
GM COVID-19 RESPONSE UPDATE

17th July 2020

This note provides an update on how the Health and Social Care system in Greater Manchester is responding to the COVID-19 crisis. This briefing note is primarily based on the content of meetings of the Health & Social Care Core Leadership Group, the Hospital Cell and the Community Coordination Cell over the last month.

Planning for Phase 3 Recovery

On 30th June, both cells approved a narrative position statement for submission to the Regional Team as part of COVID-19 recovery Phase 3 planning. The narrative has been drafted in coordination with localities and providers and between both cells. It features key headlines and findings from an initial capacity and demand exercise.

The GM Interim Statement covered:

- The key points from our Phase 2 return and our progress on delivery of Phase 2 plans;
- The learning we have gathered as a system from our response to COVID-19;
- A summary of the demand and capacity exercises undertaken for community-based services (including a profile of each locality); mental health – including learning disability and autism; and general and acute – including critical care and cancer. We also signalled that we would carry out a similar exercise for primary care.
- The key issues, challenges and risks in respect of finance and workforce;
- Our plans for tackling inequalities;
- A summary of GM's Phase 3 initiatives

Our capacity and demand plans will be developed further through the Phase 3 planning process as new models of care, finances and capital investments are agreed at national and regional level. We will then confirm an updated forecast year end position. The national Phase 3 planning letter, with further detail on finance and capital, is expected shortly.

The next steps we will take in GM are:

- Develop and apply process for demand and capacity data collection and modelling in primary care;

- Refresh, with costings, of assumptions, risks and mitigations following clarification of the financial framework at national level;
- Completion of alignment exercise across hospital, community and mental health to confirm system trigger points;
- Develop the capacity and demand plan into a dynamic model to support system pressures across the period;
- Roll out and monitor phase 3 key initiatives;
- Make any adjustments needed in the light of the Phase 3 National Planning Letter.

Seacole Beds

As part of our recovery planning and in response to a request from the Regional Office, GM came together as a system to support the development of a proposal for Seacole step down, rehabilitation beds. It is understood that the regional view from the phase 2 Capacity Plan submissions is that there is a need for approximately 800 Seacole beds for the North West, of which approximately 300 would need to be provided in Greater Manchester. It should also be noted that although capital investment is understood to be available for Seacole beds (c£60m across the North West), it is not clear how any revenue consequence of capital will be funded.

The shared view of GM system was that the proposal for Seacole should support the strategic intention of a home first approach, supporting rehabilitation at home where possible, with discharge to assess remaining a priority for the GM system.

Given this GM agreed a set of principles, that the Seacole propositions would be aligned to:

- Ensure equity of access across GM recognising the need to support links with an individual's place of residence as part of a pathway of care – this would require a spread of propositions across GM, effectively creating a 'menu' of options;
- Support the differing capacity requirements across GM and therefore identify which populations they relate to;
- Recognise the principle of a home first approach to care and therefore link into wider care services;
- Ensure the propositions provide an ongoing legacy;
- Where possible assist in supporting the vulnerable care market, this may be through a bridging approach with care providers in the short term;
- Be able to demonstrate additionality to the system;
- Identify how ongoing revenue costs will be funded.

The resulting proposals were agreed by both the Community Coordination and Hospital cells and submitted to the regional office on 16 June.

Endoscopy Waiting List

Following the request from the Regional Office, GM has developed a Single System Management approach for managing endoscopy waiting lists across GM. This will be a key element of the recovery activity for GM.

The agreed approach was developed with input from specialist clinicians, GM Medical Directors, GM COOs, Chief Nurses, links to the imaging and cancer cells, GPs and colleagues from both the Community Coordination and Hospital Cells.

The proposal covered:

- Referral pathways for dysphagia, dyspepsia, asymptomatic iron deficiency anaemia and patients with lower GI symptoms;
- Principles for safely holding and reviewing those patients choosing not to go ahead with their endoscopy;
- Development of a diagnostics dashboard;
- The approach to the operational management of the single system approach for endoscopy;
- A communication plan for both clinicians and patients across GM recognising some patients are anxious about attending appointments.

The number of people on the waiting list for endoscopies has grown during the COVID period so ensuring we work together as a single system to support priority patients will be essential. To enable a single view of activity and waiting lists all Trusts have shared information in a single Endoscopy dashboard in the Tableau system. This will enable us to use mutual aid approaches and make the best use of the independent sector resource focused on endoscopies.

