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Clinical Commissioning Group

Tees Valley CCG - Covid 19 Update

November 2020

Craig Blair – Director of Commissioning
Dr Janet Walker – Medical Director

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Tees Valley CCG/Integrated Health Care Partnership (ICP) Planning

Overview of NHSE/I Planning Guidance

The NHS Long Term Plan, published in January 2019, set out the transformation of services and outcomes the NHS will deliver by 2023/24 by investing the long term revenue settlement we have received from the government. The 2020/21 NHS Operational Planning and Contracting Guidance was released on Friday 31st January 2020 and set out the 20/21 delivery requirements of the NHS Long Term Plan.

COVID-19

Phase 1 - On 30th January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response.

Phase 2 - As acute Covid pressures were beginning to reduce, NHSE/I guidance released on 29th April outlined agreed measures for the second phase, restarting urgent services.

Phase 3 - NHSE/I guidance released on 31st July set out priorities for the rest of 2020/21.

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Phase 3 Response

NHS priorities for this third phase are:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter for:
    - Cancer, Elective activity, Primary care and community services, MH & LD/autism

- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally:
    - Covid-related practice, Prepare for winter

- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention:
    - Workforce, Health inequalities and prevention

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Phase 3 Response – return to near normal levels of service

Cancer

- 2WW referrals maintained throughout the pandemic with patients being requested to attend appointments with IPC measures in place.
- Referral and activity numbers reduced during the first wave of Covid , however a marked increase in both referrals and activity from May on-wards.

Elective activity

- Significant increase in utilisation of “Advice and Guidance” reducing unnecessary demand.
- All cases of patients waiting longer than 52 weeks undergo a harm review.
- Maximising estate for planned surgery. Making better use of Redcar PCH and the Friarage.
- Utilisation of the local Independent sector providers to support elective programme.

Primary care and community services

- 100% GP practices across the CCG have initiated online and video consultation triage services in response to Covid AND 100% of practices are offering face to face appointments where appropriate.
- Community services have continued to provide District Nursing support throughout the pandemic and have restored access to all other community services.
- Piloting of the Covid Virtual Ward approach

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Phase 3 Response – Return to near normal levels of service (cont)
Mental Health & Learning Disability/Autism

- The Tees Valley IAPT service is fully operational.
- 24/7 crisis helpline in place; single point of access diverts to adult or CAMHS crisis teams.
- During the first wave GP practices have continued to engage with all patient groups, including those with a learning disability, and have continued to offer Annual Health Checks and screening.

Phase 3 Response – Prepare for winter and future covid spikes
Covid-related practice

- Continued engagement and participation with local Outbreak groups and Health Protection Board.
- All Health Care Providers are following latest IPC guidance.
- Continue to follow PHE/DHSC-determined policies on testing and frequency.

Prepare for winter

- Tees Valley flu vaccination board has been established to coordinate the flu programmes.
- Launched 'Talk Before You Walk' on 19th October. In response to the National initiative 'Think 111 First'
- Established an ICP wide Incident Command Coordination Centre to identify trigger levels across the system, proactively manage resources to meet demand in activity and to enable pressures to de-escalate.

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Phase 3 Response – Learning lessons

Workforce

- CCG has implemented a range of initiatives to support staff wellbeing.
- CCG has committed to implementation of 'agile working' model in the medium and long term to offer greater flexibility during and after the pandemic.
- Supported partners and providers to do the same.

Health inequalities and prevention

- Utilising clinical triage of all referrals (both urgent and routine) to ensure appropriate risk stratification of patients takes place.
- Targeted support for those with long term conditions.
- The CCG has worked with LD Network to develop toolkit for delivering Annual Health Checks and flu vaccinations during COVID-19.

Tees Valley CCG/ICP Recovery

Other developments

- Tees Valley CCG have established an ICP Covid-19 Phase 3 Planning Group which meets twice a week and has representation from all ICP partners.

- The new ways of working that have been implemented to support the COVID response are now embedded and are having an impact on reducing overall demand (e.g. A&G, Virtual appointments, Covid Virtual Ward).

