

Tasks for Medical Support Workers in Primary Care

Notes:
1. This list of tasks is illustrative and not exhaustive.
2. The work of the MSW should be under the overall supervision of other primary care health professionals and within the limits of their role.
3. MSWs should recognise and work within the limits of their competence.
4. Only MSWs who have been granted a Licence to Practise can prescribe.
GENERAL GP WORK (COVID and Non-COVID PATIENTS)
Extremely vulnerable patients (who need shielding)
Shielded group telephone review
Supporting management, through regular telephone contact
Back office tasks
Medication reconciliation
Medication reviews (may involve speaking to patient)
Completion of reports such as Safeguarding Forms
Direct patient contact – should NOT include dealing with undifferentiated clinical presentations, either face-to-face or telephone/video
Telephone follow up of LTCs e.g. Depression reviews
Supporting receptionists by speaking to patients demanding explanations
Following up abnormal results (phoning patient to explain these and agree appropriate action)
Taking and recording clinical measurements (e.g. BPs, ECGs, urinalysis)
Simple procedures (e.g. phlebotomy)
End of life
Supporting completion of TEP/Respect forms
Bereavement calls
Managing prescriptions for EoLC and anticipatory medications
Completing death certification
Communication
Liaison with community nursing teams
Liaison with social care
Liaison with social prescribing and voluntary sector
Liaison with secondary care (around discharges and admissions)
Encouraging mutual support within primary care team
COVID-SPECIFIC WORK
Updating/educational
Keep COVID19 info up to date as advice etc changes, distil key messages
Covid-19 patients
Supporting hot clinics
Supporting GPs doing home visits (driving, maintaining supplies of equipment, helping with PPE, taking calls, planning visit route, liaising with ambulance service etc.)
Telephone follow up if requested by 111

*Example of Shielded group telephone review:

What is the purpose?

- Ensure shielded group stay at home for 12 weeks and avoid all contact. They can register and get support at: <https://www.gov.uk/coronavirus-extremely-vulnerable>
- Immediately review any ongoing care arrangements that you have with these highest risk patients. The guidance says they can be seen in the surgery (e.g. if they need a blood test), but they need protection from contact with anyone other than the person who sees them, so think about back door access, ringing on mobile when they arrive, waiting in car/collected from car etc.
- NHS Trusts have also been asked to review ongoing care arrangements and will contact patients directly to make adjustments to hospital care and treatment as needed, so practices may have work passed to them.
- Support with medicines supply. Ensure someone can collect their meds or it can be delivered. Reauthorise their medication where appropriate. Aim to set up repeat dispensing.
- Have a discussion about potential coronavirus infection. All patients who display symptoms of COVID-19, have been asked to contact the NHS 111 online coronavirus service, or call NHS 111 if they do not have access to the internet. However, if patients have an urgent medical question relating to their pre-existing condition, it is expected GPs deal with this.
- Ask patient consent to allow enhanced summary care record so that other health professionals have more information.
- For the smaller subset who are very frail and elderly it would be appropriate to move the discussion on from a discussion about coronavirus symptoms towards preferred place of care and **only if they seem to want to have a discussion** about advanced care planning if they became very unwell.

Suggested process

- Identify list of patients to call
 - Review the records before you ring the patient:
 - o Look at all recent letters.
 - o Major diagnosis in the Problems and Summary
 - o All recent clinical notes
 - o Repeat meds and allergies.
 - Can you identify any significant clinical issues that need action? e.g. medication, bloods, ongoing cancer care
 - Ring the patient – introduce yourself and work through this checklist
1. Stay at home advice twelve weeks (apart from shielded necessary medical appointments)
 2. Any issues you have identified
 3. Any issues or concerns the patient has
 4. Discussion about medication and repeat prescriptions if needed
 5. Reauthorise as appropriate.
 6. Discussion about enhanced summary care record consent so that other health professionals know more about their condition.
 7. Discussion about coronavirus symptoms and what to do

8. **ONLY** for the much smaller subset of frail and elderly if appropriate more to a discussion about preferred place of care if becomes very unwell and if receptive end of life discussion.
9. Complete medical records (ideally via template)

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