Appendix 1

Advance Care Planning

COVID EMERGENCY

Basic tips for managing Advance Care Planning (ACP) with families and patients who are deteriorating.

In the case of a

CONSCIOUS PATIENT

Tips for communicating with the **PATIENT**

With the patient

Avoid sentences such as

"There is a high possibility that you might get/have COVID-19."

"We need to decide what will happen to you if you get COVID-19."

"Going to hospital is unlikely to help you if you get/have COVID-19."

"If you have/get COVID-19 it's unlikely that you'll survive."

"We'll aim to keep you comfortable if you have/get COVID-19."

With the patient

RECOMMENDED expressions

"Good morning Mr/Mrs/Ms (address the person by name), I am ... (introduce yourself by name and the role you do)

…we're doing our best to look after you and take care of you in the best possible way. ..."

"I understand that this is an emotional time, but we need to get your thoughts on how you would want to be cared for if you were to be/are diagnosed with COVID-19…"

"What do you understand about your current situation?"

"Are you the type of person who likes to think and plan ahead?"

"Do you have any thoughts on when you would want to go into hospital and the level of care you would want?"

"It's important that we get things right for you. To do that we need to know what you would want if ……"

"What concerns you most about the future?"

Appendix 2

In the case of a

CONSCIOUS OR UNCONSCIOUS PATIENT or PATIENT LACKING MENTAL CAPACITY

Tips for communicating

When on the phone to the **family** AVOID sentences such as

DO NOT introduce yourself in an impersonal way:

"Good evening, I'm the nurse on duty."

Never phrase a question so a relative feels solely responsible for a decision on escalation. It should be an MDT decision:

"Would you want your mother/father to go to hospital?"

"Do you want us to take him/her in an ambulance?"

DO NOT be too direct or blunt by using sentences such as:

"It's unlikely that your mother/father will survive."

"We need to know your funeral plans for ……."

"Do you want us to resuscitate your mother/father if their heart stops?"

"We'll look to keep your mother/father here as there's no point in sending them to hospital."

link to ACP discussion

When on the phone to the **family** RECOMMENDED expressions

Introduce yourself by your full name and role:

"I'm so sorry that due to this awful situation we cannot meet in person to talk about your father/mother/wife/etc."

Try to be gentle in your approach. Use simple language:

"We know this might be a difficult subject to talk about, but we need to know your thoughts on how to care for your mother/father in the best way should they get/now they have coronavirus."

"We know that people who are frail/elderly/have ….condition(s) don't generally seem to respond to hospital treatments very well. Many treatments can be offered here at… and aim to keep your mother/father comfortable and in familiar surroundings, surrounded by staff who know them. What are your thoughts about this?"

"What do you already understand about the impact Coronavirus might have on your father/mother's condition?"

"With all the media around the pandemic, we are contacting relatives to see if you have any specific questions/concerns, and to check that the care plan we have in place for your mother/father is up to date should they get COVID-19. "

"We want to make sure that we get your mother/father's care right if they should become infected with COVID-19. Your thoughts are important to develop a care and treatment plan in conjunction with the team/GP that is appropriate."

"We are working with our families and GP to ensure we have a comprehensive plan in place if your (relative) were to become unwell due to COVID-19. The team feel…..would be the right approach. How do you feel about this?"

"We just want to check the information and care plan we already have in place is still appropriate."

"I have some sad/upsetting news…."

Appendix 3: Looking after you – tips courtesy of Blythe House Hospice

To read and download a copy of the 'thinking of you' leaflet, visit: https://blythehousehospice.org.uk/wp-content/uploads/2020/02/Thinking-of-you-booklet-for-care-homes.pub_.pdf

You are the best thing that has happened to your patients/residents at this time. And, you are your own best resource.

X Don't deny yourself time to share how hard it is. You could not have been prepared for the numbers of deaths, you were always ready to care.

X Don't tell yourself that you should be coping - you probably are coping, and being stressed/upset may well be part of that some days.

X Don't feel guilty about anything, you could not have done more. We could not have known that this was coming.

