



Royal College of
General Practitioners

*The***AHSN***Network*

Primary Care in Care Homes during COVID-19

Dr Gail Allsopp, Clinical Policy Lead RCGP

Dr Alison Tavaré, West of England AHSN

Anita Astle MBE, Wren Hall Nursing Home, Nottingham

Dr Jonathan Leach OBE, Hon Sec and COVID-19 lead RCGP

Overview of webinar

- Current good practice across the UK
- Presentation of COVID-19 in care homes
- Provision of person-centered care
- Remote consultations in care homes
- COVID-19 virtual wards
- Resources available



“GPs have not abandoned their patients in care homes and to suggest otherwise is wrong.” (Martin Marshall, RCGP Chair of council. May 2020)

Caring for care homes

- “Registered care home service with or without nursing”¹
 - Nursing home
 - Residential home
 - Learning disability and other homes
- This is their home
 - All different
- “GPs are committed to delivering the best possible care to our most vulnerable patients, many of whom live in care homes.”²



Evidence of good practice



Search: RCGP COVID-19 FAQs

Themes of good practice

- Communication
 - Verbal and resource sharing
- The “right” member of staff, not always a GP
 - Continuity and cover
- Collaboration
 - Teaching, signposting
- Proactive care
- Mutual trust

Trust

GP view (Grampian)

“All care homes have been aligned ... building trust and proactive care. This enables the care home staff to be our eyes and ears. We trust their judgement when someone is unwell as we know them so well.”

Care home view (Derbyshire)

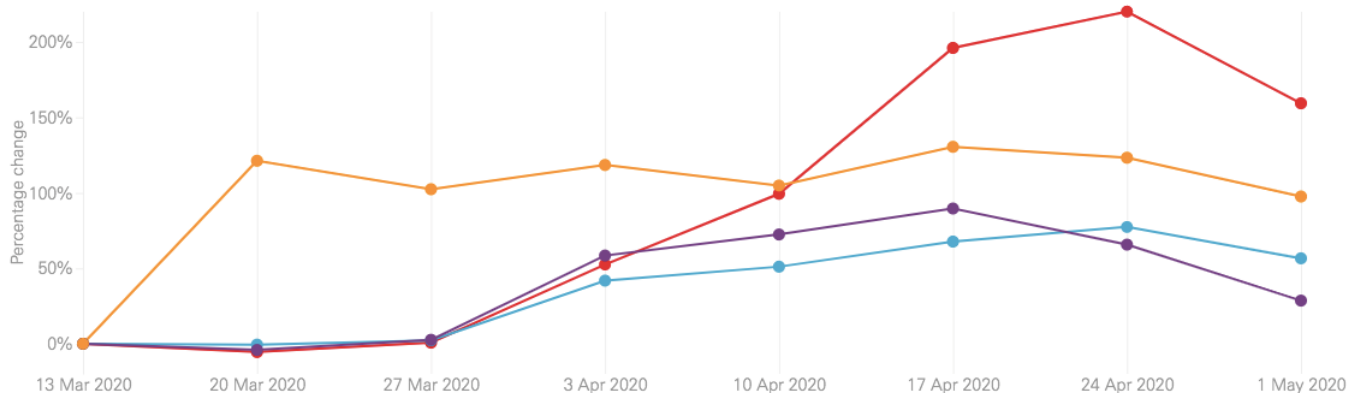
“There is a fantastic relationship between the home and the GP surgery which is entirely built on trust ... the GP surgery listens and takes everything we say on board, it is the same the other way around ... the home absolutely trusts the GP surgery.”

Why is this important?

