

Submission from the Royal College of General Practitioners Northern Ireland

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Managing COVID-19 in Care Homes

RCGPNI thanks the Health Committee for inviting GPs to submit evidence on Care Homes and the impact of COVID-19.

GP guidance – Care Homes

Continuity of care and holistic, person-centred approaches are core qualities of GP care. These are of particular value for our most vulnerable patients, including those who live in residential and nursing homes. GP practices have responded extremely rapidly to the COVID-19 challenges, adopting new ways of working to minimise risk to care home residents and for clinical teams.

Many practices have introduced regular, virtual 'ward rounds' and video discussions with care home staff, which care home providers welcome. These contacts are valued at times of such significant change and uncertainty.

RCGP has published **Top Tips for GPs Caring for Care Homes**. This guidance captures examples of excellent practice that have emerged, including new approaches to the delivery of safe and effective GP care, as well as supporting care home staff in the challenges they face, such as:

- the appropriate use of personal protective equipment
- testing arrangements
- the challenges of maintaining isolation for suspected and confirmed cases of COVID-19 in the care home setting

We refer you to this guidance for information on how to support care homes manage the spread of infection.

A few additional key points are highlighted below under the suggested headings.

1. Discharge from hospitals to care homes

It is vital to ensure that as many precautions as possible are taken to keep care homes free from COVID-19. Ideally, all patients should be tested before they are discharged from hospital and should not return to their home unless they receive a negative test result. This will help to minimise spread and keep vulnerable care home residents safe. The same principle should apply to any new care home residents.

Where a care home resident is identified as having contracted COVID-19, suitable steps should be taken to ensure they are supported to isolate as much as possible. Homes should have their own arrangements in place for separating shared facilities 'hot' from 'cold'.

2. Access to PPE

It is vital that we continue to learn from both good and bad practice. RCGPNI supports the principles of separating COVID from Non-COVID patients wherever possible. To help support and protect care home residents, new ways of supporting care homes have been established. Trusts are providing care home support including education and training (eg PPE / assessment) and primary care are facilitating face to face consultations based on clinical need either by their own GP or a COVID centre GP where appropriate.

Efforts have been made to facilitate virtual care for care home residents. Where face to face visit is needed, GPs attending will wear the appropriate PPE to protect staff and residents and will adhere to the stringent infection control guidance that the home provides.

We welcome the focus on ensuring better PPE training is delivered to care home staff.

3. Testing in Care Homes

Care home residents are particularly vulnerable to suffering greatly from COVID-19, due to their often complex health and care needs. It is vital that every effort is taken to monitor residents closely and act quickly should any sign of infection or symptoms become apparent within the home.

4. Visitors

RCGPNI supports the efforts that have been taken to set guidance and regulations for the general public to help thwart the spread of the virus. While it is important to shield care home residents from the risk of COVID-19, the impact of no social contact on psychological wellbeing must be considered. Care homes may need greater support to help residents maintain contact, albeit likely virtual, with their families and friends during this time.

5. Medical care within care homes and advance care planning

The protection of our care home residents is of paramount importance due to their vulnerability and the high risk of complications if they were to get COVID-19.

GPs have been aiming to provide the same quality of care for patients in care homes by working in new and innovative ways. This often involves remote access. Where possible, routine reviews, ward rounds and consultations should be performed by remote consultation (telephone or video calls), with the help of care home staff, and many examples of this are in place across the UK. This is of course dependent on the care homes having access to video calls, which should be provided by the homes themselves.

Caring and treating for residents remotely is not always appropriate. Subject to clinical need, GPs will still tend to patients face-to-face as necessary, taking appropriate precautions including use of PPE and adhering to distancing and infection control measures as much as possible. We must weigh up carefully the risks/benefits of visits, while not inadvertently introducing COVID to the home.

If there are COVID-19 concerns a GP from the nearest COVID Centre would only visit in person where there is a clinical need to do so. This is to reduce the potential risk of bringing any infection into the home.

MDT approach

Care homes are a complex environment with multiple partner organisations engaged to provide support and advice and to ensure the quality and safety of the services provided. In order to affect the best outcomes, we need to understand this wider network and the roles and responsibilities of those involved. The importance of good communication should not be understated. Digital technology is enabling dialogue between multiple partners and allowing these relationships to develop.

A collective response to the challenges faced, provides significant reassurance to the care home teams who are often working in very difficult circumstances. These are difficult times, but this strengthened and more coordinated support for some of our most vulnerable patients may be one of the most positive outcomes of the COVID-19 response.

Proposal to align GP practices with Care Homes

We support in principle new ways of working to support care homes. It has been recommended that one GP practice will be aligned with each care home in Northern Ireland. This will help with continuity of care and streamline the communication process for care home staff seeking medical advice and support.

While agreeable in theory, due consideration must be given to current challenges associated with GP workforce and workload. We also urge thinking for a “Plan B” in cases where there is not a suitable GP practice in the locality to support a care home. Consideration must also be given to the training of care home staff.

Advance Care Planning

At start of pandemic, Advance Care Planning (ACP) came to the fore and while GPs are frequently the best people to do this, they are not the only medical professionals that this responsibility should fall on. ACP is one area that GPs have delivered for many years and we continue to perform this crucial role with care and sensitivity but would support ACP being carried out by the multidisciplinary team member who knows the individual best.

Acute Care at Home

GPs and care home staff have been working closely with Acute Care At Home teams to streamline this service into care homes. Acute Care at Home aims to provide hospital level care in a patient's own home for those aged 65 years and over, in order to prevent admission to hospital. In some Trust areas, the team also facilitates early discharge back home once a patient is ready to leave hospital.

The multidisciplinary teams include a Consultant Geriatrician, Specialty Doctors, Pharmacists, Nurses, Occupational Therapists, Physiotherapists, Support Workers and Admin staff. Efforts should be taken right across the region to streamline the Acute Care at Home programme and embed within care homes as standard.

Resources:

RCGP: Top Tips for GPs caring for Care Homes

<https://www.rcgp.org.uk/covid-19/-/media/Files/Policy/A-Z-policy/2020/covid19/top-tips-for-gps-care-homes-rcgp-07052020.ashx>

British Geriatrics Society: Managing the COVID-19 pandemic in care homes for older people

<https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes>