

Support for patients and colleagues in managing COVID-19

Dr Nikita Kanani, Medical Director for Primary Care
Gabi Darby, Deputy Director, GP Contract

17:00 – 18:00; 23rd April 2020

NHS England & NHS Improvement

Useful resources

NHSE's Primary Care COVID-19 hub

Central hub for all NHSE documents and guidance for primary care relating to COVID-19, including:

- Guidance documents and resources
- Standard Operating Procedures
- Letters to GPs, Pharmacists, Dentists & Optometrists

<https://www.england.nhs.uk/coronavirus/primary-care/>

Primary Care Bulletin

Sign up to our daily bulletin here:

<https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/>

Agenda



Topic	Speaker
Introductions	Dr Nikki Kanani
Update on recent developments	Dr Nikki Kanani / Gabi Darby
Update on homeless health	Dr Caroline Schulman GP in Homeless and Inclusion Health, Kings Health Partnership Pathway Homeless team Olivia Butterworth Lead for NHS Health Homelessness COVID-19 Response, NHS England and Improvement
Update on digital developments in primary care	Dr Masood Nazir
Update on 'Time for Care' programme	David Griffiths Clinical Lead, NHS England and Improvement
Individual coaching support for the primary care workforce	Dr Mike Holmes Royal College of General Practitioners Heather Simpson NHS England and NHS Improvement Andrew McDowell TPC Health
AOB and closing remarks	Dr Nikki Kanani

Update on recent developments

Dr Nikita Kanani, Medical Director for Primary Care

Gabi Darby, Deputy Director, GP Contract



What's on our mind this week?

Agreeing an approach to the next Bank Holiday

Caring for our care homes patients (more next week)

What's happening to our non COVID-19 patients?

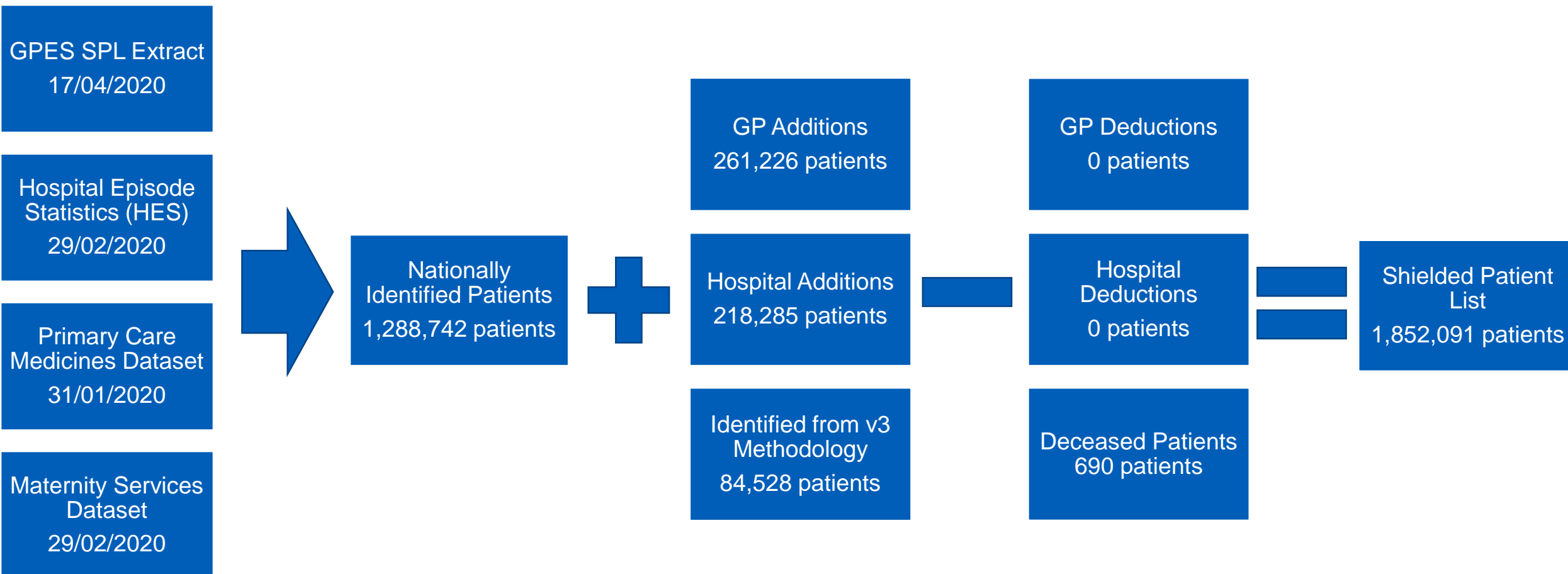
- Change in health seeking behaviour

- New campaign to remind patients that we are here

COVID-19 and Ethnicity (more next week)

GPN survey: <https://www.surveymonkey.co.uk/r/K6TGLSN>

NHS Shielded Patient List 18th April 2020



We have asked you to:

- **Run a search** on your IT system to bring up a list of everyone in your practice who has been identified as being at highest clinical risk of mortality and severe morbidity from COVID-19; using the instructions from your system supplier.
- **Review this list** and
 1. **add** anyone who you think is at highest clinical risk and hasn't been identified through the national process.,
 2. **remove** anyone who you think isn't at highest clinical risk.

In both cases you should have **had a conversation** with the individual to discuss their situation.