Deaths from all causes in care homes are starting to stabilise, but remain 159% higher than at the start of the COVID-19 outbreak

Percentage change in deaths from any cause by place of death in England and Wales, relative to the week ending 13 March 2020

■ Care home ■ Private home ■ Hospital (acute or community, not psychiatric) ■ Other*



The Health Foundation
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Source: [ONS, provisional counts of the number of deaths registered in England and Wales, by age, sex and region, in the latest weeks for which data are available.](#) *Note: Other = hospice, other communal establishment, elsewhere



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5. Estimates of mortality of care home residents linked to the COVID-19 pandemic Adelina Comas-Herrera and Jose-Luis Fernández LSE

Person-centred care

- Shared decision-making in acute situations
 - “It remains essential these decisions are made on an individual basis⁶.” RCGP, April 2020
 - No change in Mental Health Act or DoLS
- Proactive care and care planning
 - Difficult conversations
 - Escalation of care decisions
 - ReSPECT⁷
- End of life care
 - RCGP Daffodil standards

A screenshot of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. The form is titled 'ReSPECT Recommended Summary Plan for Emergency Care and Treatment for:' and includes sections for personal details, summary of relevant information, personal preferences, and clinical recommendations. It features a scale for prioritizing sustaining life versus prioritizing comfort, and a section for clinical recommendations for emergency care and treatment. The form is branded with the ReSPECT logo and the text 'ReSPECT' on the right side.

Patients present differently

- Case definition
 - Cough, temperature, anosmia
- Atypical
 - Not eating and drinking
 - Taking to bed
 - Falls
 - Delirium
- Require a high index of suspicion
 - Consider early barrier nursing, PPE and isolation

- WHO
 - “Stigma ... might contribute to a situation where the virus is more, not less, likely to spread. This can result in more severe health problems and difficulties controlling a disease outbreak⁸.”
 - Drive people to hide the illness to avoid discrimination
 - Prevent people from seeking healthcare immediately
 - Discourage them from adopting healthy behaviours
- Care home perspective
 - Put residents, staff and clinicians at risk

Care home perspective: challenges

- Variety of care homes
 - Staff with variable knowledge and skillsets
 - Plethora of guidance
 - Residents range from independent to totally dependent
 - Cater for residents of varying level of care need
- Residents may have high levels of frailty and complexity
 - Variety of mental health needs, often difficult to socially distance residents
- Staff rotations
 - Adaptations to reduce transmission

Care home perspective: success

- Zoning and cohorting
- Open, honest, collaboration
- Shared goals
 - Optimal person-centred care
 - Pre-empting issues and problem solving
- Communication
 - Frequent communication / checking-in
 - Sharing resources & updating one another re relevant guidance
- Mutual understanding / shoulder-to-shoulder

Looking after patients remotely

- Patient physiology
 - RESTORE2
 - Royal College of Physicians (RCP) recommends NEWS2 (National Early Warning Score) should be used when managing patients with COVID-19
 - However challenges of NEWS2 in the community as few face-to-face consultations and no evidence for the use of NEWS2 in the management of patients with COVID-19
 - Webinar: COVID-19 - Patient Assessment the role of physiology and oximetry is available at: www.youtube.com/watch?v=EUGurkVfJQI
- Digital solutions
 - COVID virtual ward
 - Digital support for care homes

COVID-19 pandemic in care homes

Recommendations from the British Geriatrics Society⁹:

2. Care home staff should be trained to check the temperature of residents displaying possible signs of COVID-19 infection, using a tympanic thermometer (inserted into the ear).
3. Where possible, care home staff should be trained to measure other vital signs including blood pressure, heart rate, pulse oximetry and respiratory rate. This will enable external healthcare practitioners to triage and prioritise support of residents according to need.
6. If taking vital signs, care homes should use the **RESTORE2** tool to recognise deterioration in residents, measure vital signs and communicate concerns to healthcare professionals.

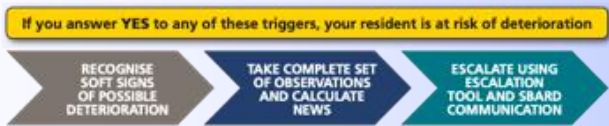
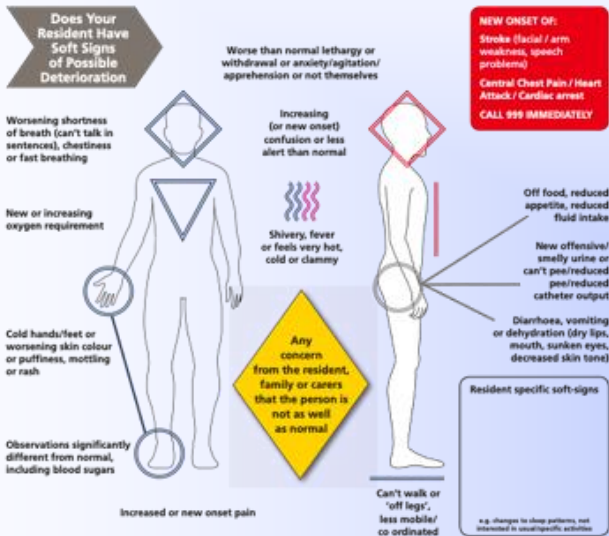


Adult Physiological Observation & Escalation Chart

Full Name:

NHS No.

