

Provider Call Covid-19 - Call 5

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| Chair | Sophie Chester-Glyn (Manor Community & Coproduce Care) David Smallacombe (Care & Support West) |
| Date | 22.04.2020 |
| Time | 12:00pm – 1.35pm |

(please note that the speakers have not verified these minutes)

Speakers:

- **Penny Edwards** - Senior Health Protection Practitioner, South West Centre, Public Health England
- **Mary Lewis** - Director of Nursing at Sirona Care and Health
- **Lesley Hutchison** - BANES Director of Adult Social Care, Complex and Specialist Commissioning
- **Rob Appleyard** - Cabinet Member for Adult Services, Lib Dem
- **James Sage** - HR and Employment Lawyer, Royds Withy King

Introduction from Sophie Chester-Glyn ([Coproduct Care](#) and [Manor Community](#))

- Sophie introduced herself and said a bit about Manor Community and Coproduce Care. She explained that the idea of these calls is to learn from each other and share ideas. She said the notes from the calls will be on the Coproduce Care website. Sophie introduced the speakers of today and said that Daniel Lloyd from CQC is unable to attend this week but he has left an email which she will read out.
- **Daniel Lloyd's email update** – Daniel explained in his email, in regards to testing, CQC are only the booking service in this process. He said that Bristol Airport is open to testing and PHE are piloting some home testing kits.
- Sophie added that staff need to have symptoms before they are tested and this needs to be in the first 1-5 days of symptoms. Some issues with testing are the long distances people will have to travel if they are not close to one.

Introduction from David Smallacombe ([Care and Support West](#))

- David introduced himself and Care and Support West, he explained that Care and Support West is an umbrella service for all types of care service across the four local LA's. David said that people should have been receiving letters or emails from South Glos and North Somerset and explained that Bristol's letter should be going out today or tomorrow. He said they have been asking all the LA'S about the second round of the money but are being told right now that it is too early for them to say.

Penny Edwards (PHE)

- Penny explained that PHE is a national body with national teams working mostly in London but she is part of one of the regional teams covering the South West. Penny explained her role was to protect and improve health. She said they have a team of about 20 practitioners, some part time but from a range of professions, including infection control and nurses from care homes and health, and also scientists and Penny herself is a registered nurse.
- Penny explained that as a team they are providing a daily webinar which is open to anyone, they are hoping it will bring care providers together. The email address to contact to join is swhpt@phe.gov.uk. Penny said they encourage anyone to join the webinars even if there has been no outbreak, she said there are concerns that people aren't reporting back to them but they are very happy to help.

Q. Seeking clarity in regards to dom care, 100 visits a day could be 100 masks a day.

A. Penny said she can't really give advice on this and said at the moment dom care should be working to table 4 sustained transmission idea. Penny said that table 4 is about protecting staff and also protecting residents in case the health care worker is infected. She said that dom care is table 4 and if you are providing personal care in someone's home it does call for fluid resistance surgical mask. She said they are expecting new dom care guidance.

Q. Cloth and fabric masks, can people reuse masks?

A. Penny explained that cloth masks not recommended for second use at the moment because if somebody is coughing or sneezing, it can get absorbed into the cloth and then it's sitting in your mouth and nose. Penny said there was another document published on Friday about reusing PPE which stated it would normally be single use but the very last resort would be to reuse PPE. She said there are some pointers in there about using it more safely if it's absolutely a must. Penny said it would be good for providers to keep a rough idea of how much PPE they are using every day.

Q. Issue on equating supported living with homecare in regards to PPE – should we be seeing supported living following the guides of homecare?

A. Penny said we have got 3 types of guidance, she is assuming supported living is being updated, depending on the type of care given.

Q. Should we split from guidance at points if following guidance is going to use up all your PPE in a few days?

A. Penny said the advice is to keep monitoring properly and reorder. She said you need to put those orders in and if they are not met then you need to escalate to LA and national support for emergency help.

David Smallacombe said that he would like Penny to take a message back to PHE - Every other day there is guidance and this isn't helpful. The main message is guidance or no guidance- guidance is useless without the PPE.

