



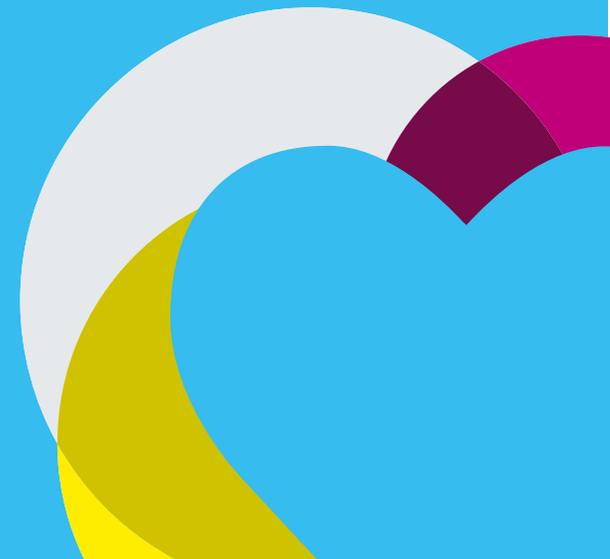
Cornwall and the Isles of Scilly  
Health and Care Partnership

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# END OF LIFE RESOURCE AND SUPPORT TOOL

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Correct as of 4 May 2020





# PURPOSE OF THIS DOCUMENT

Due to coronavirus (COVID-19) there will be an increase in numbers of people with palliative and end of life care needs.

This will include those who have become palliative during the pandemic with COVID-19 and also unrelated conditions and be impacted by changes to health and care services in this time of unprecedented demand. This resource pack is aimed to support colleagues at a time of unprecedented numbers of deaths due to COVID-19.

The purpose of this document is to bring together existing resources and guidance in an accessible way to help inform clinicians and practitioners during COVID-19. Please take into account any local policies and procedures whilst using these resources.

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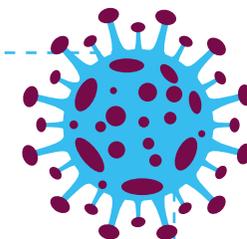


# COMPASSIONATE CONVERSATIONS

Conversations around end of life are challenging, particularly in these difficult times.

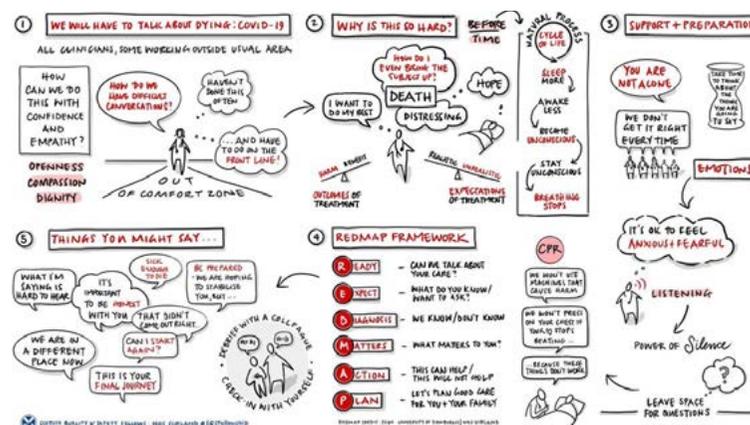
Open and sympathetic communication with people and those important to them enables care wishes to be expressed. It is important that people do not feel pressurised into such conversations and decisions before they are ready.

People who have been appropriately identified could be approached for advance care planning (ACP) discussions. This needs to be completed in a sensitive manner, with consideration of the current NHS climate, and where possible, by a clinician who knows the person.



## Resources

- [Coronavirus EOL e-learning](#)
- [Delivering news of a death by telephone](#)
- [RCN advance care planning guidance](#)
- [Supporting children with death and bereavement during COVID-19](#)
- [Talking to relatives](#)



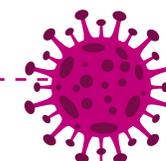
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# COMMUNICATION SKILLS

Conversations around end of life care can be particularly challenging in this current climate. Real Talk has developed COVID-19 evidence based advice for difficult conversations. Examples adapted from VitalTalk who have created a COVID-19 communication resource.

What individuals / relatives say	What you could say
I realise that I'm not doing well medically even without this new virus. I want to take my chances at home.	Thank you for telling me that. What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus. Did I get that right?
I don't want to come to the end of my life like a vegetable being kept alive on a machine.	I respect that. Here's what I'd like to propose. We will continue to take care of you. The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions and then we will keep you here and make sure you are comfortable for as long as you are with us.
I am not sure what my husband would have wanted – we never spoke about it .	You know, many people find themselves in the same boat. This is a hard situation. We know that the health of your husband is deteriorating now and more intensive support, such as a breathing machine or CPR, would not change this. In this situation, when we cannot make someone better, we focus on making sure that they are as comfortable as possible.
I knew this was coming, but I didn't realise it would happen this fast.	I can only imagine how shocking this must be. It is sad. [Silence] [Wait for them to restart]



## Resources

- [Community relatives leaflet](#)
- [Coronavirus EOL e-learning](#)
- [Delivering news of a death by telephone](#)
- [Difficult conversations: Why we need to talk about dying](#)
- [Practical care for dying person toolkit](#)
- [Supporting children with death and bereavement during COVID-19](#)
- [Talking to relatives](#)
- [We have to talk about dying](#)

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# ADVANCE CARE PLANNING

People approaching the end of their lives should still be engaged in conversations about their treatment during this pandemic, wherever possible. This may form a part of advanced decision-making conversations.

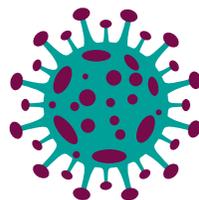
Encourage and/or facilitate conversations to allow people to develop an advance care plan due to sudden illness. Creation of an advance care plan/[sudden illness document](#) enables staff to understand a person's wishes, needs and preferences-taking into account the current choice restrictions due to COVID-19.

Documentation needs to be completed in a sensitive manner, with consideration of the current NHS climate, and where possible, by a clinician who knows the person.

It's important to be aware that decisions made by patients and healthcare professionals may differ due to COVID-19. If this is the case, this should be acknowledged in the written documentation supporting the decision.

## Resources

- [RCHT advance care planning](#)
- [RCN advance care planning guidance](#)
- [TEP form](#)

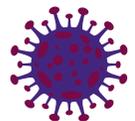
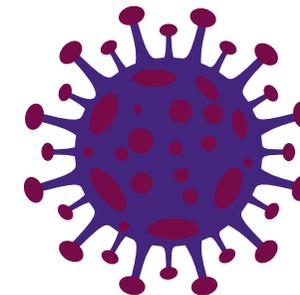
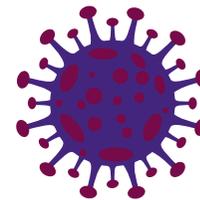


# IDENTIFICATION

Reviewing GP registers will allow identification of people who are likely to be in the last year of life. This will enable early advance care planning conversations with the patient, family and carers which can include an advance care plan should the patient develop a sudden illness.

## Resources

- GP search tools (identifies people who are likely to be in their last year of life who are not on the palliative care register). The list needs to be clinically reviewed prior to contacting individuals.
- [GSF pro-active identification guidance](#)
- [Identification from extremely vulnerable list](#) - high risk of severe illness from COVID-19. This list also needs to be clinically reviewed prior to contacting patients
- [Supportive and palliative care indicators tool](#)



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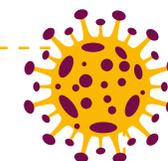
# HOSPITALISATION DECISIONS

Primary care clinicians should take an individualised and shared decision making approach with the patient and those important to them about potential benefits of hospital admission.

Those considered to be at **increased risk** from severe illness from COVID-19 include:

- Anyone aged 70 or over
- Aged under 70 with an underlying health condition (instructed to get the flu jab)
- People who have been **identified of at very high risk**

The **Clinical Frailty Scale** is a reliable **predictor of outcomes** in urgent care (not COVID-19 specific) and can support decision making. Note, it should be completed in relation to the patient's capabilities two weeks ago (i.e. not their current picture) and should not be used in people <65 years old, with stable long-term disabilities (e.g. cerebral palsy), learning disabilities or with autism.