DOB: Room No.



Get your message across

Raise the Alert within your home e.g. to a senior carer, registered nurse or manager.

If possible, **record the observations** using a **NEWS2** based system.

Report your concerns to a health care professional e.g. Nurse/GP/GP HUB/111/999 **using the SBARD Structured Communication Tool.**

- S** **Situation** e.g. what's happened? How are they? NEWS2 score if available
- B** **Background** e.g. what is their normal, how have they changed?
- A** **Assessment** e.g. what have you observed / done?
- R** **Recommendation** 'I need you to...'
- D** **Decision** what have you agreed? (including any Treatment Escalation Plan & further observations)

Key prompts / decisions

Don't ignore your 'gut feeling' about what you know and see. Give any immediate care to keep the person safe and comfortable.

Pulse oximetry and COVID-19

THE  TIMES
Wednesday April 22 2020

News | Coronavirus

Finger-clip device gives warning on oxygen level

Rhys Blakely
Science Correspondent

A simple device that monitors oxygen levels at home could help to identify people who are falling severely ill with Covid-19, doctors have said.

Experts are concerned that significant numbers are not receiving care quickly enough, which leads to a hard-to-detect form of viral pneumonia.

Richard Levitan, an American doctor, said that the volume of patients who need a ventilator could be reduced if people with symptoms such as fever and cough monitored themselves using pulse oximeters. These are small devices that clip on a finger



Pulse oximeters can be bought for £23
GIORGIOS MOUTAFIS/REUTERS

to measure oxygen levels in the blood.

“We are just beginning to recognise that Covid pneumonia initially causes a form of oxygen deprivation we call ‘silent hypoxia’ — ‘silent’ because of its insidious, hard-to-detect nature,” he wrote in *The New York Times*.

Pulse oximeters, which can be bought for £23, had helped to save two of his

friends, he added. Detection of low oxygen levels, early treatment and close monitoring also appeared to have helped Boris Johnson.

British experts agreed that pulse oximeters could provide a valuable early warning but said that the NHS would have to be geared up to respond.

Professor Babak Javid, consultant in infectious diseases at Cambridge University Hospitals, said: “Many of the features of Covid are strikingly reminiscent of other lung infections that interfere with the ability of the lungs to oxygenate the blood. However, in some people that may be previously fit and well, this may not be apparent.”

He cautioned that pulse oximeters might not pick up warning signs when patients had been resting. “In a number of patients, it may be that mild exercise, such as walking for a few minutes, would push up their oxygen demands so much that the lungs can no longer cope, and their blood oxygen saturation dramatically falls,” he said.

“These patients are likely to be at risk of becoming severely unwell in a few hours, or a day or two, but if this ‘post-exercise saturation’ test is not performed, they may be falsely reassured that they are not seriously unwell.”

Whether a patient is admitted into hospital depends on several factors, including their age, frailty, underlying health conditions and their condition, which would include oxygen levels.

COVID VIRTUAL WARD

Suspected COVID patient
In the Care home

Suspected COVID patient
In own home, discharged from hospital
Non-conveyed by ambulance

COVID Virtual Ward

Monitoring at clinician's discretion
Focusing on old, frail & challenged

Are you better/worse?

- Shortness of breath?
- Function (ADL)?
- What are your Oxygen saturation trends?

