

**Addresses**

**For Action**

GP Practices  
Chief Executives NHS Boards

**For information**

NHS Board Primary Care Leads  
Practice Manager Network  
Practice Nurse Network

**Policy Enquiries to:**

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Primary Medical Services  
1 East Rear  
St Andrew's House  
Edinburgh  
EH1 3DG

I&S

10 April 2020

Dear Colleagues,

**ANTICIPATORY CARE PLANS FOR VULNERABLE AND HIGH RISK PATIENTS**

As you will know the Chief Medical Officer has [recently written to both General Practice](#) and to Hospital Clinicians about the plans for supporting those patients identified as being at the highest risk of mortality and severe morbidity from COVID-19.

In this letter clinicians were advised that patients in the vulnerable patients group would be written to over the next week with advice about Shielding (*Shielding is a measure to protect extremely vulnerable people from coming into contact with coronavirus, by minimising all interaction between them and others*), and where practice capacity allowed, those in the very high risk group would be contacted by their GP practice to have a further discussion.

The letter also recommended as that as part of this discussion with patients, important information, such as key worker, should be captured and included in the electronic Key Information Summary (eKIS). This discussion could be done by a non-clinical person in the team, with the supporting guidance for these discussions shared in Annex C of the letter. Information on how to enter data in KIS was also included Annex D.

This letter to practices also stated:

**In addition for some patients in this group it may be appropriate to discuss their Anticipatory Care Plan. This discussion should be done by a clinician but again it doesn't have to be a GP.**

In fact, for many of the patients in the very high risk group it would be more appropriate for them to have their ACP conversation with their treating consultant, who may be in

have access to the practices clinical system, or for an administrative person in the practice to enter the information into eKIS where practice workload and capacity allow. The process for passing completed ACPs to the appropriate practice should be agreed locally eg a generic email address,

4. We recognise that DNACPR discussions are always difficult ones to have, even more so when being done over the telephone. It is also recognised that CPR has a very low chance of success when cardiopulmonary arrest is in the context of severe Covid illness. Therefore we would like to reassure clinicians that there is no specific requirement to have a DNACPR discussion as part of this ACP conversation, unless the patient raises this and wishes to discuss it, or the clinician feels strongly that they need to discuss it. Instead the focus should be on supportive discussions with patients about what matters to them should they fall ill with Covid. The HIS ACP template provides a framework for your discussions, with the option to complete the DNACPR section, if this is discussed. Guidance on having difficult conversations has been developed and is attached in Annex B.
5. We also recognise the importance for both patients and clinicians of ensuring supportive and high-level public messaging around the benefit of anticipatory care planning conversations. This is being developed as a matter of urgency within the Scottish Government to accompany this work. Patient resources are also being developed to help facilitate their conversations with carers and families, and these will be available in the coming days on [www.nhsinform.co.uk](http://www.nhsinform.co.uk).

We realise this is challenging work and we intend to support this with clear, high-level public messaging around its importance. We're working to have revised Covid-19 related Anticipatory Care Planning information on NHS Inform by the end of this week.

Please also note the publication on 3 April 2020 of the [Covid-19 Ethical Advice and Support Framework](#) and [Clinical Advice](#). The CMO published these documents on 3 April 2020. They are intended to support clinicians with decision making during this pandemic.

As stated by the CMO please accept our sincere thanks for your support, patience and courage during this challenging time. We realise that workload and capacity in General Practice just now is challenging, but we also understand that you put the best interest of your patients to the forefront.

Further resources and information about anticipatory care planning are on [Healthcare Improvement Scotland's website](#).

Yours sincerely,

PD

Dr Gregor Smith  
Interim Chief Medical Officer