

Compassionate Conversations	Communication Skills	Identification	CMC	Hospitalisation Decisions	Community Palliative Care	Care Homes	Care After Death	Self Care
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## London End of Life Care Clinical Network NHS England and Improvement (London Region)

### COVID-19 London Primary Care Support Document

The purpose of this document is to bring together existing resources and guidance in an accessible way to help inform primary care clinicians during COVID-19. Please take into account any local policies and procedures whilst using these resources.

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Review Date: December 2021

Contact: [england.london-scn@nhs.net](mailto:england.london-scn@nhs.net)

Version 4 (see page 11 for change log)



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## COMPASSIONATE CONVERSATIONS

Conversations with those who might be in the last year of life are challenging, and even more so in the presence of COVID-19.

Open and sympathetic communication and shared decision making with patients and those important to them enables care wishes to be expressed. It is important that people do not feel pressurised in to such conversations and decisions before they are ready.

People who have been appropriately identified as likely to be in the last year of life could be approached for advance care planning / shared decision making discussions. These need to be completed in a sensitive manner, with consideration of the current NHS climate, and where possible, by a clinician who knows the patient. See the resources below and on the next page for guidance.

Where possible advance care plans should be documented on [Coordinate My Care](#).

### Resources:

- GMC [decision making and consent guidance](#)
- NICE and SCIE [advance care planning quick guide](#) for managers of care homes and home care services
- St Luke's Hospice: [Guide to anticipatory care discussions during COVID-19](#)
- [Joint statement](#) on ACP by BMA, CQC, RCGP and CPA
- Resuscitation Council UK [COVID-19 resources](#)



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## COMMUNICATION SKILLS

Conversations around end of life care can be particularly challenging in this current climate.

What patients / relatives say	What you could say
I don't want to come to the end of my life like a vegetable being kept alive on a machine	I respect that. Here's what I'd like to propose. We will continue to take care of you. The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions—and then we will keep you here and make sure you are comfortable for as long as you are with us.
I am not sure what my husband would have wanted – we never spoke about it	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. <b>My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully.</b> I suspect that may be hard to hear. What do you think?

*Adapted from VitalTalk who have created a COVID-19 [communication resource](#).*

### Other resources

- Real Talk COVID-19 [evidence based advice for difficult conversations](#).
- HEE [set of materials and films which](#) aim to support staff through difficult conversations arising from the COVID-19 outbreak.

### Macmillan scenarios:

- Older patient with co-morbidities but currently well, [GP telephones them to discuss ACP](#)
- Patient at home with multiple co-morbidities, elderly and COVID symptoms, in [Skype conversation with GP](#)
- Daughter of a patient in a care home [phones her mother's GP](#) on learning that her mother has COVID-19
- Follow up [phone call from GP](#) to patient with advanced bowel cancer and liver metastases



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## IDENTIFICATION

Identification of Londoners who might be in their last year of life enables them to:

- Have a pre-emptive compassionate advance care planning discussion
- Create a [Coordinate My Care](#) record

### Resources:

- EARLY search tool (identifies people who are likely to be in their last year of life who are not on the palliative care register). The list needs to be **clinically reviewed** prior to contacting patients. The search tool and instructions on how to use on EMIS and SystemOne can be found [here](#). A toolkit has been developed to support implementation of the tool and clinical pathways which can be found [here](#)
- [Supportive and Palliative Care Indicators Tool](#)
- [Gold Standards Framework Proactive Identification](#)



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## COORDINATE MY CARE

Creation of a [CMC plan](#) enables urgent care staff to view a patient's wishes, clinical recommendations and other important information.

Where possible, people with an existing Advance Care Plan (ACP) should have this documented on CMC. People who have been appropriately identified could be approached to start a CMC plan through [MyCMC](#). This needs to be completed in a sensitive manner, with consideration of the current NHS climate, and where possible, by a clinician who knows the patient.

### CMC Resources:

- People can start their own care plan through [MyCMC](#)
- Template [letter](#) to invite people to start their own care plan
- Getting a [CMC log on](#)
- CMC [training](#)

### Brent CCG Videos:

- [What is CMC and how to log on](#)
- [How to create a basic CMC care plan](#)
- [Top tips for using CMC](#)

CMC contact details: [coordinatemycare@nhs.net](mailto:coordinatemycare@nhs.net) 02078118513



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## DECISION MAKING ABOUT ADMISSION TO HOSPITAL

Primary care clinicians should take an individualised and shared decision making approach with the patient and those important to them about potential benefits of hospital admission.

The [Clinical Frailty Scale](#) is a reliable [predictor of outcomes](#) in urgent care (not COVID-19 specific) and can support decision making. NB: it should be completed in relation to the patient's capabilities **two weeks ago** (i.e. not their current picture) and **should not be used** in people <65 years old, with stable long-term disabilities (e.g. cerebral palsy), learning disabilities or with autism.

Additional resource:

- Primary Care and Community Respiratory Resource Pack for use during COVID-19  
- Contact [england.resp-cnldn@nhs.net](mailto:england.resp-cnldn@nhs.net) for a copy



## PALLIATIVE CARE IN THE COMMUNITY

Primary care plays a vital role working with community services to provide essential palliative and end of life care in the community and care homes. There are particular challenges due to isolation, and where possible [video conferencing](#) should be used.