- A process to refresh the South ICP Long Term Plan is underway against 19 priority areas (UEC, Cancer, etc.) to enable us, as a system, to set out our vision and strategy moving forward.

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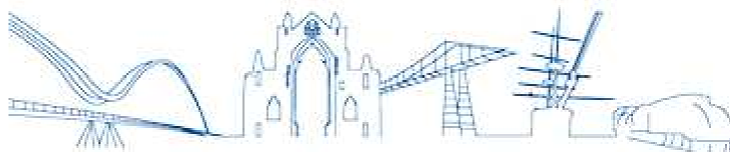
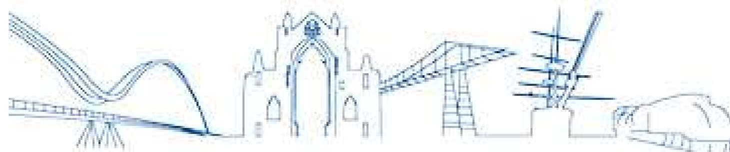
Wave 2 Development



Wave 2 Key Lines of Enquiry – Critical Themes

- Patients first – Quality care – links to safety, governance, social care and IPC
- Caring for our Staff – Workforce – wellbeing and as a critical enabler
- Demand;
  - links to winter pressures and Urgent & Emergency Care (inc 111 and 999)
  - Critical Care and capacity planning
- Critical Functions;
  - Primary Care – links to vaccination plans influenza and COVID-19
  - Critical Functions;
    - Testing – links to acute flow, discharge flow and workforce
    - Pharmacy – links to dual running and EU Exit
    - Procurement, PPE & Logistics
    - Recovery – links to restoration, maintaining services and independent sectors
  - Resilience - Cyber Preparedness and Digital resilience – links to business continuity and contingencies



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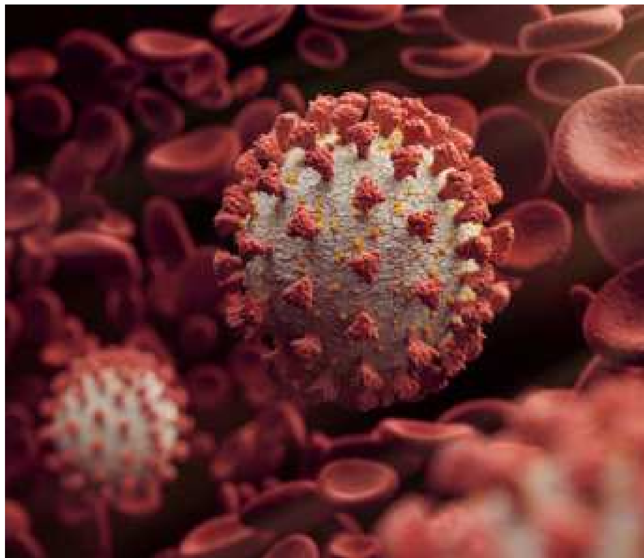

CORONAVIRUS

STAY HOME
PROTECT
THE NHS
SAVE LIVES

‘COVID OXIMETRY @ HOME’

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What is a COVID-19 Virtual Ward?

COVID-19 Virtual Wards enable health professionals to safely remotely monitor patients with suspected or confirmed COVID-19 at home for up to 14 days. Through the use of a pulse oximeter patients can monitor and report their oxygen levels to enable early warning of deterioration and rapid intervention and treatment.

This is important as COVID-19 infection can result in low oxygen levels, without the normal symptoms of shortness of breath or coughing to such a degree that patients can suffer acute respiratory distress and organ failure known as 'silent hypoxia'.

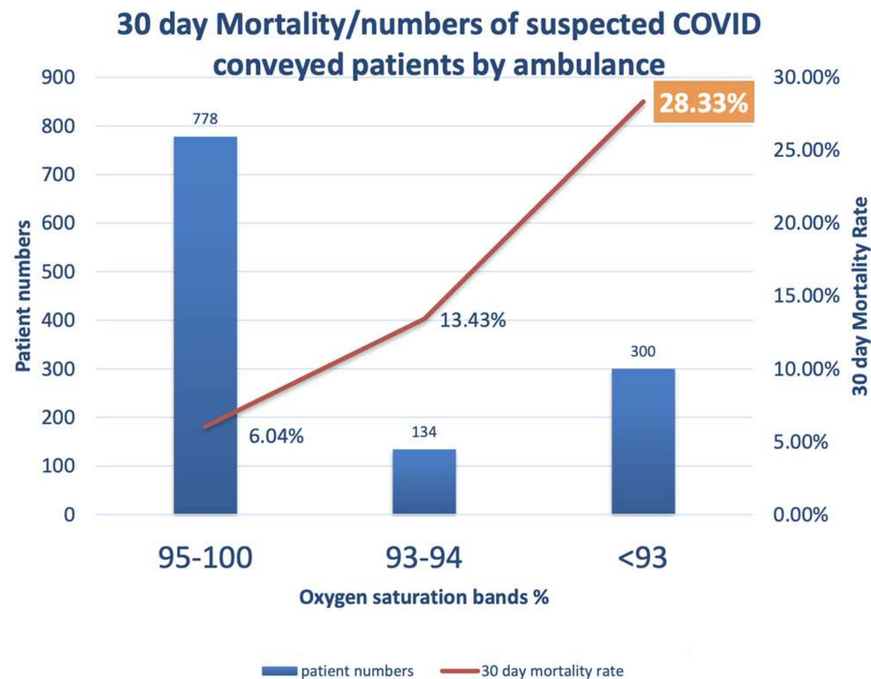
COVID Virtual Wards aim to reduce both COVID mortality and pressures on hospital capacity which will be vital as we see more patients presenting with acute COVID.

The Tees Valley COVID Virtual Ward formed part of a national pilot to evaluate both patient and system benefits. The ward uses digital technology to support home monitoring; patients are monitored remotely by a clinical team who intervene at the earliest opportunity should a patient show clinical indications of decline requiring admission.

Why is COVID-19 Virtual Ward so important?

The average time take from infection to hospitalisation is 7-10 days.

The evidence from the first wave suggests that patients conveyed to hospital by ambulance with O2 saturations of 95-100% had a 30 day mortality of 6%. If the patient's O2 saturation was 93-94% the 30 day mortality increased to 13% and if this fell below 93% the 30 day mortality increased to 28%.



The aim is to focus on those at most risk, who have COVID or suspected of having COVID and monitoring them to detect 'silent hypoxia' at an early stage where intervention will reduce mortality, hospital length of stay and may reduce the risk of 'long COVID'.

With thanks to Simon Mortimore, Zoe Cameron, Phil King, Tara Sood

Update: National Rollout

Planning for the widespread implementation of the COVID Oximetry@Home (Virtual Ward and Pulse Oximetry) has now been approved by the National Incident Response Board (NIRB) as a means of monitoring and managing COVID positive patients in their own homes.

Evaluation of the national pilots has indicated significant patient and system benefits both in promoting the early recognition and treatment escalation of patients with hypoxia, whilst allowing other patients to remain safely in their usual place of residence.

The expectation is that expansion across the system will lead to demonstrable reductions in mortality rates, avoidable admissions, hospital lengths of stays, intensive care admission/ventilation and the incidence of severe long COVID symptoms.

Virtual wards need to be in place seven days a week.

The admission criteria need to be clear with a consistent pathway.

Focus to be on those at most risk, who may be at higher risk of poor COVID outcomes including older patients, BAME populations and people with certain co-morbidities.

New Criteria

Not all patients with suspected COVID-19 will need to be admitted to a Virtual Ward. Those identified as suitable by clinicians will be admitted in line with the following criteria. The criteria is based on groups at highest risk from the virus.

