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COVID-19 actions for all General Practices to follow in support of Care Homes

1. Introduction

This document describes the pathway and actions that all general practices must follow to support their patients in care homes (residential and nursing) 'in hours' during the Covid-19 emergency. All general practices will have cleared the decks and moved to providing safety critical services only in response to Covid-19.

The pathway recognises that general practices are best placed to decide on the clinical priorities for their own practice population and how best to organise themselves in relation to supporting the most vulnerable and highest priority patients in care homes.

This action plan for all practices to follow will ensure that all care homes across Sussex are supported with a remote virtual service from general practice.

2. Aim of this 'In hours' care home pathway

The aim of this guidance is to ensure that all patients in care homes and care homes are supported adequately during this emergency to avoid patient conveyance to hospital unless absolutely necessary.

This will be achieved through daily general practice GP contact with each care home, and through a process of GP review and refresh of all care plans in the specific context of Covid-19 viral pneumonia.

It is anticipated that patient's needs are likely to be around the following issues which general practice can manage remotely and to ensure the best possible care for care home patients.

- Medication and prescriptions
- Managing 'non-Covid' problems
- Palliation and end of life care

Care homes have already placed themselves in a state of relative isolation to protect their residents. Medical assessments will usually be provided remotely and visits will be rare, however a **24/7 visiting pathway** has been developed to work alongside this guidance and support general practices and patients in care homes that require a face to face visit.

1. Practice planning

It is important that general practice and care homes work closely together now. All practices must **immediately** make contact with their care homes and discuss Covid-19 planning directly with the care home managers and matrons to agree a joint approach to daily communication.

The particular issues that need to be agreed and to go through are the following:

1. Clarify how the practice and nursing home will communicate with each other remotely during the emergency, e.g. a daily virtual board round

2. Clarify what support the practice can provide and how to access it

3. If you haven't already, set up video consulting, test it and start using it where appropriate (there are various solutions including AccuRx – for advice please contact other practices, your federation or your primary care team at the CCG)

4. Search your clinical system for any care home patients who do not have a resuscitation order recorded (either 'not for' or 'for' resuscitation) and put appropriate orders in place

5. Consider a video link GP review for residents who have not been seen by a GP for some time. We are discussing with local Coroners whether 'attendance' for the purposes of death certification can be satisfactorily fulfilled by video consultation. This is currently a matter for local Coroners to decide and will be clarified in due course.

6. Agree and reinforce the importance of advance care plans and making sure they are adhered to

7. Ask the home to check they have resuscitation orders on every resident

8. Enlist their help in talking to relatives about refreshing care plans in the context of viral pneumonia'

9. Discuss approaches to end of life care

10. Agree the management of unused end of life medication to avoid waste

2. Daily communication with care homes

Updating of care plans

- Enact your care home joint plan and have a **daily board round** to discuss any care home patients causing concern

- Review and revise the advance care plans as required and agree the management of patients as needed and specifically in the context of viral pneumonia, making sure that:
    - Those patients who do not already have a 'do not convey to hospital' decision are prioritised and have one in place
    - Involve relatives and carers wherever appropriate (often) and record clearly who was involved in agreeing the plan
    - Make advance 'do not convey' decisions where it is appropriate to do so
    - Ensure that care plans are accessible across the system by making sure that consents are in place and that the care home has a hard copy
    - Update resuscitation orders where appropriate

  It is recognised that updating care plans can be time consuming and must be done with care and attention. You may wish to enlist help from care home managers and matrons to have the necessary discussions with relatives and carers. A form of words such as the example below could be used to facilitate such conversations.

  "We are doing everything we can to protect you/your relative from coronavirus. However, we do need to ensure that we plan for every eventuality. Our priority is to ensure that whatever happens, you/your relative is at all times kept free from pain suffering or indignity. Frail elderly people do not respond to the sort of intensive treatment required for the lung complications of coronavirus and indeed the risk of hospital admission may be to exacerbate pain and suffering. We may therefore recommend that in the event of coronavirus infection, hospital admission is undesirable. We want to discuss this carefully with you at this stage so that we know your personal wishes in advance."

- Where appropriate
    - Issue COPD rescue packs
    - Issue UTI rescue packs
    - Medicines optimisation
    - Clarify sick day rules for AKI prevention (DAMN drugs) and diabetes

- Consider issuing anticipatory medication for patients who are already nearing end of life care

Medication

Anticipatory medication

There is a real concern that the supply chain for anticipatory medication may become very stretched and unreliable. In addition, individual pharmacies may not be able to be open from time to time due to staffing issues.

The medicines management team at the CCG are working hard to mitigate against these potential problems and will be issuing more detailed advice and information shortly.

We do ask you however **to specifically liaise with your local community pharmacy** colleagues to ensure they have **appropriate supplies in place**.

Our current advice is that clinicians provide injectable anticipatory medication only when it is needed or is likely to be needed soon. Prescribing for care home residents 'just in case' at this stage could put an unnecessary burden on the supply of these medications as well as being likely to result in large quantities of unused medication.

By law, currently, controlled medication can only be prescribed and administered on a named patient basis. In addition, unused medication must be returned and be destroyed. In the current climate any waste of these medications is clearly very undesirable. We are therefore asking you specifically to,

- Carefully consider the amounts prescribed each time on an individual patient basis to reduce potential waste
- Agree with nursing home managers that unused anticipatory medications are not returned and destroyed but are retained for the time being safely in the home's CD cabinet (with the intention of returning them eventually). It must be made clear that this medication is not to be used for any other patient at this stage. However, in the unattractive event that there is total disruption of the supply chain, and another patient is in need of the medication, it could then be made available for use.

There are discussions nationally about potentially relaxing the laws around controlled drugs during the emergency.

In addition, Sussex medicines management teams are working to provide more detailed clinical advice regarding end of life care in the context of Covid-19.

Prescription management

Electronic ordering of prescriptions and repeat dispensing should be considered. Contingency plans in the event that the usual pharmacy is not operational should be considered.

The medicines management team will be providing more detailed guidance and are available for advice.

Please email your request for support or queries to your MM team on:

- Brighton and Hove CCG: BHCCG.MedicinesManagement@nhs.net
- Coastal West Sussex CCG: CWSCCG.MEDICINESMANAGEMENT@NHS.NET
- Crawley CCG and HMS CCG: HSCCG.Medicines-Management@nhs.net
- High Weald Lewes Havens CCG: BHCCG.MedicinesManagement@nhs.net
- Eastbourne, Hailsham and Seaford CCG: Ehsccg.medicinesqueries@nhs.net
- Hastings and Rother CCG: Ehsccg.medicinesqueries@nhs.net

N.B. This guidance need to be seen in the context of the OOH care home visiting service

3. PCN DES and Care Homes

The requirements of the PCN DES for care Homes is that all care homes are covered by the Enhanced Heath in Care Homes PCN DES to 'make sure that each care home is aligned to a single PCN'. You may feel that this is a good time to consider an accelerated approach to this. Indeed, you may wish to go a step further and align each care home to an individual practice if it seems advantageous to do so.