Q. Are your daily calls held the same time every day?

A. Penny said they send out the information via LA's or she left this information in the chat - To join daily telecon with health protection team at 3pm join by phone 0208 495 3300 Conference ID: 8523562 or email swhtpt@phe.gov.uk for the skype link and supporting documents.

Mary Lewis (Sirona Care and Health)

- Mary explained that Sirona care and health have recently taken up community lead for care in BNSSG. She said they have been working with LAs and CCG to look at how care can work alongside and help in this time.
- Mary said they have created a virtual resource library thinking about what materials are available, how they can share all materials in one place such as training videos, how to take off PPE etc. and said it is for everybody. Mary also said they have set up a weekly reference group and working with a local hospice to check and keep library updated.
<https://www.sirona-cic.org.uk/advice-information/Covid-19-resources/information-for-care-providers/>
- Mary explained the other part is how to develop a supportive network for health and any extra support from social care. She said they have a single point of access (SPA) number for each area, then lead nurses coordinate contact with that SPA for particular issues either for help with a specific individual or any other particular issues. She said the point of this wraparound team is to be responsive and proactive, aiming to help in tandem with conventional LA guidance.
- Mary explained that in the resource library, the latest guidance says table 4 is really about risk assessment. She said remembering standard infection is important e.g. hand washing etc.
- Mary said that regarding masks, the information has changed, last week it said everyone but it has now gone back to saying based on individual risk.

Q. Whole nervousness about providers and masks

A. Mary said this is very good for the SPA to talk to people about this as they have experienced nurses who would be able to help.

Q. Clarification on what symptoms needed to get tested?

A. Mary replied that a high temperate and coughing are the key things that should be making people think.

Q. On non-regulated services, can they still be getting link from CQC or any measures to reach out?

A. Mary said she was not sure on this but she knows there is a big push to get tests out but suggested speaking to CQC instead.

Lesley Hutchinson (BANES)

- Lesley introduced herself as Director for social care commissioning, she explained she works with groups across the LA and CCG. She said her specific focus is children, LD and mental health. She explained they are having daily calls and also council calls across the team.

- Lesley discussed the specific challenge of PPE and providers trying to get PPE at the right time. She said she knows people are struggling but hopes people are getting the PPE they need.
- Lesley explained that mutual aid is sharing PPE between providers and also moving around staff. Getting care home trainers going out about PPE and environmental cleaning and infection control.
- Lesley said they have just recruited 2 environmental health officers who are going out to care homes and doing some training, they have been doing environmental cleaning.
- Lesley explained that they do a weekly newsletter and Care and Support West have been passing it on and they also will pass on Care and Support Wests one.
- Lesley said they have been working with Virgin Care, to support the system as they are shifting around staff particularly to rehab so they can put people in better places.
- Lesley explained that some care home providers are struggling with staff but can't go home so they have been providing hotel accommodation to these people if they want it. She said they have also put in psychologists to help homes with a number of deaths and they have been working on setting up 'wobble rooms'.
- Lesley explained they have been developing local guidance. She listed a few things they are also looking at such as: early prison release, domestic abuse, mental health, people accessing services differently and also at recovery and new ways of reaching people with additional needs.

Q. Issue with people who are not understanding social distancing and could they rehouse them if needed?

A. Lesley explained that it was hard to give advice without looking at the specific case but said the police have got new powers but don't want to use them unless necessary. Lesley said they could go into more detail offline but the only thing to advise is using correct PPE. She said we just have to follow the rules as they currently are but also got to consider the persons human rights, hotels may be option but this is depending on the person again.

Rob Appleyard (Cabinet member)

- Rob explained that the care area has always been left behind at national level and that the Government wrote off 13 million debt for the NHS and imagine if care had this help. He said that he is sent a lot of questions about supporting the care community. Rob said that we are in a global situation where everyone wants the same things and manufacturers are changing prices and minimum orders. He said they have dedicated staff looking at PPE procurement.

