

COVID-19 Red Home Visiting Service – Service Specification

Service Specification No.			
Service		Temporary COVID-19 Red Home Visiting Service	
Commissioner Lead		Emma Prokopiuk / Sam Taylor	
Provider Lead		DHU	
Period		6th April 2020 until such time as deemed no longer needed	
Date of Review		1 June 2020	
Document Control			
Date	Reviewer name	Purpose of review	Document name/version number
01/04/20	Emma Prokopiuk / Sharon Gibbs	First draft document	V1.0
02/04/20	Various – from task and finish group	Further comments	V1.1
07/04/20	Feedback from CDs and new national guidance	Further comments	V1.7
09/04/20	Emma Prokopiuk / Sam Taylor	Amendment to 3.2 Service Description / Care Pathway – and 3.4 - Any acceptance and exclusion criteria and thresholds: Patient Cohort and Addition of red shielded patients without transport option	V1.8
20/04/20	Emma Prokopiuk	Removal of duplication in service flow chart	V1.8
11/05/20	Various	Further comments, update to flow chart in Appendix 1 and addition of Appendix 2	V1.9

1. Population Needs

1.1 National/local context and evidence base

Primary Care Networks are currently organising their services to respond to COVID19. They have moved to offering remote consultations first and all but procedures and appropriate face to face clinical assessments are being done by remote means embracing telephony, online consultations, email and video calls.

Red hubs are being formed across all PCNs where patients who require faced to face appointments and are experiencing symptoms of COVID19 will attend these hubs.

However, there will be a cohort of patients that require a face to face clinical assessment who are truly housebound. It has been agreed that a dedicated service to support these patients in their home would be established.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	√
Domain 2	Enhancing quality of life for people with long-term conditions	√
Domain 3	Helping people to recover from episodes of ill-health or following injury	√
Domain 4	Ensuring people have a positive experience of care	√
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	√

2.2 Local defined outcomes

The service will;

- ensure that patients receive quality care by suitably trained and equipped clinicians working within defined guidelines for delivering care to people with suspected COVID-19 symptoms

- ensure that patients receive care delivered in a timely manner in a person's own home by the most appropriate clinician according to assessed need to ensure most effective and efficient use of resource
- free up capacity in General Practice to enable primary care to concentrate on high quality triage, remote consulting and provide the high volume service required through the green and red hub

3. Scope

3.1 Aims and objectives of service

The key aim of the service is to deliver home visits by suitably qualified and equipped clinicians to patients deemed urgent and truly housebound, meaning they cannot attend the Red Hub Clinic.

Service delivery will be in line with delivery of service to patients with suspected COVID-19 symptoms.

3.2 Service description/care pathway

For patients registered with a practice within Derbyshire, and have been triaged by primary care (see flow chart at appendix one), and are within the scope of the service, the service will deliver an in hours home visiting service for;

- People with respiratory symptoms and/ or temperature, who are likely to be infectious as per current guidance. Patients can be considered non-infectious if they are at least 7 days from onset of symptoms, afebrile for 48 hours and without respiratory symptoms (other than a simple persistent cough) for 48 hours
- People with prolonged respiratory symptoms such as breathlessness who do not meet the above case definition, but who the remote consulting clinician has concerns/ suspicions that they may still be infectious
- People who are asymptomatic but are self-isolating as a result of a household member being symptomatic
- That are housebound (using Staffordshire guidelines)
- Regardless of whether in a care home or their own home
- Mobile patients who cannot get to Red Hubs where all alternative options have been exhausted i.e. remote consultation and / or availability of household transport
- Who need an urgent assessment regardless of whether they are related to their respiratory symptoms or not
- Verification of death where all avenues for verification have been exhausted to prevent the need of an additional visit purely for verification, of patients who have died with suspected COVID19 or who have died in an environment where other household members (including care homes) are symptomatic

The service will ensure appropriate handover between in hours services and out of hours services and also with other in hours services such as Community Nursing.

Associated care records will be available as per current out of hours service.

Prescribing will be in accordance with current out of hours services and will use the present DHU Out of Hours code Y01897.

General practice will access the service using the following contact details;

0300 1000 432

This number is only for the use of clinicians referring into the service. This number must not be passed onto patients or their representatives.

Practices will arrange to pass on referral via the dedicated telephone number direct to DHU with the following information, calls should be made as early in the day as possible rather than leaving until the end of the day:

Patients:

- Name
- Telephone Number
- DOB
- Address

Referring GP:

- Name
- Surgery
- Contact details

- Description of Symptoms in line with red referral criteria
- Relevant history if needed
- Have worsening instructions been given to the patient?
- Does the patient require the clinical assessment within 2 hours YES/NO?
- If yes – URGENT priority on Adastra (visit within 2 hours)
- If no – ROUTINE priority on Adastra (visit within 6 hours)

The Home Visiting Service will link with the Out of Hours Service already commissioned which will flex its operational policies to ensure that patients who are potentially RED get seen at the weekend where wholly appropriate. The Out of Hours process must be followed in this instance.

