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Assessment, monitoring and management of symptomatic COVID-19 patients in the community

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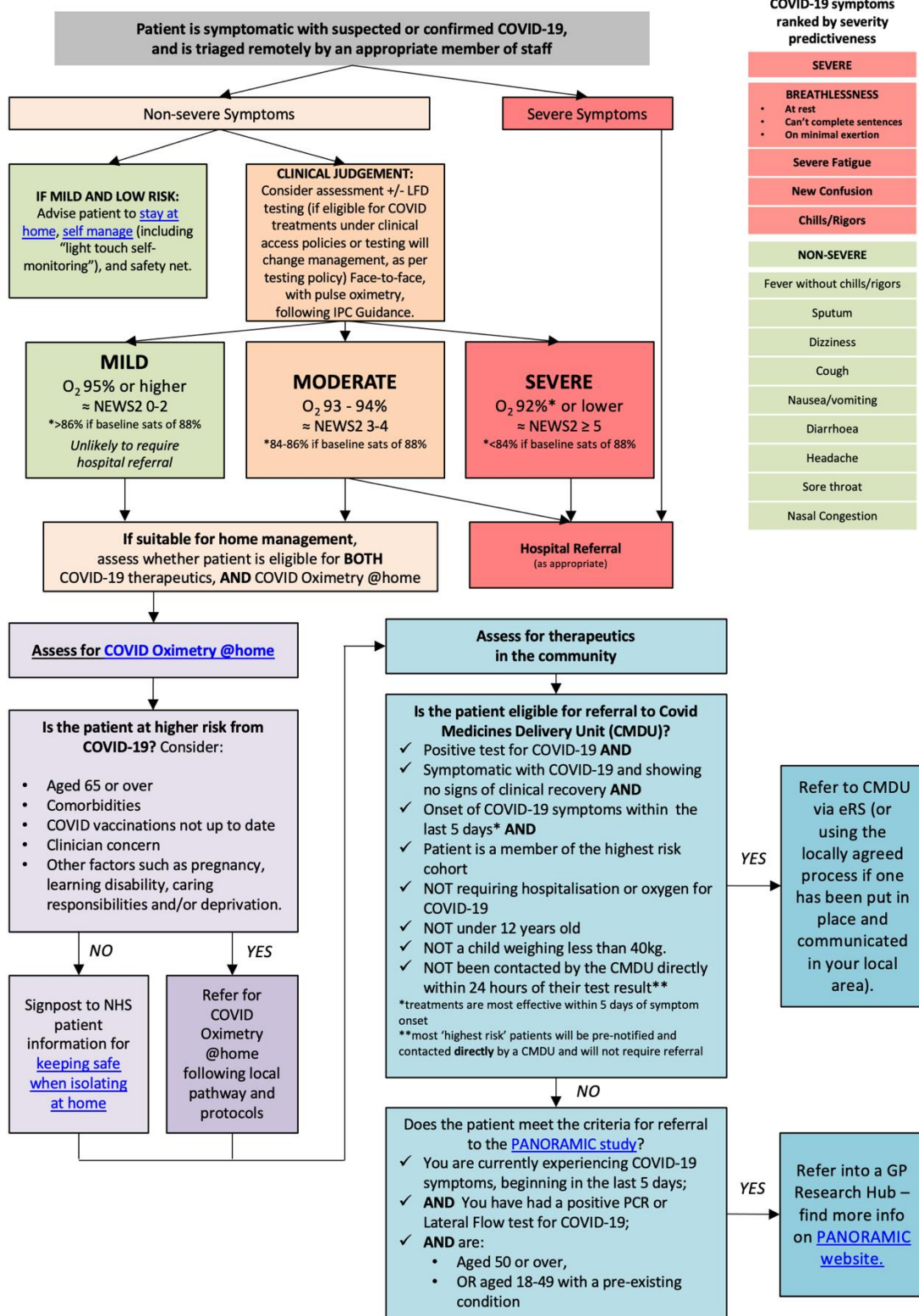
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Context

This guidance has been developed to support frontline clinicians with the assessment, monitoring and treatment of patients who present to general practice with symptomatic COVID-19.