## Resources

- [Caring for patients with coronavirus in hospital](#)
- [BMA ethical guidance document to aid triage and ethical decision making](#)
- [Specialty guides for patient management](#)

## Facts and figures

**Data from Italy** found of those who died with COVID-19:



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# COMMUNITY PALLIATIVE CARE

Specialist palliative care can advise on alternative routes of medication administration e.g. non-oral, non-subcutaneous; to provide symptom control (due to limited visiting by professionals) and carer administration of medication.

Community coordination centres will help coordinate end of life care and each centre has the same [single electronic referral form](#).

- North and east: [cft.northandeastccc@nhs.net](mailto:cft.northandeastccc@nhs.net)
- Central: [cft.centralccc@nhs.net](mailto:cft.centralccc@nhs.net)
- West: [cft.westccc@nhs.net](mailto:cft.westccc@nhs.net)

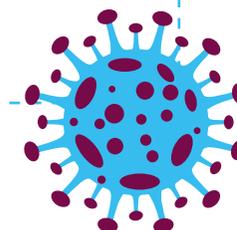
## End of life care boxes

Different to the COVID-19 end of life drug packs, these boxes are for relatives/ carers to support individuals within one to two weeks at the end of their life dying at home. Email [cft.eolcarebox@nhs.net](mailto:cft.eolcarebox@nhs.net) for information and stock replenishment. The boxes contain seven days worth of the following:

- Combined washing and moisturising emollient cream, lip care and wipes, non-foaming toothpaste.
- Continence products.
- Information leaflets e.g. end of life care, skin care, positioning, bereavement and how to use the products etc.

## Resources

- [111 out of hours service for patients with palliative care needs](#)
- [Acute GP Cornwall](#)
- [BMA ethical guidance to aid triage and ethical decision making](#)
- [Community relatives leaflet](#)
- [COVID patient advice for medicine for symptom control pack](#)
- [Helix Centre: Carer administration of medication](#)
- [Hospice UK: Caring for your dying relative at home with COVID-19](#)
- [Keeping in touch when you can't be with someone who might die](#)
- [NICE rapid guidelines for community care](#)
- [Practical care for dying person toolkit](#)
- [RCGP COVID-19 palliative care resource hub and guidance](#)
- [Sudden illness document](#)
- [Supporting children with death and bereavement during COVID-19](#)
- [Talking to relatives](#)
- [Verification of death by registered nurse guidance](#)



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# MEDICINES

Healthcare professionals in Cornwall have responded to the COVID-19 pandemic by developing two guidelines to support the management of a symptomatic person deteriorating with COVID-19 symptoms.

The first uses a standard approach, assuming availability of syringe drivers and capacity to administer medication subcutaneously.

The second considers an approach to symptom control in the event that standard approaches cannot be utilised. A COVID symptom control pack has been developed in line with this guidance.

The medications are in line with the standard anticipatory prescribing guidance. However medication may need to be given more frequently to manage symptoms of acute respiratory distress.

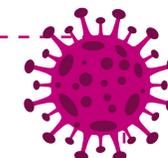
## Useful contacts

**Cornwall Partnership NHS Foundation Trust**  
01208 834263 / Mental health pharmacy: 01208 834265

**Royal Cornwall Hospital Trust pharmacy**  
01872 252593

## Resources

- [COVID end-of-life formulary guidance](#)
- [COVID reuse of medicines in a care home or hospice](#)
- [NICE rapid guidelines for community care](#)
- [Pandemic priority medicines for palliative and end of life care](#)
- [Procedure for the requisitioning and supply of COVID-19 symptom control packs](#)

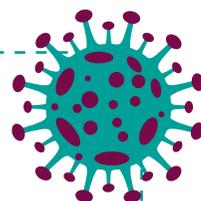


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# PERSONAL PROTECTIVE EQUIPMENT

If your usual supply route for PPE is unsuccessful then please contact the National Supply Disruption Services 24/7 helpline on **0800 915 9964** or email [supplydisruptionservice@nhsbsa.nhs.uk](mailto:supplydisruptionservice@nhsbsa.nhs.uk)



## Resources

- [Infection control guidance](#)
- [PPE guidance \(non-aerosol generating procedures\)](#)



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# CARE HOMES



Cornwall and the Isles of Scilly  
Health and Care Partnership

Many care home residents are particularly vulnerable to COVID-19 due to complex medical problems and advanced frailty. Video conferencing with care homes should be used where possible.

