

**1.16.14 Case Study 4: Covid-19 response**

Drawing upon your recent experiences, please describe how you were able to respond to the Covid-19 pandemic.

Please include your initial response, your ongoing processes and procedures and your plans to mitigate the risks should we experience another increase in cases.

Please include any challenges you experienced and how you overcame them.

How do you ensure that you're able to produce a timely response to any new or updated national guidance?

(Maximum Word Count 1500)

Words used= 1500

**1.16.14.1-Company-wide response**

Vocare's initial pandemic response drew on our existing EPRR Framework, which incorporates our business-continuity plans using the principles of ISO 22301:19, the Civil Contingencies Act 2004 and the NHSE Business-Continuity Management System. CCG/NHSE Midland's Region assessed our plans as fully compliant.

Specific responses at onset included:

- Allocating colleagues to key roles within the command structure.
- Implementing systems for rapidly assessing emerging national guidance.
- Focusing on infection-control requirements, including cleaning schedules and facilities layout.
- Activating communications cascade.
- Robust supplies of PPE, including systems for alerts regarding provenance.
- Ensuring sufficient medication supplies, especially palliative care where formulary drugs were in extreme demand for ITU (achieved through internal prescribing advice, effective collaboration at Local Resilience Forums (LRF) and internal re-distribution of our nationally held stocks).
- Proactive LRF attendance and links with hospital infection-control teams.
- Using national guidelines to identify/protect vulnerable staff.
- Maintaining workforce surveillance to detect illness with rapid access to assessment.
- Attendance at NHSE webinars.

Clinical, operational and corporate support staff were crucial for the response. Key roles for the command and control framework were pre-determined, documented and tested in our EPRR Plan i.e. Gold Commander: Vocare MD, and Silver Commander: Head of Resilience.

**a)-Initial response**

GP-OOH services experienced a fairly steady state for episode numbers but required a significant change to balance mitigation of Covid-19 risks, with risks of presenting complaints with a step-change shift from centre visits to telephone/remote consultation.

Influencing factors included:

- Public perception of the dangers, avoiding face-to-face venues.
- The response of partners planning care for caseload patients meant the OOH period was better planned and less reactive.
- Cessation (by partner agreement) of NHS-111 direct booking.

We increased remote consultations through:

- Assessment of available IM&T kit and procurement of more and supporting clinicians working from home.
- Comprehensive training programme to colleagues from various clinical backgrounds.
- Robust service evaluation during implementation that built on existing quality/governance structures.

**Prisons:** Our approach built on existing principles of:

- Close working with HMPPS and in-hours healthcare services to understand e.g. infection control.
- Facilitating equity of access through remote and face-to-face consultation as clinically.
- Recognition that Covid-19 may exacerbate existing mental/physical health conditions and inequalities for prisoners, which not only impacted our compassionate approach but also needed clinical alertness to acute conditions requiring urgent intervention.

**Vulnerable staff:** Recognising additional risks/concerns for these colleagues, mitigations included:

- An Individual Risk Assessment (IRA) process.
- Home working where effective and safe.
- Furlough.

**Policies/procedures:** Pandemic-related implementation/update included:

- Principles of Safe Video Consultation (C0479).
- Covid-19 telephone-triage tool.
- SOPs e.g. enabling essential frontline staff to return to work following negative PCRs if asked to isolate after Covid-19 contact; Management of a Potential or Actual Coronavirus Outbreak; Infection Prevention & Control Walkabout.
- Urgent-care division policies for Infection Prevention and Control Guidance for Home Visiting (Covid-19) and Infection Prevention and Control Guidance for Contact Centres, Offices and Communal Areas (Covid-19).

**Partnership working:** We built on our existing approach to close working e.g.:

- LRF and Staffordshire's Health Tactical Coordination Group engagement.
- Lines of contact with PHE.
- Common sets of IPC guidance for shared facilities.
- Working with Staffordshire EDs/MIU/WIC to accept appropriate cases during surges.

#### **b)-Ongoing processes/procedures**

Key processes as the pandemic continued included:

- Incident command stand-down. Risks were identified/mitigated at daily service-planning meetings with escalation to relevant regional leadership and divisional executives. Need to re-activate command remains under review.
- Realisation of the greater potential of virtual meetings.
- Further embedding of senior clinical decision makers in the early stages of GP-OOH pathways, supported by further balancing of activity/pressures across our national footprint during surge.
- Continuing with the highest standards of IPC/Covid-secure practice as societal restrictions eased, using national guidance and NHSE's 'Every Action Counts' initiative. Guideline updating, e.g. additional aerosol-generating procedures continues.
- Re-assessment of staff returning from furlough/redeployment via IRAs.
- Covid-19 secure risk assessment of all workplaces.
- Workforce vaccination positively re-enforced via internal communications, with uptake monitoring and planning for emerging national updates e.g. requirements for care-home professional visits.
- Monitoring/addressing impact to statutory/mandatory training.
- Workforce lateral-flow testing
- Exceptions to isolation requirements backed by SOPs.

GP-OOH services in the Staffordshire prisons continued with minimal changes using remote triage/assessment and physical visits only when clinically essential. Physical visits incorporated social distancing.

