We are in this together – Isolated but not alone

The Somerset Supportive, Palliative and End of life approach to COVID

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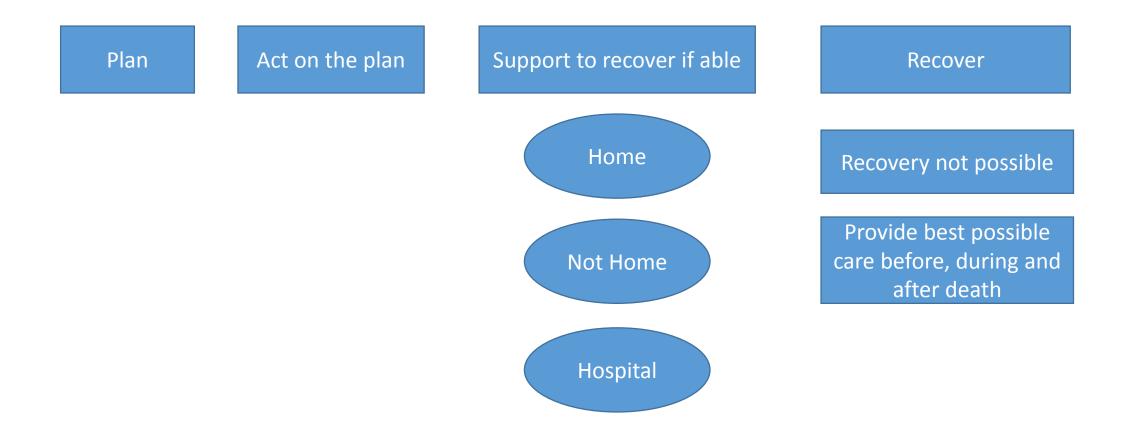
Key milestones

- COVID arrives in the world: 21/12/19 China publish a 'pneumonia with unknown cause' report
- Arrives in UK: first case declared 29/1/20
- UK commences social distancing: 16/3/20
- UK commences Social Isolation 'lock down': 23/3/20
- UK reaches 1000 deaths: 28/3/20
- Date this is recorded 1/4/20 (after midday)

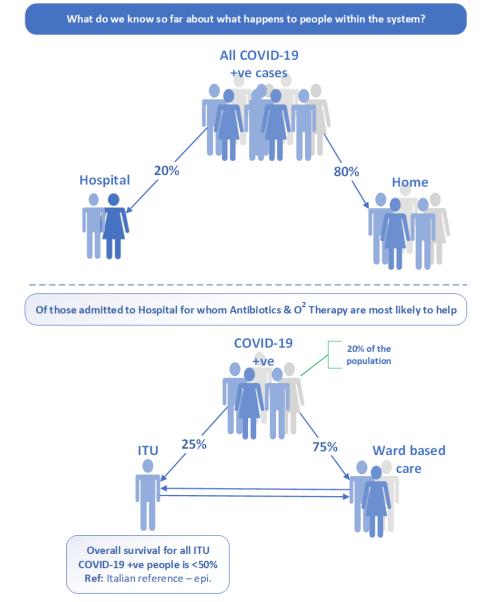
What are our plans?

- Only bring those to hospital who will benefit from acute care but ensure those accessing acute care have equity of use, COVID or not.
- If not already in place, select those extremely vulnerable and share with them thoughts on illness and escalation to hospital
- As we call people or contact people to guide them on social shielding try to contact those who need that advice and only once if possible
- Share decisions and burden across health and social care as well as secondary and primary care – we are all in this together
- Offer the best possible symptom control as part of a compassionate community
- Support and care for each other before, during and after COVID

Summary: For those who are extremely vulnerable



What are we going to do together? – make a plan

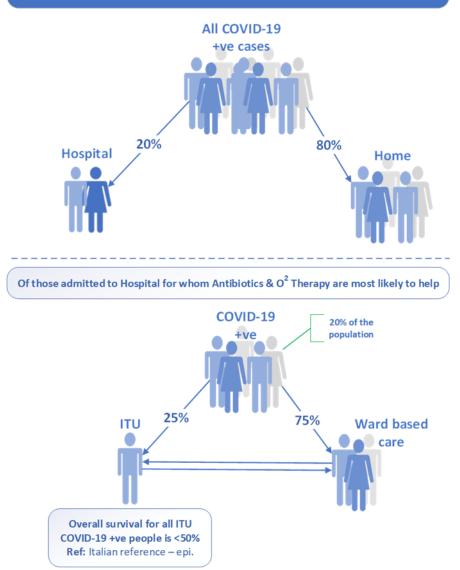


- Most people will benefit from social shielding in the extremely vulnerable cohort: prevention is better than no cure.
- We do need to know of existing basic plans for resuscitation and treatment escalation
- Those in the extremely vulnerable group should be offered this proactively as services are able
- All STEPs are being brought back to EMIS, paper form in the home.

Use the plan- moving from Home

What do we know so far about what happens to people within the system?

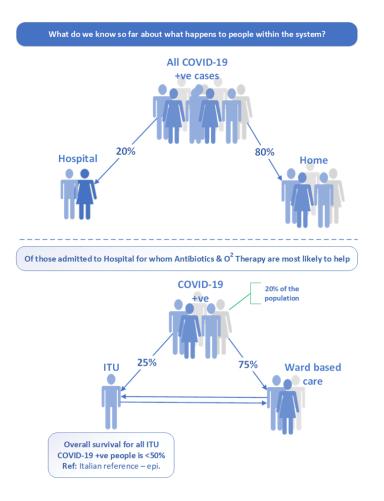
- Moving from home may not mean moving to acute hospital
- Symptom control advice from the experts, coproduced with primary care colleagues
- Plans for shortage, plans for the use of alternatives
- Key focus on breathlessness
- All information will be version controlled across popular resources



Use the plan – moving from home

- Decisions around hospital are key for primary care
- Decisions on ventilation will be made in secondary care
- Where decisions are difficult they will be shared between small professional groups with access to ethical support
- If the plan and action is home support a hub model is being developed by health and social care

Use the plan – Staying at home



- Symptom control may be needed as people try to get better
- If someone is not getting better they will need support
- JIC meds as usual and additional access to oral medications if injectable not possible
- Learning with and from each other

For those who left their home for the last time

- Many extremely vulnerable people will not recover, especially if ventilation is needed.
- Staff are finding care when families are absent difficult
- We plan to help people collate a 'sensory bag' to allow a person to have key stimuli from home, also to facilitate early bereavement work over devices.
- We ask people to explore the four things that matter most:
 - I love you
 - I forgive you
 - Forgive me for
 - Thank you

After death where recovery was not possible

- Verification of expected death: registered professionals able to verify
- Awaiting full interpretation of the Coronavirus act 2020 section 14
- Section 13 of the act will cover registration and informant of death
- Bereavement care will be important to individuals, communities and society
- Our own grief and support needs must not be forgotten

Key messages

- We are all in this together and have a strategy to work with for those who will not recover but respecting the need to give people every reasonable and wanted treatment
- It is ok to be scared
- All of us may be isolated but we must not feel alone
- Much educational work will be available via the SGPET website and wherever you get your teaching, we hope there too.