Q. What information from providers would help you escalate issues?

A. Rob said it's always best to go through conventional LA channels, as long as people keep responding to requests. He said there is a large amount of goodwill coming for care.

James Sage (Royds Withy King)

- James said there were a few developments and new guidance from last Friday. He said the sick pay rule has changed but the guidance says anyone on sick leave cannot be furloughed. He said there was a new bulletin expected today but looks like anyone already furloughed is better off, self shielders are still a problem causing some confusion

in guidance. James explained the first bit of guidance on draft 6 about annual leave during furlough, which says they can still be entitled to 100% but it's not clear if employers can require staff to go on annual leave.

- James said regarding the question if you have a self-shielding employee, this is no-win for you. He said he thinks it means you need to take a risk assessment including health evidence before you can say it is ok to come in but saying no to letting them work is risky too. James said that guidance says shielding is close enough to get sick pay.

Q. Can we furlough people who have been shielding?

A. James said that based on current guidance you are not guaranteed money back if you receive public funds. He said he cannot promise anything until more guidance is out though.

Q. What happens if staff know risks and signs disclaimer after shielding?

A. James said that employing them is fine but health and safety compliance is less certain.

Q. I was just wondering about staff living with shielders.

A. James said that the guidance says furlough if living with shielders but still affecting by confusion over public funding receivers being excluded. He said there are two sentences in action plan that indicate you could furlough but it does not give detail to guarantee you will get money. He said they can help you build a case if you are furloughing even though no promise or clarity over public funds meaning you could be excluded from 80% refund.

Other questions

Q. Could LAs just be honest about PPE numbers and suppliers. I know of care home running on fake PPE which I have reported to fraud line. We could work and invest locally to make our owns. Honesty would mean we can avoid fake suppliers.

A. Rob Appleyard said to remember that LAs are not suppliers, they are working to coordinate with national bodies and before covid, you would work locally. He said we are competing globally, and they are aware that care is where supply is inconsistent.

Q. I love my LAs, but they are putting people in risk and debt. If we know there is none, we will not waste time or money getting poor quality PPE.

A. Rob explained they actively canvas providers in the LA but said to the lady asking the question, if you are in Devon then you will have to speak to them directly.

Carol Watson (Bristol City Council)

- Carol said that she knows PPE is a real struggle. She said it is not their duty normally to supply or regulate use of PPE and what they have done is grab as much emergency supply as possible then taking it to urgent cases across the city. Carol said especially for home carers it is suddenly a massive issue and they are working across the area to coordinate help. She said they are not in a position to say there is no PPE or start making your own, this has to come from health and shows we are in a health crisis.

Sophie Chester-Glyn (Coproduce Care and Manor Community)

- Sophie said a big thank you to everyone.

- Sophie discussed the WhatsApp and Facebook and said they were going well and if anyone wants to join then email sophie@coproducecare.com
- David said that Care and Support West would be happy to help with bulk PPE so email david.smallacombe@careandsupportwest.com if you want help.
- Sophie discussed who would be speaking on the call next week – Hugh Evans, Cllr Helen Holland, Dan Lyus, Daniel Lloyd and potentially Proud to Care.
- Sophie explained her idea of starting up a livestream which would be a much more informal version of this and so people can chat more openly.
- Sign up to the YouTube: https://www.youtube.com/channel/UCJMZQ6O_T37n7Ylf3cvu-mQ?
- Sign up to Facebook here: <https://www.facebook.com/coproducecare/>

Summary

- PPE shortages – who to order from and what to do if there is no PPE / protection from fraud
- Making your own PPE – i.e. masks
- Whether all services, especially Dom, are now following Table 4 / current PPE guidance and how practical this is with the current PPE shortages
- Testing facility locations in the West / South West and how to arrange testing for staff and clients
- More clarification around symptom definitions
- Friction with the NHS / nurses when clients are displaying symptoms
- How different local authorities are handling fees and the new funding from central government
- Clients struggling with social distancing advice and creating a risk for staff / other clients / family
- Disappointing lack of clarity in the guidance / support from services such as police around this
- Claiming SSP and furloughing staff rules and guidance clarification – especially for those who are shielding
- Possible volunteering opportunity for pharma sales staff to assist the sector.

