NHS London Clinical Networks

Compassionate Conversations	Communication Skills	Identification	CMC	Hospitalisation Decisions	Community Palliative Care	PPE	Care Homes	Care After Death	Self Care

London End of Life Care Clinical Network NHS England and Improvement (London Region)

COVID-19 London Primary Care Support Document

The purpose of this document is to bring together existing resources and guidance in an accessible way to help inform primary care clinicians during COVID-19. Please take into account any local policies and procedures whilst using these resources.

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Version 1

COMPASSIONATE CONVERSATIONS

Conversations around end of life are challenging, particularly in these difficult times.

Open and sympathetic communication with patients and those important to them enables care wishes to be expressed. It is important that people do not feel pressurised in to such conversations and decisions before they are ready.

People who have been appropriately identified could be approached for ACP discussions. This needs to be completed in a sensitive manor, with consideration of the current NHS climate, and where possible, by a clinician who knows the patient.

Where possible advance care plans should be documented on Coordinate My Care.

Resource:

- Joint statement on ACP by BMA, CQC, RCGP and CPA

COMMUNICATION SKILLS

Conversations around end of life care can be particularly challenging in this current climate. VitalTalk has created a COVID-19 communication resource.

Examples adapted from VitalTalk

What patients / relatives say	What you could say
I realise that I'm not doing well medically even without this new virus. I want to take my chances at home	Thank you for telling me that. **What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus**. Did I get that right?
I don't want to come to the end of my life like a vegetable being kept alive on a machine	I respect that. Here's what I'd like to propose. We will continue to take care of you. The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions—and then we will keep you here and make sure you are comfortable for as long as you are with us.
I am not sure what my husband would have wanted – we never spoke about it	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. **My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully**. I suspect that may be hard to hear. What do you think?
What is going on? Has something happened?	I am calling about your father. He died a short time ago. The cause was COVID19.
I knew this was coming, but I didn't realise it would happen this fast.	I can only imagine how shocking this must be. It is sad. [Silence] [Wait for them to restart]

IDENTIFICATION

Identification of Londoners who might be in their last year of life enables them to:

- Have a pre-emptive compassionate advance care planning discussion
- Create a Coordinate My Care record

Resources:

- Supportive and Palliative Care Indicators Tool
- EMIS search tool (identifies people who are likely to be in their last year of life who are not on the palliative care register). The list needs to be **clinical reviewed** prior to contacting patients
  Guide-copy searches | Guide-import searches | Identification tool
- Identification from extremely vulnerable list (high risk of sever illness from COVID-19)
  This list also needs to be **clinically reviewed** prior to contacting patients

COORDINATE MY CARE

Creation of a CMC plan enables urgent care staff to view a patient's wishes, clinical recommendations and other important information.

Where possible, people with an existing Advance Care Plan (ACP) should have this documented on CMC. People who have been appropriately identified could be approached to start a CMC plan through MyCMC. This needs to be completed in a sensitive manner, with consideration of the current NHS climate, and where possible, by a clinician who knows the patient.

Resources:

- People can start their own care plan through MyCMC
- Template letter to invite people to start their own care plan
- Getting a CMC log on
- CMC training

DECISION MAKING ABOUT ADMISSION TO HOSPITAL

Primary care clinicians should take an individualised and shared decision making approach with the patient and those important to them about potential benefits of hospital admission.

Those considered to be at increased risk from severe illness from COVID-19 include:

- anyone aged 70 or over
- aged under 70 with an underlying health condition (instructed to get the flu jab)
- people who have been identified of at very high risk

The Clinical Frailty Scale is a reliable predictor of outcomes in urgent care (Not COVID-19 specific) and can support decision making. NB: it should be completed in relation to the patient's capabilities **two weeks ago** (i.e. not their current picture) and **should not be used** in people <65 years old, with stable long-term disabilities (e.g. cerebral palsy), learning disabilities or with autism.

Data from Italy found of those who died with COVID-19; 49% had three or more health conditions; 26% had two, and 25% had one (Italian paper).

PALLIATIVE CARE IN THE COMMUNITY

Primary care plays a vital role working with community services to provide essential palliative and end of life care in the community and care homes. There are particular challenges due to isolation, and where possible video conferencing should be used.

