Directorate for Chief Medical Officer
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Interim Chief Medical Officer for Scotland

The Scottish Government
Riaghaltas na h-Alba

For Action
GP Practices

For information
Chief Executives NHS Boards
NHS Board Primary Care Leads
Practice Manager Network
Practice Nurse Network

17 April 2020

Dear Colleagues,

CARE HOMES AND COVID 19

We thought it would be timely to write to you in support of your role in continuing to provide a high level of care to the residents of care homes at this time.

GP Practices continue to be critical in supporting frail and elderly residents in care and nursing homes. We realise that some of you will be more involved with care homes than others depending on local arrangements but we urge you to reach out to these settings, where appropriate, to offer reassurance and support during what is a worrying time for this sector.

It is important to remember that even at this time decisions on the care of patients should always be made on an individual basis. If it is in the best interests of an individual that they be admitted to hospital, then this should be arranged. In some cases, a hospital admission may not be appropriate and in those instances additional support may need to be provided within the care home depending on availability of local services. Decisions on the appropriate management choices should only be made after discussion with the patient, their next of kin or welfare guardian (if lacking capacity) and with the lead nurse or carer in the home.

The way we provide patient care has changed during the pandemic, with increased use of telephone and Near Me assessments where possible to minimise potential transmission of infection through face to face contact. However there are still times when a face to face consultation is clinically necessary, and an expectation that health and care professionals will continue to enter care settings such as care homes to provide ongoing care and support when required, with appropriate safety measures such as PPE in place.

Anticipatory care planning is an important but difficult part of the work we do even in ‘normal’ times. We recognise there are additional challenges to doing this during the pandemic and that it is invoking anxiety for many patients and GPs. These conversations would normally happen face to face, over a series of conversations, with family present to support. These supportive factors are not usually possible at the

current time but it remains crucially important that patients are offered the opportunity to have these discussions about what matters to them should they fall ill whether with Covid or otherwise. There is no specific requirement to have a DNACPR discussion as part of this conversation, unless the patient raises this and wishes to discuss it, or the clinician feels strongly that they need to discuss it. This guidance was included in the ACP letter to practices last week.

Finally we would like to emphasise the crucial role you play as a general practitioner at this difficult time. Your leadership within the health and social care system and your involvement as an expert medical generalist is a key part of the response to this pandemic. This is particularly true in the relationship between your practice and your local care homes in working together towards the mutual aim of providing safe and high quality care for your most vulnerable patients.

We've attached a short set of frequently asked questions and answers on the practice's role on the provision of timely and appropriate clinical care to care homes which we hope is helpful.

Thank you for all the vital work that you are doing.

Yours sincerely,

Dr Gregor Smith
Interim Chief Medical Officer

Andrew Buist
Chair of the Scottish General Practitioners
Committee of the BMA

Carey Lunan
Chair of the Royal College of General
Practitioners

Care Home Support Q and A

How do care homes access GP services during this current pandemic?
GP practices remain the first point of contact for care homes and should continue to provide the same high level of care and support that they have always provided to their patients in care homes. Practices remain fully accessible to care homes and should be contacted by telephone in the first instance during the in hours period for non Covid related issues, and for the ongoing management and care of residents diagnosed or suspected of having Covid.

Care homes should continue to use 111 as a first point of contact for all NEW suspected Covid cases and will be promptly triaged. Existing local arrangements will be taken into account. This approach means that there is less confusion for the public (one telephone number), will help to ensure that GP capacity is maintained and will support consistency around the wider national surveillance of the pandemic, including testing and Health Protection Team input.

What needs to be considered when admitting residents to hospitals?
Decisions to admit should always be made on an individual basis, irrespective of whether it is a care home resident or someone living in their own home. This does not change during a pandemic. This is why anticipatory care planning is important so that supportive discussions about what matters to them should they fall ill with Covid have been considered, what is important to the patient to happen or not happen has been discussed.