Links

- To join daily telecon with health protection team at 3pm join by phone 0208 495 3300 Conference ID: 8523562 or email swht@phe.gov.uk for the skype link and supporting documents
- What is COVID-19, Key guidance, Social distancing, Shielding and self-isolation and Recognising a case - <https://youtu.be/ShN2l0bhMo4>
- Part 2 Staff Protection and Wellbeing - https://www.youtube.com/watch?v=pl_TREBl1sA

- Part 3 Admissions and isolation Practices - <https://youtu.be/y6mxsheBURM>
- Part 4 Personal Protective Equipment - <https://www.youtube.com/watch?v=ozY50PPmsvE&feature=youtu.be>
- Sirona resources - <https://www.sirona-cic.org.uk/advice-information/Covid-19-resources/information-for-care-providers/>
- CCG resources - <https://bnssgccg.nhs.uk/clinicians/resources-care-providers-during-Covid-19/>
- Copro Care live stream link - https://www.youtube.com/channel/UCJmZQ6O_T37n7Ylf3cvu-mQ

Chat Questions

- we were told the testing site was Worcester which is 60 miles away have other homes had this?
- Testing - there is also talk of mobile testing on the news this morning which would be great for care homes particularly
- Bristol Airport Testing Centre is now open
- Has everyone received the email from CQC regarding staff testing as Daniel mentioned last week?
- Clarification for level of symptoms would be good. We have 1 carer off with Heavy Cold symptoms but not cough/temp, but it would be good to get her tested to know if it was just a cold. We are saying to staff to not come in if not 100% ok to minimise risks to our residents
- CQC are now listing Bristol as an option for Testing
- clarity from Penny around reuse of masks guidelines would be helpful.
- We have had staff tested at Bristol airport the system is very quick
- Has anyone used Ashton gate? Is that an option?
- Re: funding - should the CCG be chipping in too re CHC funding???
- Can I ask about testing if you are a non-regulated service?
- Is it possible to get a copy of the email/letter from North Somerset as we have not received this - thank you
- We have been told Ashton gate is just for NHS staff
- Please don't forget clarification on Masks re: Dom Care
- can I ask if pregnant staff can be furloughed if not will their absence need to be supported by a dr sick note.

- definitely need masks confirmed. I spoke with Pete (PhE) and set up new procedures based on lower levels masks being used from last week as non-symptomatic. Really worried now if we need to start using fluid resistant ones which we need to keep for barrier nursing if we get any symptomatic
- We have been using Ashton gate since yesterday, appointments coming through quickly but around a 2 hr wait when you get there.
- when my manager requested testing kits due to symptoms we were only sent five for a 41 bed home is that standard
- Are the daily webinars at a set time each day please?
- We have been told by a GP today that there are no tests available for residents. I understood that residents would now be tested?
- Table on left is different information(the information i had and am working to) to the new guidance that came out from PHE & Gov on Friday
- It would be useful to have these slides [from Penny] emailed afterwards please
- Providers are placed in a position whereby as we go into a period of sustained transmission PPE requirements have become more stringent at a time where the government readily admits to a global and national shortage of supply.. What are providers meant to do to protect their staff if they simply cannot get the required PPE?
- the recent info seemed to be saying if no symptoms then no masks needed
- This leads to questions on supply of FRSM's.
- Table 4 very clearly talks about a risk assessment about whether a mask is needed or not - if someone is not coughing a mask is not needed as there would be no way of droplets being transmitted
- The new working in care homes guidance said staff can wear masks, not that they have to. As you read on to the charts it then seemed to indicate that if not symptomatic masks may not be needed. I still don't think it is clear.
- Is it better to get staff to work with no mask or a cloth mask with a face shield?
- Can you clarify if our staff should be wearing masks in the care home when implementing personal care
- have you got PPE Consultant?
- We don't have any residents with symptoms of Covid-19, do we still need to wear the FRSM mask. Last week's guidance was not to wear if we don't have any symptoms?
- So all supported living should follow Table 4?

