10.6.20

Dear colleagues,

First of all how are you?

Please take a moment to check in with yourselves. We all feel we have been going at 110mph over the last 3 months. Increased workplace pressures with all the changes we have made and continue to make along with worries about possibly spreading the virus to our loved ones, sending our children to hub schools or home schooling and caring for other family members. Along with this we don’t have the usual routines at home that let us balance work and home life. It is hard to maintain this and some signs of burnout may be creeping in. The signs may include losing motivation and enthusiasm for work with high levels of anxiety, depression and being overwhelmed with feelings of hopelessness or dread. If you do feel this way please don’t be critical of yourself, be kind as we have all probably experienced this at some time but please speak to someone about how you are feeling including your own GP if you feel you need to. Also importantly as we approach the summer please remember to take your annual leave. We all have put this off but not knowing how long this will all last but we need to take a break and recharge our batteries so please do take the time that you might have planned. There is also a Covid-19 Staff Support Line that all health and social care staff who work within NHS Greater Glasgow and Clyde can access on 0141 303 8968.

Many thanks to you all for completing the survey from the last letter I wrote about education and peer support for GP’s during Covid 19 pandemic. It gave me lots of food for thought. One of the most common pieces of feedback was the amount of emails and letters was overwhelming at times. I hope that summary letters such as this specifically covering care in the care homes remains helpful. I am also working on peer support and hope to let you know about this shortly.

I hope in the coming weeks to do joint interactive webinar with Care of Elderly and already have a number of questions based on the survey but if you have further questions or suggestions of subjects to cover please email me. I took part in a webinar for the Glasgow University Department of General Practice and Primary Care on ACP along with Dr Libby Ferguson from Palliative Care and this will be available to watch on this page this week. This is the link –

<https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/>

**Repurposing** – A statements on this was released jointly by the Care Commission and the Scottish Social Services Council. Where there are issues around obtaining JIC medications, particularly out of hours with a rapidly deteriorating patient, there has been agreement that medications prescribed for other patients can be repurposed if there are no other options available. This decision needs to be recorded appropriately and a flow chart to aid decision making is enclosed at the end of this letter.

**Change in provision of concentrators and indications for oxygen usage in care homes** – All care homes in NHS GGC have now been provided with an oxygen concentrator if they wished one to have in the care home. This was to reduce any delay in getting this form of treatment for patients who may have deteriorated very quickly. Use of oxygen for patients relates solely to patients with confirmed or suspected covid who are not wishing or are unlikely to benefit from admission to hospital. The individual decision regarding admission should be based on the patient’s current and previous wishes along with those of their loved ones. It should take into account their recent and current condition and with a knowledge of the benefits of specific hospital interventions.  If considering commencing supportive oxygen therapy in care home, ensure discussion had with patient and family regarding wishes with regards to hospital admission. The limit of oxygen delivery for the concentrator is 4 litres. Any further escalation of oxygen therapy would only be possible in a hospital setting

As time goes on during this pandemic we learn and change guidelines and whilst previous guidelines have advocated the use of oxygen as a palliative treatment when saturations were less than 85% following discussions with the Respiratory and Care of the Elderly teams it can now also be considered as a supportive treatment in those who are breathless but who are expected to improve. Please note the use of oral opiates and benzodiazepines are not limited to those who are dying; it can be used for symptom management if needed for breathlessness or pain.

Oxygen can be considered if the patient is acutely breathless and has saturations between 88-92%**.** It should be started via nasal cannula starting at 2l per minute and titrated to a maximum of 4L per minute with an aim of the saturations stabilising at 88-92%. Anecdotally evidence shows that if patients with breathlessness related to covid are to respond they will so within 30 minutes of starting it. This should be reviewed regularly and decreased as soon as the patient is maintaining their saturations themselves in these values. Care must be taken in those with existing COPD or severe frailty.

**Confirmation of Death** – this should be in place in all care homes in GGC and if you are finding you are still being asked for Verification of Death forms please could you feed this back to me. This does not apply to deaths in the community currently.

**Death Certificates of patients who die in care homes with covid 19 disease** - The Lord Advocate has now directed that with effect from 9 am 21 May 2020, in light of significant public anxiety around deaths in care homes and deaths of those who may have contracted COVID in their place of work, any such deaths must be reported to the Procurator Fiscal by medical practitioners. For the avoidance of doubt this includes any death due to COVID-19 or presumed COVID-19 in the following situations:

* + (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted or
  + (b) where to the best of the certifying doctor’s knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation. Whilst not exhaustive, this may include deaths of care home workers, frontline NHS staff, emergency services personnel and public transport workers.

The Procurator Fiscal will contact the care home and family regarding these deaths but this should not pose a great delay to the certification process. You should complete the Death Notification form on SCI Gateway.

**Capacity Assessments**  Thank you to Dr Paul Treon for clarifying this matter. It had been raised whether we could be given extra time to allow a pre-existing AWI to remain until the lockdown was over to allow face to face assessment. There is a ‘stop the clock’ approach to this to prevent expiry of AWIs (allowing the existing AWI to still stand during this time without requirement for renewal). It is also allowed that video conferencing such as Attend Anywhere would be used to complete AWIs. We should keep a note of these and complete a face to face assessment when we are able to. It should be noted on the certificate how the assessment was completed. Further information can be found here - <https://www.mwcscot.org.uk/sites/default/files/2020-05/Covid-19%20advice%20note%20v9%2027%20May%202020.pdf>

**Professional Support** – I have been lucky enough to be part of different groups over recent weeks that have been multidisciplinary and it has been rewarding to see these specialties work together. All are hugely supportive of care homes and I would encourage you to seek the support of the Care of the Elderly Team through Consultant Connect or through switchboard if you need advice. Equally Palliative Care services are delighted to help and they can be contacted 24 hours a day through your local Hospice Switchboards.

I hope the content of this letter is of help to you. Your local Clinical Director should continue to be your first port of call for advice or to raise any issues, but as always I am happy to speak to any colleague needing support and am happy to get emails with feedback or suggestions anytime. Thank you to everyone who has already given feedback that has helped improve patient care so far.

With kindest regards and thanks,

Jude

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