Primary care should work with their local specialist palliative care teams to provide this care and use local clinical guidelines. Specialist palliative care can also advise on:

- Alternative routes of medication administration e.g. non-oral, non-subcutaneous; to provide symptom control (due to limited visiting by professionals)
- Carer administration of medication

Resources:

- RCGP - Community Palliative Care Guidance
- RCGP – COVID-19 palliative care resource hub
- Helix Centre - Carer administration of medication

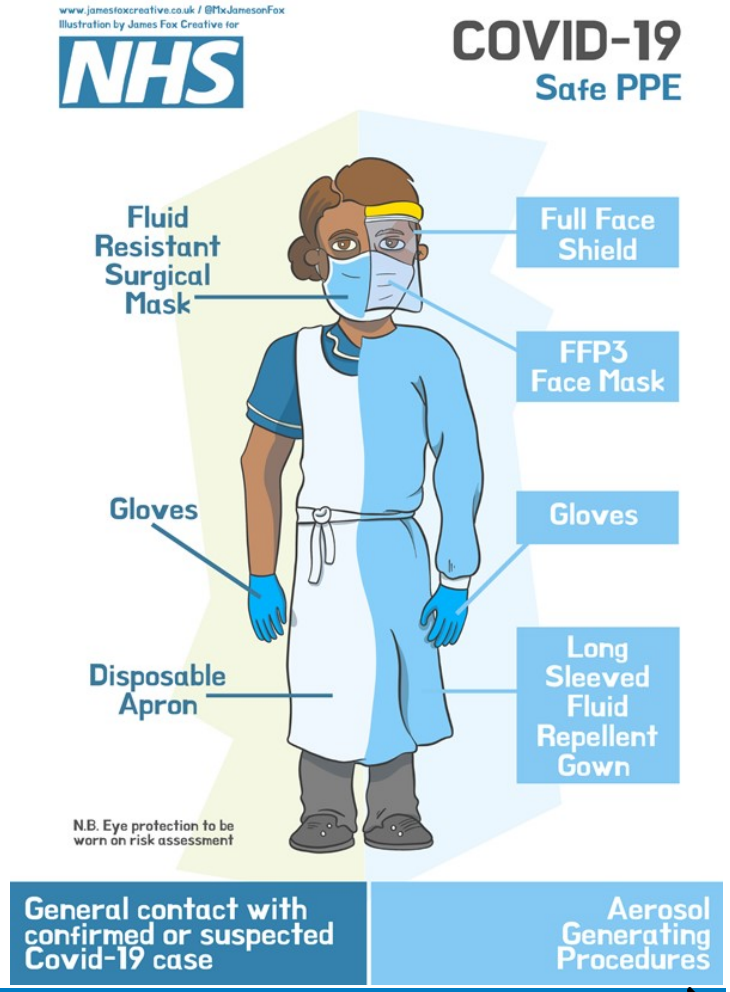
PERSONAL PROTECTIVE EQUIPMENT

Supply distribution 24/7 helpline: 0800 915 9964

supplydisruptionservice@nhsbsa.nhs.uk

PPE guidance and video guide (non-aerosol generating procedures)

Infection control guidance



CARE HOME CONSIDERATIONS

Many care home residents are particularly vulnerable to COVID-19 due to complex medical problems and advanced frailty. Primary care can work with care homes to ensure that any advance care planning conversations are completed and where possible documented on CMC.

Video conferencing with care homes should be used where possible.

COVID-19 in care home residents may commonly present with non-respiratory tract symptoms, such as new onset/ worsening confusion or diarrhoea.

Residents who 'walk with purpose' require specific consideration with regards to isolation. Physical restraint should not be used. A behavioural/psychosocial approach should be used to understand the behaviour and try to modify it where possible.

Resource:

- British Geriatric Society Care Home COVID-19 Guidance

CARE AFTER DEATH — KEY POINTS

Care after death – PPE must be worn

- Mementoes e.g. lock of hair must be offered using infection control guidance
- Cruse COVID bereavement resources

Spiritual Considerations – Work with local pastoral teams. Religious persons to persons visits are not advised – default position is to use remote access (phone/video).

Verification of death – should not be completed by GPs in person. Deaths may be verified by other persons who are with the deceased at the time, by emergency services in attendance, or by the funeral director.

Death Certification - COVID-19 is an acceptable direct or underlying cause of death

- A medical certificate can be accepted from any medical practitioner so long as they are able to state to the best of their knowledge the cause of death. A medical certificate of cause of death can be e-mailed to the local registration office.

Cremations - should be authorised on the basis of form Cremation 4 only (form Cremation 5 is suspended)

Registration

- Informant does not have to attend in person (can be completed via telephone)
- Funeral directors can act as an informant on behalf of the family

SELF CARE

It is really important that staff look after their own health and wellbeing whilst supporting patients and family during these unprecedented times.

NHS Practitioner Health COVID-19 workforce wellbeing

Free apps for NHS staff:

- Unmind is a mental health platform that empowers staff to proactively improve their mental wellbeing
- Headspace is a science-backed app in mindfulness and meditation, providing unique tools and resources to help reduce stress, build resilience, and aid better sleep
- Sleepio is a clinically evidenced sleep improvement programme that is fully automated and highly personalised, using cognitive behavioral techniques to help improve poor sleep
- Daylight provides help to people experiencing symptoms of worry and anxiety, using evidence-based cognitive behavioral techniques, voice and animation