



## COVID-19 CLINICAL SOLUTIONS

### **What did you do?**

We set up an in-house End-of-Life Care Team of four GPs with an interest in palliative care able to provide continuity and expertise to patients approaching the last 2 weeks of life or requiring anticipatory medications to be prescribed.

### **Who are you?**

Joanna Simpson, Domini James and Katie Barnett (Haxby Group York)

### **What was the problem?**

The COVID-19 pandemic led to restructuring of the community palliative care team and altered referral criteria. There was also a reduction in palliative treatments in secondary care, and we had noticed this had led to many patients, particularly those with non-COVID-19 illness, being without support during these difficult times.

### **What was the solution?**

We put together a daily call list staffed by four GPs across the week to provide regular contacts, with extra time, and continuity for those approaching end of life. The team are contacting approximately 20 patients a week, with extra time to video consult, communicate with families, and complete the death paperwork included in the rota. Most patients have daily contacts from the team, some slightly less, to review symptoms and ensure everything is being done to facilitate a good death. The team are working closely with the District Nurses and Community Palliative Care team, with a bypass number and frequent liaison to ensure continuity between services. The patients include those with cancer, dementia/frailty, CVA, and COVID-19/LRTI. The feedback from patients has been very positive, with many saying they felt abandoned prior to the daily contacts with the team. We have also had one admission avoided and one urgent admission completed, which would otherwise not have been identified as the patient could not access the blood test they needed. Feedback from other members of the GP team has also been positive, with many saying the introduction of the team has led to reduced pressure when triaging, as patients can be called by a staff member who knows them and has time to manage the complexities of end-of-life care, and the ability to contact a team 'in the know' has decreased stress in the context of frequently changing guidelines and referral criteria.

### **Where can we find out more?**

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<https://bjgp.org>