- We used the North Somerset alert for being under 72hrs of FRSM, we received a delivery today (which was great) but they were not FRSM.
- If we use all the FRSM now with no symptoms in the home we risk not having any available if we do get cases.
- what about frequently changing the cloth mask for 30 mins gaps?
- PPE to not be reused is aprons and gloves - others all to be used for sessional usage
- clarity seems almost impossible leading to interpretation which leads to trouble.
- If you have got PPE Consultant verifying the quality and guidance around what masks/PPE to use, what is the educational/scientific background of your PPE Consultant?
- Is PPE required in my care home when none of our residents have symptoms of COVID-19?
- As there is sustained transmission of COVID-19 we recommend use of PPE in general, however, in
- circumstances where no resident has symptoms of fever or cough and where no staff member or visitor has experienced these symptoms in the preceding 14 days, then PPE may not be required.
- PPE is limited, we have exhausted all suppliers and need to preserve in the event of an outbreak
- We have been advising surgical masks for shielding customers and fluid resistant masks for symptomatic customers...no masks for general dom care activities... is this now wrong?
- The guidance is clear about what to do if you have PPE ... what providers need (in advance) is guidance around what they can do to keep their staff safe if despite their best efforts they simply don't have any
- Is a cloth mask with face shield good or not?
- Masks is still not clear; guidance received this week states... "As there is a sustained transmission of COVID-19 we recommend use of PPE in general, however, in circumstances where no resident has symptoms of fever or cough and where no staff member or visitor has experienced these symptoms in the proceeding 14 days, then PPE may not be required"
- Would cloth masks be better than nothing if you have no symptoms of coughing or sneezing amongst staff or residents?
- We need guidance for when there is no PPE
- Can you please confirm how we go about getting testing for residents with a cough?

- if providers have no access to any masks at all, are cloth ones better than nothing at all?
- I will get some informative piece of work for you if needed around the use of cloth mask and how to clean/wash them
- it's a good aerosol-resilient barrier (cloth masks) and can be better than nothing when NO PPE
- in extremis yes- but need to escalate to LA at that point to access emergency stock
- Sirona nurses have been insisting us to wear surgical mask even when none of the residents exhibit symptoms,. This is especially when they come in for wound dressing. This sends panic among the staff about PPE. One of our resident is on Carbocisteine and tends to cough to bring out the mucous. He has been doing this for months now. But the nurses get panicked and insist that we need to refer him to the GP as he is coughing. Not having the same nurses invite issues like this as they don't know the residents well.
- Can you remind us how the virtual resource library be accessed?
- you would think the PHE representative would clarified all of this (PPE)and we would be talking about the next thing!!
- We issued a Newsletter to Residents and the manager showed them the masks and staff having been wearing lower grade masks sessionally since last week. Seems to be ok, my worry if about if we need to now get staff to use fluid resistant ones which will take from our barrier stock
- testing of symptomatic care home residents organised via PHE in health protection team. staff testing via CQC
- If we keep using masks routinely and can't get them from our regular suppliers do we just keep asking the local authority for emergency supplies every few days? They only have limited supplies coming in too.
- We were told that the reason for wearing masks (specifically IIR masks was to protect our residents/service users as the greatest risk for any of them being exposed to the virus is from staff/visiting professionals. Therefore, the risk assessment default position is that we cannot guarantee anyone who visits/works at the home has not been exposed, we therefore have to assume that they may have been. Our focus is keeping the virus out. So if the guidance has reverted back, this is very, very confusing.
- I was told the lower grade masks did enable us to protect residents from staff, obviously no staff would be in coughing. The lower grade masks keeps them from breathing on residents

