



COVID-19 Home Management Service (CHMS)

Version 1 – March 2020

NHSE have taken urgent measures to commission a COVID-19 Home Management Service (CHMS) in all parts of England, to be available 24 hours a day, seven days a week.

Patients with COVID-19 were previously isolated in hospitals, regardless of the severity of their symptoms. To reduce the burden on primary and secondary care, patients who are suitable for home management are now being self-isolated in the community and will be supported through this service. CHMS will provide urgent primary care services to patients diagnosed with COVID-19 who are self-isolating in the community. This will include care for symptoms related to COVID-19 as well as care for other conditions.

The CHMS provider will keep GP practices up to date with any changes in your patient's health status and will discharge the patient back into your care after the patient has subsequently tested negative or after an elapsed time period.

The patient's care will be provided by the CHMS service provider. In most cases this will be an existing local out-of-hours service provider but may also be an alternative provider from a different locality or a digital first provider depending on local arrangements.

To support CHMS service providers' ability to look up and contact GP practices with updates to the health status of their patients receiving CHMS care, we have shared with all CHMS providers a list of all GP practice email addresses in England. The emails have been sourced from MHRA Central Alerting System and the use by CHMS providers will be specific and limited to updating your practice about your patients.

According to PHE, COVID-19 patient categories are as follows:

Category 1 – Require immediate admission

Category 2 – Home isolation with active health monitoring

Category 3 – Home isolation with health advice.

The CHMS will be responsible for providing medical treatment, care and support to Category 2 and 3 patients, including any home visiting. The service will continue until the patient is discharged and referred back to their GP.

Patients in Category 2 are at an increased risk of complications from COVID-19. These patients will receive daily communication from a CHMS healthcare professional, initially by telephone, switching to SMS or other digital communication when feasible and if appropriate for the individual patient. Category 3 patients will be provided with advice and invited to contact the CHMS if they develop breathing problems, or other health concerns. All patients under care of a CHMS provider will be able to contact the CHMS with any health concerns at any time, 24/7.

There is likely to be a gradual handover of patients to CHMS providers as they come onstream to provide the service from the North East Ambulance Service. As soon as the new service is up and running in our area, CCG will be able to tell you who will be providing care for patients in our locality.

The CHMS service will be kept under review as the situation develops, with further updates provided through this communication channel.

Use of NHS 111

The current case definition for COVID-19 is on the NHSE website:
www.nhs.uk/conditions/coronavirus-covid-19

NHSE have received some reports of cases that do not fulfil this condition being referred to NHS 111 as possible cases.

People who do not meet the latest case definition for COVID-19 should not be referred to NHS 111, but directed to general information and advice at www.nhs.uk/conditions/coronavirus-covid-19

Patients who do not present as COVID-19, who would otherwise be treated in the GP, pharmacy, or community settings, should continue to be offered these services and not unnecessarily referred to NHS 111. Practices may consider how to offer these services remotely via phone or video.
Online consultations in general practice

NHSE will be supporting CCGs, LMCs and practices to ensure 100% coverage, and increased use, of online consultations and remote triage in general practice to support infection control and protect staff and patients. Around 50% of GP practices have an online consultation system in place. Rapid steps will be taken to:

- increase use of existing online consultation systems
- set up new systems where they are not already in place
- enable video consultation capability (d) provide support to implement remote consultations

Reviewing current GP services in preparation for any need to release capacity
We are taking steps to review the broad spectrum of current GP services to assess how additional capacity might be released if required. Similar work is also taking place across the other primary care professions. Further information will follow in due course should such steps need to be taken.

Monitoring and annual reviews of vulnerable patients

We recognise that you may be wondering whether to bring in some patients face to face for annual reviews or regular monitoring. There may be circumstances in which you judge that the balance of risk and benefit makes it essential that these should be offered remotely using telephone or digital channels, without any face-to-face component, rather than cancelling. This allows for important patient care to go ahead and, at this stage, the NHS will deem these to have fulfilled the requirements of the Quality Outcomes Framework if coded as usual.

Death certification process

Prior to more detailed guidance being released for the death certification process in an emergency scenario, please follow these recommendations:
COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the Medical Certificate of Cause of Death.

COVID-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009.

That COVID-19 is a notifiable disease under the Health Protection (Notification) Regulations 2010 does not mean referral to a coroner is required by virtue of its notifiable status.

Where next of kin/informant are following self-isolation procedures, please arrange for an alternative informant who has not been in contact with the patient to collect the Medical Certificate of Cause of Death and deliver to the registrar for registration purposes.

Webinars

We will be running two targeted webinars on Thursday 12 March at 5pm and 6pm.

The first will discuss the support in place for colleagues and patients in managing COVID-19. It will take place on Thursday 12 March at 5pm and last for one hour.

To join this webinar, either:

1. Copy and paste this URL into your browser:
<https://btevent.webex.com/btevent/onstage/g.php?MTID=e6199eb7e204753a2bbf6090eb22aa744>
2. Copy and paste this URL into your browser <https://btevent.webex.com> and when prompted enter the following event number: 843 438 332
3. Dial 0800 121 4113 or 01296 480 180 and, when prompted, enter the passcode 248 419 70#

The second will discuss how to use remote triaging and online consultations in managing COVID-19. It will take place on Thursday 12 March at 6pm and last for one hour.

To join this webinar, either:

1. Copy and paste this URL into your browser:
<https://btevent.webex.com/btevent/onstage/g.php?MTID=e75f8db6761b48d993e0c2fa943f88d67>
2. Copy and paste this URL into your browser <https://btevent.webex.com> and when prompted enter the following event number: 841 934 855
3. Dial 0800 121 4113 or 01296 480 180 and, when prompted, enter the passcode 873 193 78#

Both webinars will be recorded, and a copy made available on the NHSE website.

Additional sources of information

Guidance for healthcare professionals can be found on our website:
www.england.nhs.uk/coronavirus/primary-care/

HBD will use a variety of additional methods to keep you informed of the emerging situation regulators and professional bodies, and through formal and informal networks including social and wider media.

You can follow these Twitter accounts to keep up to date:

NHS England and NHS Improvement @NHSEngland
Department of Health and Social Care @DHSCgovuk
Public Health England @PHE_uk