Safety Assessment And Decision (SAAD) Score (2)

SAAD Score (2) for BAME Community during a COVID-19 Pandemic Infection in General Practice

In the current climate with the COVID-19 pandemic there is significant concern amongst all clinicians around the potential consequences of being infected, this being exaggerated in the Black, Asian and Minority Ethnic (BAME) community due to the excess deaths faced by this cohort. In compiling this score card, the co-authors have approached the task with both a personal and professional responsibility. Some of the co-authors have suffered and recovered from a COVID-19 infection, some have buried a local colleague and friend who was a General Practitioner (GP) and some have expressed concern related to the disproportional deaths in the BAME community.

This scoring system has been constructed following a review of many research papers and guidance available. In some cases, there has been a lack of available data to make a clear recommendation and accordingly the group has reflected on the data available and used their clinical experience to propose a pragmatic approach**. The system has been developed for all staff within General Practice including both clinical and non-clinical staff. This is also applicable to all ethnicities within the practice.**

The recommendations and scoring below are guidance and where required the staff member and manager can with mutual agreement list alternative conditions that support the needs of the GP practice, whilst ensuring a safe work environment for the staff member.

In using this score card the practice manager or responsible clinician should adopt the following:

- Print the score card and pass to staff member
- Allow staff member to review the score card in advance of the meeting
- Arrange meeting to jointly go through the score card
- Record the findings by circling/ticking all relevant boxes
- Staff member having any one of the four risks in the 'high' risk category will automatically place themselves in the 'high' risk category irrespective of other variables
- Discuss mental health and well-being concerns with staff member (no score for this, tick the box once concerns discussed and any actions agreed)
- Complete each row and then add all rows to provide a total risk figure
- Based on the score, review the relevant roles for the staff member as highlighted below and according to their contractual duties
- Record any decisions made to mitigate/reduce risk
- Record a review date and store in staff file for future review (provide staff member a copy of the score card)
- **This score card is not for workers that fulfil the government criteria for 'Shielding' – these workers should follow national guidance and stay at home**

On the 5th May 2020, a number of the co-authors accompanied a well-loved, and highly respected local GP, Dr Saad Al-Dubbaisi to his final resting place. This scoring system is named after our friend and colleague SAAD

1 Dr Jiva, Dr Chauhan, Dr Choudry, Dr Butt, Dr Omofuma, Dr Atcha, Dr Mohammed, Dr Alam, Mr Butt

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SCORE CARD

Staff name: Manager name: Date:

	Points					
	1	2	3	4	High Risk	Row score
Age	40-49	50-59	60-69		70 and above	
Ethnicity	White Chinese Mixed origin	Indian	Bangladeshi Pakistani Middle East	Black		
	*__BAME Other__: Any staff that do not fall into one of the categories above, score according to other ethnicities above					
Gender	Female	Male				
Obesity (BMI) Appendix 1	Over 23 (exclude white/ Chinese/ mixed)		Over 30 (white/ Chinese/mixed)	Over 30 (exclude white/ Chinese/ mixed)	Over 40 (All groups)	
Pregnancy		Under 28 weeks			Over 28 weeks	
Medical Conditions- Appendix 2	One condition			Two conditions	Three or more conditions	
Vitamin D level Appendix 3	30-50	Under 30				

Total score:

Mental Health & Well-being Review: (Appendix 4) Done

Mild Risk Score: 1-8	Moderate Risk Score: 9-12	High Risk Score: 13 or above

Action taken:

Signed: Staff Manager

2 Dr Jiva, Dr Chauhan, Dr Choudry, Dr Butt, Dr Omofuma, Dr Atcha, Dr Mohammed, Dr Alam, Mr Butt

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Roles and Responsibilities for Clinical and Non-Clinical Staff:

Risk Area	**Clinical Staff within General Practice**
Mild	Roles within General Practice: • F2F Hot sites • F2F Cold sites • Telephone Consultations • Video Consultations • 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc • Immunisations • Staff training (Video) • Coiling fitting • Cervical Screening • Home visits – COVID-19 • Home visits–non COVID-19 • Urgent phlebotomy • Death Certification Avoid: • Routine medicals eg HGV • Routine F2F medication/ Health reviews • Routine phlebotomy for annual reviews (unless related to specific drugs eg DMARDS) • Travel Vaccinations • Minor Surgery
Moderate	Roles within General Practice: • F2F Cold sites • Telephone Consultations • Video Consultations • 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc • Home visits -non COVID-19 • Staff training (Video) Avoid: • Routine medicals eg HGV • Routine F2F medication/ Health reviews • All phlebotomy • Travel Vaccinations • Cervical screening • Minor Surgery • Coil Fitting • Any Care Home Visits • All F2F COVID-19 engagement (Video permitted) • Death Certification