### **1.16.14.2-Risk-mitigation plans for case increases**

#### **a)-Team flexibility**

Vocare actively recruits part-time staff as experience has shown they can offer additional hours and flexibility. Our ongoing service development and Covid-19 response is replicating and expanding our successful secure remote clinical provision.

**b)-Demand forecasting**

Our Covid-19 planning ensures sufficient workstations, licences and resources to support maximum staffing levels by setting established forecasting processes against experience of previous waves. We also consider:

- National Covid-19 activity/acuity trends.
- Information/decisions from Staffordshire's Health Tactical Coordination Group.
- NHS-111 activity trends.
- Judgement calls on impact of political announcements and societal factors e.g. school opening or mass-event gatherings.

**c)-Contingency plans**

Plans to mitigate risks from increasing cases include invocation of our Rising-Tide Plan, e.g.:

- Using underutilised resources from centres across Staffordshire or beyond for telephone assessments.
- Robust triage ensuring the most poorly patients are seen within safe timeframes.
- Arrangements recall off-duty staff including remote support for surge periods.
- Appropriate queue messaging via operational/IM&T links via agreement with Staffordshire's Health Tactical Coordination Group or equivalent.
- Tactical resource management including reassigning staff undergoing training to call handling and supervisory staff to call-handling duties.
- Adherence to Covid-secure practices to minimise transmission.

**d)-Lessons from past waves**

Our existing EPRR Plan supports incorporation of lessons from past waves as it is built on activation of a command structure and use of a joint-decision model to ensure agile, robust and sustainable responses.

The pandemic duration has been longer than other emergencies, requiring resilience and sustained response. Aspects for further waves include:

- Maintaining workforce surveillance to detect emergence of illness attributable to the virus, accounting known vulnerabilities amongst individuals and the local area.
- Daily assessment of National Guidelines.
- Expanding technology use for remote working.
- Reducing transmission/infection risk through individual and nationally guided infection-control measures.
- Reducing illness, complications and deaths by rapid access to health assessment.
- Supporting pandemic-specific vaccination programmes.

### 1.16.14.3-Challenges and overcoming them

Challenge	Action to overcome
Risks of Covid-19 from face-to-face consultations	Rapid implementation of training to enhance remote clinical-assessment skills.
Requirement for 'hot' sites for assessment of patients with suspected Covid-19 symptoms.	Vocare's Staffordshire House site became a primary-care 'hot' site, which required partnership planning for the site and mitigations for using other sites for other patients.
Keeping teams updated	Implemented an editorial process for rapid dissemination of clinically related communications.
Workforce clusters/outbreaks of Covid-19.	Reviewed existing policies and implemented others as necessary. Positive re-enforcement of IPC workplace guidelines to support prevention of clusters/outbreaks. Robust SOP implemented when clusters/outbreaks occurred. Built relationship with PHE.
Workforce health/wellbeing	Early formulation and adoption of IRA process that supported identifying colleagues' individual risk factors with those at a given workplace location. Implementation of robust IPC measures. Emphasis on mental-health self-care and signposting to services in stand-alone communications and bulletins. Re-provisioning of our health-coaching service to support our internal workforce.

### 1.16.14.4-Timely response to new/updated national guidance

#### a)-Key roles

During the command-and-control phase, Vocare's Clinical Development Lead and a Regional Medical Director reviewed national updates, supported by the Head of Group Resilience, the Medical Director and Director of Nursing.

The Group Head of Resilience is now responsible for remaining up to date with national guidance and disseminating it. Their clinical/senior operational background supports a focused response to high volumes of new information.

As the point of contract accountability, the Staffordshire Operational Director will be accountable for ensuring guidance is implemented on this contract.

#### b)-Obtaining guidance

Vocare subscribes to automated email updates from Gov.uk, reviewed daily alongside the NHSE website. Additional information is sought from the Office for National Statistics, HSE and various professional body internet resources e.g. RCGP. This contract will also receive input from the Staffordshire Health Tactical Coordination Group and the Staffordshire LRF and via CCG contract-review meetings.

#### c)-Dissemination

The Head of Group Resilience will contact individuals or convene groups as needed to ensure that updates and resulting actions are actioned in an agile, responsive way that complies with good governance principles.

Guidance will be disseminated by cascade to the most appropriate executive, leadership team, contract team and/or committee lead, including the Staffordshire GP-OOH lead.

We ensure that any critical updates have actions, communications and briefings in place before the next OOH period commences.

Communication to service-level teams will be via cascade communication bulletins. Critical messages/campaigns are promoted via all-user screensavers or screen wallpaper messaging.

**d)-Examples of change of GP-OOH practice following new/updated guidance**

- Enhanced use of remote consultation, supported by robust training.
- Queuing/waiting areas maintained social distancing, facilitated by floor markings and signage.
- Face-to-face patient receive masks.
- Patients aged 5-70, where clinically assessed as safe to do so, wait in their cars.
- Remote verification of death.
- Signs placed on fixed seats to discourage use for social distancing.
- Ensuring buildings are secure, with entry/exist registers in lieu of the Track & Trace App.
- Implementation of a robust supply chain for PPE, storage and workforce training.
- Risk assessments/SOPs for infection-control guidance for vehicle use (including shared use) and equipment and home-visit waste disposal.