All patients will be monitored with oximeters

COVID Virtual Ward Referral form

Info / summary / symptoms

O₂ sats frequency at clinician's discretion

Function

Treatment escalation planning



Time stamps of patients who deteriorate

Days 5-7 Silent hypoxia

Days 7-11 Significant breathlessness

Beware of a reduction in O₂ sats

In the majority, full recovery is usual
within 10-14 Days

Severe

<93%

Consider Admission
or Home O₂ /
palliation

Moderate

93-94%

Consider
Monitoring
Or Admission

Mild

> 94%

Consider
Monitoring or
Discharge

SAFETY NETTING

If patients meet any of the following criteria, they need 999

Severe breathlessness

- Unable to complete sentences
- Rapid, significant deterioration in breathing in the last hour
- New breathlessness at rest
- Sudden onset of breathlessness

Shock or peripheral shutdown

- New confusion or reduced level of consciousness
- Extremities – cold and clammy to touch
- Pallor – skin colour is mottled, ashen, blue or very pale
- Reduced urine output – little or no urine in last 24 hours

Functional impairment

- Inability to self-care / perform ADLs

COVID-19 in the nursing home



- Man in his 70s
- Has had a stroke and needing full supportive care but able to participate in decision-making
- Living in nursing home in Bristol
- Unwell and possible COVID-19
- Reviewed by GP and oxygen sats and respiratory rate normal range

- Following day deteriorated and oxygen saturations of 89% and respiratory rate of 28
- Objective evidence of physiological deterioration
- Supported the discussions between the man, the nurse and the GP

COVID-19 in the smaller care home



People with a learning disability die much younger and are more likely to die of infection

- Median age of death:
 - Profound and multiple LD: 40 years
 - Severe learning disability: 57 years
 - Moderate learning disability: 63 years
 - Mild learning disability: 62 years

Toby is a young man in his 20s. He gets recurrent aspiration pneumonia and his 'soft sign' is that he becomes very quiet. When he became unwell his mum checked his observations. His NEWS was 6, he was admitted and a diagnosis of sepsis made.

Resources: AHSN Network

RESTORE2 and other soft signs tools:

www.ahsnnetwork.com/spotting-serious-illness-and-sepsis



Videos for carers at www.e-lfh.org.uk and also [available on YouTube](https://www.youtube.com).

Digital support for care homes

Internet connection deals for care homes

www.nhsx.nhs.uk/covid-19-response/social-care/internet-connection-deals-care-homes



Really helpful website with lots of info:

www.digitalsocialcare.co.uk

Register and use NHSmail or get your existing email accredited: [Link to register](#)

Allows access to MS Teams and other tools for virtual ward rounds

- Easier/Faster communications with the GP
- Enhanced prescription ordering process
- Reduce time spent on admin tasks
- Access to the NHS Directory
- Simpler process for ordering tests (blood/urine)
- Reliable digital discharge summary process
- Increased collaboration over hospital admissions/appointments

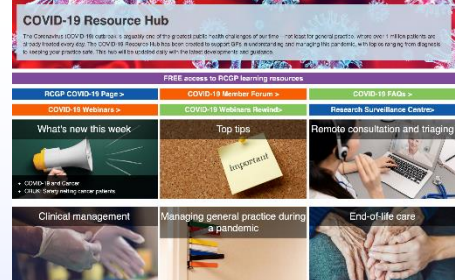
Top tips for remote consultations with care homes

- Clarify which device the care home will be using; will it be a 'home device' and the number can be saved, or will it be personal?
- Agree which platform is going to be used, e.g. accuRx, Microsoft Teams and if information needs to be provided
- If staff are worried about a resident, ask for observations to be taken and available at time of discussion
- Try to ensure continuity of clinicians and nurses/carers
- Consider MDT (multi-disciplinary team) meetings using Microsoft Teams

Resources: RCGP COVID-19 hub

COVID-19 FAQs from members

Please keep your questions coming as they're also helping us populate our [COVID-19 FAQs](#). We have convened a group of GP experts on emergency preparedness to answer these and are also bringing together helpful material from elsewhere to make this the 'go to' resource for GPs.



The AHSN Network



Community Palliative, End of Life and Bereavement Care in the COVID-19 pandemic

Key messages

- GPs continue to provide excellent care for all patients, including those in care homes
- Person-centred and individualised care for all patients essential
 - Proactive care planning
- Relationships are key
 - Communication and mutual trust, avoiding stigma
- Care home residents often present differently with COVID-19
 - High index of suspicion
- Physiology and monitoring over time
- Signpost to digital support and resources