COVID-19 in residents may commonly present with non-respiratory tract symptoms, such as new onset/worsening confusion or diarrhoea. Residents who 'walk with purpose' require specific consideration with regards to isolation. Physical restraint should not be used. A behavioural/psychosocial approach should be used to understand the behaviour and try to modify it where possible.

[Read the NHS guidelines on care home admissions](#)

### Cornwall Hospice Care 24/7 advice line: 01736 757707

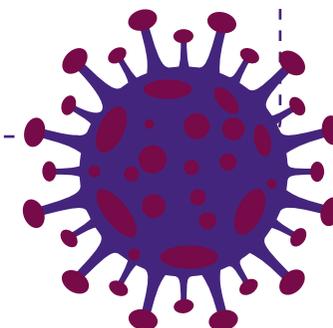
The palliative care advice line provides access to specialist nursing and medical advice on symptom control, syringe driver and drug use, appropriate place of care and management of emergencies.

### NHS Cornwall 111\*6 line

Call the direct access line if you have health concerns about a resident outside of GP hours. Call 111 - press 9, press 2, then press \*6. This will take you through the local call centre where your call will be answered and put in a queue for a call back by a clinician who will provide support and advice.

### Resources

- [Admissions and isolation practices video](#)
- [Bereavement in Cornwall during COVID-19](#)
- [British Geriatric Society care home COVID-19 guidance](#)
- [Care home COVID-19 support document](#)
- [Care home COVID-19 system response document](#)
- [COVID-19 e-learning programme](#)
- [Delivering news of a death by telephone](#)
- [Difficult conversations](#)
- [Helping the care sector deal with COVID-19](#)
- [PPE video](#)
- [Talking to relatives](#)
- [Verification of death by registered nurse guidance](#)
- [We have to talk about dying](#)



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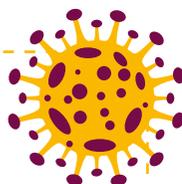
# CHILDREN

For advice and support for children, young people, parents and carers, contact [Penhaligon's Friends](#) on 01209 210624.

You can also contact the [Children's Hospice South West](#).

## Resources

- [Bereavement in Cornwall during COVID-19](#)
- [Children's guide to coronavirus](#)
- [Keeping in touch when you can't be with someone who might die](#)
- [Supporting children with death and bereavement during COVID-19](#)

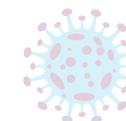
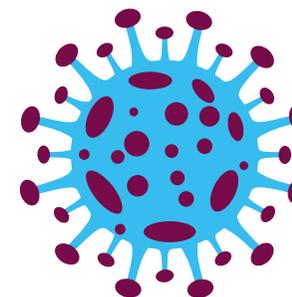
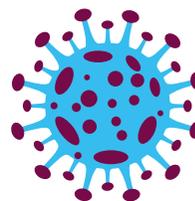


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Health and Care Partnership

# COMMUNITY HOSPITALS

## Resources

- [Bereavement in Cornwall during COVID-19](#)
- [Caring for patients with coronavirus in hospital](#)
- [Community relatives leaflet](#)
- [COVID parenteral drugs for end of life care](#)
- [COVID non-parenteral drugs for end of life care](#)
- [Delivering news of a death by telephone](#)
- [Keeping in touch when you can't be with someone who might die](#)
- [Practical care for dying person toolkit](#)
- [Specialty guides for patient management](#)
- [Talking to relatives](#)
- [Verification of death by registered nurse guidance](#)



Compassionate conversations

Communication skills

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Key contacts and services



# CARE AFTER DEATH

## Bereavement

For community queries and emotional support, contact the Cornwall coronavirus bereavement helpline on 01726 829874 (10am to 6pm).

For support with the process and practicalities following bereavement, please call 01872 252713 (9am to 4pm Monday to Friday).

[Cruse Bereavement](#) also offer online advice, information and support.

## Care after death

PPE must be worn. Mementoes e.g. lock of hair may be offered using infection control guidance.