X Don't think you should always know what to do or say – no one does, no one!

- ✓ **Do allow yourself to feel whatever you feel, acknowledge it, cry if you want, you will be the first person to pick yourself up.**
- ✓ **Do talk to someone if you need to, you know who in your life helps you feel better.**
- ✓ **Do accept that you will need guidance, to ring around, to look things up; everyone is doing it, everything is changing. You are wonderful, DO remember that.**
- ✓ **Do feel that you are front line too, it's not all about hospital/ A&E, you know that, we know that and we salute you.**
- ✓ **Do ring/access the support and wellbeing services on the microsite if you need to talk or find support and guidance.**
- ✓ **Do remember how much we respect you, and that we will help you, we will help you to be there, and we would be proud to do it together.**

Thinking about you

We know just how hard you work and appreciate the standard of care you provide.

You create homes, not just the building, the feeling of 'being' at home and that is so difficult to do. Now, as this virus invades, we wanted you know how much we respect what you are doing out there and to offer some support if you feel it would help.

We know that you will be working to the high professional standards and guidance as you always do, you don't need us to teach you! These aren't included here.

We just wanted to share some useful phrases that we have learnt over the years of working with dying people and their families.

All the phrases are short, simple and clear. We know that filling silences and talking too much can stop people understanding the message. The dots are where you could add specific details that match your situation.

Pre-emptive questions can be better than waiting for the problem to arise or for them to ask you - Sometimes they don't know how to ask, or think we are too busy. It can help to start the conversation by saying:

- Often people in your position worry about……
- What is your biggest worry?
- Tell me three things that would help you

Picking up cues - Sometimes people give away clues don't they, instead of saying it straight out? It can help to say:

- You mentioned there…… Is that something you worry about?
- I'm picking up that you are the kind of person who……
- Is there something else I can help you with? (Research shows that saying 'something' always works better than saying 'anything')

Planning care

- It's important that we plan to keep you here at home, we will need to……. It's my job to give you the best advice……
- If they want to stay with you, and I'm sure most do, it's so helpful to have had that conversation and recorded it.
- Explaining the value of RESPECT, anticipatory medicines. (Remember anticipation of a problem, not emergency medicines, that can be scary) it is reassuring to explain that: I would rather put things in that you don't need, (e.g. anticipatory meds) than you have a problem and not have what you need.

Answering 'How will I/ they die?' - People ask this a lot more nowadays than they did. This is a chance to reassure them that they have all the medicine they need to keep them comfortable. You could say:

- You/they will get weaker, what you/they could do before will be harder now
- Organs will slow down. It's a gradual process: you/they will sleep more, not get out of bed, eat and drink less, your/their breathing will change, you/they will become unconscious.
- We will keep you/them comfortable and explain what is happening every step of the way.
- At this awful time we will be there for you with them, we will try to be your hands and make sure that they know your love is with them. We know we cannot take away the pain of you not being there, nothing could, we are so sorry about that, but they will not be alone and they will know kindness and comfort until the end.

- Please contact Blythe House Hospicecare for bereavement support for homes in the High Peak. Tel: 01298 815 388 or refer to the microsite for additional support.

Food and hydration issues - So often families feel that people die because we stop feeding them, rather than they are dying, so they can't manage food any longer. When they understand that food and fluids can make them worse they often relax , it really helps to explain:

- The organs are not working properly now, food and drink could make them feel really ill. Their body couldn't now cope with food. Fluid would go in the wrong places and cause discomfort. They may get a dry mouth, but this is not thirst, it is often due to mouth breathing and medicines. Our priority is to make sure their mouth is always moist and comfortable.

Explaining stopping treatment, medicines, hydration, food - Sometimes treatments/medicines have to stop because they become more of a burden than a benefit. Usually families haven't had to consider this. It can help to simply say: This treatment/food/fluids will do more harm than good now.