- **Reviewed the ongoing care needs** of the individuals who are shielding, adapting their care plan where needed. This may also require discussion with any hospital care teams.
- **Review a specific list of people who self-declared** as clinically extremely vulnerable before 28 March, set out in a task within your IT system (to be complete by COP 28 April). Going forward, please review any new patients that contact you self-declaring to be clinically extremely vulnerable, adding any that – in your clinical opinion – meet the criteria to the list.

Next steps for this work:

- The majority of the work to establish the **Shielded Patient List** is near completion and by the end of the month we expect this to have resulted in the identification of about **2m people** who will have been contacted nationally, by their GP or their hospital clinician.
- As records and coding have been updated, a further 79k individuals have been flagged to be at highest risk nationally. Letters and text messages are now being sent to this group – starting on 24 April.
- Where you have not already done so, we are requesting that all practices make sure that they have **contacted all the people on their patient list who are shielding as a follow-up to the letter**. These conversations should: (a) discuss what shielding means, (b) describe any changes to their ongoing care and treatment, (c) confirm they have an arrangement in place for receiving their medications and (d) check that they are aware of the government support offer.
- We are also **setting up an Expert Group** chaired by Dr Raj Patel to consider what healthcare support should be provided to people who are and will be shielding.

Useful resources:

- Shielded Patient List resources for GPs – <https://digital.nhs.uk/coronavirus/shielded-patient-list/guidance-for-general-practice>

- Self-referrers – <https://digital.nhs.uk/coronavirus/shielded-patient-list/guidance-for-general-practice/spl-self-referring-patient-gp-guidance>
- Overview of support available for patients who are shielding – https://future.nhs.uk/P_C_N/view?objectId=68352581

Additional information about Government support available (Highest Clinical Risk group only)

Food and grocery deliveries

Direct to doorstep deliveries

- Government has offered a 'direct to doorstep' weekly food parcel delivery service for all those who are 'highest clinical risk' who require support getting essential supplies. This service will continue for as long as it is needed, to protect those who are shielding.
- Each parcel is based on a 7-day supply of essential items for one person, and includes food items, as well as toilet tissue plus hand soap and/or shower gel.
- An A4 note is included in each package, explaining that if the recipient has any allergies, and/or religious or cultural dietary requirements, they should **contact their local council**. The note also asks people to **contact their council** if they feel they need more than one package per week.
- Food parcels are delivered by major food service suppliers, directly to the doorstep.
- If there is no answer, the parcel will be left on the doorstep or recorded as 'unable to access', if leaving the parcel would mean leaving it at a communal entrance.
- Delivery drivers will observe strict social distancing measures when delivering food parcels.
- Delivery drivers will report on the outcome of individual deliveries. This information will be shared with local councils.

Supermarkets

- The Government Digital Service has provided supermarkets with the details of people who are shielding, and have requested food parcels. They are able to prioritise the highest clinical risk group for click and collect services and/or home delivery.
- To receive a priority supermarket slot, shielding individuals must register on the Government Support website once they have received their NHS letter, or use the automated telephone line. When signing up, they must request essential food supplies for their data to be passed on to supermarkets.

Additional information about Government Support available (Highest Clinical Risk Group only)

Medicine deliveries

- The NHS has put in place arrangements for individuals to have medicines delivered by local community pharmacies and dispensing doctors during the COVID-19 outbreak, if they have requested help with this via the Government support website.
- Medicines are being delivered by community pharmacies, or dispensing doctors, to eligible individuals who, due to their medical condition, should not present at the pharmacy, or at the dispensing doctor dispensary, and where there is no other person who can collect the item from the pharmacy and deliver it to the clinical extremely vulnerable person's door.
- This service will continue until the COVID-19 outbreak has subsided and Government decides that community pharmacies and dispensing practices are no longer required to provide home delivery services.
- Where there is no family, friend, neighbour or carer, the pharmacy or dispensing doctor team must advise the patient of the potential for a local volunteer to act on the pharmacy's/dispensing doctor team's behalf.

Additional information about Government Support available (Highest Clinical Risk Group only)

Social contact and basic care

- **Local councils** are key to the effective delivery of this component of the offer to highest clinical risk patients who are shielding, and who have registered with the Government website and requested assistance with social and basic care needs.
- **Local councils should contact** those people who have indicated, either via the Government support website, call centre, direct contact with the council or another partner, that they require help to meet their basic needs (e.g. help with bathing, domestic chores) to ensure these are met. Councils will assess what help is required and how best individuals can be supported, using existing resources or the voluntary and community sector as appropriate.
- People who are shielding may experience anxiety, fear and loneliness during this period, especially those who have no network of friends, family or neighbours nearby.
- Data shared by the Government support website with councils will indicate whether an individual has requested social contact during the period they are required to shield.
- It is for **local councils** to determine the best way to coordinate this support, locally, working with voluntary and community sector partners.

SHIELDING PATIENTS: I have a letter to say I am highest clinical risk and will be shielding for up to twelve weeks, where can I get help?



Help with food, medicine and basic needs

- Please go to the [Government Support](https://www.gov.uk/coronavirus-extremely-vulnerable) website (<https://www.gov.uk/coronavirus-extremely-vulnerable>) to register that you have got your letter and confirm if you need help at the moment.
- This government service provides access to food and medications, as well as help with social contact and basic needs, whilst at home if needed.
- Please **contact your local council** if you have an urgent need. Local councils are working with voluntary sector organisations and local communities to support residents in the response to COVID-19. You can find information about your local council here: <https://www.gov.uk/find-local-council>
- Your GP practice or other healthcare professional also can refer you for immediate help from an NHS Volunteer. NHS Volunteer Responders can help you with:
 - Check and chat – short term telephone support to say hello if you are feeling lonely and isolated
 - Community support – collecting shopping, medication or other essential supplies
 - Patient transport - transport to take patients home who are medically fit for discharge

Accessing healthcare from home

- [Health at home](#) – is a webpage that gives them an overview of NHS services that are available, such as how to order repeat prescriptions online and get them delivered (<https://www.goodsamapp.org/NHSreferral>).