Primary care should work with their local specialist palliative care teams to provide this care and use local clinical guidelines. Specialist palliative care can also advise on:

- Alternative routes of medication administration e.g. non-oral, non-subcutaneous; to provide symptom control (due to limited visiting by professionals)
- Carer administration of medication

### Resources for professionals:

- NICE COVID-19 Rapid Guideline: [Managing symptoms \(including at the end of life\) in the community](#) and [supporting statement](#) from CQC and BMA
- NHS London: [Guidance on symptom control using non oral, non-parental routes of medication administration](#)
- RCGP: [Community Palliative Care Guidance](#) (within [Resource Hub](#))
- [NHSE SOP Children and Young People Palliative Care](#)
- RADiANT Guidance: [ACP for people with intellectual disability](#)

### Information for families/patients:

- Hospice UK: [Caring for your dying relative at home with COVID-19](#)
- Kings Health Partners: [Managing breathlessness at home during COVID-19](#)
- Helix Centre: [Carer administration of subcutaneous medication](#)
- Helix Centre: [What you can do to practically care for someone who is in their last days and hours of life](#)
- [Resources from St Luke's Hospice](#): Including videos on medication administration



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## CARE HOME CONSIDERATIONS

Many care home residents are vulnerable to COVID-19 due to complex medical problems and advanced frailty. Primary care can work with care homes to ensure that any advance care planning conversations are completed and where possible documented on [CMC](#).

[Video conferencing](#) with care homes should be used where possible.

COVID-19 in care home residents may commonly present with [atypical symptoms](#) such as new onset/worsening confusion, falls or diarrhoea.

Residents who ‘walk with purpose’ require specific consideration with regards to isolation. Physical restraint should not be used. A behavioural/psychosocial approach should be used to understand the behaviour and try to modify it where possible.

[Visiting residents](#) who are at their end of their life is an exceptional circumstance and should continue where possible if wider care home visiting is restricted.

### Resources:

- London [care home resource pack](#)
- DoHSC [care home admission guidance](#)
- British Geriatric Society Care Home COVID-19 [Guidance](#)
- Department of Health and Social Care MCA and DoLS COVID-19 [Guidance](#)
- SCIE and NICE Advance care planning—[quick guide care home managers and home care services](#)
- [Guidance](#) on reuse of medicines in a care home



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## CARE AFTER DEATH — KEY POINTS

**Care after death** – PPE must be worn

- Mementoes e.g. lock of hair, must be offered using infection control [guidance](#)
- Cruse COVID [bereavement resources](#)

**Spiritual Considerations** – Work with local pastoral teams. Religious persons-to-persons visits are not advised – default position is to use remote access (phone/video).

**Verification - Expected death:** Please see [national guidance](#)  
- **Unexpected death:** the usual process is followed

**Death Certification** - COVID-19 is an acceptable direct or underlying cause of death

- A medical certificate of cause of death can be accepted from any medical practitioner as long as they are able to state to the best of their knowledge the cause of death, **and** as long as a doctor has seen the patient in the 28 days before death; in the current situation, a video consultation should be accepted as seen.
- A medical certificate of cause of death can be emailed to the local registration office.

**Cremations** - Should be authorised on the basis of form Cremation 4 only (form Cremation 5 is suspended)

### Registration

- Informant does not have to attend in person (can be completed via telephone)
- Funeral directors can act as an informant on behalf of the family

### Additional resources

- PHE [guidance](#)
- Hospice UK [care after death guide](#)
- RCGP 5 minute screen cast-[changes to death certification](#)



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## SELF CARE

It is really important that staff look after their own health and wellbeing whilst supporting patients and family during these unprecedented times.

- [Confidential NHS staff support line](#) operated by the Samaritans free to access from 7am to 11pm 7 days per week. **Call 0800 069 6222** or text FRONTLINE to 85258 (support 24/7 via text)
- [Confidential NHS bereavement support line](#) operated by Hospice free to access from 8am to 8pm 7 days per week. **Call 0300 303 4434**
- Health Innovation Network [supporting wellbeing during and after COVID-19](#)
- [Good Thinking digital mental wellbeing for London](#) has tools to help your mental health.
- Nottingham University [e-learning resource](#) on Psychological Wellbeing in Healthcare Workers in response to COVID-19.

Free apps for NHS staff:

- [Unmind](#) is a mental health platform that empowers staff to proactively improve their mental wellbeing
- [Headspace](#) is a science-backed app in mindfulness and meditation, providing unique tools and resources to help reduce stress, build resilience, and aid better sleep
- [Sleepio](#) is a clinically evidenced sleep improvement programme that is fully automated and highly personalised, using cognitive behavioral techniques to help improve poor sleep
- [Daylight](#) provides help to people experiencing symptoms of worry and anxiety, using evidence-based cognitive behavioral techniques, voice and animation



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## Change Log

The document was originally approved by the London Clinical Advisory Group on **31<sup>st</sup> March 2020**.

### Version 2 published 12/04/2020

- Additional resources added—medication guidance, information for families/patients, NICE guidance, MCA and DoLS guidance, and self care
- Information added on PMART

### Version 3 published 27/05/2020

- additional resources added—Macmillan scenarios, HEE difficult conversations, Brent CCG CMC videos, NHS children palliative care guidance, RADiANT guidance, care home resource pack, care home medication reuse guidance, verification of death guidance
- Updated self-care information

### Version 4 (this version)

- Additional resources—EARLY identification toolkit, CMC contact details, care home managers ACP guide, care after death resources and self care information
- Updated hospitalisation tab
- Removed PPE tab and PMART information

For further information, please contact [england.london-scn@nhs.net](mailto:england.london-scn@nhs.net).