Workforce capacity to deliver the increasing / decreasing demand will be reviewed on a daily basis and additional workforce may be called upon from within the system using the following;

- DHU own workforce
- LMC Pool and those in the Returners workforce
- Workforce pooled from other local organisations eg PCNs, DCHS community workforce

This service is available and will operate between the hours of **8am to 6pm** Monday to Friday (including Bank Holidays) initially for a period of 2 months, subject to regular review as the situation with COVID-19 evolves.

3.3 Population covered

The service will be provided for patients registered with all 114 GP practices within Derby & Derbyshire CCG.

3.4 Any acceptance and exclusion criteria and thresholds

The service is for patients registered with a practice within Derbyshire, and have been triaged by a primary care clinician (GP/ACP) as per the Primary Care Network Red Hub Assessment Process (see flow chart at appendix one), and are within the scope of the service which include;

- People with respiratory symptoms and/ or temperature, who are likely to be infectious as per current guidance. Patients can be considered non-infectious if they are at least 7 days from onset of symptoms, afebrile for 48 hours and without respiratory symptoms (other than a simple persistent cough) for 48 hours
- People with prolonged respiratory symptoms such as breathlessness who do not meet the above case definition, but who the remote consulting clinician has concerns/ suspicions that they may still be infectious
- People who are asymptomatic but are self-isolating as a result of a household member being symptomatic
- That are housebound (using Staffordshire guidelines)
- Mobile patients who cannot get to Red Hubs where all alternative options have been exhausted i.e. remote consultation and / or availability of household transport
- Regardless of whether in a care home or their own home
- Who need an urgent assessment regardless of whether they are related to their respiratory symptoms or not
- Mobile red “shielding” patients
- A patient in a care / nursing home where there is another resident who has proven/suspected COVID19
- Verification of death where all avenues for verification have been exhausted to prevent the need of an additional visit purely for verification, of patients who have died with suspected COVID19 or who have died in an environment where other household members (including care homes) are symptomatic

This service also includes an enhanced offer of support to care homes:

- When telephoning through COVID19 swab test results to care homes a telephone assessment of the wellbeing of the patient swabbed is undertaken
- This is followed up 24hrs, and also 48hrs later if deemed necessary, with another telephone call to reassess the wellbeing of the patients with positive results
- If a face to face assessment is deemed necessary the Red Home Visiting Team will visit directly
- When telephoning through COVID19 swab test results to care homes, general advice and signposting will also be offered to care homes to support them in their ability to care for their residents in a COVID19 positive environment
- Each week the top 5 high intensity care home users of A&E will be identified. The detail will be shared by the CCG with the provider and the Red Home Visiting Service will liaise with the practice/ team predominantly aligned to the care home to offer further proactive support including additional telephone calls to the care homes and escalating to visits if necessary.

The service excludes

- People not registered with a Derby and Derbyshire CCG Practice
- People without COVID19 symptoms – they should be seen through the normal home visiting routes –now via the green hubs.