Looking after your mental health and wellbeing

- Public Health England have provided some guidance on looking after mental health and wellbeing during the COVID-19 pandemic: <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19>

Employment and financial support

- The government has provided advice on employment and financial support on their website: <https://www.gov.uk/coronavirus>

Anyone in need
(including those in the
Highest Clinical Risk
group)

- **NHS Volunteer Responders:** you can submit a live referral for an individual that needs support or an NHS service that requires volunteers providing they meet the referring criteria at <https://www.goodsamapp.org/NHSreferral> or on 0808 196 3382.
Volunteers can provide: (1) **Check in and chat support** – short-term telephone support to individuals who are at risk of loneliness as a consequence of self-isolation (note, this is not mental health advice); (2) **Community support** – collection of shopping, medication or other essential supplies for someone who is self-isolating, and delivering these supplies to their home; (3) **Patient Transport** – transport to take patients home who are medically fit for discharge; (4) **NHS Transport** – who will deliver medicines on behalf of the community pharmacy or dispensing doctor.
- **Health at home** – is a webpage that gives them an overview of NHS services that are available, such as how to order repeat prescriptions online and get them delivered (<https://www.nhs.uk/health-at-home/>).
- Public Health England have provided some guidance on looking after **mental health and wellbeing** during the COVID-19 pandemic: <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19>
- **Local councils** are working with voluntary sector organisations and local communities to support residents in the response to COVID-19. You can signpost them to <https://www.gov.uk/find-local-council>, where they can locate their council and associated website where they can find all this information
- The government has provided advice on **employment and financial support** on their website: <https://www.gov.uk/coronavirus>

Referrals to secondary care: a reminder

In the current context it is important that clear, consistent processes exist to ensure safe handling of emergent, urgent and routine referrals from primary care. At present this requires agreement between partners at a local level.

NHS guidance will be published shortly advising secondary care to accept and hold clinical responsibility for GP referrals.

Therefore, GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds (taking into consideration need for non face to face consultations, likely delays in recommencement of routine elective activity, and communicating likely delays to patients at point of referral).

GPs should continue to use specialist advice and guidance where available to inform management of patients whose care remains within primary care including those who are awaiting review in secondary care when appropriate.

Colleagues should work collaboratively across primary and secondary care to ensure this advice and guidance is provided in a timely fashion to ensure safe care is delivered, taking into account the exceptional pressures which exist across the whole system.

NHS volunteer responders

As a reminder, you can still refer any patients who might need support while self-isolating to NHS Volunteer Responders for help with tasks such as collecting shopping and prescribed medicines or driving patients to medical appointments.

The scheme is already helping thousands of people every day. You can make referrals through the [NHS Volunteer Responders referrers' portal](#) or by calling 0808 196 3382.

We are encouraging primary care networks to seek to establish networks of volunteers and link with social prescribing link workers.

The scheme will soon be open for self-referrals. People who have been advised to shield can use the app or ask volunteers for short-term help by calling 0808 196 3646 between 8am - 8pm. Please pass this number on to your patients who could benefit from this support.

Testing of NHS staff and household members

As we increase our testing capacity, we are able to expand the testing offer to a wider group of staff and household members across the NHS, including individuals working in the NHS outside of acute care, for example, mental health, primary care, community services and other staff as determined locally.

For clarity, to meet the testing criteria you must either be:

- An individual (adult or child) with COVID-19 symptoms living in the same household as a member of NHS staff or wider NHS family; or
- A member of staff in the NHS family, with COVID-19 symptoms.

In addition, you should be in the first three days of the onset of your COVID-19 symptoms at the time the swab is taken - although testing is considered effective up until day five. No testing should be undertaken after day five, unless it's for a specific reason agreed on a case by case basis by local microbiologists.

If a member of staff tests negative, then they can return to work if they are well enough to do so and should discuss this with their employing organisation. If an individual living in the same household as a member of the NHS family tests negative then the NHS worker can return to work without themselves being tested, as long as they remain symptom free and the whole household can come out of self-isolation.

GP Retention Scheme

NHS England and NHS Improvement previously lifted the restrictions on the maximum number of in-hour sessions retained GPs can conduct so they can contribute to the COVID-19 response. This relaxation on the maximum number of in-hour sessions will now be extended until further notice.

Regarding retained GPs due for their scheme annual review, CCGs will now be able to:

- agree with retained GPs, who are due for a scheme annual review before the end of September 2020, to defer their annual review until a later date
- consider granting retained GPs, who are approaching the end of the scheme (e.g. those in their final three months of the scheme), with a scheme extension until the end of September 2020.

Retained GPs are encouraged to contact their HEE local scheme leads if they require any support at any stage.

What we've heard about this week:

Drive through Care in Newham

The aim: keep baby, parents and practice nurses safe by reducing F2F contact from 10 minutes to 2 minutes.

The verbal part of the consultation is done on phone, then the patient is asked to come to the surgery.

The nurse comes to passenger seat of car (or pushchair for those who don't drive) and administers jabs in the car or at pushchair.

