



London Clinical Networks

Date: 9th June 2017

Information sheet: Guidance on Primary Care Response to recent traumatic incidents - GPs and frontline staff, community pharmacists, dentists and optometrists

NHS England (London Region) is coordinating the NHS response to the incident at London Bridge on 3rd June 2017. It is important is that people affected get access to the right mental health support, care and if appropriate, treatment. Alongside our Public Health and Voluntary Sector partners we have produced stepped care models and clear pathways for both adults and Children and Young People (CYP) to inform the wider system's response. To access these pathways electronically please click on the [link](#).

Primary Care services may be the first point of contact for some people affected by the recent traumatic incidents. There may be an increase in people seeking and in need of psychological support and we are keen to support you in being fully prepared, especially if the numbers of those seeking help increases a lot.

A public health focused prevention response both maximises the inherent resilience of communities, and makes best use of specialist resources. Providing information to the public is a useful strategy as part of our London plan.

Please be aware that members of the public are being directed to information, access advice and support:

- Home Office web page: <https://www.gov.uk/guidance/london-bridge-and-borough-market-attacks-june-2017-support-for-people-affected>
- A London pathway for major incidents for adults, children and young people and professionals has been developed and can be accessed by clicking [here](#)
- Self-referral for psychological support may initially be to primary care where an initial assessment should take place; patients requiring further support should be referred to existing local IAPT services
- 111 callers will be advised to initially seek support via their GP and thereafter access their local IAPT services as appropriate

Many of those who are affected by the incident will not require access to specialist mental healthcare. NICE (2005) recommends 'watchful waiting' of up to four weeks following a trauma, before offering an intervention, to allow time for spontaneous recovery, unless there is risk in terms of suicidal ideation/self-harm. However, we could expect 20% of those involved to need further psychological support.

What does primary care services need to do to be prepared to respond to an incident in London?

Please would you check the following to ensure you are prepared:

- your contact details are up to date e.g. websites service, CCG, NHS Choices – see <http://www.nhs.uk/aboutNHSChoices/professionals/Pages/manage-profiles-faq.aspx> .
- referral pathways and contact details are up to date – e.g. local IAPT, CYP
- your awareness of NICE guidance on experience of a traumatic event <https://www.nice.org.uk/guidance/cg26/chapter/1-Guidance>
- access to information for support including relevant materials
 - General leaflet on trauma – that can be accessed by clicking [here](#).
 - Local services e.g. bereavement, 3rd sector, others
 - Public facing gov. link <https://www.gov.uk/guidance/london-bridge-and-borough-market-attacks-june-2017-support-for-people-affected>
- monitoring of patients longer term (avoiding falling through the gap) – watching and waiting and those patients that enter further psychological services
- out of hours – information for patients

Support for practitioners

Personal support for GPs and other health professionals can be accessed via:

- NHS Practitioner Health Programme <http://php.nhs.uk/>
- London Wide Medical Committee (LMC) GP Support <https://www.lmc.org.uk/page.php?id=39>
- BMA Counselling and Doctor Advise Service <https://www.bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service>

You may find this summary helpful.

“The emotional effects will be felt by survivors, bereaved families, friends, rescue workers, health care workers, and our diverse communities. Distress is very common. It is likely to be strongest in those closest to the incidents, who directly witnessed the aftermath, and who were involved in rescuing and caring for victims and survivors.

The following responses are normal and to be expected in the first few weeks:

- *Emotional experiences (shock and numbness, fear and anxiety, helplessness and hopelessness, irritability, reduced confidence and self-esteem, fear of recurrence, guilt)*
- *Social experiences (regression, withdrawal, interpersonal conflict and avoidance)*
- *Cognitive experiences (distressing thoughts and images, impaired memory and concentration, confusion and disorientation, hypervigilance)*
- *Physical experiences (poor sleep, headaches, somatic symptoms, reduced appetite and energy)*

Commonly distress should subside over time. In the early stages, psychological professional help is not usually necessary or recommended. Many people recover naturally from these events.

Please provide children, young people and adults who have been affected or are at risk of being affected with advice and information from the web links attached on this briefing paper or through the government website.

Some people may need additional support to help them cope. For example, young children, people who have experienced other traumatic events happen including secondary additional stresses and people with previous mental health difficulties may be more vulnerable and would benefit from additional support and monitoring.

For most, symptoms will start to resolve after 2 weeks. If symptoms persist beyond this time, additional monitoring should be provided. If symptoms continue after 4 weeks, or are severe, further specialist mental health advice should be sought”.

Please circulate this information as widely as possible to other partners and front line staff, so they are aware our approach.

Dr Phil Moore GP

Clinical Director

London Mental Health Clinical Network