Name of case study: Elderly Couple – Dover Town PCN (NHS)	
Brief description of the client's/patient's issue	Very elderly couple who live alone and since the lockdown was imposed have had no family visitors due to the family working in healthcare and being exposed to coronavirus in their job roles. The family had noticed from the doorstep that the husband had lost weight and that his wife wouldn't always come downstairs. With the family unable to go into the home, the wife had not had her hair washed for 7 weeks, nor had any housework been done and the bed sheets had not been changed. The wife was spending more time in bed upstairs due to her legs and had not been compliant with medication for her legs due to the medication being downstairs. The husband has dementia and was unable to provide support for his wife and she stated that she felt like she was going to die. The daughter was very concerned for her parent's welfare and didn't really know what to do.
Summary of the support provided	The GP surgery referred the couple to me and I first of all coordinated a response from Social Services and the District Nurse's with the patient's permission. When I spoke to the lady, I could tell by the phone call that she was not in a good place and was struggling to cope and had no appetite. I reassured her that we wanted to support them both and that she may have to deal with a few phone calls that day or the next and that they would be to help them. I spoke to the daughter and explained how I could support the family and that I was following up referrals on their behalf to ensure support was put in place. I then chased up Social Services regarding the referral and nothing had been done. I was concerned for the welfare of them both due to carer breakdown with the wife being unable to support the husband and I put through an urgent referral to Crossroads (a charity for carers) to provide urgent support over the weekend. They then contacted the daughter and went in the very next day and provided overnight support that night and the next night, which the family were very grateful for. Following a further chase up to Social Services the Enablement team then started to go in AM and PM and OT also went in. Whilst this was going on, I also found out the process to increase the rate of Attendance Allowance they were getting and informed the family of what to do, as they would be self-funding any care moving forwards. Naturally over the weekend everything changed and the family moved the husband in with them as he was struggling at home with his wife, Crossroads were able to support overnight and the family wanted to also move the wife in with them and did not know how they could transport her. I

	said I would investigate for them and as thought all patient transport services were unable to, I then made further enquires and St John Ambulance service were able to fulfil the request the very next day, there was a charge to this that the family were happy with and I heard that they were brilliant at moving her. The couple are now living in the family home and equipment has already started arriving from the OT input to help them, as well as a hospital bed arriving soon.
Summary of outcome and impact (including quotes)	This help has enabled the family to fully support their elderly parents during the on-going lockdown and has helped to prevent a crisis and a hospital admission for the wife. The daughter was very grateful for the help and said, 'I could not have done this without your support'. The elderly couple can now remain together for the time being and live a comfortable life moving forward. I will be continuing to support this family moving forwards with the daughter now taking on a caring role and ensuring that she is supported in this role too.

Name of case study: Lonely Female – Dover Town PCN (NHS)	
Brief description of the client's/patient's issue	An elderly frail female was referred to me for loneliness and risk of falls. When I visited the lady, she detailed how she had had a fall recently and had been stuck on the floor for hours. She struggled to move around her house and was going upstairs to bed up a staircase which concerned me greatly. We also spoke about what mattered to her and aside from the risk of falls she wished to be able to speak to likeminded individuals, however as she is practically housebound she could not go out and she felt very lonely with no family nearby.
Summary of the support provided	The lady agreed to an OT referral for any aids and adaptations she may need to make her home safer and they were able to provide a hospital bed downstairs to allow her to sleep there and avoid the dangerous staircase. We also spoke about looking into a better seating option in her lounge as she struggled to get out of her chair and we organised for a local company to come out with a demo chair which she then decided to purchase. In terms of the loneliness I made several enquiries of how we could support her in the home and a local group were able to offer befrienders. The lady and the befrienders had a few things in common and the lady enjoyed the regular company.
Summary of outcome and impact (including quotes)	This help has enabled the lady to continue living independently with the support that was already in place, for example she has carers in the morning. She has also talked about how she feels less anxious about falling now as she would always worry about going up and down to bed. She enjoys speaking to her new friends and I've recently found out that during lockdown they have still spoken over the phone regularly. She was pleased with the fact that I had focused on what mattered to her as she was aware that she needed to be safer at home and so forth but what she really wanted was to feel less lonely.