Records of injections are sent electronically to parent so they can fill in red book.

Feedback: Two weeks in and the feedback from parents is positive, and support minimising risk of COVID-19 infection transmission and protecting their little ones from infectious diseases.

Top tip! We have a little front garden with parking outside but anywhere with a car park will do.



General Practice: supporting the health needs of people who are homeless

Dr Caroline Shulman

General Practitioner in Homeless and Inclusion Health, Kings Health Partnership Pathway Homeless team & Honorary Senior Lecturer, UCL

Olivia Butterworth

Lead for NHS Health Homelessness COVID-19 Response

NHS England and NHS Improvement

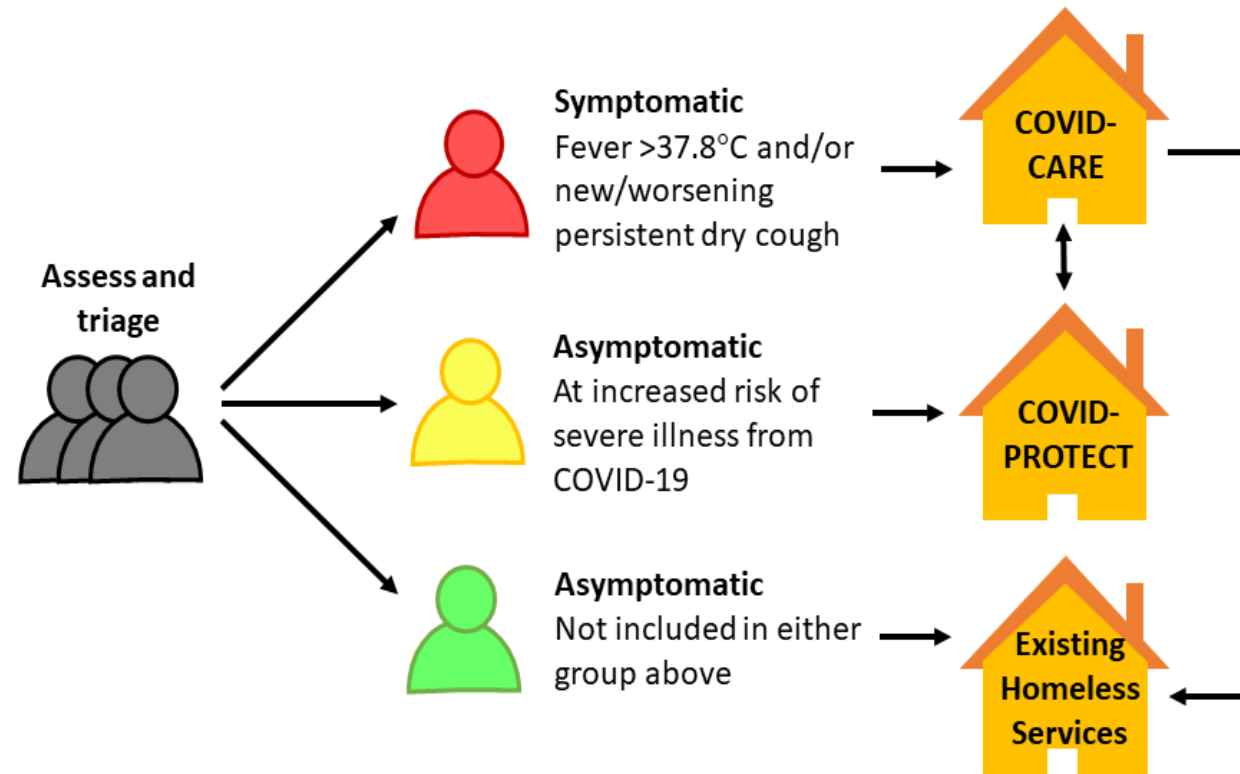
COVID-19 Response for people who are homeless

Minister for Housing, Luke Hall MP, announced the 'everybody in' plan – asking local government to provide accommodation for everyone who is rough sleeping.

- People who are street homeless, using night shelters, living in hostels (with shared bathroom and toileting facilities and sometimes with shared rooms) will not always be able to follow government advice.
- 60% of people who are homeless are at increased risk of severe illness from COVID-19 – primarily due to high levels of chronic illness.
- There is strong evidence of premature aging and multimorbidity in the homeless population with the average age of death being 45 for men and 43 for women. Most homeless people over the age of 55 will have underlying co-morbidities, although this may not be diagnosed due to lack of access to services.
- Many homeless people who develop symptoms of COVID-19 cannot currently follow government advice to self-isolate.
- In communal settings there will be a very high likelihood of outbreaks with high attack rates.
- High levels of co-morbidity will result in high case fatality rates for those infected.

Triage – Assess – Cohort – Care

Local authorities have been [tasked](#) with providing accommodation for the rough sleeping population. In doing this, they have been advised to engage with local NHS services and to adopt a cohorting approach



General Practice has a critical role

1. Registering people who may currently be unregistered. This may be as a temporary registration or accepting them on to the permanent practice list. As set out in the [letter to General Practice on 27 March](#) practices should continue to register new patients including those with no fixed address.
2. Providing initial holistic health assessments, either virtually or in person as appropriate, for newly registered patients and ensuring that, where necessary, referrals are made in to mental health and substance use services.
3. Where practically possible, contacting patients who you know to be homeless or in temporary accommodation and providing remote health advice as necessary.
4. Supporting local authority and VCSE partners who are providing accommodation for homeless people to make decisions about COVID-19 symptoms and potential referral in to acute care using existing protocols.
5. Prescribing and medicines management including liaison with mental health and substance use services.