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High	Roles within General Practice: • Telephone Consultations • Video Consultations • 'Paper work' – hospital letters, blood results, medication reviews, prescriptions etc • Staff training (Video) • Work from home where possible Avoid: • Routine medicals eg HGV • Routine F2F medication/ Health reviews • All phlebotomy • Travel Vaccinations • Cervical screening • Minor Surgery • Coil Fitting • Any Care Home Visits • All F2F COVID-19 engagement (Video permitted) • Death Certification
	Non-Clinical Staff within General Practice
Mild	Continue working as normal but following infection control and safety precautions (ie masks when moving between rooms within the building, cleaning down work stations before and after use and ensure where possible social distancing both during work and during breaks)
Moderate	Follow infection control and safety precautions Adjust working hours where possible Face masks when working in shared rooms Working in a separate room where possible Minimal F2F patient contact (ie no front reception desk work)
High	Follow infection control and safety precautions No direct patient contacts Lone working or working in separate office with minimal movement within the building Working from home where possible

- Regularly review working environment with staff member
- Document actions agreed between staff and manager (Review 6 monthly or earlier if any conditions with staff change or during appraisals after first review)
- Raise any concerns about limitations in implementing safe environment for staff member with employer

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Appendix 1: Obesity

Although many score cards available refer to obesity above a BMI of 30, data available is clear for the BAME community this risk increases with a BMI of 23, with further significant risk with a BMI of 27.5 and above.

Appendix 2: Medical Conditions

Each of the conditions below would be considered for the score card. Some of the conditions will be the same as the shielding category but will be 'severe' in the shielding category and 'mild' or 'moderate' for this score card. Medical conditions in each category should be assessed individually ie heart failure with a past history of heart attack would be considered as 2 points.

- Respiratory problems (Asthma (taking daily inhaled steroid)/COPD/Bronchiectasis)
- Heart Problems (Heart Failure, Angina, History of Heart Attack)
- Chronic Kidney Disease (stage 3 and above)
- Chronic Liver Disease including Hepatitis
- Chronic Neurological Conditions (Parkinson's, Motor Neurone Disease, History of Stroke (CVA), Multiple Sclerosis, Cerebral Palsy)
- Diabetes (Type 1 or 2)
- Reduced Immune Response - AIDS/HIV, regular oral steroids
- Hypertension (on one or more anti-hypertensive medication)
- Ongoing inflammatory bowel conditions (Crohn's, Ulcerative Colitis)

Appendix 3: Vitamin D

At present it would appear that the role played by Vitamin D is unclear in the management of Covid-19. It is uncertain as to whether it provides specific protection towards Covid-19 or whether it prevents respiratory complications. There does appear to be evolving evidence to suggest that in people who have Vitamin D levels of insufficiency or deficiency, the outcomes in patients who develop Covid-19 appear to adversely impact both mortality and morbidity. This appears to be level dependent and worse as levels of Vitamin D decline.

On balance the group are of the opinion that the benefits of taking Vitamin D replacement outweigh the risks associated with this.

Three of the GPs coincidentally from this group had their Vitamin D levels checked. All three are well with no known past medical history and take no medications. Their body mass indexes vary between 23-30. The Vitamin D blood levels returned with two GPs having a result around 24 and one having a blood Vitamin D level of 14.

Measurement of serum 25OHD, which is 25-hydroxy Vitamin D provides the best estimate of Vitamin D status.

We are of the opinion that members of staff working within general practice, from a BAME ethnicity should have the opportunity to have their Vitamin D levels checked. We suspect that BAME staff may be over represented in those with low levels of Vitamin D.

A subsequent blood test after three months of replacement therapy should be considered to check the response to Vitamin D replacement therapy.

Where results of Vitamin D levels are unavailable, BAME members of staff should be considered to have a minimum of Vitamin D insufficiency for the scoring system. Discretion can be applied as to whether to consider the level to be in the deficient range.