GM Cancer Update

The GM Cancer Programme has been paused during COVID-19. In its place, the Cancer Hub was established with the key objective of protecting cancer surgery and ensuring a COVID-19 secure environment for surgery. The Hub has helped to facilitate the continuation of surgery in all providers across GM – including drawing on capacity in the independent sector.

An updated Recovery Plan for Cancer has been developed and a new Sit Rep for Cancer will be ready shortly. Some programmes are being re-started – most notably on Rapid Diagnostic Centres. In terms of resuming services, Endoscopy remains the most significant concern. Primary care referrals have fallen dramatically. There needs to be a renewed focus on screening as there is considerable work to do even to get uptake to pre COVID-19 levels.

Urgent & Emergency Care

The Community Coordination Cell supported the extension of the Clinical Assessment Service (CAS) in principle subject to confirmation on funding from the regional team and assurance on how the current CAS is working – in particular, the new pathways for Mental Health and Paediatrics. The expected benefit of this investment is continued added senior clinical capacity to the UEC system, bringing clinical decision making to patients sooner and closer to their home. It

was emphasised that we will need to work through how the CAS will need to fit with the medium/long-term model for Urgent & Emergency Care in GM.

The system has begun to consider high-level proposals on Urgent Care by Appointment. This would be based on:

- Call before you go to ED' or 111 First;
- Acute based pre-ED triage and streaming;
- Clinical Assessment Service (GM and locality level);
- Locally agreed referral pathways (community based and acute based);
- Digitally linked across GM

It is recognised that more detailed work needed to be done on the proposals. This would include consideration of the effect on inequalities; the broader links to 111 and CAS; and how to incorporate social distancing. A GM Working Group on Urgent Care has been established to progress the work.

Community-Based Services – Sit Rep Reports

The development of Sit Rep reports across community-based services has continued this month. In addition to the reports we described last month, we now have Sit Reps on:

- Homecare;
- Community Services;
- Dentistry;
- Pharmacy;

For Homecare Agencies, submission rates have improved steadily since we requested the information and we will be able to report in greater detail in the next month.

Localities have responded excellently to the community services dashboard, which was designed through the LCO Chief Officer Group. Since reporting began in early June, most localities have remained at Level 1. Some localities have reported at Level 2 at times during the last month – principally due to workforce issues with staff sickness and those who are self-isolating.

Dental practices were able to reopen from 8th June. However, not all practices were able to reopen straight away depending on risk assessments, training, staff capacity and the availability of equipment. Local Resilience Forums in GM continue to support Urgent Dental Care Services and additional stocks of masks have been made available for primary care practices to access. It is also recognized that there is a time lag in some of the reporting as deliveries of PPE for dentistry tend to be made to one central point in each locality.

For Pharmacy, levels of reporting have increased throughout the month. There are some individual pharmacies where localities have flagged up critical issues with staffing. The Pharmacy

Team at the Partnership is providing support to the pharmacies and we are working with LPCs (Local Pharmaceutical Committees) to do so.

The other areas featured in the Sit Rep reports – General Practice, Care Homes, Mental Health – have remained broadly stable throughout the last month with most services coping well.

Primary Care

The Primary Care Cell presented developed integrated system plans for Phase 3 recovery from COVID-19. The plans describe future working models as well and cover all primary care disciplines and emphasise the role of the VCSE. The aim is to:

- Support localities in ensuring that Primary Care forms a core element in the recovery planning process, describing a series of themes, issues and potential areas for attention;
- Begin to identify GM wide risks and wherever possible, system level mitigations;
- Outline the work plans for each of the four primary care disciplines;
- Set out a process to consider capacity and demand profiling for primary care, including the establishment of a task and finish group to support the work.