Death rattle - This can really scare people, they may see it as a sign of distress. It is a sign of the opposite, so it can help to explain to families/new staff that:

- That noise shows how relaxed and comfortable they are, their throat muscles are so relaxed now that they have stopped the little coughs they would normally do to clear their throats. They are not in distress, actually, this is a sign that they are really peaceful.

Do Not ATTEMPT Cardio Pulmonary Resuscitation (DNACPR) - For most people who watch TV, people get resuscitated and it usually works, we know that in real life it does not always work. We also know that elderly people cannot be successfully resuscitated. It would be a brutal and futile procedure. You know from your experience that it is a professional kindness to support a good death. But it can help to explain if you are asked that:

- Your …… died from a natural process. Natural processes cannot be reversed. She/he died a peaceful natural death surrounded by kindness, rather than in a clinical environment surrounded by strangers and having to endure procedures that couldn't help.

Take care and stay safe!

Adapted from work done by Janet Dunphy - CEO, Blythe House Hospicecare and Helen's Trust Qualified as a nurse in 1980; 35 years spent as an end of life care specialist.

For more information, visit: www.blythehousehospice.org.uk/supporting-you-and-yourmental-well-being-throughout-the-coronavirus-situation

Blythe House Hospicecare Eccles Fold, Chapel-en-le-Frith, Derbyshire, SK23 9TJ Registered name: High Peak Hospicecare. Registered Charity No. 1031192 Registered Company No. 2880281

Helen's Trust 2 Granby Road, Bakewell, Derbsyhire, DE45 1ES Registered Charity Number: 1142370 Limited Company Number: 765588

Additional free resources regarding communicating with relatives remotely during COVID-19 can be found on the Real Talk website. See link below:

www.realtalktraining.co.uk/posts

Appendix 4

Coronavirus (COVID-19): reuse of medicines in a care home or hospice

NICE guidance on good practice for managing medicines in care homes includes a recommendation that care home providers must ensure that medicines prescribed for a resident are not used by another resident. Although this remains good practice, due to the current unprecedented impact of COVID-19, there are increasing concerns about the pressure that could be placed on the medicines supply chain during the peak of the pandemic.

DHSC and NHS England and NHS improvement have relaxed previous recommendations and the NICE recommended good practice guidance to accommodate re-use of medicines, under very specific circumstances and only in a crisis situation. The changes are reflected in a new Standard Operating Procedure designed to help providers manage situations where, during the COVID-19 pandemic, the best interest of patients mean that it is not appropriate to follow normal recommended practice against re-using medicines that have been prescribed for one resident by another.

First and foremost, the quality, integrity and safety of medicines are paramount and the best way to assure this is for pharmacies to supply medicines obtained through the regulated supply chain, appropriately labelled for individual patients

Key Points of the SOP

- This applies to residents being cared for in Care Homes (nursing or residential care) and Hospice settings only
- This is time limited and would only apply during this period of emergency. i.e. during the COVID-19 pandemic.
- Unless the product is being supplied under a Patient Group Direction (PGD) or a Patient Specific Direction (PSD), a new prescription must be obtained prior to supply to the new patient. If it is for a controlled drug, the extra requirements in relation to controlled drugs prescriptions must be satisfied. New remote prescriptions should be scanned and emailed before the first dose is given, and a copy of the prescription kept with the patient's records in line with current processes.
- Each care home or hospice must carry out a risk assessment on an individual medicine basis.
- This SOP applies to all medicines including liquid medicines, injections, creams and inhalers that are in sealed or original blister packs including Schedule 2 and 3 Controlled drugs (CDs).
- Re-use should only be within a single care home/hospice setting; and should not be transferred to another care home or hospice, even those within the same parent organisation.

A crisis situation is determined by 3 key indicators;

- No other stocks of the medicine are available in an appropriate timeframe (as informed by the supplying pharmacy and there is an immediate patient need for the medicine
- No suitable alternatives are available in a timely manner i.e. a new prescription cannot be issued, and the medicine(s) supplied against it in the usual way quickly enough.
- The benefits of using a medicine no longer needed by the person it was originally prescribed or bought for, outweigh any risks for an individual patient receiving it.