Local and national guidance should be followed relating to replacement therapy.

http://gmmmg.nhs.uk/docs/nts/NTS-Recommendation-on-Vitamin-D-deficiency-and-insufficiency-adults.pdf

Appendix 4 – Mental Health and Well-being

There could be significant mental trauma for the staff in light of the current situation. The manager should enquire about any support the staff may require with open ended questions such as 'What can I do to help?' or 'How can we help you?'. The meeting should take place in a quite private setting without interruptions to ensure the true feelings and concerns of the staff member can be captured. Any issues raised by staff need to be addressed with a bilateral discussion on what solutions are available to address the concerns raised with a documented plan with time line to implement any solutions.

Additional resources:

Coaching and support for primary care staff psychological well-being
https://people.nhs.uk/lookingafteryoutoo/

Well-being and resilience toolkit: https://beyond-coaching.co.uk/nhs-online-toolkit/

Well-being poster:
https://nshcs.hee.nhs.uk/wp-content/uploads/2020/04/A4-WELLBEING-POSTER.pdf

Health and well-being Response:
https://glosprimarycare.co.uk/wp-content/uploads/2020/04/Health-and-Wellbeing-package-Apr20.pdf

Communication Brief:
https://www.eastmidlandsdeanery.nhs.uk/sites/default/files/comms_brief_v2_07.04.20.pdf

Mental Health Helplines:
https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/

Support Now: https://people.nhs.uk/help/

COVID-19: Guidance on risk mitigation for BAME staff in mental healthcare settings (RCPsych):
https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/risk-mitigation-for-bame-staff

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Appendix 5 – Work related precautions

Ensure staff are familiar with the following:

- Correct hand washing technique and duration
- Appropriate use of face masks around the building and access to appropriate PPE based on level of risk for clinical staff (both in clinic and for home visits)
- Social distancing in the building both during work and during breaks
- Review practice policy to ensure staff are responsible for reporting any illness to their line manager which could affect the safety of other staff or patients using the premises
- Staff familiar with symptoms of COVID-19 infection
- Staff familiar with how to arrange COVID-19 swab if required
- During the current pandemic staff kept up to date on changes in practice policies and adaptations to work environment

Appendix 6 – Examples of staff and scoring

Male – 2 points Indian – 2 points Age 56 – 2 points BMI 28 – 1 point No medical conditions – 0 point Vitamin D (38) – 1 point Score: 8 points Mild risk category
Female – 1 point Black – 4 points Age 42 – 1 point Diabetic (IDDM) – 1 point Vitamin D (14) – 2 points Score: 9 points Moderate risk category
Male – 2 points Egyptian – 3 points Age 64 – 3 points BMI 36 – 4 points Angina and Diabetic – 4 points No Vitamin D level – 1 points Score: 17 points High risk category

These examples are only for illustrative purpose. The scoring will depend on the individual staff member's views on their scoring within the table and a discussion with their manager on the required interventions to minimise or mitigate risk.

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References

The references below where used to support constructive group discussion and assist in producing this document:

1. BAME COVID-19 Deaths – What do we know? Rapid evidence and data review 'Hidden in plain sight':file:///C:/Users/M%20Jiva/Downloads/BAME-COVID-Rapid-Data-Evidence-Review-Final-Hidden-in-Plain-Sight-compressed.pdf.pdf

2. Faculty of Medicine (2020) Risk Reduction Framework for NHS Staff at risk of COVID-19 infection (2020) https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf

3. Office of National Statistics (2020) Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020

4. Risk stratification for Healthcare workers during CoViD1-19 Pandemic: using demographics, co-morbid disease and clinical domain in order to assign clinical duties. https://www.medrxiv.org/content/10.1101/2020.05.05.20091967v1.full.pdf+html

5. Risk reduction framework for NHS staff at risk of COVID-19 infection: https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf

6. NICE Public Health Draft Guidance – Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK: https://www.nice.org.uk/guidance/ph46/documents/bmi-and-waist-circumference-black-and-minority-ethnic-groups-draft-guidance2

7. NICE Obesity - Identification, assessment and management: https://www.nice.org.uk/guidance/cg189/ifp/chapter/Obesity-and-being-overweight

8. GMMMG – Treatment of Vitamin D Deficiency and Insufficiency in Adults: http://gmmmg.nhs.uk/docs/nts/NTS-Recommendation-on-Vitamin-D-deficiency-and-insufficiency-adults.pdf

9. Evidence that Vitamin D supplementation could reduce risk of Influenza and COVID-19 infections and deaths: https://www.ncbi.nlm.nih.gov/pubmed/32252338