There may be local variation in the pathways to access community monitoring and therapeutics. This guidance aims to provide a high-level overview on which patients are eligible, as well as information on how to support your patients to access these interventions.

Adult primary care COVID-19 assessment pathway



COVID Oximetry @home

[Further info: <https://www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-covid-oximetry-home/>]

As per the flowchart on page 3, patients who are at higher risk and are well enough to be managed at home should be considered for COVID Oximetry @home.

Pulse oximetry can help with earlier detection of silent hypoxia, where people have low oxygen levels in the absence of significant shortness of breath. This is intended to help reduce mortality, ensure timely hospital treatment, and potentially free up critical care beds.

The COVID Oximetry @home pathway should be available to people who are:

- i. Diagnosed with COVID-19: either clinically or positive test result **AND**
- ii. Symptomatic **AND EITHER**
- iii. Aged 65 years or older **OR**
- iv. Under 65 years and at [higher risk from COVID-19](#), or where clinical judgement applies considering individual risk factors such as pregnancy, vaccination status, learning disability, caring responsibilities and/or deprivation. [Further information about clinical judgement can be found on our website.](#)

Pregnant women being referred to a COVID Oximetry @home service should also be asked to contact their maternity team for specific advice around pregnancy and COVID-19.

These criteria were correct at the time of publication. The latest information can be found [here](#).

COVID Oximetry @home is a **self-monitored and self-escalated** pathway, unless there is a clinical need for additional support. Patients are provided with a pulse oximeter, and a supporting pack including instructions on self-monitoring, and clear guidance on safety netting and escalation.

General practices should have received information on how to refer patients for COVID Oximetry @home from their local commissioner. If it is unclear how to refer patients to this service, please contact your local commissioner.

For those patients in whom a self-monitored pathway is not clinically deemed to be sufficient, a referral to local COVID Oximetry @home services providing **proactive telephone calls to support patient monitoring** should be considered.

Please note that all patients who are eligible for COVID-19 therapies should also be considered for COVID Oximetry @home monitoring as they are in high-risk groups.

COVID-19 treatments

As per the flowchart on page 3, the highest risk patients with mild to moderate symptoms should be considered for treatment with new antibody and antiviral treatments if they are within five days of symptom onset.

Two types of COVID-19 treatments are available:

- Neutralising monoclonal antibodies (nMABs) usually given by infusion or injection in a local hospital or health centre.
- Oral antiviral treatment in capsule or tablet form that can be taken at home.

Patients who are eligible for these treatments should be referred to COVID-19 medicines delivery units (CMDUs). **The full list of eligible patient criteria is [here](#).**

Patients who are not eligible for COVID-19 treatments could be eligible for the [PANORAMIC trial](#).

The detailed policy can be found [here](#).

CMDUs

Most of the highest risk patients have received a letter or email telling them in advance they may be eligible for these treatments in the event they test positive for COVID-19. They should also have lateral flow tests to keep at home.

Patients can demonstrate coronavirus infection via a positive lateral flow test result that has been [registered](#) via gov.uk or 119. If a patient was previously sent a PCR test kit they can keep it, but are being asked not to use it for routine testing. They might instead be asked to use the test as part of surveillance arrangements following treatment.

Many 'new entrants' to cohorts (e.g. new diagnoses of multiple sclerosis) will be made aware of the policy via their hospital specialists and will be able to request lateral flow tests. If you become aware of eligible patients who have not yet received an initial supply of test kits, please encourage them to request a supply via gov.uk or 119.

Each integrated care system (ICS) has established one or more local CMDUs to roll out nMABs or antivirals as a treatment for COVID-19. Your local ICS will be able to advise you of the site of the local CMDU(s).