Virtual Ward Criteria

- ❑ >65 years old
  - COVID diagnosis, symptomatic

- ❑ <65 years old
  - COVID diagnosis, symptomatic, clinically vulnerable*

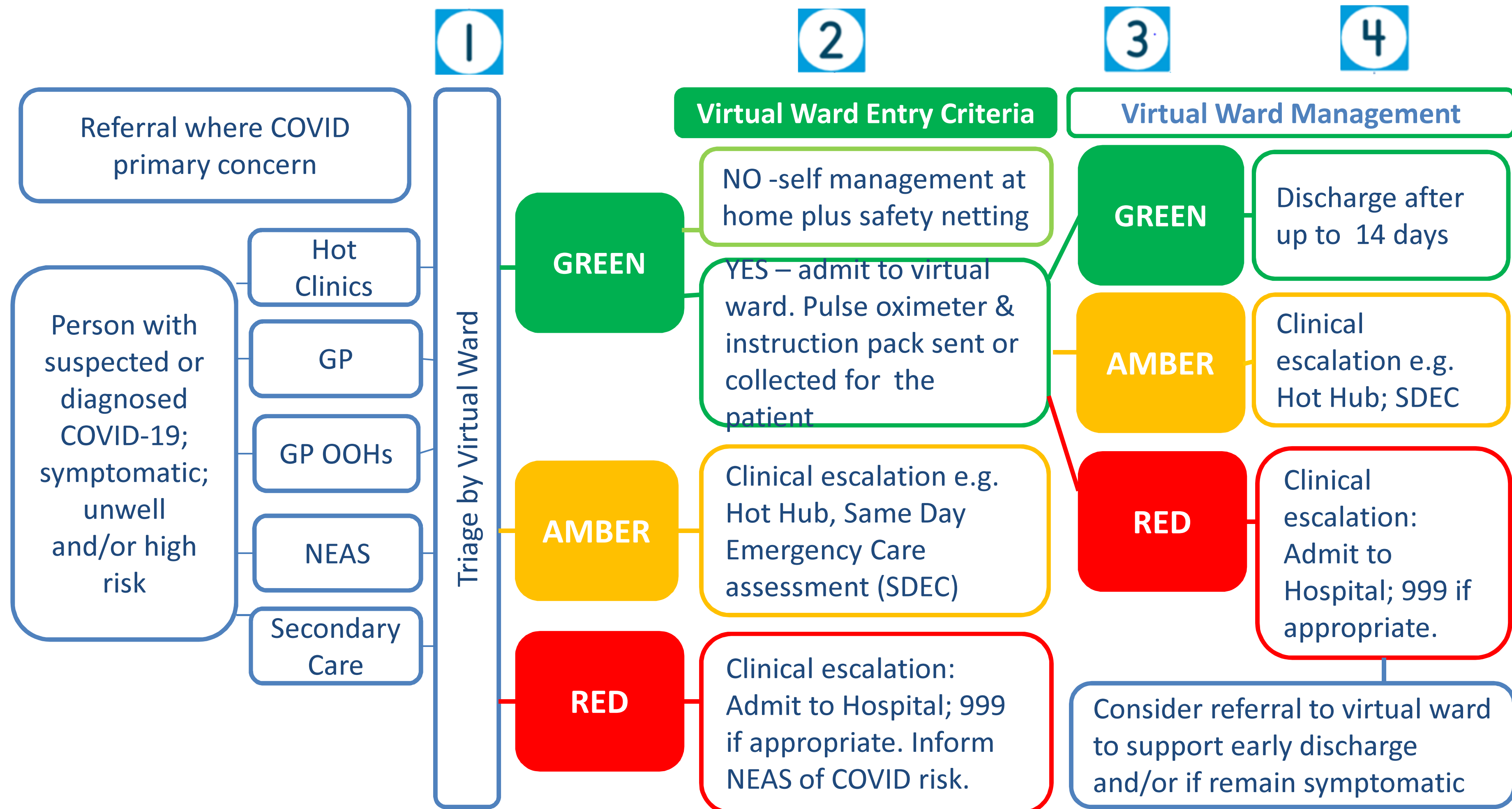
*Examples of populations who are classed as 'clinically vulnerable' include:

- Comorbidities (active cancer treatment, significant immunosuppression, diabetes/chronic lung disease, liver disease, cardiovascular disease), including those as identified as extremely clinically vulnerable (shielded population)
- People with a learning disability
- BMI >35
- BAME population

CLINICAL JUDGEMENT SHOULD UNDERPIN DECISION MAKING

Pathway

The COVID-19 Virtual Ward pathway is shown below. This sets out four stages on the pathway covering the entry point, triage, management and escalation. This is a summary of the total pathway. More detail is then provided on each stage.



Acknowledgement: Matthew NADA-KIM, HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST

Numbers & Referral Sources

Numbers & referral sources

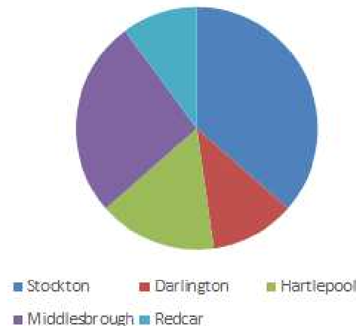
Total referred: 283

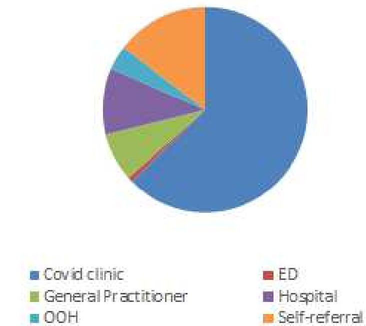
Total admitted: 248

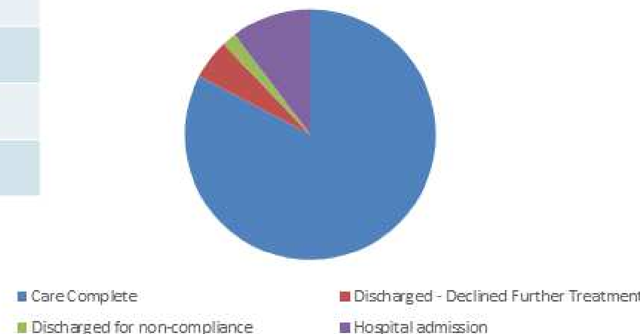
Total discharged to date: 222

As at 05/11/20:

Total	**26**
New	4
Red	1
Amber	2
Green	19
To discharge	0







@ 10/11 Daily Virtual Ward SITREP: **44** (34 active plus 10 to be admitted)