- The medicine must be checked as suitable for re-use by a registered healthcare professional (HCP) 4. Tables 1 to 3 on pages 7-9 of the attached SOP contains prompts to support assessment
- Where no registered HCP is on site (e.g. in care homes only offering personal care) registered HCPs (e.g. pharmacists, pharmacy technicians, general practitioners, community nurses) from other local organisations, such as CCGs, GP practices or community settings, can perform the check remotely that the medicine is suitable for re-use
- It is advised that medicines for re-use are pro-actively assessed prior to them being needed in an emergency situation.
- Appropriate records should be kept, including details of the registered healthcare professional that performed the check on suitability for reuse.
- Any Schedule 2 controlled drugs must be entered into a separate section of the controlled drugs register and then an entry made when they are re-used, as is usual practice.
- Controlled drugs for re-use must remain in the possession of organisations authorised to do so.
- Any re-used medicine would need to be administered according to the direction of a relevant prescriber
- Where possible written permission9 should be obtained from the resident (or where appropriate from relatives or anyone with power of attorney) for whom the medicine was initially prescribed and for whom it is intended, both to re-use and receive the medicine.
- A log should be maintained of re-used stock. An example log returns sheet is provided below.
- A useful flowchart is included in Section 4 of the SOP summarising the processes that should be followed by everyone involved once the decision to re-use a medicine has been taken.

Locally agreed clarifications and recommendations (Agreed by NHSE CDAO, local EoL clinicians, LPC and CCG Lead Pharmacists)

1. Agreed that if the nearest 2 Pharmacies who offer the palliative care stockist service are unable to supply, this can pragmatically be taken as no other stocks available. (It may be practicable to contact more pharmacies in more urban/central locations)

2. The decision as to what would be timely is the responsibility of the clinically responsible prescriber, based on their clinical judgement. A clinically responsible prescriber may not be the original prescriber e.g. out of hours/weekends

3. An expanded drugs formulary has been agreed by NHSE with pharmacies during the pandemic period, included below for convenience. Prescribers should consider prescribing other suitable and available alternatives before a re-use.

4. Any registered Healthcare Professional (HCP) is authorised to check the suitability of a medicine for re- use however for the purpose of this SOP a GP, Pharmacist, Nurse or registered Pharmacy Technician is the most likely HCP to be involved.

5. Where a remote suitability check is carried out on medicines proposed for re-use, it is recommended that this include a visual inspection of the medicine wherever possible, using any suitable electronic platform/software common to both settings e.g. video calling.

6. Whilst a proactive approach to assessment of medicines for re-use is recommended, Care homes are advised that this should only be done out of hours in an emergency situation and can wait till

normal opening hours of your local GP or community pharmacy or CCG e.g. 48-72 hours at weekends or Bank Holidays.

7. Please note: Under local (Derbyshire) agreement with the CDAO, care homes are advised to use the DHU CD stock balance book that is provided within this memo (below) and ensure these sheets are bound to the back page of their CD register as a record of any Sch 2 CDs re-used. Once the controlled drug has been checked as suitable for re-use, the medicine should be marked as directed by the SOP and signed out of the main CD register as "patient returns" and a balance of zero recorded. The balance should then be recorded as "received in" and when administered in the CD stock balance book as above.

8. Reasonable steps should be taken to enable the provider to have sight of the patient's prescription, however a verbal direction from the prescriber initially, followed by a written prescription is acceptable for all medicines including controlled drugs. However ensure that this is recorded on the Medicines Administration Record, including details of the prescriber and the date of initial direction and receipt of prescription.

9. Verbal consent to re-use/receive re-used drugs is acceptable in circumstances where it is not practical or care homes are unable to obtain written consent. Details of verbal consent should also be documented in the residents' records within the care home.

Link below to government guidance on running a medicines re-use scheme

https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice

See additional information relating to the re-use of medicines including the CD Balance Book template, Template Log and Palliative Care Drug Stockists and Service Specification.

