now take a more nuanced view and say that not all of these patients should be shielding, it depends on the underlying cause. For a very interesting review of haematology related shielding click here

Shielding: clinically extremely vulnerable patients - updates

The “high risk” patients on the Shielded Patient List should not be confused with clinically vulnerable patients – basically those eligible for a flu jab – who are advised strict social distancing. We were promised regular updates to the SPL (Shielded Patients List) and the last one was on Tuesday 12th May, with another one expected tonight (SPL7). Do not forget to review these short lists when they are published. In EMISWeb, you can find them in the form of patients lists (but only if any patients have been added):
Proactive health checks for people with a learning disability

On average men with learning disabilities die 23 years earlier than men without a learning disability and for women it’s 27 years earlier. Make sure you keep supporting these patients at this critical time. Use the CEG Practice Support searches to identify LD patients not reviewed in the last 12 months.

Making it easier for you to use the CEG COVID-19 Clinical Template

Please pay attention to emails from your facilitator with instructions as regards protocols to automate the way you access our COVID-19 clinical template.

Long Term Conditions risk stratifying care pathways

There are discussions taking place on how best to manage long term conditions in the context of Covid. This involves stratifying risk into high, medium and least risk categories and designing care pathways with appropriate staff including HCAs, nurses, pharmacists and GPs with an increased emphasis on home monitoring where possible. Pathways for asthma, COPD are being developed by UCLP who will support additional care pathways for T2 diabetes and hypertension in both North Central and North East London CCGs, while City and Hackney have developed stratification for asthma, COPD and diabetes, and are working on heart failure, hypertension and serious mental illness. We hope to have more discussion and information on these topics in the next month as discussions take place with local CCGs.

SystmOne practices: leave your Gateway PCs on to upload SCR additional information

To help the NHS to respond to the COVID-19 pandemic, clinical systems are now including additional information in Summary Care Records (SCRs) for patients by default, unless they have previously told the NHS that they did not want their information to be shared. If you are using TPP SystmOne in your practice, it is essential that you leave your ‘Gateway PC’ on overnight to successfully upload these SCR additional information records. You need to do this each night until the end of May, when the upload process will be complete.

You can check which PC is currently setup as your Gateway by going to Audit > User > User Logins within SystmOne, where you will find a column for ‘Gateway’. The PC set up as your Gateway will have a tick in this column. Usually, this is the PC where scanning is done.

If you have any queries, please contact liveservices.operations@nhs.net.

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https://www.qmul.ac.uk/blizard/ceg/covid/

Or ask us a question: cegcovid@qmul.ac.uk

Or follow us on Twitter: @CEG_Twt