Hostels and Temporary Accommodation Provision

- Reach out to your local homeless accommodation providers – Homeless Link have a full directory - <https://www.homeless.org.uk/search-homelessness-services>
- Register those who are not already registered and offer health assessments and support – age profile of residents, identify those in the ‘extremely vulnerable’ group and plan for on-going care, consider wider health needs and refer e.g. to mental health providers
- Provide support and advice to accommodation provider such as: closing communal areas, regular cleaning, plan for contingency in case of infection outbreak, liaison with local authority for alternative accommodation where necessary
- Advise and guidance to hostel staff to do daily symptom screening, and support with new and on-going health needs including palliative care
- Prescribing and liaison with substance use services

Hotels and accommodation set up for COVID-19 response

- Liaison with registered practice for those placed out of area
- Registration (temporary or permanent) for all residents
- Initial health assessments, care planning and referrals
- Plan for those in 'extremely vulnerable' group – pro-active care planning
- Support for hotel staff on daily symptom checking – advice and guidance
- Prescribing and liaison with substance use services

The Shrewsbury Story

- Multi-agency response including Shrewsbury Ark (voluntary sector day centre and outreach service), Local Authority Homeless Lead, Local Business Network **and GP Practice** (and many other agencies and local businesses)
- Local independent hotel offers accommodation
- Shrewsbury Ark worked with service users to coproduce what their support needs are and what the accommodation and service needed to look like to feel safe
- Everyone is offered accommodation
- [Riverside Medical Practice](#) (mainstream GP practice)
 - Offers full registration to all
 - Due to start an outreach pilot at the day centre this March, but plans had to change!
 - New system where the Ark email the practice daily with any clients they have concerns about and include patient consent for their details to be shared if appropriate
 - The Riverside duty doctor then has time each morning to phone and speak to patients or support workers
 - In addition contact via e-mail to discuss any teething problems and advice on public health measures within the hotel

Digital developments in primary care

Dr Masood Nazir

Digital Primary Care

Key themes and questions



Remote Working

- Bring your own device
- Wi-Fi and home capacity
- Whole workforce enablement



GP IT hardware

- Headsets, webcams, screens and laptops
- SMART cards



NHS 111 CCAS and GP Connect

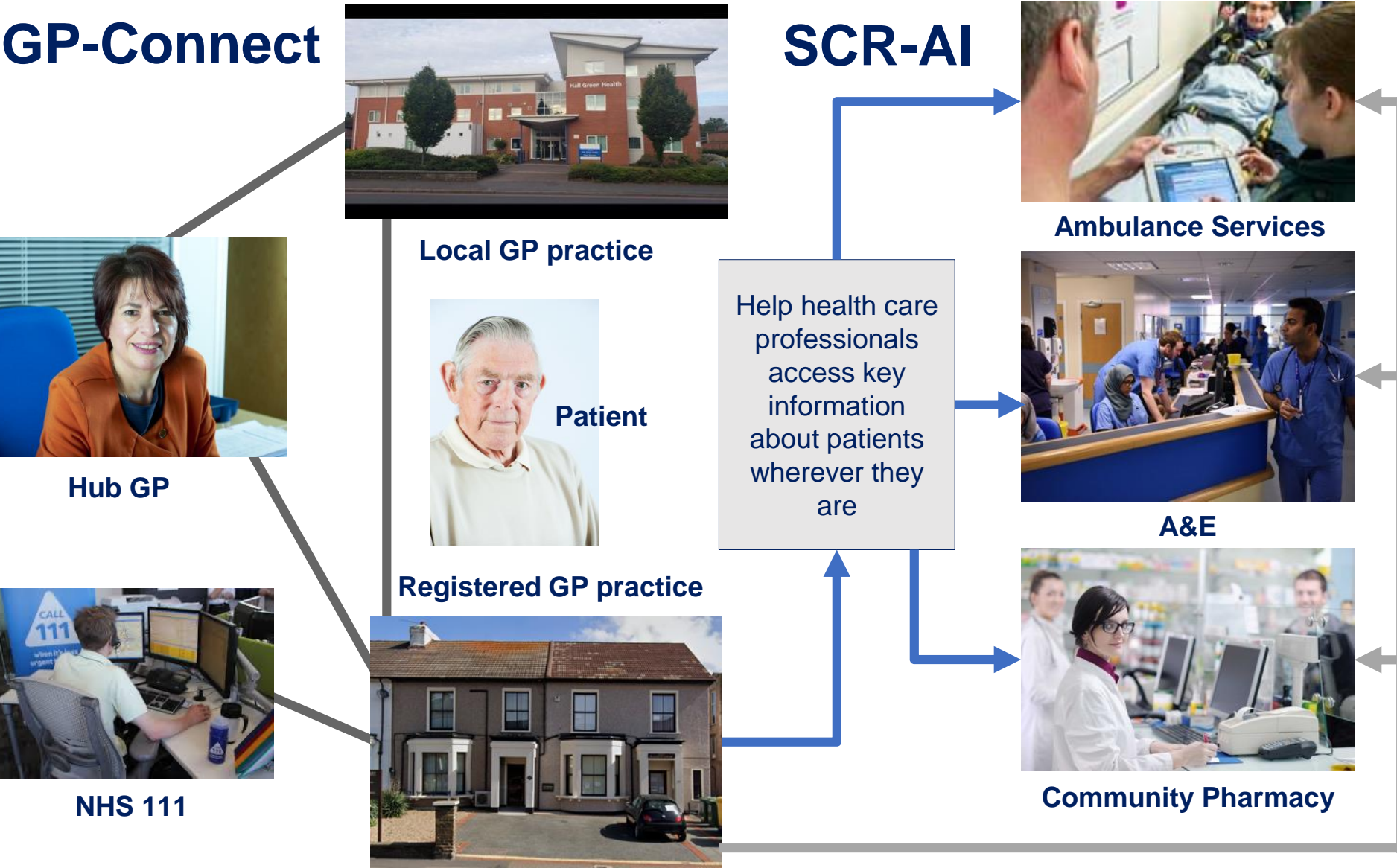
- GP connect not available so unable to offer CCAS slots
- Slot allocations – list management
- Hot Hubs and local set up
- Technical issues with EMIS and current guidance



