



To: General Practitioners

03 March 2020

Dear Colleague

Primary Care Professional Update on Care Homes

As you are aware, the care home sector has been particularly affected by the COVID-19 pandemic. The help and support that residents living in care homes have received from GPs, working alongside community nursing, pharmacy and other primary care professionals has been, and is still greatly appreciated.

The aim of this update is to highlight the progress that has been made to support people living in care homes, to acknowledge and emphasise the important contribution that primary care teams are making, and to share thoughts about future ways of working.

1. Progress being made to support people living in care homes

- The COVID-19 vaccination programme has prioritised care home residents and staff. This has been successful with 99% residents within older people's homes, over 95% of all care home residents, and over 80% of care home staff having now received their first dose of vaccine. Second vaccinations doses are currently underway.
- Regular testing of residents and staff using PCR and Lateral Flow Devices has been established across Scotland
- Clinical guidelines to support the management and care of people in care homes with COVID-19 have been developed. These highlight the need to ensure that care home residents are not denied access to appropriate care and treatment within community or hospital settings:

Clinical advice: supporting people with COVID-19 in the community setting

<https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/>

Dying from COVID-19 lung disease:

<https://www.palliativecareguidelines.scot.nhs.uk/>

2. The Important Contribution from Primary Care Teams

- Telephone and video consultations remain the normal first part of a clinical assessment. All care homes in Scotland have been offered digital tablets and other technology to support 'Near Me' consultations with GPs and primary care teams. Over 1200 iPads have been dispatched to 760 care homes through this programme.
- GPs and other health professionals can and should still visit and enter care homes to undertake clinical assessments and to deliver care, when it is deemed necessary and clinically appropriate to do so. All patient facing healthcare workers are strongly encouraged to participate in twice weekly Lateral Flow Device tests, however the absence of testing is not a barrier to providing necessary clinical care in person - as long as PPE and appropriate Infection Prevention and Control procedures are observed.
- Anticipatory Care Plans (ACPs) and Key Information Summaries (KIS) are particularly important for care home residents. They can enable the right decisions to be made in the event of a sudden deterioration from COVID-19 or other illness. Proactively reviewing and updating ACPs should be undertaken sensitively following discussions with the care home staff and with appropriate input from relatives and any legal proxy such as persons holding power of attorney. GP practices are asked to revisit their internal systems and procedures for doing this. Information to support these discussions is available [here](#).
- Care home residents are at increased risk of vitamin D deficiency, and many will benefit from taking regular vitamin D supplements. Whilst these 10 mcg supplements do not need to be prescribed, GPs and primary care pharmacists have an important role in providing clinical advice regarding the suitability for individual residents (taking into account pre-existing medical conditions, other prescribed drugs, and overall medication burden).
- Supporting essential visiting. Restrictions on family members visiting loved ones in care homes has been particularly upsetting for patients and their relatives. There is clear guidance that people should be allowed 'essential' visits throughout the lockdown. There are many criteria for an essential visit and these can be found [here](#). One of these reasons is irreversible decline towards the end of life, and so GPs may be asked to confirm that a decline is likely to be irreversible. It is often not possible to predict accurately when someone is going to die, and so it is recognised that a best judgement may be required. Your support in this is appreciated, as residents and their families can derive great benefits from these essential visits.
- Anticipatory prescribing of just in case medication for end-of-life care. As care homes are not legally allowed to hold a 'stock' of drugs, it is important that drugs are available quickly when needed at the end of life. Guidance on anticipatory prescribing is available [here](#). In exceptional circumstances it is possible to 'repurpose' medication from one resident to another, as set out [here](#).
- Reporting COVID-19 deaths to the Procurator Fiscal. It is and remains a requirement that all confirmed or suspected COVID-19 deaths are reported to the Procurator Fiscal where the deceased was resident in a care home when the virus was contracted.

3. What will the future look like?

- With the success of the vaccination programme, good infection prevention and control measures, and the widespread roll out of testing, it is possible for indoor visiting from families and friends to resume. Care homes now have a plan detailing the conditions which allow the resumption of indoor visiting and meaningful contact.
- It will remain important that we work across health and social care systems to provide a safe environment that will allow care homes to become more homely again.
- Future clinical models of care appropriate for care homes are actively being considered and will be developed in collaboration with both the profession and the wider system. These will ensure that residents are able to access healthcare quickly and efficiently when they require it. In keeping with our GP contract commitments, GPs will remain central to the provision of this healthcare, as the expert medical generalist, supported by a wide multi-disciplinary and multi-professional team. Better use of technology for the sharing of clinical information, and for MDT working will help to enable this.

I look forward to progressing this work in partnership with the profession and other key stakeholders, with a view to recommending a framework for an improved clinical model of care for care home residents during the course of 2021.

Yours sincerely,



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