1. Introduction

There are particular groups of individuals who are at increased risk of severe illness from coronavirus. These are the groups that may benefit from Advance Care Planning.

The group of patients who would normally receive an annual flu vaccination are considered to be at high risk and enhanced social isolation advised https://gov.wales/coronavirus-social-distancing-guidance. Another group, individuals with solid organ transplants, specific cancers, severe pulmonary disease, certain inborn errors of metabolism, on immunosuppressant treatment and pregnant women with significant heart disease, are at the highest risk and advised to shield for 12 weeks https://gov.wales/guidance-on-shielding-and-protecting-people-defined-on-medical-grounds-as-extremely-vulnerable-from-coronavirus-covid-19-html.

While both groups may wish to consider advance care planning, this is most important in the second group.

This is an important opportunity for people to have conversations with carers and loved ones about the type of care that they would like to receive should they become unwell.

We know that treatments for coronavirus focus on supportive measures, but specific care options like ventilation are of low benefit or do not help people who are already in poor health. However, there are many other aspects of care that can be discussed and planned for individual patients. People may well be worried about the future, and
so there is an opportunity to have a helpful conversation about what matters to them if they become very unwell and die.

These discussions can be extremely difficult to start, but they are important and helpful. The aim is to have an open and honest conversation with people and their families and carers so that we can plan future care as well as possible.

2. In House process

Review the centrally generated list shared with your practice and allocate the patients to your team based on who knows them best, and who has capacity to undertake the telephone work. There will be other patients in the practice whose names may not appear on the list but whom the practice feels may merit a call. It may also be worth considering using the practice website in a way that sensitively allows patients to identify themselves and contact the practice directly (see below).

Sections 3 4 and 5 below may be carried out by a nurse or experienced staff member, but the Ongoing Medical Needs and Advance Care planning/CPR should be discussed by the clinician involved in their care.

Ensure you are not rushed as these calls may take longer than planned. A checklist or template such as the one in this document, will help guide and record the consultation.

3. Contacting Patients

Establish who you are talking to and check that they understand who you are and why you are calling.

Check they have received and read the letter (if not, ensure you have a copy of the letter to hand so you can go through the main points. We are also suggesting that practices could upload the patient letter to their practice website or Facebook page, so patients could also be directed there).

Explain to the patient (or their Power of Attorney/carer if the patient is known to have cognitive impairment) that you are getting in touch with them following the letter they should have received from the CMO about keeping themselves safe during the Coronavirus outbreak, given that they are in a higher risk group.
4. Safeguarding and Caring Responsibilities

Consider whether there are any safeguarding issues based on your knowledge of the patient and their home circumstances; being in self-isolation is a stressful time for families.

Establish if anyone else is present and offer an opportunity to speak alone. Be aware of safeguarding issues such as pressure or coercion to agree to a particular course of action.

Check who is their next of kin. Note their name, relationship and contact details.

Check who is their main carer (if different) and their contact details. Ask what their usual alternative arrangements are if their main carer is unwell.

Check if they themselves have caring responsibilities for anyone else. Ask what their usual alternative arrangements are for the person they care for if they fall unwell.

Check which key healthcare professionals are involved in their care (eg district nursing team, community specialist nurse teams, secondary care).

5. Advice re Self-Isolation /Self-Care

Check their understanding of the 12-week self-isolation advice.

Check they are aware of the standard public health advice (especially hand-washing).

Check their understanding of the symptoms of COVID-19 (fever >37.8 and new persistent cough) and recommend that if they develop these symptoms, they phone 111, making it clear that they are in the very high-risk group.

Remind them NOT to turn up unannounced at their GP surgery or A&E with symptoms. Call 111 and assessment will be arranged if needed.

6. Ongoing Medical needs

Check if they have any other medical needs at the current time that need to be dealt with; explain that where possible this will be done over the telephone or by video consulting (dealt with on the same call if possible, follow up arranged for this if not, and safe to wait).

Ensure that they have adequate medication available at home (but do not recommend stockpiling!).

