

FOR HEALTHCARE LEADERS

HSJ

A national urgent care planning service could be covid's silver lining



By [Professor Julia Riley](#) | 7 June 2020

Professor Julia Riley proposes a patient-focused strategy for care homes that would help implement a national digital advance care planning policy where advance care plans of patients are shared across all urgent care services

In London, 23,835 care home residents have created Coordinate My Care plans or a CMC plan has been created in their best interest and to date 14,160 have died. Of those who have died and have expressed a preference about where they would like to die, 87 per cent achieved it.

Strategy

If we had a blank sheet of paper for making strategic plans for care homes in a pandemic, what would the plan include?

1. **Advance care plans for residents:** The very first place to start planning is engaging with the resident, finding out what the wishes and preferences of each individual patient are. This means creating an advance care plan. This would include discussions with their families and loved ones. If the resident lacked mental capacity, a discussion with families and their GP might be appropriate. This would then be documented. To support the ACP, clinical details such as the resident's diagnosis, treatment plan and medications would be added to the ACP to create a comprehensive urgent care

plan. [National Institute for Health and Care Excellence recommendations](#) for ACP show improved patient and family satisfaction through ACP.

2. **Sharing the plan:** The plan needs to be shared with all the urgent care services including 111, out of hours GPs, 999 and hospital emergency departments. GP surgeries are open for approximately one-third of the week and when they are closed, for the remaining two-thirds of the week, the urgent care services take care of patients. So, it is essential that when a call is made for a resident, the resident is not a “stranger” to the urgent care services.

3. **Testing:** If you don't test it, you cannot measure the disease or manage it. Testing should be routinely available to residents and staff. All suspected and confirmed patients should have a digital alert within their ACP to the urgent care services of the residents' covid status.

4. **Isolation – for residents:** Most residents living in care homes have their own rooms. They are ideally placed to be kept in isolation, in their own familiar surroundings, especially for those who have dementia. For those who share bathrooms, personal protective equipment for the staff is essential.

5. **Personal protective equipment – for staff:** The staff has to be protected by using PPE. Without staff, the care homes cannot operate. It is crucial that there is not a “postcode lottery” with PPE and infection control in care homes. The development of a more proactive system for managing PPE inventory for care homes and infection control support is an essential requirement, not only for the day to day running, but especially in times like now.

6. **Staff support:** I heard last week that one care home in South London that cares for 34 patients is accustomed to having one death a month, but had 14 deaths in seven days. Another in East Midlands has experienced 10 deaths in seven days, which is more than they usually experience in a six-month period. A member of staff from the South London care home reported a feeling of post-traumatic stress, stating there had been no time for her staff to grieve the loss of a resident. This would usually be achieved through normal processes such as coming to terms with the expected loss during a period of the resident's deterioration, engaging with families at the end of life, and attending funerals. The challenge to care staff in managing outbreaks includes the management of large numbers of deaths in a short period of time, management of new and virulent diseases that they may be unfamiliar with and coping with the sickness of colleagues. All of which may cause considerable distress. There should be “parity of esteem” with the NHS and clear and effective psychological support, such as debriefing for frontline care staff.

7. **Medications:** In times of emergencies, availability of medications is crucial. If, however, an advance care plan has been made, medications can be made available in the care homes in advance

for the individual patients. Thus, when the urgent care services are contacted, the appropriate medications are already on site for swift intervention and management of the patient.

In my opinion, the above seven point strategic plan for care homes is not a huge ask.

Success factors for advance care plans

- Digital care plans, created jointly with patient and clinician
- 24/7 access for all health and social carers
- Patient portal – viewable by next of kin online
- Easy and intuitive to use
- Robust security and safety