3.5 Interdependence with other services/providers

Derbyshire Community Health Services

Secondary Care

Social Services

Derbyshire County Council

Derby City Council

General Practice / PCNs

4.1 Applicable national standards

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

n/a

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

6. Location of Provider Premises

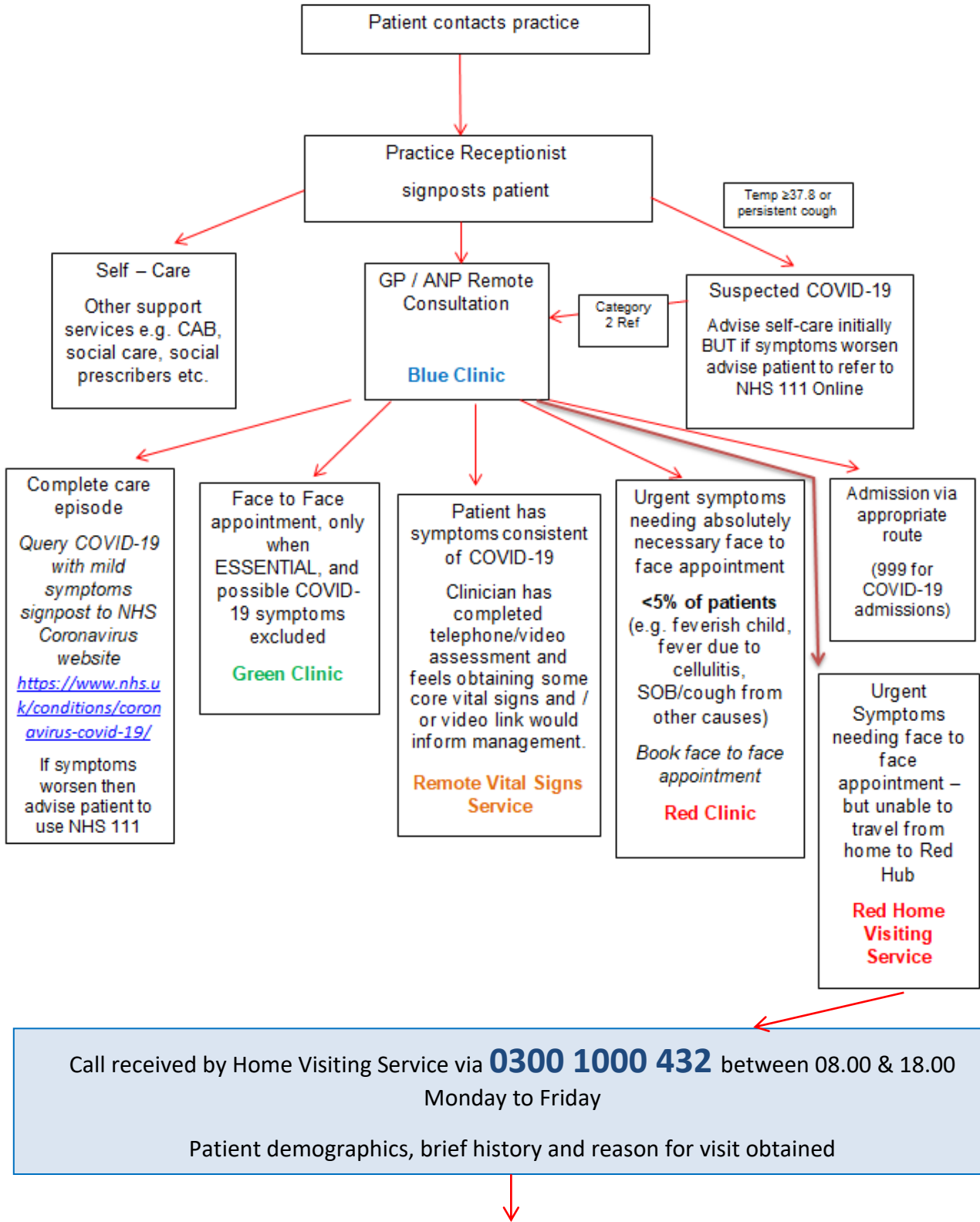
The service will operate from the Johnson Building in Derby.

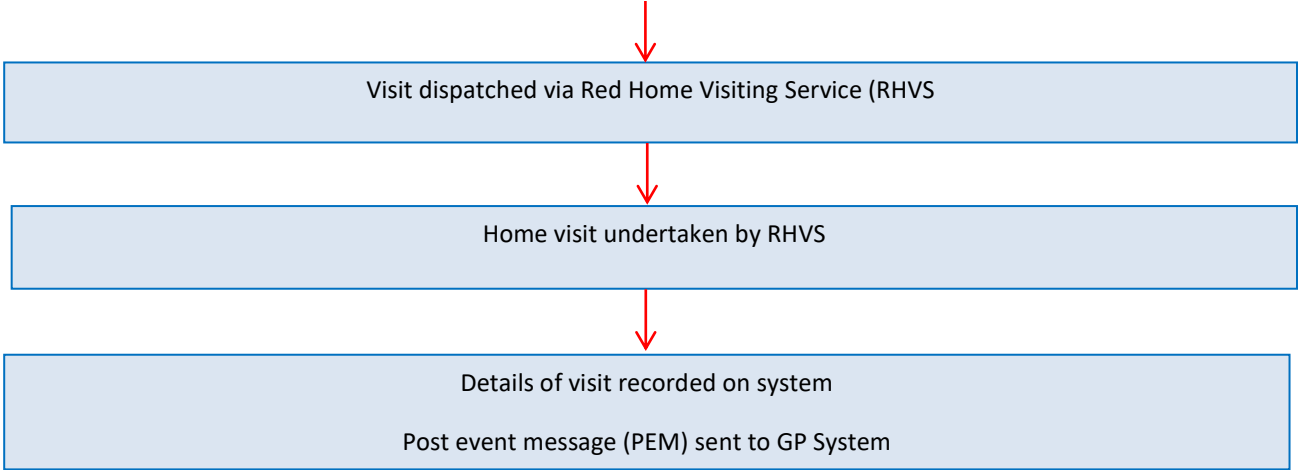
DHU Response Vehicles will be based in various areas throughout Derbyshire to ensure minimal delay with commencement times of the service. Currently DHU vehicles are based at several operational out of hours bases and there is no reason to change this going forward unless deemed to be necessary.

