Barnsley CCG and District EOLC Steering group
Primary and Community Care Comms
25 March 2020

Dear Colleagues

We know that these are unprecedented times and that there is significant concern about how we will provide high quality end of life care (EOLC) to patients in the community. Ensuring this care is delivered will require a pragmatic approach and the rapid development of new ways of working together with specialist palliative care providers and other colleagues.

If you identify any pressing concerns that are not covered in this guidance please email: janet.owen@swyt.nhs.uk. We will respond as soon as possible and try to address your concerns.

For the purposes of these updates, palliative care / end of life care is defined as a broad approach to care focused on quality of life through the identification and management of physical, psychosocial and spiritual needs. It is not confined to those with cancer, but includes frail elderly patients, those with non-malignant disease and those with conditions that put them at risk of sudden life-threatening deteriorations in their health.

We will consider three groups of patients.

1. Primary and community care for patients at high risk of dying

Recommendations:

1. Building on recent work, **ensure that patients of all ages and with all relevant conditions are identified on the practice palliative care register and have EPaCCS templates completed**.
2. Where possible**, ensure that care planning conversations take place**. Document anything you know about the patient's preferred place of care and death using the EPaCCS template.
3. Discuss resuscitation and **complete DNACPR form** when appropriate.
4. **Prescribe anticipatory medicines**. *As per local guidance prescribe morphine, not diamorphine, which is in short supply*. No other imminent drug shortages have been identified nationally but the CCG will endeavour to inform you as soon as possible if this is the case.
5. **Share the information** – ensure that the presence of a care plan / DNACPR is highlighted on the EPaCCS Template so that it can be seen by other healthcare providers and if possible leave a copy with the patient/care home. Make use of High Priority SystemOne alerts and the Enhanced Summary Care Record.
6. There has been very little guidance so far about **home visits**. Current guidance is that these should continue as long as required to patients without COVID, and if necessary replaced by
7. telephone liaison. Essential visits to patients with suspected or confirmed COVID should follow the infection control precautions in https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control. There is a national concern about the availability of PPE. Providers are working hard to source

Treatment decisions

Decisions about treatment in this group can be challenging. A useful article about treating pneumonia in older people during a pandemic is available here:
https://www.cebm.net/wp-content/uploads/2020/03/Pneumonia-treatment-in-the-elderly-1-1.pdf

Nursing and residential care homes

All of the above applies. A clear priority is to protect care home residents and staff from COVID 19 by following Public Health England guidance.

The CCG is working with social care and in line with national guidance to rapidly review care home bed capacity. Primary care and community teams are likely to be involved in providing care to patients with COVID 19 or suspected COVID 19 in care homes. Care planning and clear communication of care plans for these patients will be vital.

2. Primary and community care for dying patients with COVID or suspected COVID

This section relates to patients who are at the end of their lives and known to be dying from an existing medical condition, whose symptoms and EOLC are further complicated by a confirmed or suspected COVID infection. The cause of death for these patients will be their existing condition, rather than COVID. The recommendations in Section 1 also apply to this group of patients.

Primary care has a key role in triaging and identifying seriously unwell patients and will be involved in making difficult clinical and ethical decisions about whether patients could benefit from hospital admission, depending on their medical history and other circumstances. Decisions about how and where to provide care may be informed by a clear care plan and patient preferences, and by clinical guidance from professional bodies which is due to be published, as well as many other factors including the availability of care and support in the community.

Primary and community care services will also have a key role in the provision of care to patients discharged from hospital at the end of their lives.

For primary and community care staff involved in frontline care to patients who are dying who have confirmed or suspected COVID, recommendations are as follows:

1. Ensure a **care plan** with **preferred place of care**. Complete a **DNACPR** form if appropriate and prescribe **anticipatory medications**. Identify carers (including next of kin or person with Lasting Power of Attorney who can be spoken to on the telephone with the patient's consent) if possible. This should be recorded on the EPaCCs template and where possible a copy left with the patient/care home.
    - Holding a stock of anticipatory medications in care homes (rather than for each individual patient) has been recognised as a national concern – changes in legislation are currently required in order for a care home to have a small stock of medications.
2. Symptom control.

    - The Barnsley Palliative Care Formulary is approved for use in Barnsley and can be accessed here: http://best.barnsleyccg.nhs.uk/prescribing-guidelines/palliative-care-formulary/16288
    - Palliative care stockist pharmacies: http://www.barnsleyccg.nhs.uk/members-professionals/palliative-care.htm
    - Yorkshire and Humber Symptom Control Guidelines are here: http://www.yhscn.nhs.uk/media/PDFs/EOL/KEY%20DOCUMENTS/YH%20Palliative%20care%20symptom%20guide%202016.pdf
    - Specialist palliative care advice is available 24/7:
        - The community Macmillan specialist palliative care team continues to operate a 7-day service between the hours 9:15-16:45. The team are available to take calls and give advice within these hours Monday to Friday on 01226 645 280 on a weekend via Communication on 01226 644575 these staff work closely with the Palliative Medicine doctors based at Barnsley Hospice; for medical advice please ring the hospice on 01226 244 244.

    - After 17:00 and overnight until 9:00 am please ring the hospice on 01226 244 244 for advice.
- National guidance is being developed by NHS England and the Association of Palliative Medicine. This will be available soon, will be shared and will inform further specific local guidance.

3. Current verification of death, death certification processes and bereavement support should continue.

Specialist Palliative Care

Referrals to the community Macmillan SPC team and the Hospice can be made in the usual ways**.**

Please be aware that Hospice day services are currently suspended.

In order to protect vulnerable patients and maintain a COVID-free environment for as long as possible, the Hospice have instituted a COVID-19 screening assessment protocol for In Patient referrals. The patient's current health status will determine the admission pathway. The Hospice has introduced limits on the numbers of visitors and COVID screening for relatives entering the building.

3. Patients who are dying of COVID.

These are patients who have not been identified as at risk of dying or at the end of their lives due to their medical conditions, but who have a confirmed COVID infection and may die. It is anticipated that their care will be delivered by specialist teams in acute hospitals, with support from hospital specialist palliative care teams.

Signed off by Jayne Sivakumar, Chief Nurse on behalf of BCCG

25th March 2020