## Spiritual considerations

Work with local pastoral teams. Religious persons to persons visits are not advised – default position is to use remote access (phone/video).

## Verification of death

Should not be completed by GPs in person. Deaths may be verified by other persons who are with the deceased at the time, by emergency services in attendance, or by the funeral director.

## Death certification

COVID-19 is an acceptable direct or underlying cause of death. A medical certificate can be accepted from any medical practitioner so long as they are able to state to the best of their knowledge the cause of death. A medical certificate of cause of death can be e-mailed to the local registration office.

## Cremations

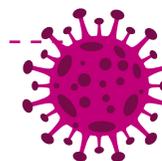
Should be authorised on the basis of form Cremation 4 only (form Cremation 5 is suspended)

## Registration

Informant does not have to attend in person (can be completed via telephone). Funeral directors can act as an informant on behalf of the family.

## Resources

- [Bereavement in Cornwall during COVID-19](#)
- [Coroner's office regulations and changes during covid-19](#)
- [Delivering news of a death by telephone](#)
- [Supporting children with death and bereavement during COVID-19](#)
- [Verification of death by registered nurse guidance](#)



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# SELF CARE



Cornwall and the Isles of Scilly Health and Care Partnership

It is really important that staff look after their own health and wellbeing whilst supporting patients and family during these unprecedented times.

### Cornwall and Isles of Scilly support line

[Local support line](#) for all key workers – particularly in the voluntary sector.

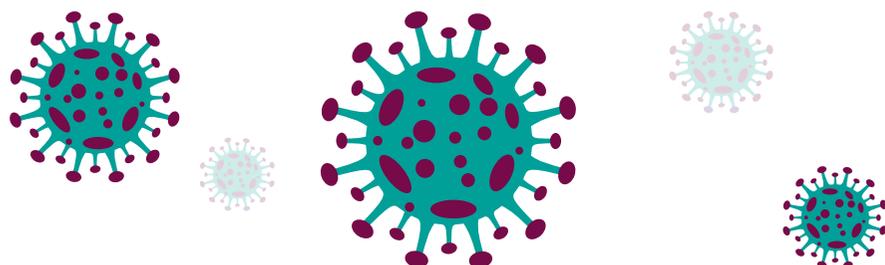
To request a support call, email [welfare@volunteercornwall.org.uk](mailto:welfare@volunteercornwall.org.uk) or call **07968 706102**.

### NHS Practitioner Health

[Mental health hotline](#)

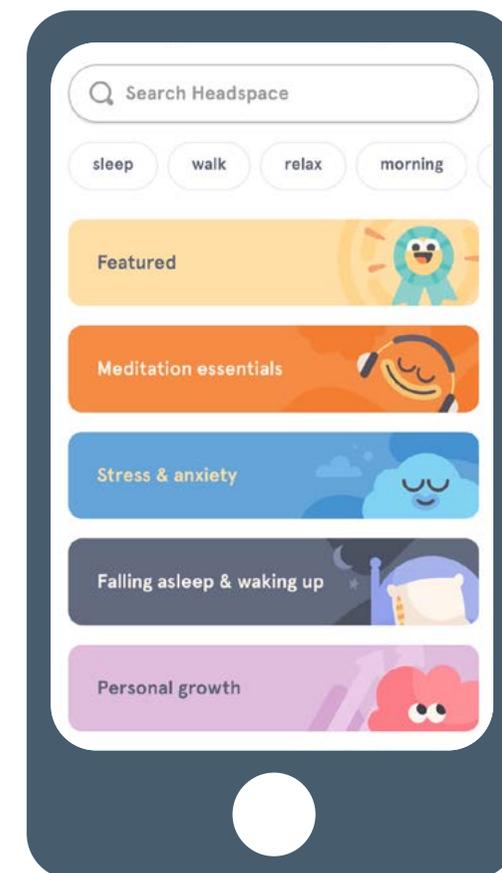
### Nottingham University

[E-learning resource](#) on psychological wellbeing in healthcare workers in response to COVID-19



### Free apps for NHS staff

- [Unmind](#) empowers staff to proactively improve their mental wellbeing.
- [Headspace](#) is a science-backed app in mindfulness and meditation, providing unique tools and resources to help reduce stress, build resilience, and aid better sleep.
- [Sleepio](#) is a clinically evidenced sleep improvement programme that is fully automated and highly personalised, using cognitive behavioural techniques to help improve poor sleep.
- [Daylight](#) provides help to people experiencing symptoms of worry and anxiety, using evidence-based cognitive behavioural techniques, voice and animation.