APPENDIX ONE – SERVICE FLOW CHART

Patient Access Procedure & Flow Chart for Red Clinic

This process is to enhance and clarify the procedure during the current climate.





APPENDIX TWO – DHU Health Care support to Care Homes

DHU Health Care support to Care Homes

1. Health Care Support to homes and follow up of positive results

Aim: to provide a proactive support mechanism for care homes and general practice

When a care home recognises it has its first potential symptomatic case or cases of COVID19, they should contact the local PHE Health Protection Team (HPT) on 0344 225 4524 Option 1.

PHE Health Protection Team (HPT) will contact DHU Health Care who will arrange for testing of symptomatic patients.

PHE will also copy in the Infection Prevention and Control Team into the confirmation email to DHU Health Care requesting resident testing.

DHU Health Care will visit the Care Home and test symptomatic residents.

DHU Health Care will be informed of the result within 48hrs and will make contact with the Care Home to provide the result.

A Post Event Message will be sent to the patient/residents own registered GP by electronic post event message (as per usual Out of hours contact).

DHU Health Care will contact the home 24 hours after providing the initial positive result. This will be followed up with a subsequent contact at 48 hours if deemed appropriate.

A DHU Health Care clinician will facilitate the follow up call at 24 hours and 48 hours.

All contacts to residents will generate a post event message back to general practice to update call outcome / visit outcome to ensure completeness of consultation record.

2. Health and Social Care Support to homes identified by the Care Home Cell as requiring additional input from Health

Care Home Cell to use local intelligence to identify Top 5 Care Homes accessing ED weekly and send details to DHU Health Care.

In addition to the present scheduled contact that the home has with their residents' registered GP practice, DHU Health Care will liaise to identify if any support would be beneficial to any of the identified Top 5 Care Homes. If required DHU Health Care will schedule a call to provide additional clinical support to the care home and a clinical assessment if any residents are of concern.

The outcome of the call will be to either arrange a visit if the resident/residents are suspected of COVID19, refer to own registered GP or offer telephone advice.

All contacts to residents will generate a post event message back to general practice to update call outcome / visit outcome to ensure completeness of consultation record

Input to the home to be agreed with Care Home Cell (all organisations represented)

3. Support for Care Home Staff requiring COVID19 Testing and following result

Care Home Staff who are symptomatic or who are absent from work because a family member living in the same household is symptomatic (and within 4 days of first onset of symptoms) can be referred for COVID19 Testing. The care home manager can refer these staff to ddccg.covid19keyhctest@nhs.net detailing staff member name/telephone number. The individual will then be contacted by the Health Care Workforce testing team and an appointment will be arranged for the next day, the individual will need to be able to drive – this is a drive thru testing facility.

Care Home Staff who are displaying no signs of COVID19 and who wish to be tested should be guided to the <https://self-referral.test-for-coronavirus.service.gov.uk/>

Care Home staff that are displaying symptoms of COVID19 and cannot drive should be guided to the <https://self-referral.test-for-coronavirus.service.gov.uk/>

For additional support and advice contact ddccg.covid19keyhctest@nhs.net with regards to the test or staff returning to work.

Staff returning to work following COVID19

Advice if you have been self-isolating for 7 days with symptoms:

- If you receive a negative COVID-19 diagnosis, you can return to work immediately if you feel well enough
- If you receive a positive COVID-19 result, you need to complete your 7 day self-isolation. You can then return to work when you have not had a temperature for 48 hours (without taking any medication that would reduce your temperature), as long as you feel well enough. This might be day 8, but might be after this
- If you receive a positive COVID-19 result, have completed your 7 day self-isolation by the time the results are received, you have not had a temperature for 48 hours (without taking any medication that would reduce your temperature), you can return to work if you feel well enough. A positive COVID-19 result does not change this
- If you have completed your 7 day self-isolation, you have not had a temperature for 48 hours (without taking any medication that would reduce your temperature) but have not received your test results, you can also return to work if you feel well enough. Even if your COVID-19 result comes back positive, the decision is based on symptoms, not diagnosis
- If you receive a positive COVID-19 result but continue to feel unwell, you are advised to follow the advice on NHS111 and notify your manager with regards to continued sickness absence
- If you receive a negative COVID-19 result but continue to feel unwell, you need to speak to your line manager with regards to continued sickness absence.

Advice if you have been self-isolating for 14 days due to a household member's symptoms:

- If the symptomatic person in the household's result is COVID-19 negative, you can return to work with immediate effect
- If the symptomatic person in the household's result is COVID-19 positive, you need to continue with your isolation for the remainder of the 14 days. If you subsequently symptoms, regardless of what day you are on in the original 14 day isolation period. If this occurs, please contact your line manager and you will be invited for a COVID-19 test.
- Full guidance with regards to self-isolation is available

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>