Patient Stories

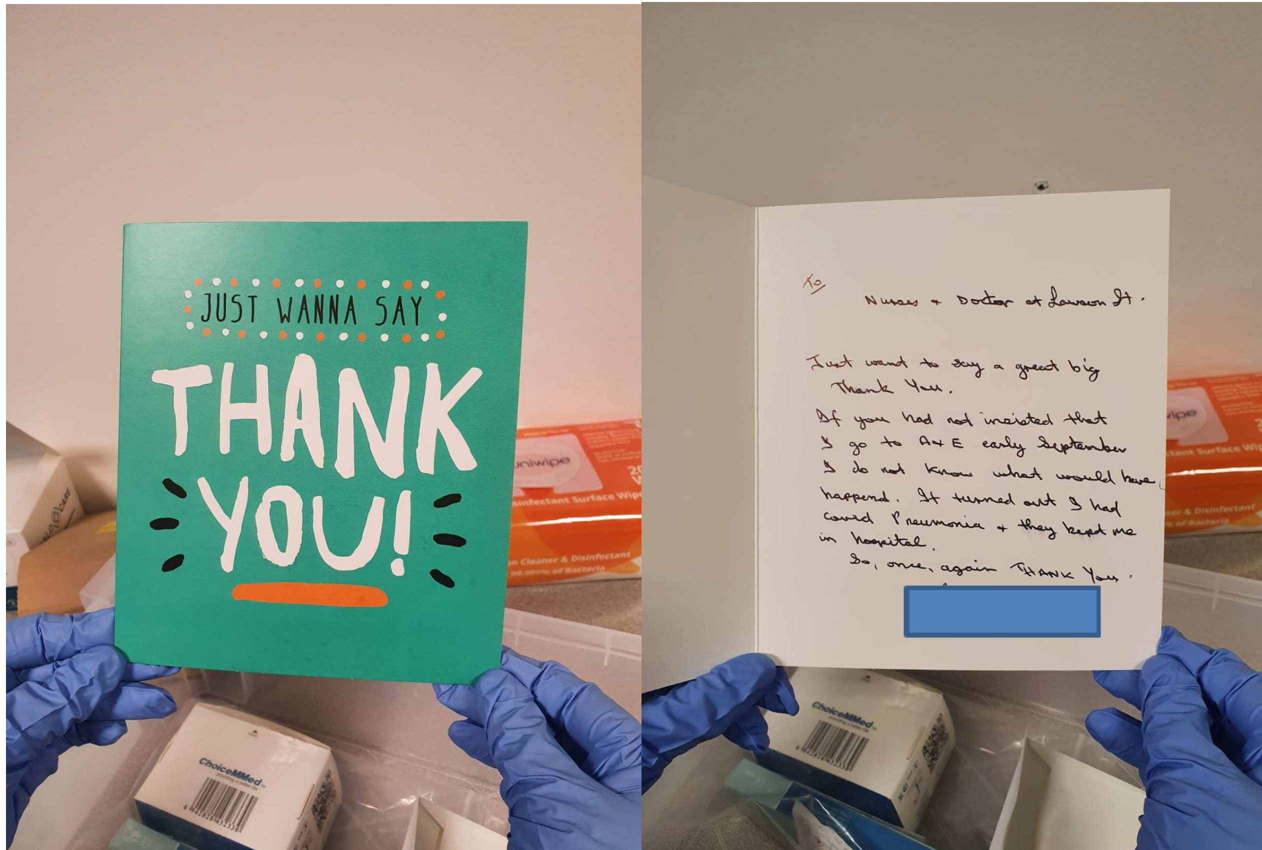
RACHEL

- My name is Rachel, I'm 48 and I'm from Billingham where I live with my parents.
- I started with a cough on the night of 21/09 and thought it was my asthma, but I had test at Hartlepool to be safe the next day and got a positive result 23/09.
- I was more worried about my parents as I am living with them and they are elderly. Self isolating wasn't a problem as I was quite unwell and couldn't go anywhere.
- I had heard about Covid Care @home from a work colleague, so I rang up and found it very easy to join. I remembered to take readings with no trouble and the equipment is very easy to use - the app was straight forward too.
- I felt reassured that there was someone looking out for me, although I didn't need anything as such. It would be nice if I was able to just send message to the team instead of calling, as I didn't want to call and bother people.
- It has made a real difference - I felt like I had a comfort blanket knowing people were looking after her and monitoring her readings in the background. I knew you would have contacted me if I needed to go to hospital and that really helped – I know if I didn't have that I would have just stayed at home no matter how I felt as I wouldn't have wanted to be a bother.
- Thank you!

NURSE FEEDBACK

- “I think the virtual ward is a genius idea. My day job surgery lost a 52yr old due to Covid in April and if he had been monitored before it was too late, he might have survived so I cling to that while trying to convince the patients to upload their details. Wonderful to work for and entirely focused on delivering the best care for patients. I feel proud to be a H&SH Nurse working on this”

Thanks



"Well pleased with everything"

"I was isolating anyway before I was referred to the virtual covid ward but I found their help very reassuring. Always warm, friendly & professional staff & I felt like they were concerned genuinely, for me. Thanks!! A really excellent service 👋 "

"It has made a difference, you were my comfort blanket knowing that you were looking after me and monitoring my readings (so that if needed you would have contacted me to go to hospital – if I didn't have you I would have just stayed at home no matter how I felt as I didn't want to be a bother)"

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Questions

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