

Barnet Training Hub: Step by step guide for GP practices to support GP practice nurses to undertake telephone welfare checks and advance care planning via Coordinate My Care during the Covid-19 Pandemic

Introduction

The Covid-19 pandemic will highlight the importance of advance care planning (ACP) on a scale never previously realised in the UK. The end of life (EOL) wishes of patients who are likely to be very unwell with Covid-19 (or non Covid-19 pathology) should ideally be ascertained before that scenario occurs. This allows patients and their families the time to make informed decisions and also increase the likelihood that patient preference is respected if the worst-case scenario were to occur. Additionally, sharing this information helps manage the demand on emergency services and lays foundations for further EOL conversations that may take place in secondary care.

In London, Coordinate My Care (CMC) is the digital platform which facilitates sharing of clinical recommendations and patient preference through ACP with urgent care services (e.g. Out of Hours GPs and the London Ambulance Service). Given the pandemic, clinicians have been urged to prioritise sharing this pertinent information regarding vulnerable patients on CMC.

GPs traditionally undertake ACP in the community, but all clinicians would be able to contribute to CMC and ACP to varying degrees with training. Indeed, the Barnet Training Hub is currently organising training for GP practice nurse trainees (GPN trainees) to support development of these skills. Given current events, the Barnet Training Hub is keen to extend this training and support to experienced GP practice nurses (PNs) and Trainee Nursing Associates (TNAs) in the hope that they can also help undertake this crucial work. The TNAs will now be included in the educational programme for the GPN trainees.

As GP practice nurse routine duties have now been greatly scaled back in light of Covid-19, upskilling PNs in ACP optimises work force utilisation. Additionally, some PNs are already undertaking telephone welfare checks on vulnerable patients who may be experiencing additional challenges due to social distancing, self isolation and shielding. The Barnet Training Hub can provide support for GP practices yet to set this up. This will be covered in the Barnet TH virtual training for PNs and also included in this document is a checklist developed by Dr Sarah Shelley for a welfare check conversation. I will disseminate more detailed proposed scripts/crib sheets to the PNs that undergo our training, which covers ACP in the context of CMC and a Covid-19 welfare check.

Ultimately, the hope is that we are able to provide the necessary support to empower our GPN colleagues to complete CMCs, which will free up GP time to undertake other crucial work during this national emergency.



Step by Step Guide for Practices to set up PN telephone welfare check ± CMC/ACP

1. Create a list of your vulnerable patients to call proactively
2. Allocate time for your PN to have the Barnet TH virtual training (it will be time efficient in the long run!)
3. Discuss with your PN whether their focus is on welfare check and data gathering for CMC or if they are also able to ask exploratory questions for ACP after training. Consider individual strengths and experience.
4. Set up your PN's CMC access
5. Make plans for remote working scenarios

1. Create a list of your vulnerable patients to proactively call

Identification of Vulnerable Groups (REF 1)

The people most likely to benefit from having a CMC plan are those who are:

- Over 70 years old
- Have long term conditions such as heart failure, COPD, dementia.
- Those that are likely to be in the last year of life or on your palliative care register. www.spict.org.uk
- Many care home residents already have advance care plans; recording the treatment escalation including resuscitation status and patient wishes to CMC will make it visible to community and urgent and emergency care services.

There is a new EMIS search tool you can use to identify people who are likely to be in the last year of life and not on the palliative care register.

<https://www.england.nhs.uk/london/london-clinicalnetworks/our-networks/end-of-life-care/end-of-life-care-key-publications/>

2. Allocate time for your PN to have Barnet TH virtual training (it will be time efficient in the long run!)

Dame Claire Marx, Chair of the GMC, recently wrote to all doctors (REF 2) explaining that this pandemic may require us to work outside our comfort zone. Whilst it is greatly encouraged that all clinicians are involved in ACP, it is clear that for most practice nurses it will be out of their comfort zone. As this pandemic takes hold, the clinical demand on GPs will likely mean GPs will not have the time to have these important discussions. In these unprecedented times, nurses as well as doctors will need to balance working out of one's comfort zone with the urgent need to have ACP discussions with a large proportion of our patient population.

The Barnet Training Hub would like to support practices and PNs by offering training to develop these skills and to suggest how CMC/ACP might be undertaken sensitively in the context of the pandemic alongside a telephone welfare check. The virtual training session will take approx. 30 mins (via Zoom) and though PNs will need to



have time allocated for this training, we envisage that it will ultimately save the practice time in the long run and provide our nursing colleagues with necessary additional support given the significant change to their usual clinical duties.

3. Discuss with your PN whether their focus is on welfare check and data gathering for CMC or if they are also able to ask exploratory questions for advance care planning (after training). Consider individual strengths and experience.

Ultimately the decision lies with the individual nurse and practice. It would be good practice to have a conversation about this before starting this work, and for everyone to acknowledge that the decision may evolve with time.

4. Set up your nurse's CMC access (REF 1)

Setting up a new user's log-in to CMC usually takes 2 days. There is also the facility to submit a batch log-in request if there are more than 50 users.

<https://www.coordinatemycare.co.uk/joiningcmc/>.

CMC is a very intuitive digital system, and the Barnet TH virtual training session will specifically cover the areas of CMC most important in the context of the pandemic. On first login to CMC, if the user selects "training waiver" it prevents delay with the issue of login. This requires the user to feel that they don't require additional CMC training.

5. Make plans for remote working

Your nurses may not be able to work in practice as usual during the pandemic. Please consider if you are able to set up remote access for them in order to continue this important work. If working remotely, they may need support to call patients from home (e.g. sufficient mobile data and broadband). On the iPhone, in settings, then phone, ensure that 'show my caller ID' is grey so that their personal mobile no is hidden calling patients.

If your nurse does not have remote access, nurses could fill out the myCMC online (<https://www.mycmc.online/public/index.html#/home>) with the patient/family on the phone, which automatically links into the GP system. The practice needs to include NHS no in the list given to nurses. Use a generic password initially and then ask the patient to change it as soon as possible afterwards.



Script for GPN making calls to vulnerable patients (from Dr Shelley)

Introduction

Make sure they can hear you

Check to see how they are?

Wanted to see if there is anything that patient needs?

Any concerns/worries?

Who is helping to support them?

Are they a carer themselves?

Do they have support for shopping?

Who would they call if they needed help?

Do they have a lifeline/panic button?

Do they have key safe or does neighbour have access if needed?

Are medicines up to date, do they need anything?

Next of kin could we have contact details in case needed?

Do they have access to mobile/smart phone can we contact them by text or video if needed?

Do you feel safe at home?

Any falls?

What if current carers became unwell or could not come in, do they have back up plan?

If feel comfortable then ask about creating or sending them information about a shared care record, MyCMC. Really useful for GP, OOH, LAS and hospital to have relevant information about them. Can call back again to let them think about it.

REFERENCES

REF 1: CMC document plans for vulnerable patients (available as pdf on request)

REF 2: A message from Dame Clare Marx, Chair of the GMC. Email to doctors

24/3/20