There are two routes by which eligible patients may access treatment:

- 1. NHS outreach:** In the event of a positive registered lateral flow, a local CMDU will contact the majority of patients directly to discuss the treatment and confirm eligibility. The CMDU will arrange treatment if appropriate.
- 2. Patient in-reach:** A small proportion of registered lateral flow results cannot be matched to a patient's health record. We are encouraging patients not contacted directly by the NHS within 24 hours of a positive registered lateral flow result to phone their GP practice (in hours) or 111 (out of hours) for an urgent referral to a CMDU. GPs and 111 can refer these patients to CMDUs via eRS (or the locally agreed alternative if applicable). GP practices **will not** need to prescribe treatment; only refer.

GP practice teams can still refer potentially eligible patients if they have tested positive for COVID-19. COVID-19 treatments must be delivered quickly following

symptom onset. Practices and 111 should use the [clinical policy document](#) to help identify if a symptomatic patient is potentially eligible. GP teams should check the patient meets the criteria for referral. The CMDU will confirm eligibility and discuss treatment options.

Therefore, if you are assessing a patient who is at highest risk (The full list of eligible patient criteria is [here](#).), has not been contacted by a CMDU, and meets the criteria for referral below, you should refer to a CMDU. If your area is using eRS to refer patients to CMDUs, we have asked commissioners that their CMDU services are listed in the infectious diseases specialty, under a non-specific (“not otherwise specified”) clinic type, but to include in the service name, the words ‘COVID-19 medicine delivery unit (CMDU)’. Some services may have been established with the service name ‘COVID MABS delivery unit (CMDU)’.

Referral criteria for CMDU:

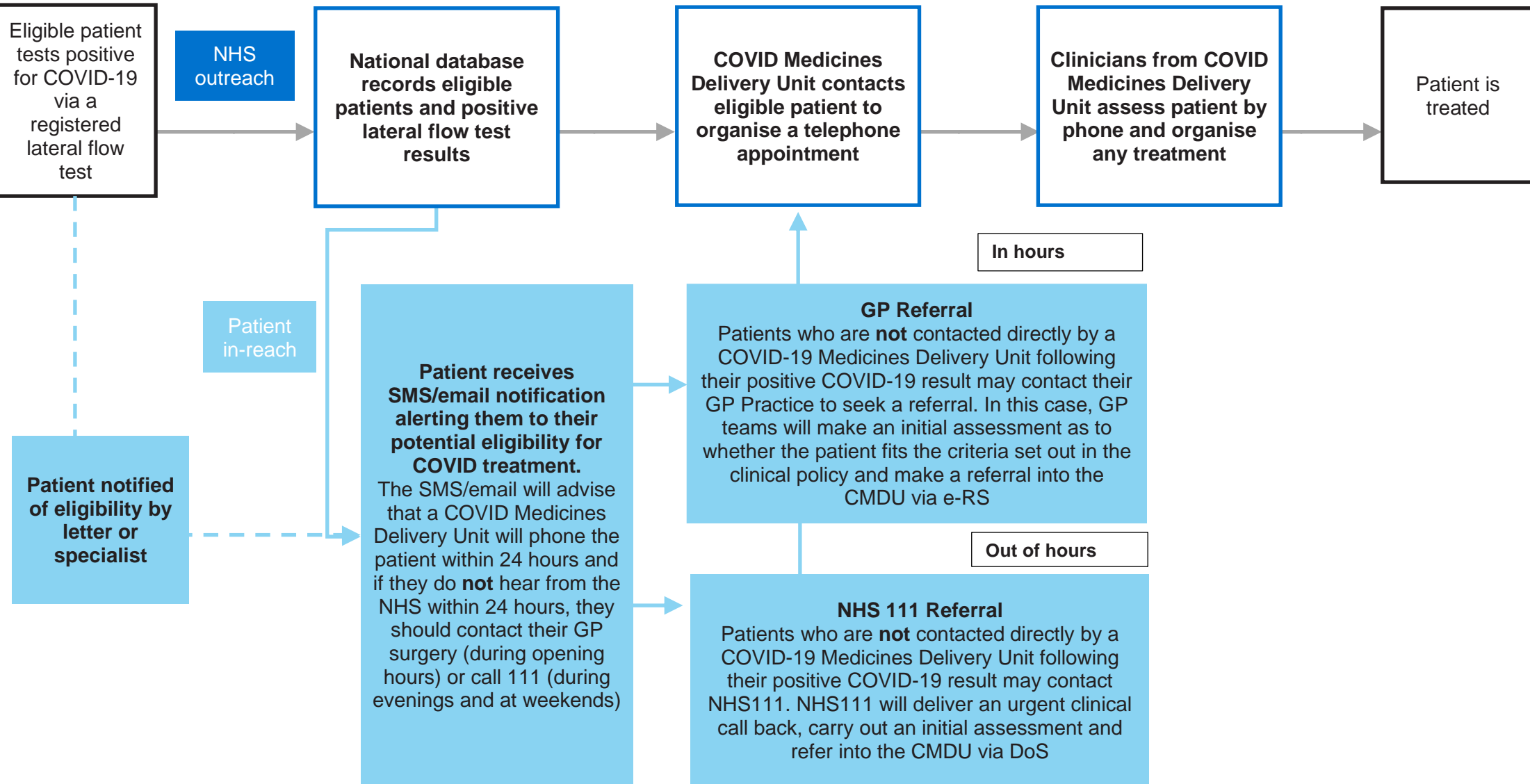
- Positive test for COVID-19 **AND**
- Symptomatic with COVID-19 and showing no signs of clinical recovery **AND**
- Onset of COVID-19 symptoms within the last 5 days **AND**
- Patient is a member of the highest risk cohort
- NOT requiring hospitalisation or oxygen for COVID-19
- NOT under 12 years old
- NOT a child weighing less than 40kg.
- NOT been contacted by the CMDU directly within 24 hours of their test result