Check that they have plans in place for being able to collect or deliver their medicines. Whilst on the phone, clinicians should check that all medicines that should and could be on repeat are and are all re-authorised, with 12 repeats if safe to do so. Also check they have a nominated chemist on your system; choose and set one up if not.
7. Advance Care Planning /CPR

The RED-MAP framework can be helpful to guide discussions about ACP

https://www.ec4h.org.uk/covid-19-effective-communication-for-professionals/

R  Ready:  Can we talk about how coronavirus might affect you?
E  Expect:  What do you know? What do you want to ask?
D  Diagnosis:  We know that coronavirus....  We don't know.....
M  Matters:  What matters to you if you were to become unwell?
A  Actions:  What we can do to help is....
P  Plan:  Let’s plan ahead for ‘just in case’. Is there anyone you would like to be involved in your care?

This information should be clearly recorded in the notes. Attached to this document is a proforma that can be used to help you during this discussion record important information that the patient tells you. Depending on how the conversation goes, you may consider exploring other relevant aspects of advance care such as wishes regarding CPR and the issuing of a DNACPR form.

Try to clearly summarise the discussion to give the patient or carer the opportunity to alter or clarify any issues or to revisit their decisions in the future.

Some people may not be ready for this conversation and it may be necessary to revisit it at another time. Focus on the benefits of having a plan for each person and, if possible, offer another opportunity with you or a colleague.

8. Wellbeing

It is important that all members of the Team involved in advance care planning look after their own and each other’s wellbeing. Some Team members may find that having such conversations, has a direct impact upon their own mental health and should feel free to discuss with other Team members and sympathetic consideration be given to their roles.

Use debriefing sessions and available resources:


9. Useful Resources

RCGP Wales Advance Care Planning Training Resource
This has training resources and the Reference Material section has useful links
http://rcgpwalestraining.co.uk/rcgp/index.htm

RCGP Covid Hub
RCP Ethical Guidance
https://www.rcplondon.ac.uk/news/ethical-guidance-published-frontline-staff-dealing-pandemic-0

BMA Ethical Guidance

Information for Practices Regarding Shielding Letters
Your practice manager has access through the primary care portal to a spreadsheet.
This shows all your patients who have received shielding letters, and the broad categories into which they fall. If your practice manager is not able to access the primary care portal, please email:
NWIS.PrimaryCareInformationServices@wales.nhs.uk to request that temporary practice manager access is granted to another member of the practice team.

Information for Patients
http://advancecareplan.org.uk/

Suggestion for addition to practice website
“The Practice is here to support you through the current Pandemic that is affecting so many of us. The Government has written to many already medically vulnerable patients who may become unwell if they catch the virus. Please know we are here for you and your families. You will also have seen on the news that many patients are discussing with their GPs their wishes for their care should they become seriously unwell. If you would like to have that discussion or if you think you have an underlying significant condition but have not been included on the Government’s list, then please let us know by emailing …………………… If you do not have access to email, please telephone the surgery and ask to speak to ……………………..”

Resource endorsed by:

- **Dr JI Baker MA FRCP, National Clinical Lead for palliative and end of life care, Wales**
- **Dr Alastair Roeves, National Clinical Lead for Primary Care & Community Care for Wales, Strategic Programme for Primary Care, NHS Wales**
- **Dr Mark Walker, Senior Medical Officer, Primary Care, Welsh Government**

Based on guidance from Health Improvement Scotland

*With thanks to RCGP Scotland for help in producing this guide*
### An essential ACP for those most vulnerable to coronavirus

<table>
<thead>
<tr>
<th>Name</th>
<th>Preferred name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoB</td>
<td>Phone number</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
</tbody>
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#### The things you would like:

#### The things you do not want:

#### Any other information around preferences for care:

#### Discussions about cardiopulmonary resuscitation:

- **Is this person to have cardiopulmonary resuscitation?**
  - **Yes** ☐
  - **No** ☐

- **If NO, is a DNACPR form completed?**
  - **Yes** ☐
  - **No** ☐

#### The people you would like to be involved in decisions about your care. (List names and contact info.)

#### Do any of these people have power of attorney or welfare guardianship?**
- **YES** ☐
- **NO** ☐

#### Other important contacts (next of kin / carer / neighbour)

#### Key worker (social / health care worker/ mental health support/ others)

#### Name and contact details of Responsible Clinician (Consultant/ GP/ Other)

#### Name and designation of person who has led this ACP discussion

#### Date completed:

#### Consent obtained to share with Out of Hours GP Services (good practice but not mandatory)

- **Yes** ☐
- **No** ☐

Please send this completed electronic word document to the GP practice so that the above information can recorded in the patient’s record