NNNGP PRIMARY CARE SAFEGUARDING

COVID-19 BULLETIN
Supporting care home residents and staff

PCSF Primary Care Safeguarding Forum

June 2020

Residents of care homes are wonderful, valued members of our communities. They are also among the frailest members of our society. Frequently they are on a large number of medications and have complex medical histories. The COVID-19 pandemic has had a particularly devastating impact on care homes across the UK and globally. Below are some top tips for strengthening the relationship between primary care and care homes, which is particularly important at this time. Consider using our resource in addition to the RCGP document, GPs caring for Care Homes:
https://elearning.rcgp.org.uk/pluginfile.php/149460/mod_page/content/41/Top%20tips%20care%20homes%20V1_Formatted.pdf

1. Interactions with care homes where emotional stress may come into play

Just as GPs are finding the current working environment strange and at times stressful, so are care home staff. There may be a variable level of support offered to care home staff by their organisations. Try and be mindful of this when interacting with staff.

Staff may view residents in a different way to visiting professionals. They spend many hours with residents, such that residents often become like extended family. This may influence how staff advocate for residents.

Practical Tips

- Consider asking How the staff are coping? how many residents have died? show empathy for the staff's loss.
- Ask if any relatives are asking questions they can't answer, offer to speak to the relatives if you have time.
- Consider making an appointment with the care home manager and asking how you can assist each other during these difficult times.
- Pass these numbers on if this would help-

  - **Samaritans. Phone116 123.** *For well-being support for essential staff. Carers and NHS staff can use this number for free*

  - **Shout. Text KEYWORKER to 85258**. *Provides a free 24/7 text support service for health and social care staff during the coronavirus crisis, to talk by text with a trained crisis volunteer.*

2. Building positive relations with care homes

Care home working differs in the way it is organised in different CCG's. A recent survey of primary care's attitude to care home working highlighted the importance of staff continuity as being key to supporting the work and the RCGP have given guidance on the need to provide individualised care too.

Practical Tips

- Consider, where possible, using the same member of primary care clerical staff dealing with the home/homes
- Consider, were possible, a consistent member of the primary care team dealing with care home prescription requests
- Consider the same GP/GPs looking after one particular home. This is something that PCN's can positively help with
- Speak to the home manager as to what information you will want for your visits or if discussing patients by phone, as a general concept, consider giving the homes a check list or a visit pro-forma so tempers don't fray if the home has not got the relevant information at their fingertips when you want it. (This is also something that could be developed on a PCN footprint.)
- Consider within any template including basic observations, why the visit was requested, in particular what has changed and maybe a check list to include getting the medication chart out. Information about relatives, and whether anyone has an LPA for Health and welfare, easily to hand maybe helpful. (Checklist attached)
- Consider good and clear communication channels with Care Home staff & management with regards to how your ongoing support will be conducted in the recovery and restoration phases and with the 'new normal' ways of providing Primary care provision, including to Care Home patients.

3. To visit or not, that is the question?

GPs are avoiding visiting care homes at present due to the risk of them transmitting Covid19 to residents, this is all part of the shielding and social distancing measures that the Government have issued. Each request for advice or a visit should be assessed on an individual patient basis as to whether a visit in person is needed or whether this can be done remotely via video consultation or other means.

If you decide to visit, Public Health England have issued advice about PPE required for care home working, this can be found at-
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf

Remember not all temperatures are the result of coronavirus infection and residents are still going to get all the other ailments that would normally affect people of that age and frailty.

Some CCGs are encouraging the use of virtual technology to do daily routine care tasks, including weekly ward rounds and confirmation of death examinations. Whilst this has been helpful midst the peak of COVID activity it remains unclear if this ought to remain part of the 'new normal' care. Some care home staff have found this quite traumatising and so full engagement with all key stakeholders and looking at each care home on a case by case basis may help inform best practice moving forward.

4. Advance care planning (ACP) including DNACPR's

The medical profession has had bad press about ACP and DNACPR's in general surrounding the Covid19 pandemic. Whilst many Primary Care practitioners may feel very hesitant about initiating these at present there are anecdotal reports of 'blanket DNACPRs' being applied to care homes or group homes with LD residents. Involving carers in these discussions may alleviate some of the anxieties that care home staff feel about the medical profession's decision making.

Remember when we are not there, such as the middle of the night, these care plans are much more likely to be followed if they have been made in an open and transparent way. This ultimately benefits the patient. The pandemic should not alter what we do, remember we are our patient's advocates when difficult decisions need to be made- we know them best. Include care home staff in these processes and explain briefly how you have made your decision.

CPR in the care home setting has a 1-2% success rate. Those who survive have a high chance of greater cognitive impairment and reduced activities of daily living. You must involve the patient explaining why CPR would not work. If they lack capacity you must involve those closest to them which will include their carer's.