SMS messaging

- Funding
- Capacity issues

Email: digitalprimarycareengland@nhsx.nhs.uk



What practices need to do

GP connect

- switch-on of GP Connect services for all practices across the country
- implement some changes to allow the COVID Clinical Assessment Service (CCAS) to book appointments directly
- EMIS or TPP clinical systems, changes can be made in practice – see [guidance](#)
[Webinars](#) also available from NHS Digital
- Practices using other GP clinical systems will be notified when additional functionality is available. Until these practice systems are able to connect to GP Connect use the Summary Care Record to access additional patient information.

Summary Care Record

- To enable the Summary Care Record to provide the Additional Information, **no changes are required** by practices using EMIS and TPP systems.
- Practices using Vision will be contacted and provided with details of the simple process to implement this change.
- All the remaining SCR consent preference options will continue to function as previously - this includes where the patient has expressed a preference not to include Additional Information or has opted out of having a SCR at all.

For more information click [here](#)

What do these changes mean for patients?

The changes will help improve patient care by giving authorised clinical staff in general practice, NHS 111 and in other care settings providing direct care faster access to the GP Record and the Additional Information in patient's Summary Care Records during the coronavirus pandemic period.

Access to this information will help professional staff to provide tailored clinical care to that patient - including those patients with long term medical conditions - and support clinical assessment and decision making.

Patients can be reassured that:

- Summary Care Records and GP Records accessed in this way will only be used to support individual direct patient care
- Healthcare professionals must only access a Summary Care Record where they have the patient's permission to do so or in an emergency when a patient is unable to give consent.
- Patients can be reassured that if they have expressed a consent preference with regard to their Summary Care Record, to either opt-out or have a Core Summary Care Record only, their preference will continue to be respected and applied.
- Patients can be assured that if they have opted out of their practice sharing their GP record, this decision will be respected and it will not be shared via the GP Connect service.

They can also change their preferences to opt-out of, or opt back into, having their information shared should they wish to.

Time for Care Programme

David Griffiths

Clinical Lead, Improvement Directorate

NHS England and NHS Improvement

Time for Care support for general practice to implement primary care operating model



We can help you with the process of rapidly implementing changes **smoothly, safely** and **sustainably** – whatever stage you are at...



- The Time for Care programme supports leaders and teams in practices / PCNs to **plan, implement and embed service changes**.
- We provide **expert coaching and facilitation** for using improvement science and change leadership skills to implement change safely, smoothly and sustainably.
- The Time for Care team are comprised of **clinicians and managers** from general practice, with PCN leaders and improvement experts.
- We draw on proven improvement methods and lessons about successful change leadership, to provide practical resources and support for **making changes that stick**.



Since 2017 over 55% of practices in England have used our support, to release time for care with the 10 High Impact Actions and to strengthen collaboration in the PCN

Time for Care support for general practice to implement primary care operating model



We can help you with the process of implementing changes **smoothly**, **safely** and **sustainably** – whatever stage you are at...

There are two specific areas linked to primary care operating model implementation that we can support you with:



Implementing **remote consultations**

(phone, text, online, video)

Planning, launching and optimising new ways of working

Hub solutions and arrangements for **face-to-face consultations**

Establishing and optimising pathways and shared working arrangements
Ensuring smooth running and continuous learning and improvement

Support will be shaped around your particular needs and will typically involve:

- Peer support and shared problem solving
- Rapid work on redesigning work and implementing change
- Expert coaching as you lead the team through change and uncertainty

All support is virtual, using rapid virtual action learning and coaching video calls

Time for Care support for general practice to implement primary care operating model



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Potential scenario:

A group of practices ask Time for Care for help. They have implemented video consultations. A significant group of local GPs are unhappy with their workload – they are anxious about managing risk and feel their load has increased.

- The diagnostic conversations identify specific areas of work which are causing irritation amongst the GPs. Baseline measurements are suggested and collected. Key stakeholders are identified.
- Regular, short, remote meetings are set up for groups from local practices to generate a **shared purpose, aims and measures** e.g. staff and patient satisfaction or accuracy of signposting
- Project leaders from practices access frequent short, pacey catch-ups to compare progress and identify new issues
 - Early sessions might see rapid **process mapping** the booking and delivery of online consultations to improve patient experience and / or reduce delegation rates (as calls are 'correctly' booked first time)
 - **Data** will help practices to interpret what they are seeing and decide what to focus on next, **generating ideas** for change and **prioritising** them before **planning actions**. Successes will be justly celebrated.

Time for Care support for general practice to implement primary care operating model



Hub solutions and arrangements for face-to-face consultations

Establishing and optimising pathways and shared working arrangements

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A typical programme might develop as follows:

A PCN wishes to introduce hub working for the COVID pandemic.