RE Medicines re-use SOP.msg

Appendix 5

Emotional Wellbeing Support

Care home staff and domiciliary care workers can access support to help them manage their emotional wellbeing. Two providers, Ashgate Hospicecare and Treetops Hospicecare, are offering their existing support services to people working in the care sector across Derbyshire who want to speak to someone over the telephone or via video call about the emotional challenges they are facing during the period of the pandemic.

The Hospices will cover the following geographical areas:

Belper PCN	Treetops
Chesterfield & Dronfield PCN	Ashgate
Derbyshire Dales PCN	Ashgate
Derby City North PCN	Treetops
Derby City South PCN	Treetops
Erewash PCN	Treetops
Greater Derby PCN	Treetops
Heanor, Alfreton & Ripley PCN	Treetops
High Peak & Buxton PCN	Ashgate
North East Derbyshire PCN	Ashgate
North Hardwick & Bolsover PCN	Ashgate
Oakdale Park PCN	Treetops
PCCO PCN	Treetops
South Hardwick PCN	Ashgate
Swadlincote PCN	Treetops

Treetops Hospicecare Emotional Support Line

Tel: 0115 949 6944 (Mon-Fri 9am to 5pm) or leave a message on the answer machine

Ashgate Hospicecare Wobble Room rota and contact details

Who can I speak with?

The Wobble room is a physical space within the IPU and a virtual space available to **all** staff currently working in any team at Ashgate Hospicecare. It is a place where people can go for a wobble, pause and recharge or be supported to pause, recharge and move on. The room will be staffed for some of the time, virtually by the Supportive Care team members identified below. They can be contacted via TEAMS or by calling the mobile numbers given for each team member.

Arlene Honeyman: 07773956639

Jo Gregory: 07736 9612280

Laura Newbold-Jones: 07890562019

Liz Matthews: 07985575398

Lorraine Hall: 07704152603

Good Practice Guide for Care Homes in COVID-19 Pandemic, version 3, 5 June 2020, Jill Davies (Community EOLC Facilitator)

Siobhan Hoyes: 07769243568

Sam Wragg: 07890561972

Please look at the timetable below to speak with a member of the team. We will be more than happy to spend time with you in whichever way you find most useful. If your call is not answered immediately, we will be speaking with someone else in the virtual wobble room. Please leave us your number and we will call you back.

Confidentiality

Your call will be confidential, and we will always put your health and wellbeing first. If you do tell us anything that makes us very concerned about your wellbeing or that of another, we will talk with you about this and may need to speak with someone else to ensure your safety. We will always discuss this with you first and agree the most appropriate person.

Week 8: 25th May – 31st May

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am - 10am	Tim	Siobhan	Arlene	Tim	Liz
12noon – 4pm	Julie	Liz	Julie	Siobhan	Lorraine
7 pm – 9.30pm	Jo	Lorraine	Liz	Siobhan	Arlene

Week 9: 1st June – 7th June

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am - 10am	Tim	Jo	Sam	Tim	Liz
12 noon – 4pm	Julie	Liz	Sam	Jo	Lorraine
7 pm – 9.30pm	Julie	Lorraine	Liz	Jo	Arlene

Week 10: 8th June – 14th June

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am - 10am	Arlene	Siobhan	Tim	Sam	Lorraine
12noon – 4pm	Julie	Sam	Liz	Siobhan	Julie
7pm – 9.30pm	Tim	Sam	Lorraine	Siobhan	Jo

Week 11: 15th June -21st June

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am - 10am	Tim	Siobhan	Arlene	Sam	Liz
12noon – 4pm	Julie	Sam	Liz	Siobhan	Arlene
7 pm – 9.30pm	Arlene	Sam	Julie	Siobhan	Tim

Week 12: 22nd June – 28th June

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am - 10am	Sam	Siobhan	Arlene	Tim	Liz
12noon – 4pm	Tim	Lorraine	Liz	Siobhan	Arlene
7 pm – 9.30pm	Arlene	Lorraine	Julie	Siobhan	Lorraine