CARE PLANNING REQUIREMENTS FOR SHIELDED PATIENTS

Administration

* Shielded patients’ status must be clearly flagged in their healthcare records using the code: **“High risk category for developing complication from COVID-19 infection.”**
* Care plans must be reviewed and updated, and any essential follow up undertaken.
* Patients with urgent medical needs must be supported – patients may need to contact the specialist directly.
* Where possible, patient reviews must be done remotely (telephone, video, online); otherwise by home visit.
* Assist patients in receiving their medications regularly by:
* Arranging electronic repeat dispensing
* Enlisting local resource support (social prescribing link workers) for medication delivery.
* Assist in provision of non-medical support by:
* Liaising with social prescribing link workers <https://www.goodsamapp.org/NHSreferral>
* Or call 0808 196 3382
* Signposting to the GOV.UK website
* <https://www.gov.uk/coronavirus-extremely-vulnerable>
* Patients receiving mental or learning disability support who may need additional input should referred to local community health services for review.

Face to Face Assessment

* Home visits are recommended unless a designated area has been set up within the practice for the purpose of seeing shielded patients.
* Clear signage must be visible to ensure patients are directed to the appropriate area.
* Clinical rooms must have:
* The necessary equipment for patient examination readily available.
* Adequate and accessible provisions of PPE and clinical waste bins.
* Consultation should be carried out by most appropriate professional who can perform multiple duties that were conventionally assigned to other members to avoid multiple contacts with the patient.
* Exercise strict adherence to hand hygiene.
* Confirm and document that patient and household members do not have a a cough or fever.
* Patient may bring a maximum of one person with them (to support social distancing)
* Do not examine the oropharynx.

Advanced Care Planning

* Deterioration occurs rapidly with COVID-19 – advanced care planning useful if done beforehand or very quickly if patient becomes infected to avoid unnecessary or unwanted hospital admissions.
* Discuss existing advance care plans with patients and carers to update them.
* Support patients without advance care plans to consider and document such plans.
* Advance care plans should be made on an individual basis considering the following:
* Ceilings of care, TEP and ReSPECT.
* Remote palliative care.

References:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0133-COVID-19-Primary-Care-SOP-GP-practice_V2.1_6-April.pdf>

<https://teamnet.clarity.co.uk/L81023/Files/DataItemDownload/190fbe01-eade-4e82-b832-ab8b0121b840/83b1b7a3-6432-4035-8ea9-ab9800d11393>

<https://teamnet.clarity.co.uk/Files/Public/a2030719-7909-4959-a50e-ab810130bd6f/2803e4a2-446d-421d-9a02-ab980141a24d>

<https://teamnet.clarity.co.uk/Files/Public/fbd60a17-a941-43a0-bec6-ab8701181fbe/5e4c4733-0e0e-4113-a76e-ab8701181fbe>

<https://teamnet.clarity.co.uk/Files/Public/442757ed-9d7a-4d88-87f2-ab880142a153/afdd0775-7c15-4963-9062-ab8e00b1857a>