

Provider Call Covid-19 - Call 9

Chair	Sophie Chester-Glyn (Manor Community & Coproduce Care) David Smallacombe (Care & Support West)
Date	27.05.2020
Time	12:00pm – 2:00pm

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

Speakers:

- **Daniel Casson** – Digital Social Care
- **Cllr Asher Craig** – Deputy Mayor
- **Penny Edwards** - PHE, Senior Health Protection Practitioner, South West
- **Gerald Hunt** – North Somerset Council
- **Rosi Shepherd** - Director of Nursing & Quality at BNSSG CCG
- **Neil Grant** – Gordons Partnership

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

- Sophie explained the calls would be bi-weekly now.
- Sophie said the agenda for today was - Daniel Casson who would be talking about capacity tracker and digital stuff that is going on, then Cllr Asher Craig who is the Deputy Mayor, then Penny Edwards from PHE in the South West, then Gerald Hunt and Rosi Shepherd who will give a joint update on any Weston updates. Sophie said last night she did a livestream with Neil Grant from Gordons Solicitors about CQC's new framework, and said he has agreed to pop on to the end of this call to give a similar update.
- Sophie said that maybe in a couple of weeks everyone can come together on here and talk about local issues in the area as more of a general discussion with no speakers.
- Sophie said there is a Livestream tonight with Jez Bethany's Dad, which is a huge success story on Bethany's journey. Sophie said that tomorrow if anyone is interested in volunteers and the work they are doing, she is doing a livestream with people from Can Do Bristol, Acorn Communities and Bristol National Food Service, at 7pm or you can just listen back to it.
- Sophie said to help their response to H&SC committee inquiry, survey and webinar on workforce support.

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

- David said that on Monday, their comms went out about their work with the LAs. David asked if people could please go back to it as there is a call to action questionnaire about how would you prioritise the resources going to LAs like the two tranches of money. David said they have had some engagement but could get more.

Daniel Casson (Digital Social Care)

- Daniel said he was from Care England and the Digital Social Care programme. He said he has been working on the digital response to Covid and helping the Digital Social Care helpline helping with NHS mail during the pandemic. Daniel said that Capacity tracker has been hard with the statutory guidelines during the pandemic as some care homes had the existing tracker and then CQC introduced the home care tracker, Daniel said it is expected to reach out to other services too.
- Daniel said that on capacity tracker 98% of care homes are now registered, but said they are not yet seeing how the data is being used but that is the next step.
- Daniel said that the emergency support framework from CQC is also getting the data through.
- Daniel said the grant determination letter should have come through, but if you haven't seen this, he can send it through.

Q. Will not having answers for everything affect our funding?

A. Daniel said no it will not and they have had examples of no testing resources but this will not affect your funding.

Q. A staff member works in a care home but privately cares for individuals in the community and has contracted the virus. So what do we report and how do they work now?

A. Daniel said that the care home she works with reports her as not being able to work.

Q. What if they don't also work for a registered home? Community care at home is not covered, some people have private arrangements?

A. Daniel said it is up to the person's integrity to report.

Q. Will currently unregistered services be covered?

A. Daniel said by the CQC tracker but not capacity tracker. He said that CQC haven't yet put out guidelines, and they are waiting on them for more about spreading the tracker to supported living and community services.

Q. A lot of care just does not come under CQC registration?

A. Daniel said he was happy to take this back, he said they have seen the last few months a lack of joint up data collection.

Q. IPC, there is no suggestion that any money will go to care that does not have registered beds?

A. Daniel said that there is 50% in July and 50% after, he said that 75% goes to the LA for bed numbers, and the last 25% is at discretion of the LA. Daniel said that most of that is going to go to non-residential services and that 25% is really for that sector but it depends on the LAs local arrangements.

Q. NHS mail, is the easier access temporary?

A. Daniel said he would say yes, as before Covid you needed the NHS DSPToolkit. Daniel said that 50,000 care homes are now registered to use NHS mail but it is still a decision to be made later in the year.

Q. Will these homes need to fill out DSPT to keep NHS mail?

A. Daniel said that he imagines there will be a grace period where you need to fill it out or you will lose NHS mail. He said the toolkit is a self-assessment so it only ever really was to make providers think properly about data security.