Consider re-reading the Joint RCGP/BMA/CQC/CPA statement on Advance Care Planning *https://www.rcgp.org.uk/about-us/news/2020/april/joint-statement-on-advance-care-planning.aspx* and the RCGP guidance on individualised care to support your ACP decision making. *https://www.rcgp.org.uk/about-us/news/2020/april/decisions-about-patients-care-during-covid19-must-be-made-on-an-individual-basis-says-rcgp.aspx*

Practical Tips

- A short video by Alex Ruck Keene gives you all the key facts you need to know about the legal issues surrounding DNACPR and ACP. *https://www.mentalcapacitylawandpolicy.org.uk/dnacpr-and-advance-care-planning-getting-it-right/*
- If you are finding an individual case difficult, speak to a colleague in the practice or one of your safeguarding leads.
- Advance care planning templates can be found at *https://mydecisions.org.uk/*
- ReSPECT is a type of advanced care plan used by some health organisations with a DNACPR form embedded in it. Even if your area does not use the form you can access useful training with advice about 'the conversation' on their website at *https://learning.respectprocess.org.uk/#modules*
- Prepare yourself prior to speaking to the patient or relatives: Clarify in your own mind the purpose of the conversation, what treatment/procedure could be on offer, what are the success rates and the risk and benefits to the patient.
- Introduce yourself by name. Establish who you are speaking to. Communicate sensitively, with care and empathy. Speak slowly and clearly.

  Conversation starters:
  - *'If I am to look after you to the best of my ability in the future I need you to tell me what care you would like if you became less well.'*
  - *'If you/your relative were less well, what would you/they want? Have you had any thoughts about this? Have you discussed this before?'*
  - *'A lot of people, even those who are frail, will only get a mild illness with this virus. Some people will get much more poorly and a few will be so poorly that they will die'*

    - *'It looks as though you (your relative) are very unwell at the moment. I'm concerned that you (your relative) might be so ill that you (they) might die from this illness'*
    - *'There is no specific treatment to cure COVID-19. Treatment in hospital is very unlikely change the illness, given [degree of frailty, co-morbidities, etc, as relevant to individual].'*

- Ask who they have supporting them/who they have to talk to. Check 'Is there something that especially worries you?'
- Most people when asked about their end of life would want to be cared for with dignity, symptom controlled, in a familiar environment. Ensure the patient/family know if focus of care is on comfort rather than active treatment, and that symptoms will be assessed and managed according to guidelines.

5. Decision making in patients that lack capacity to make their own decisions

The hierarchy for decision making in terms of the Mental Capacity Act (MCA) is as follows in summary although it is not completely exhaustive, the common scenarios are included -

- *Have they an advance decision to refuse treatment and if so does this situation fit the clinical scenario? If so you must abide by this.*
- *Have they a power of attorney for health and welfare? If so all medical decisions must be made in conjunction with the attorney, who makes decisions as if they were the person themselves.*
    - *During Covid19 health and social care staff can check if a person has an LPA for health and welfare at https://www.gov.uk/guidance/nhs-staff-searching-our-registers-of-attorneys-and-deputies*
    - *This request will be responded to in 24 hours unless a problem occurs.*
- *Best interest decisions- these do not have to be a meeting. The decision maker, in this case the GP if this is a medical decision must speak to those closely acquainted with the patient. At present times discussing with those closest to the patient in terms of relatives or, if appropriate, close friends by telephone is acceptable. Carers views must be included in best interest decisions. This is clearly stated in the MCA Code of practice.*

For further MCA advice and support look at

- **The MCA Code of Practice**
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

- The National Mental Capacity Forum resources at-
  https://www.scie.org.uk/mca/directory/forum

Covid19 has not altered the use of the MCA.

Although the guidance on Deprivation of liberty Safeguarding (DoLS) has changed, this should not alter how GPs utilise the MCA in practice.

6. Managing a COVID19 outbreak in a Care Home

Follow your local policies; the CCG will be able to tell you what is happening in your area. The British Geriatric Society resources give clear advice, the quote below highlights the difficulty in recognising COVID-19 in the frail elderly. *https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes*

‘Public Health England (PHE) have suggested that COVID-19 should be suspected in any resident with a new continuous cough and/or high temperature (at least 37.8°C).[5] However, COVID-19 in care home residents may commonly present with non-respiratory tract symptoms, such as

- New onset / worsening confusion
- Diarrhoea.

Care home staff, with detailed knowledge of residents, are well-placed to intuitively recognise these subtle signs (‘soft signs’) of deterioration.’

7. Safeguarding in Care Homes

Given GPs are not visiting at present this is a difficult and worrying issue. Care homes are under intense pressure, the effect on residents is unknown. If you do have contact with care homes and are unhappy with what you see but are unsure as to whether to raise an alert discuss this with your safeguarding lead. Ensure that you report any safeguarding concern via the usual channels.

8. Look after yourself

- Be aware of your own frailties; keep in regular contact with your colleagues.
- If you are feeling overwhelmed use the help lines above (Samaritans and Shout)
- The BMA Counselling Service is available 24/7 to all doctors and medical students, *https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-for-doctors-and-medical-students*

Please take care, stay safe and alert
From the National Network of Named GPs

With thanks and gratitude to the Representative Group of the NNNGP for putting together this resource, particularly the following RNNNGP members for their significant and lead contribution.

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