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Director for Mental Health & Social Care  
Donna Bell



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Directors, Directors of Pharmacy  
Primary Care leads, Allied Health Professionals  
Directors of Dentistry

2 December 2021

Dear Colleague

**Updated advice and guidance:**

**Open for Care - Visiting health, social care and other professionals/services in adult care homes**

We previously wrote to you on 14 April with guidance on the return of visiting health, social care and other professionals/services to adult care homes. This provided advice based on the Strategic Framework levels with recommendations around phasing and Levels-based increases to the return of services. We are writing to inform you that public health advice on visiting professionals to adult care homes is due to be updated and will be contained in [Public Health Scotland's COVID-19 - information and guidance for care home settings \(adults and older people\)](#). The guidance, which should be published on their website next week, no longer recommends a levels based approach to the return of services. It will recommend that visiting professionals should visit adult care homes if required to do so unless otherwise advised by the care home/ or local Health Protection Team.

The remainder of this letter sets out updated principles for supporting the full return of visiting professionals, recognising the importance of equitable, person-centred and holistic care, alongside wider services, to improve the health and wellbeing of people living in care homes. **We encourage care to be needs led with a renewed focus on anticipatory, preventative and rehabilitative care for all residents.** Some limitations on visiting professionals may be required, for example if there is an active, confirmed outbreak, but the local Health Protection Team will advise on this. Essential visits from visiting professionals should always be supported. Care home residents remain a vulnerable population, so it remains crucial that the multiple layers of protections against COVID-19 including wider infection prevention and control (IPC), are rigorously sustained and maintained to minimise the risk of infection to care home residents, staff and others. It is also important that visits by services / professionals are coordinated with care homes to manage footfall and minimise burden and infection and other risks on the care home. This may mean liaising with the care home in advance of visiting.

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The importance and impact of involving a wide range of professionals and people in the life of the care home on residents' wellbeing are well known. We appreciate that a number of health and social care services have fully resumed in care homes, however where this is not the case we emphasise that health and care professionals (including GPs, community nurses, allied health professionals, optometrists, pharmacists and dentists etc) can and should resume healthcare advice, assessments, routine care and treatment. Health and Social Care Partnerships will continue to play an important role in supporting a coordinated full return of health and social care services within care homes. We recognise the current system pressures as a result of the pandemic across the health and social care sector, and the invaluable learning around delivery models developed during this time, which has created a blended model of delivery with positive impacts for those receiving care as well as professionals and services providing them.

This blended model involving, for example, the use of face-to-face, telephone, video (NearMe) and email will continue to be used to facilitate healthcare delivery in all care settings across Scotland. However, there is no need to restrict face-to-face clinical assessments, and these should take place whenever they are required. There may also be an increased need for face to face assessments after prior reliance on virtual forms of support during the pandemic.

The approach set out in the annexes below aligns with Open with Care: Supporting Meaningful Contact in Care Homes which recommends the return to indoor visiting for families and friends of residents.

Annex A: Principles for the full resumption of visiting services to care homes (*amended*)



Kevin Stewart  
**Minister for Mental  
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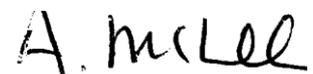
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## **Annex A: Principles for visiting health and social care professional services to care homes**

**Equal and equitable access for all residents** – people living in care homes should be able to access healthcare and other services which best meets their needs and improves their wellbeing and quality of life recognising that some people will have greater and/or different needs to others, and with **equitable** ease of access to those living outside care home settings.

**Individualised approach** – decisions on the type of contact and service required should be person-centred and take into account the assessed needs and expressed preferences of the individual, balanced against service capacity and any risks from visits on the care home, its residents and staff.

### **Face to face care as part of a blended approach to clinical assessment.**

The increased use of telephone, 'NearMe' and asynchronous consulting (e.g. eConsult) has benefitted both patients and clinical staff during the pandemic. These will remain a useful and important way to provide aspects of care in the future. However there are many components of healthcare that still require a face to face meeting / consultation. Many people living in a care home will be unable to attend a healthcare facility due to frailty or disability. These people must not be denied access to appropriate healthcare. It is therefore important that professionals re-establish visits to care homes to conduct face to face assessments and care when this is clinically indicated. These should not solely be in response to a new illness or sudden deterioration, but should include planned proactive reviews of healthcare as clinically appropriate.

**Anticipatory, preventative and rehabilitation visits are vital** and should take place to prevent decline in mobility and function and promote overall health and wellbeing. Earlier guidance recognised that, initially, those with greatest need were prioritised. This focus should now be fully embedded for all residents. Building in regular opportunities for anticipatory care planning (ACP), involving conversations between an individual and those who are supporting them, are an important way to ensure that everyone understands an individual's needs and wishes so that the right decisions are made at the right time. As we approach winter, it will be important to keep anticipatory care plans up to date. For resources on ACP please see: (<https://ihub.scot/project-toolkits/anticipatory-care-planning-toolkit/anticipatory-care-planning-toolkit/tools-and-resources/>)

**A coordinated approach** to the routine provision of services in care homes should be taken to manage any burden and wider risks from visits to care home residents and staff. This should operate at community (HSCP) and at care home levels. Care home managers with the support of infection prevention and control advisors are best placed to decide how their care home can safely support visiting professionals in line with this guidance and in a way that meets the needs of their residents, both individually and collectively.

Testing programmes for visiting professionals: advice for health and social care professionals is organised through their employer see: ([Public Health Scotland's COVID-19 - information and guidance for care home settings \(adults and older people\)](#)).

Other visiting professionals, such as maintenance staff, private podiatrists, and hairdressers etc., who are not offered testing through their employers are encouraged **to undertake an LFD test at the care home**. See above guidance for more information.

**Safely balancing risks of harm** – the increased number of professionals and volunteers entering care homes does carry some risks; these should be balanced against the risks of harm from their not visiting, for example to undertake a clinical assessment. Everyone should work together to consider and minimise these risks by rigorously sustaining and maintaining infection prevention and control advice, and ensuring that any restrictions to visiting services are proportionate and justified.

All visiting people, organisations and professionals should wear a Fluid Resistant (Type IIR) Surgical Mask (FRSM) and **maintain a minimum of 1 metre distancing where possible, unless closer contact is necessary for the provision of care**. If the visit requires direct contact additional PPE may be required in accordance with [National Infection Prevention and Control Manual: Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum \(scot.nhs.uk\)](#)

All visiting professionals should continue to leave their name and professional contact details with the care home, in the event of contact tracing being required.