Q. Does everyone need this for funding again?

A. Daniel said no it shouldn't. Daniel said people can contact the helpline at any time.

Cllr Asher Craig (Deputy Mayor)

- Asher said that the rates of deaths locally and nationally are declining. She said in Bristol there has been 697 cases and in the last couple of days we have only lost 2 individuals to the virus. Asher said more testing will result in more cases, and this will be followed up by trace and track. Asher said that lockdown easing will cause more transmission, but like all the LAs, they will be monitoring closely.
- Asher said that in terms of guidance, PH and H&SC are in charge of testing. She said that plans must come out by the end of June and include full details for settings like care and schools with a full outbreak plan. Asher said that additional funding has been released to help this happen and their first weekly return has gone in and care homes are identified as key settings with plans in place.
- Asher explained the 3 tiers and said that Tier 1 is through the local outbreak plan and Tiers 2 and 3 are nationally. She said that data on confirmed cases will go to PHE.
- Asher said about the non-white health inequalities and said herself and the Mayor have commissioned a rapid review. Asher said that the University of Bristol have done work and it confirms what everyone has seen but it looks at all inequalities affecting specific communities. Asher said that even though our numbers are small this may even help us get a clear picture of causes, she said they are having conversations with the sector and BAME stakeholders.
- Asher said that on Friday the Mayor of Bristol is holding a leaders summit which people can attend.

Q. When is testing going to be rolled out to supported living providers?

A. Asher said she will have to take this away, but Christina and Hugh are working furiously to make sure the system is put in place properly.

Q. What about care homes with LD services, included in the same tranche?

A. Asher said that yes, this is all care homes including those they do and don't commission too.

Q. Notice periods, we have been told this has been extended for this period?

A. Asher said she couldn't confirm this.

Q. When is the antibody available?

A. Asher said when the government gives it to us, but they are feeding the information to them. Asher said they will do all they can to distribute properly based on the local knowledge.

Q. IPC training, when is this going to supported living, £106 million for infection control in care homes?

A. Asher said she doesn't see why they wouldn't.

Q. Daniel mentioned the discretionary 25% in LA money, do you know how that might be used in Bristol?

A. Asher said they have only just got the money so once they have had the time they will update everyone.

Q. People wondering whether LA could centralise PPE?

A. Asher said she wouldn't say centralised, but city office is full of PPE so in an emergency you can speak to them but as the government guidelines keep saying, you need to try and source yourself first.

Q. There is a message about LD services not getting tested. Had government letter saying they don't qualify as not over 65?

A. Asher said she will take this away and raise in her cabinet meeting.

Penny Edwards (PHE)

- Penny said testing at the moment is confusing and it's spread across different groups handling the tests and different pillars. Penny said that Pillar 1 testing is NHS, hospitals and 111 portal. Penny said that if a care home has 1 or more cases of Covid 19, they should ring them in the local health protection team and they will help with whoever qualifies for testing. Penny said they send the results off, and if it is before 2:30pm Public Health will likely respond to the care provider directly that day and organise swabbing. Penny said it's usually about 72 hours but it can often be less. Penny said if those results are negative, but a few days later you get more residents or concerning symptoms then they will start process again. She said if they are positive, they won't change anything until it now affects the management of the virus. Penny said they are sending lots of swabs out every day.

- Penny said that Pillar 2 testing is handled by deputy health and social care and is the home testing. Penny said one issue is there is a gap for LDs and service for people under 65, she said this will come on board but is not there yet. Penny said that testing is happening but is not perfect.
- Penny said she is waiting on an update to admission of patients to care home guidance. Penny said she will update everyone when it comes through.

Q. We requested 47 tests and received 100 can we use it for staff etc?

A. Penny said this is tier 2 testing so she can't answer, she said there are contact details for pillar 2 testing around in emails so will make sure these are shared.

Q. Question about results coming back late, some promised 48 hours but still waiting on last weeks results?

A. Penny said this depends on testing, she said they wouldn't promise 48 hours, as their standard email states 72 hours then get in touch if no results. Penny said they can look if there is a problem but if it is the pillar 2 home testing then again you need to go to deputy of health and social care.

Q. Hearing of more lockdown easements next week including visiting family from garden, is PHE guidance coming out. Obviously wouldn't apply to people shielding?

A. Penny said she thinks so and she thinks it will be included in update to care home and taking patients guidance. Penny said she completely understands why as it has been a long time with no visiting but she can't say until an update comes out.

Q. Problems with testing?

A. Penny said they collate all pillar 2 complaints and send them to DHSC every day and are seeing this decline. Penny said they will not email their results, they will call to speak to the home. She said sometimes they may email if the result was negative and they couldn't reach you. Penny said she can't say how pillar 2 results are sent out.