- Initial conversations focus on the perceived and actual need, gaining an understanding of existing services, local geography and demographics.
- Action-focused remote meetings allow the group to **set aims and agree measures**. For example: provide 80% of prescription admin through a hub model or provide safe F2F review for all high risk patients within 2 hours...
- Frequent, short, remote meetings for local leaders help monitor progress and identify new issues as they develop
 - A **skills matrix** for all practices identifies current capacity
 - Understanding **current and predicted demand** (including COVID specific demand), **modelling ideal capacity** for a hub model, comparing to current capacity and **planning** both how to share and develop staff
 - Project leaders access remote advice regarding process change and people management
 - **Data is generated continuously**, demonstrating progress e.g. days with critically low cover, waiting times etc

Covid-19 - Time for Care support for general practice to implement primary care operating model



Benefits for you

- **Accelerate** the launch of new models in practices and PCNs.
- Ensure new ways of working run **smoothly, safely and sustainably**.
- **Free-up staff time** to focus on the highest priorities.
- Help practice and PCN leaders to **support their teams through rapid change**.

This support is fully funded by NHS England and NHS Improvement – available for practices and PCNs at no charge.

How can I access Time for Care?

Complete the (quick and simple) Expression of Interest form at **bit.ly/timeforcarecovid**

A member of our team will contact you within one working day to discuss your support needs

#LookingAfterYouToo

Individual coaching support for primary care staff

Talking to you today



**Dr.
Nikki Kanani**



**Professor
Mike Holmes**



**Heather
Simpson**

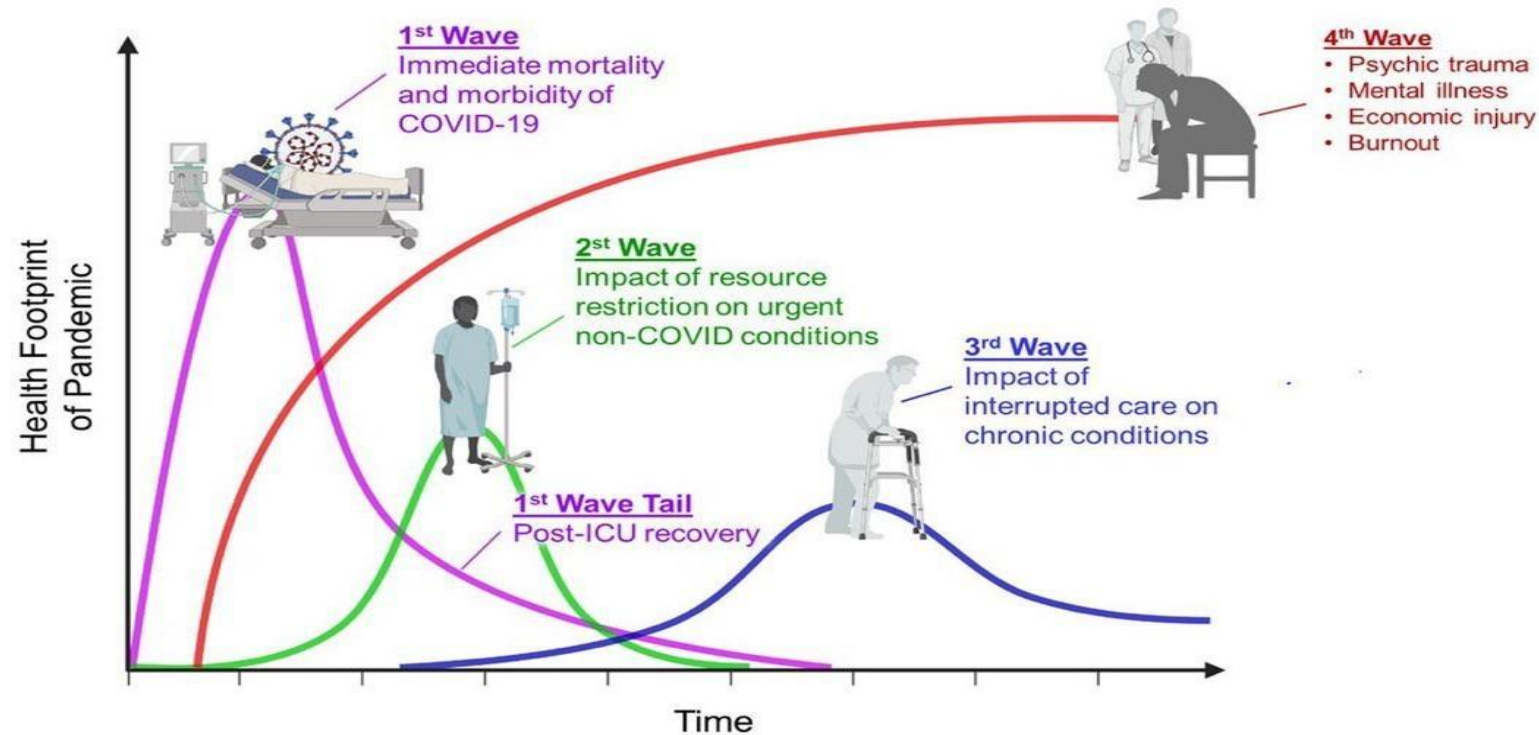


**Andrew
McDowell**

#LookingAfterYouToo

Individual coaching support for primary care staff

The Impact Timeline – COVID-19



#LookingAfterYouToo

Individual coaching support for primary care staff



A Framework for Considering Managing Stress and Wellbeing



Self

Recognition of stress

Symptoms: everyone is different!