It may be that a decision is made after consideration and discussion not to send a patient into hospital as active symptom management of a patient in the community may be entirely appropriate. These decisions as always will be based on the balance of clinical benefit and the resident's wishes, any underlying health conditions, and the potential benefit versus harm of hospital-based treatments will all be taken into account. This should be discussed with the patient and/or their next of kin, and documented. There is also the option to discuss with the admitting medical team if a second opinion would be helpful.

The ways that decisions are made around admitting to hospital should not be any different from normal, non-pandemic times. Often (but not always) the best outcome for residents, taking the above factors into account, is to be actively managed at home with good symptom control.

Should GPs be going into a care home if required?
Yes you can but you should only visit in person when there is a clinical need to do so, to reduce the risk of bringing any infection into the care home. You can also provide advice over the telephone or using digital technology when it is safe and appropriate to do so.

Can I hold a care home consultation via telephone or NHS Near Me?
Yes. In most circumstances you may decide that it is appropriate to carry out a consultation over the telephone or via Near Me. All that is needed in the care home is a device that has a camera (e.g. smartphone, tablet, laptop) and connection to the

internet. Guidance on setting up Near Me within General Practice is available at www.tec.scot .

Should GPs be going into a care home to see a patient who has been asked to shield?
Patients who have been asked to shield are in the very highest risk group for becoming seriously unwell if they catch Covid. Therefore, avoiding unnecessary contact is vitally important to minimise the risk of infection. It is important to ensure that residents who are being shielded continue to get the routine or urgent care they need, when they need it. An assessment of the problem should firstly be carried out over the telephone or via video link.

If a face to face appointment is still needed, then this will be arranged at the practice if the shielded resident is able to travel. In general where a face to face assessment is felt to be needed, if the shielded patient can travel to the practice, the preference will be to see them there because the environment is easier to infection-control with respect to safety and PPE. If the resident is unable to travel to the practice, then they can be seen in the care home. The requirement for a face to face consultation will be decided during the initial phone/video call.

Should DNACPR decisions be discussed with Care home residents?
There is no requirement to discuss DNACPR unless the patient (or next of kin/guardian) wishes it or the GP or other clinician feels it is important to do so. These are usually sensitive and difficult discussions at any time but can feel especially difficult during a pandemic. DNACPR forms should never be sent to care homes without prior sensitive person-centred discussion and agreement.

Is CPR appropriate for residents in care homes?
For the majority of residents in care homes, who have significant underlying health problems and are generally very frail, CPR is unlikely to work if they were to have a cardiopulmonary arrest due to falling ill with Covid, and it would be inappropriate to attempt it because it would be futile and may indeed cause harm and distress.

However, each resident should be assessed according to their individual circumstances, and it would not be appropriate to make a blanket decision to not attempt CPR, based purely on the fact that a patient is a resident of a care home.

Use of GPNs to support community nursing teams.
If there is capacity in practice teams to release some of GPNs' time this could be considered so that they can help support community nursing teams who are doing the bulk of care home provision in care homes.

Can oxygen treatment be offered in care homes, where appropriate?
Guidance on this is being prepared and will be issued shortly.

What further support could practices be offering for rapid deterioration at end of life and palliative care?
End of life medication to provide comfort and relieve suffering should be arranged including just in case medication. Further guidance on this is being prepared by

pharmacy colleagues. Guidance around medication to support Covid-related palliative care can be found here

Are family members able to visit to dying patients?
Visits from appropriate health and care staff are essential. For family and friends, visits should be restricted to end of life care situations or people with dementia who are distressed. While routine care home visits are suspended in Scotland, we have guidance in place to ensure visiting care homes is restricted to essential visitors and family visits restricted to end of life care situations. In addition the Scottish Academy (representing all the medical Royal Colleges in Scotland) has written a "guiding principles" document to enable restricted visiting with stringent safety protocols.

Clinical guidance: https://www.gov.scot/publications/coronavirus-covid-19-clinical-guidance-for-nursing-home-and-residential-care-residents/

HPS guidance: https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-or-community-care-and-residential-settings/

Scottish Academy Guidance: https://www.rcpe.ac.uk/college/covid-19-allow-families-equal-access-visit-dying-relatives