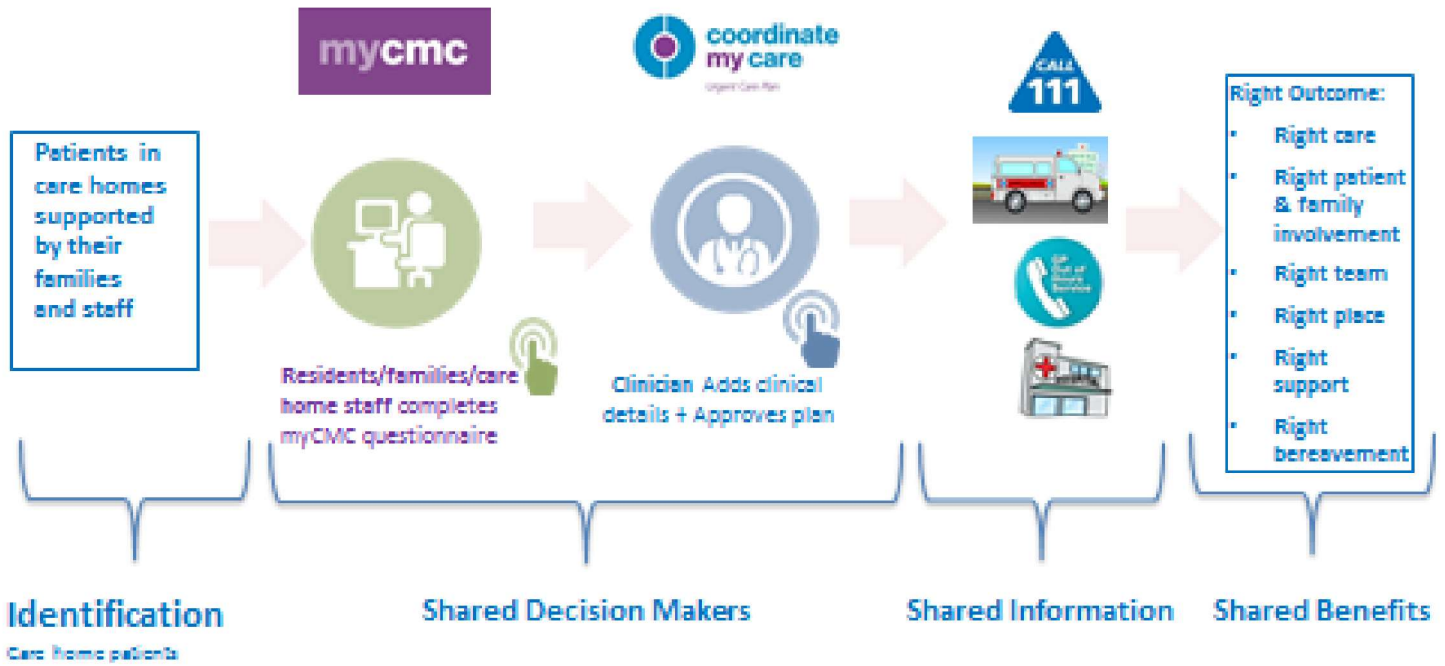
Coordinate My Care

Coordinate My Care is an NHS service; it is pan-London. It is available free of charge to all people who may need urgent care. This includes cancer patients, diabetics, and those with dementia, to name but a few. To date over 100,000 CMC plans have been created.

CMC has shown that planned care then enables bespoke care, which can also be delivered in the comfort of homes and care homes. It is scalable and could be delivered nationwide. It has a good safety record and clinical outcomes.

A total of 40,149 patients with CMC plans have now died, of those who expressed a preference, 74 per cent died in their preferred place – 37 per cent patients died at home, 26 per cent in care homes, 21 per cent in hospital, 15 per cent in hospices and 1 per cent in other places.

How myCMC works



The screenshot displays the 'Coordinate My Care' web application. At the top, the patient's name is Samuel (Sam) BECKLES, with NHS No: 111 100 0018. His birth date is 9 Feb 1945 (Age 70), and his gender is Male. The address is 62a Elliott Road, LONDON W4 1PE. The user is identified as Diana Howard, COORDINATE MY CARE TEAM. The state of the care plan is 'Published, View Only'. A navigation menu on the left includes options like Patient Consent, Patient Details, and Urgent Care Updates. The main content area shows an 'Alerts' section with a table listing an alert for 'Key Safe' on 21 Oct 2015. Below this is a 'CPR Status: Do Not Attempt' section with a 'DNA CPR Details' button. A 'Home Access' section shows the patient 'Lives Alone' in a 'Flat, Maisonette, Apartment (Converted Or Shared House)'. The footer contains contact information and legal notices.

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CMC has online real time reporting. Thus, on a daily basis data could be seen regarding the number of suspected and proven covid patients in care homes. It also means that some of the increase in deaths seen, that could be due to deaths occurring in care homes which ordinarily would have occurred in a hospital, deaths due to other unmet health needs, or deaths directly due to covid-19 can be recorded, thus giving more accurate transparent data.

The infrastructure for creating ACPs and sharing them digitally with all the urgent care services through the CMC service is a reality

The primary reason for setting up CMC was to coordinate care for patients. It was set up to make the experience of care during the out of hours period, personal, seamless and closer to home, during difficult times. It was never intended to be a money saver, however, a health economic analysis showed that it saves considerable sums for the NHS. If it were implemented nationally, care would be improved and costs to the NHS would be reduced.

How difficult would it be to have the above strategic plan implemented for care homes? Surely now is the time to join up the dots? Care home residents are at their most vulnerable right now.

Join the dots

Their families and friends are in lockdown and have the time to talk through their wishes and preferences on the telephone, documenting them on myCMC. The infrastructure for creating ACPs and sharing them digitally with all the urgent care services through the CMC service is a reality.

In a time where hospital at home services are becoming the norm, is it not time for patients and their families to have the opportunity to have their say, and for every individual nationwide to have a plan? It is only with key clinical information, shared with all services including 111, 999, emergency departments and the patients themselves that any hospital at home service can operate.

Covid has taught us that no one is safe. Sharing our wishes and our urgent care plans with those who will care for us in an emergency should be an imperative for all of us, like writing a will. Creating a national urgent care planning service could be the silver lining of the covid crisis.

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The secretary of state has already promised testing and PPE for care homes will be a priority. He is now talking about hospital at home services. What remains is an imperative for staff to be supported in the same manner as they are supported if they work within the NHS.

And the final part to the jigsaw, is to implement a national digital advance care planning policy where the ACPs are connected to the urgent care services. CMC is an NHS service, proven in London and scalable nationally.

Implementing a national digital urgent care planning service would give every family the opportunity to become engaged in the decision making process of their loved ones living in care homes. All GPs

who know their patients well could contribute to the completion and approval of the plans, and all care will be joined up delivering patient centred care, 24/7.

The component parts are deliverable. What are we waiting for?