

2 April 2020

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## To the GPs of Cornwall

We are all now aware that the Covid-19 outbreak is proving to be the most devastating in our elderly population. Far from forgetting older people in this healthcare crisis, we are making rapid radical changes to improve dignity, compassion and care for older people through this period and beyond. This was always part of our strategy; the crisis has accelerated it. We intend to be nearer older people's homes and families to support you in these troubled times, with you and with them.

As part of the Cornwall Healthcare Strategy and in response to the Covid-19 crisis:

- The geriatricians will be supporting Older People Assessment and Liaison Units (OPAL) units admitting 8am to 8pm in WCH, CRCH, SACH and Bodmin in the very near future.
- The geriatricians will provide a 24/7 hotline as medical advice and guidance to assist keeping patients at home/ care home during this crisis.
- The geriatricians are also rolling out a new approach of patch geriatrician; focussed on the optimisation of health, prevention of admission and support for primary and community care teams for the frail elderly.

Patch geriatrician:

- Our team of RCH geriatricians, plus Dr Burbridge, Dr Hibbert and Dr Sant, will be able to cover the whole county between us. In order to facilitate this we have allocated two or three geriatricians to support the practices and community teams in discrete geographical patches that match the Primary Care Network areas. We will endeavour to contact each practice to offer our support for the GPs, practice nurses, Community Matrons and extend this to CPNs and care homes as we are able.
- The aim is that we can support you with decision making for complex frail patients but a key area to support currently is Treatment Escalation Planning. This is not an easy task in primary care, but these interesting times should help to focus minds and we are keen to support this as much as possible. We have linked with RCH and CFT TEP leads to assist co-ordinating this TEP drive.

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Geriatricians will make contact with your practices individually, soon if they haven't done so already. There will be variability in how each team and practice work but the direction of travel should be the same. Your geriatrician team would be grateful for your thoughts and feedback as this new programme develops.

These are unprecedented times, but a catalyst to the strategy that was already planned. I hope you agree that these plans are reasonable in view of the situation we find ourselves in. We intend to be nearer older people's homes and families to support you in these troubled times and beyond, with you and with them.

**Dr Laura Wesson**  
**Specialty Lead for Older Peoples Services for Cornwall**