

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