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# VOLUNTARY SECTOR LINKS

## Age UK

Free, confidential advice line on **0800 678 1602**. Open 8am to 7pm, 365 days a year

## Age UK Cornwall and the Isles of Scilly

Call **01872 266383** for local information and advice on wellbeing during COVID-19.

## Cornwall Council

[Advice for the public](#)

## Flu Friends

Contact Volunteer Cornwall on **01872 266988** or email [mid@volunteercornwall.org.uk](mailto:mid@volunteercornwall.org.uk). Referral forms can be completed by a health professional on site.

## GOV.UK

People should register if they have a medical condition that makes them extremely vulnerable to coronavirus. For example, individuals will be able to ask for help getting deliveries of essential supplies like food. Individuals can register for themselves, or on behalf of someone else.

## Healthwatch Cornwall

Information for key organisations in Cornwall for help, support and guidance during COVID-19.

## Mental health

- Corona Voice project: Anyone over 16 with coronavirus related stress, anxiety or distress can receive six free counselling sessions via telephone or video call. To book, email: [rachel@pegasusmenswellbeing.co.uk](mailto:rachel@pegasusmenswellbeing.co.uk)
- [Man Down Cornwall](#)
- Outlook South West: Continues to offer phone-based support. Call 01208 871905 (Monday to Friday, 9am to 4pm). [Online referrals available](#).
- Samaritans: Telephone 116 123 (24/7, free to call), or email [jo@samaritans.org](mailto:jo@samaritans.org)
- Valued Lives crisis service: **01209 901438**

## Volunteer Cornwall

A range of services and support including: Flu Friends, shopping and prescription collection, telephone befriending, key worker support line, PPE and volunteering.

Compassionate  
conversations

Communication  
skills

Advance care  
planning

Identification

Hospitalisation  
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Community  
palliative care

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Community  
hospitals

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death

Self care

Key contacts and  
services



# KEY CONTACT DETAILS AND SERVICE HOURS

What service	When	How to access
<b>Cornwall Care Hospice</b> Inpatient admissions to hospices	24/7	Hospice admissions 01736 757707
<b>St Luke's Hospice, Plymouth</b>	24/7	01752 401172
<b>Cornwall Hospice Care</b> Specialist telephone advice with access to consultants.	24/7	01736 757707
<b>Cornwall 111 out of hours service</b> For patients with palliative care needs. Clinician phone back aimed within 20 minutes. Support includes advice, home visit within two hours and prescriptions.	6.30pm to 8am on weekdays and all day at weekends. <a href="#">Find out more.</a>	01872 224050 Email: <a href="mailto:enquiries.kernowcic@nhs.net">enquiries.kernowcic@nhs.net</a>
<b>Children's Hospice South West</b> Short breaks, respite, counselling, sibling support, EOL care, bereavement support	24/7	01726 871 800
<b>Palliative care specialist community nurses</b> Face to face and phone contact	7 days a week 9am to 5pm	01208 251300 North and east: <a href="mailto:cft.northandeastccc@nhs.net">cft.northandeastccc@nhs.net</a>
<b>Community palliative care</b> Via community coordination centres.	7 days a week 8am to 8pm including urgent response to any service via <a href="#">Single Electronic Referral Form</a>	Central: <a href="mailto:cft.centralccc@nhs.net">cft.centralccc@nhs.net</a> Email: <a href="mailto:cft.westccc@nhs.net">cft.westccc@nhs.net</a>
<b>Marie Curie</b> Home visiting and case co-ordination by HCAs/RGNs	Day service provision in the west Night service countywide.	Call the co-ordination team on 0845 073 8696 Open Monday to Friday 8am to 6pm Weekends and bank holidays 10am to 3pm

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Adapted from the London End of Life Care Clinical Network and NHS England and Improvement (London region) end of life support document  
May 2020 - NHS Kernow