The latest policy can be found [here](#).

The main message for everyone is that vaccination is key and is still the mainstay of protecting people against COVID-19.

The next page contains a flowchart that displays the system-wide routes into CMDUs, with the general practice-relevant steps highlighted.

COVID-19 treatment pathway – overview for GPs/111



PANORAMIC study

[Further info: <https://www.panoramictrial.org/>]

PANORAMIC is a UK-wide clinical study to discover whether new antiviral treatments for COVID-19 in the community reduce the need for hospital admission, and reduce illness duration.

It is open to patients who:

- ✓ Are currently experiencing COVID-19 symptoms, beginning in the last 5 days;
- ✓ **AND** have had a positive PCR or Lateral Flow test for COVID-19;
- ✓ **AND** are:
 - Aged 50 or over,
 - OR aged 18-49 with a pre-existing condition

These criteria were correct at the time of publication. Live information can be found [here](#).

Patients who are referred to the PANORAMIC study have a 50% chance of receiving an antiviral treatment (molnupiravir).

GP practices are encouraged to participate in the PANORAMIC study. More information is available [here](#).

Additional resources

Clinical Assessment

- [HSJ Training videos for clinicians on Covid-19 early warning systems including Covid-oximetry](#)

Patient-facing Resources

- [How to look after yourself at home if you have coronavirus \(COVID-19\) – safety netting advice](#)
- [Advice about staying at home \(self-isolation\) if you have suspected or confirmed coronavirus \(COVID-19\)](#)
- [Patient video: how to use your pulse oximeter](#)
- [Patient video: how to use your pulse oximeter and Covid-19 diary](#)
- [Patients pulse oximeter usage videos in multiple languages](#)
- [Covid-19 pulse oximetry patient diary](#)
- [Covid-19 pulse oximetry patient diary- translated versions](#)

COVID Oximetry @home

- [Joint webinar from AHSN and RCGP on Covid Oximetry @home: overview for primary care](#)
- [COVID Oximetry @home standard operating procedure \(NHS England\)](#)

COVID-19 Therapeutics

- [COVID-19 community-based treatments - NHS Website](#)
- [PANORAMIC study website](#)
- [Patient-facing information on Treatment for COVID-19](#)

IPC and Isolation Guidance

- [IPC Guidance](#)
- [Updated UK Health Security Agency guidance on NHS staff, student and volunteer self-isolation and return to work following COVID-19 contact. Up to date on 16 December 2021.](#)