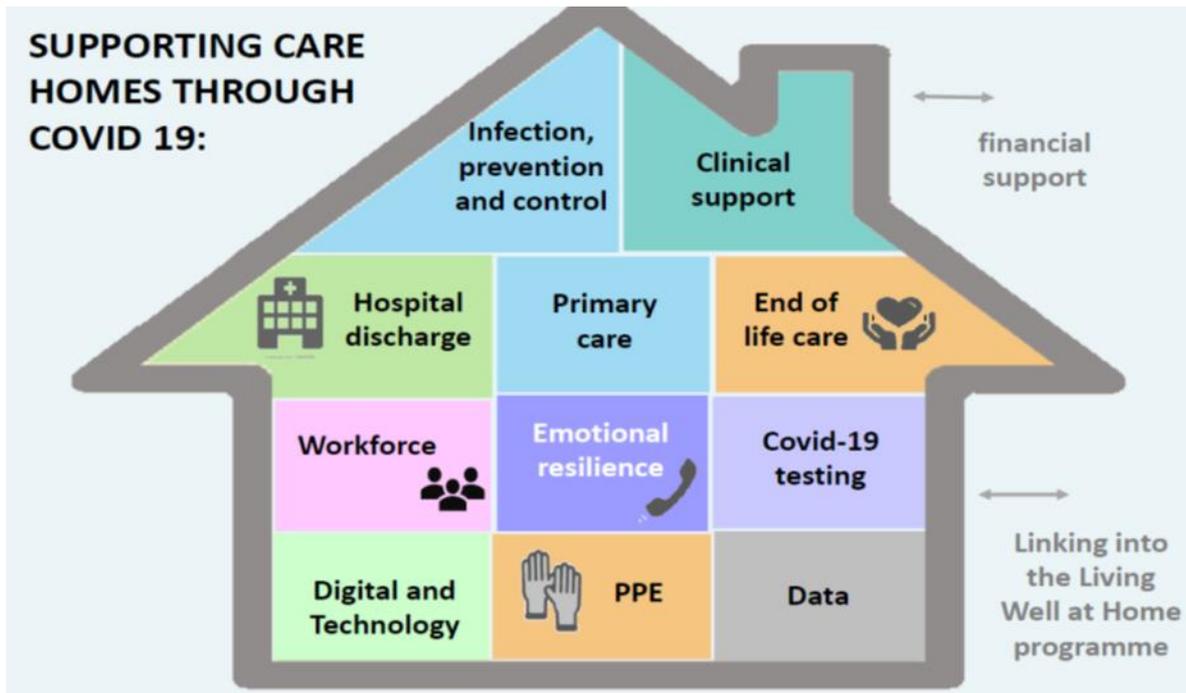
All these proposals are based on the principle that GM adds value to work that localities are pursuing.

The cell has issued a briefing to GP practices on the use of PPE. Feedback from practices identified some gaps in the national guidance and it was felt that recommendations at a Greater Manchester level would be welcomed. The guidance primarily focuses on face coverings and recommends that they should be worn by patients visiting GP practices. Patients should be asked to bring their own but if they do not then a mask will be provided by the practice.

Social Care

The cell received a report that set out the support put in place to care homes during the COVID-19 response. This included actions taken in Infection Prevention and Control, Testing and Primary Care as well as support in other areas such as with PPE and supporting emotional resilience.

A summary of the support provided to care homes is below:



Mental Health

The Mental Health Executive developed the GM components of the Mental Health capital proposals at North West level. Across the North West, it was agreed that the capital priority area should be the elimination of dormitory accommodation – particularly in response to COVID-19.

On 30th June, the Prime Minister gave a statement regarding capital and investment. The statement expressed support for the eradication of dormitory accommodation in Mental Health Trusts, which was in line with the recent proposal prepared by the GM Mental Health Executive.

Safety Siren

The GM Safety Siren Action Group, established by the GM Provider Federation Board (PFB), have overseen the production of three GM Safety Siren Reports which have provided immediate intelligence on non-COVID-19 related activity in GM. This work is starting to receive significant interest across GM, regionally and nationally.

Through the initial findings, the Action Group have identified five indicators that have been flagged as sirens. These are Mortality; General Surgery; Urinary Sepsis; Cancer Referrals – two week wait; and Epilepsy & Fits.

It was recognised that the Siren work could be helpful in ensuring there are no unintended system consequences due to the significant changes planned to how urgent/emergency patients across GM will be managed going forward. The proposed indicators for hospital sirens will be the responsibility of GM Medical Directors. Those for the out of hospital sirens would move to the responsibility of the Community Co-ordination Cell.

Testing

The GM Mass Testing Strategy is being implemented and governance is in place.