- I've just had a few people say that the BNSSG CCG link isn't working. I've let my colleagues in Communications know so they can investigate! In the meantime, the same resources are on the Sirona website - the resource libraries are identical on both websites.
- the guidance promotes mask use to protect both the resident and staff member as there is increasing recognition that people have infection without symptoms . So this is about prevention of outbreaks. Please do call into our daily telecons if want to talk more
- How are BANES distributing the covid-19 funding from government to providers?
- could we get some clarification from BANES regarding emergency fund allocation and placement fee rates
- BANES are managing mutual aid in the same way in across all LA's and with community and acutes in BNSSG areas
- Is there a way to protect us from overseas frauds?
- Please can you confirm I have heard correctly and that PHE have confirmed that table 4 should now be interpreted for Dom care as meaning that FRSM should be worn for all visits which involve personal care.
- we are still getting constant contact for LA's asking about staffing levels and PPE stock levels yet CQC have stated that LA's should no longer be burdening with phone calls/emails asking these questions as all care homes are expected to complete the trackers which CQC is sharing information with the LA's to minimise calls/emails we are receiving.
- We have several individuals struggling with following the advice, and possibly risking their family members
- We have had a situation like this and the police said they could not help!
- BCC letter just arrived 'additional short term payments'. BCC have been really supportive throughout this period from our perspective.
- Not sure if this was answered earlier as I logged in late but was there any advice on use of fabric facemasks?
- I currently have a quote for 2,000 surgical masks but they're not the fluid repellent ones. I really don't know if this is a sensible item to purchase as looking at the latest care home guidance they are only suitable for non-contact tasks. What does anyone think?
- So can employee claim back for 12 weeks?
- we have a few 'hours by mutual consent' contracted staff asking about furlough as they are not getting any hours at the moment

- are potentially approaching a situation where the required PPE is just not available. This is a massive concern for providers and for their front line staff ... rather than just getting stuck on you need the correct PPE ... can the powers that be start to provide guidance of alternative PPE arrangements that would keep people safe this is a staff confidence issue as much as anything if they are stuck with nothing, what would work?
- we are back filling those staff who are shielding so believe we are using public funds correctly and now wish to furlough these staff. can we?
- What happens if the staff member has the capacity to understand the risk and signs a 'disclaimer'?
- Can you furlough staff who are living with someone who is formally shielding and who want to be off as otherwise they would compromise their loved ones attempt to shield?
- How do we access test kits for residents should we require one? And who decides whether this is appropriate?
- For the next meeting would it be possible to have someone with a H&S background to advise us on the issue of failing to comply with the H&S act due to no fault of our own. I would be keen to know the potential pitfalls of not ensuring staff safety by not being able to provide PPE.
- Any change in guidance to enable employers to claim back more than 2 weeks ssp?
- is SSP payable to someone who lives with a person who is in the vulnerable category or who needs to shield?
- We have a staff member who has been stranded abroad due to no flights can we furlough?
- I couldn't hear the part about public funding for employers to pay employees so what does that mean?
- Please can you confirm I have heard correctly and that PHE have confirmed that table 4 should now be interpreted for Dom care as meaning that FRSM should be worn for all visits which involve personal care.
- SSP is payable to someone who lives with a person who is in the vulnerable category or who needs to shield
- It would help if we can order our PPE through the national supply chain and pay for it that way. At least we would know it is approved and suitable for use.
- SSP is only payable if the employee is required to shield. Not if someone they live with is required to shield.

- When we ask for emergency PPE we are asked if that is the last resort. We could buy hugely expensive PPE that may to be fit for purpose, how far are we supposed to go with this?
- LA could give us numbers how many PPE are
- Companies who don't usually sell masks are now doing so and presumably there is still profit to be made, so would think it would be good. if C&SW can bulk order we'll buy some
- it's not a case of bulk buying but the global availability, there are enough procurement officers looking to pick up stock
- Any from South glos?
- I believe there are loads of pharma sales people who have been furloughed, but are bright and connected and might be able to help volunteer. (although may have to be behind the scenes not front line if not local). Would need to approach the umbrella org as a sector not an individual provider. I can probably get a contact. Do you want volunteers?
- Can the procurement officers at LA's procure centrally for us all to buy into?