- Psychological - anxiety, irritability, low mood, aggression, detached, poor sleep
- Physical - nausea, headaches, palpitations, sweating, chest pain

Permission

- Think about yourself & put yourself first
- To talk about it to support others

Lifestyle/ Personal Care

- Safety (PPE, scrubs, social distancing guide, video consultation etc)
- Remote working (various IT solutions, video-conference tips – ability to share learning)
- Time management (ensuring working hours are kept, avoiding burnout)
- Looking after yourself - diet, exercise, connection, breaks, making healthy choices

Support: people.nhs.uk

Team

Support

- Blogs – within the team, department, practice, messages to colleagues
- Videos – to colleagues & patients
- It's ok to ask!

Modelling behaviours

- Personal calls/conversations from leadership management
- Positive psychology
- Talking about it

Talking

- Line manager
- Buddying
- Compassion Circles/Schwartz Rounds/20 minute adapted space

External

Peer/Profession Group Support

- Personal message from peer/community groups. Vlogs/blogs – (national groups, locality, professional group)
- Video calls / webinars – educational, supportive, social
- Virtual forum eg WhatsApp, social media, webinars etc

Coaching/Supervision/Talking

- Employer led
- National offer
- Private
- Individual or group

Further Professional Support

- Occupational Health
- Practitioner Health Programme
- General Practitioner
- Specific Therapy – CBT, other



#LookingAfterYouToo

Individual coaching support for primary care staff – connected to wider NHSE offers

Ways to access support during COVID-19



Help now

Send the text 'FRONTLINE' to 85258 to start a conversation
Listening Line - For all NHS Staff – call 0300 131 7000 07:00-23:00
Bereavement and loss support call TBC 07:00-23:00



shout
for support 112 or 0118

SAMARITANS

hospiceUK

On-line

www.people.nhs.uk

A range of materials to support you and your teams perform under this pressure.



SCAN ME

Webinars

Access to the latest
information and support

<http://horizonsnhs.com/caring4nhspeople/>

<https://www.practitionerhealth.nhs.uk/>

NHS
Practitioner Health

Apps

Free access to psychological support –
use your nhs.net email address to
download

[Unmind](#)
[Headspace](#)
[Sleepio](#)
[Daylight](#)

Self guided mental health support



SCAN ME

Silvercloud
<https://nhs.silvercloudhealth.com/signup/>
use the code NHS2020

Common Rooms

Meet other professionals in
a safe and guided space.
Get support and share your
experiences.
Coming soon.

NHS
Practitioner Health



Proud to be part of #TeamGP

We are launching a campaign focusing on wellbeing this week with three key messages.
Look out for **#RCGPTogether** and **#TeamGP** on social media!

1. Let's **appreciate our colleagues** - we want to encourage people to share stories of the great work being done, to raise awareness of innovation and to recognise the amazing response to this pandemic.
2. It's so important to **consider and talk about our wellbeing** - we recognise how important it is to think about our wellbeing, to take steps to look after ourselves and use the resources available to us.
3. Let's **embrace our sense of community** - we're thankful to be part of many supportive communities willing to help one another including the NHS, general practice and our College members.

Our aim is to support all stakeholders in the NHS and, of course, our patients.

We are fully supporting the launch of;

#LookingAfterYouToo

Through individual coaching support for primary care staff

#LookingAfterYouToo

Individual coaching support for primary care staff



Objective

- To provide an easy to access, individually tailored coaching support service for the frontline primary care workforce....
- ...that focuses on proactively supporting people through COVID-19....
- ...by providing opportunities to process experiences, develop coping skills, deal with difficult conversations, and develop strategies for self-management in difficult circumstances.



#LookingAfterYouToo

Individual coaching support for primary care staff

How the service will work

Easy booking process

online platform (mobile friendly)

Immediate

aiming for available within 24hours

Virtual

video-call through computer or mobile phone – or telephone (less preferable)

Flexible

offered at times that are suitable for staff (0700-2200) in a variety of delivery formats (e.g., 30 minutes, one off sessions, in a series of 3 sessions, etc)

Client-led

staff determine the amount and kind of coaching support they need



#LookingAfterYouToo

Individual coaching support for primary care staff



The Coaching Approach

In the moment

the coaching will be offered in a flexible way, addressing current needs rather than be geared towards a long term goal or programme of development.

Context sensitive

the coaching will be delivered by coaches who appreciate the huge demands, uncertainty and stress that staff currently face

Psychological safety

the coaching will provide a space to engage with strong emotions and difficult experiences without becoming counselling

Proactive

the coaching will be orientated towards proactively supporting people to take care of themselves and develop practical strategies for coping

Supportive challenge

when appropriate the coaching will supportively challenge people to manage what's in their control in order to build self efficacy and enhance resilience

Joined up

the coaching will operate in alignment with other relevant COVID-19 workforce response projects, with clear sign-posting for accessing wellbeing and resilience resources and referral paths for more therapeutic interventions when needed



#LookingAfterYouToo

Individual coaching support for primary care staff

The Offer

An initial 45 minute session

Followed by 30 minute sessions

**Booking Open
NOW**

<https://people.nhs.uk/lookingafteryoutoo/>



Questions & Closing Comments

Dr Nikita Kanani, Medical Director for Primary Care
Gabi Darby, Deputy Director, GP Contract

23 April 2020