The GM Integrated Contact Tracing Hub has been operational since 8th June working collaboratively alongside the 10 districts to implement the requirements of Level 1 testing. This ongoing implementation of a GM contact tracing model is part of an interdependent and integrated approach to testing and tracing and is set within the context of the establishment of the national 'Test, Trace, Contain and Enable' strategy, and the GM Mass Testing Strategy.

Contact Tracing single points of contact have been established across all 10 GM localities, GMP, GMFRS and all GM hospital sites. All localities have stood up capacity and expertise to undertake required activity in relation to contact tracing, infection control, outbreak management, consequence management, support/humanitarian assistance and communications. Standard Operating Procedures have been established in partnership with localities.

GM was awarded £19.5m for Contract Tracing, which has been allocated to localities on a fair share basis in support of local contact tracing plans. We are now focused on putting in place a sustainable workforce solution for contract tracing in GM as currently the programme is operated by redeployed staff on short term arrangements.

All localities have signed data sharing agreements meaning that test and trace databases can be established locally, with positive testing cases being tracked to postcode areas. Next steps for the programme will focus on planning for settings where outbreaks of the virus are particularly likely, such as in schools and in food processing factories and other high-risk workplaces.

A GM Framework for managing local outbreaks has been approved. The Framework factors in the 10 locality level plans which have been prepared by Locality Directors of Public Health and are now published online in response to national planning requirements.

COVID-19 and Inequalities

The Community Coordination Cell received a stocktake report on the current position across the GM Health and Social Care Partnership and GMCA about equalities in relation to the COVID-19 pandemic. It covered:

- Emerging evidence in relation to the unequal effects of COVID-19;
- An overview of the work which is currently being undertaken and the engagement arrangements / dialogue which exist with communities of identity, including what insight is telling us at the current time
- A high-level analysis of how GMCA and the Health and Social Care Partnership are performing in relation to their responsibilities.

The paper captured actions being undertaken at GM level – and recognised that there is also significant work being taken forward at local level. The work on inequalities will come under the Population Health Board when it restarts. There will be further discussions on how we can ensure we have the appropriate leadership arrangements in place.

We have developed a GM response to the recommendations set out in the PHE Equalities and Disparities report released in June. The response paper presents work already being done in GM in relation to equalities, a list of short-term actions which can be undertaken in order to further meet the recommendations in the national report and details of the leadership involved in progressing the equalities agenda across GM.

A high-level assurance template has been developed for risk assessments in primary care for BAME staff at risk of COVID-19. Each CCG will be asked to provide an update regarding staff risk assessments. This will include:

- The number of risk assessments undertaken;
- The number of risk assessments remaining;
- Number of action plans in place;
- % of BAME staff receiving a risk assessment;
- Additional comments (e.g. timescale for completion)

To support practices to undertake risk assessments, a best practice guide has been developed. The approaches in the guide are intended to provide some practical tips, based on existing good practice from across Greater Manchester.

There have also been BAME risk assessments undertaken across all providers. The outcome of which have been shared across the providers for learning and with the regional office. A report was taken to GM Gold command outlining the levels of assessments undertaken. This was then expanded to the numbers of risk assessments across all vulnerable staff groups that have been completed

Digital

Usage rates for the GM Care Record continue to increase for direct care and treatment, with the number of distinct logins surpassing 8,000 for the month of June (it was 4,599 in February). The chart below shows that it has taken three years to get to this point, with the most rapid acceleration happening over the last few months.

We have now reached the milestone of more than 2,000 patient records being accessed on a single day, as well as more than 1,500 users logging on in a single day.

The COVID-19 Clinical Reference Group, with representatives from multiple disciplines and localities, has considered several new developments to the GM Care Record including adding an advanced care planning tile and access for care homes staff. This will be considered by the GM Care Record Programme Board for deployment.

Communications

GM Communications teams focused on the response to the relaxation of social distancing guidance and the reopening of businesses such as pubs and restaurants on 4th July. Press releases, social media advertisements radio messaging and videos were prepared featuring NHS and Social Care professionals reminding the public that they can still play a role in combatting the spread of the virus and protecting health and care services by respecting social distancing guidance.

'NHS Open for Business' messaging continues with targeted communications reassuring those who need to access health services that they can still do this in a safe way during the pandemic.