Q. Chat is mostly about easing of lockdown, particularly what guides will go to care homes and services where clients will want to go out and visit people. This is often complicated, people are nervous of handling this?

A. Penny said she doesn't have sight of these talks and said we are still in sustained transmission so we need to act in line with this completely until the state officially changes.

Q. Question of virus staying on different services, remember warnings about surfaces but don't remember specific guidance and some are cleaning delivery boxes?

A. Penny said it is felt that after 72 hours there will be a significant reduction in the viable risk of the virus on those services. She said there is also guidance about keeping waste separate for 72 hours. She said it is a new virus so we don't really know but that is general rule.

Q. IPC training needed by the end of this week, someone told me they are applying to multiple ones but is fully booked?

A. Penny said she wasn't sure on this, but said one thing about testing is a second test for people. She said this is likely because they tested first then pillar 2 has come through and tested all. Penny

said there is concerns about a second positive test, but if they have not had a second illness this may be because they are still infected but not affected. Penny said they don't know if or how many times you can contract it again if you have contracted it previously but a second positive test may not mean you have contracted it again.

Rosi Shepherd (BNSSG CCG)

- Rosi said a thanks to everyone who has booked on to the training, she said they had a great turnaround to make sure all care homes had access. Rosi said that for BNSSG they have 180 confirmed for completing the IPC training and now they are working on the next 110. Rosi said their work now is making sure they know who has not had this training and said it should be soon and really simple that you get offered training, she said this could be online or 1-1.
- Rosi said you may get contacted by people who are not the LA. She said St Peters Hospice is one, and they have been trained up to give the training and accredited by them. Rosi said if you are choosing face to face training the fire service may help.

Q. Is it only care homes, What about everyone else?

A. Rosi said herself, Anne Clarke, Mary and Gerald are part of a care provider cell, she said they know there are all sorts of providers in the system. Rosi said that she heard today that the next training will be end of life care but she needs to learn more.

Q. How do we apply for train the trainer for this?

A. Rosi said the actual training they are doing is train the trainer.

- Rosi said that on Friday the Weston general hospital announced an outbreak as the numbers were very high. Rosi said they did a lot of work over the weekend to understand how they could minimise the risks and said by Saturday night all LA and health colleagues decided that they would need to stop admissions. Rosi said the hospital is not closed but will not take new face to face patients whilst they fully investigate what happened and when it will be safe again. Rosi said the isolation guidance on going back to a care setting, hasn't changed so they will continue discharging and requiring the 2 week isolation.

Q. When can we ask for a retest after confirmed positive?

A. Rosi said that the guidance does say that confirmed negative is needed to discharge.

Q. What about confirmed cases after a couple of weeks, can we ask for another?

A. Penny said that within 48 hours of discharge the patient will be tested. She said the outbreak plan will send more testing but the discharge process will stay the same which is a swab test and isolation for two weeks.

Q. How about difficult, older buildings where infection control is more difficult, heard something in UWE?

A. Rosi said that this is the nightingale hospital, and that is not good for anyone not on a ventilator.

A. Gerald said that there has been some suggestions like sourcing a hotel, but these have problems too.

Gerald Hunt (North Somerset)

- Gerald said that Rosi had covered it but he wanted to reemphasise the guidance they have re-cascaded this week about discharges from hospital and they need to make sure this is in place. Gerald talked about agency staff working in hospitals and how to ensure their testing and shielding until safe. He said he knows providers have been making the most of capacity tracker, and North Somerset responses have rocketed up which is pleasing.

Q. From earlier, we are talking about discretionary 25% and going towards non-registered services?

A. Gerald said he thinks the three LAs would like to have a roughly consistent approach. He said that clearly the unregistered market, dom care is an area they would want to support with this but they are looking at how they utilise these resources for most benefit.

- Gerald said he has just seen the first cut of results and access to PPE has eased. He said the RAG based request for PPE they provide seems to be working reasonably well. Gerald said he thinks they need to do more to promote the wraparound support.

General chat

Q. All tests done last week, came back negative so should we test again now?

A. Penny asked if this was because they are taking Weston discharges or in general? And the person responded saying this was in general.

A. Penny said that generally first, the tests do just take a snapshot at that time so could get infected after, she said there is no guidance about retesting so will have to wait until more info comes out. Penny said that in terms of Weston, her gut feeling is she just does not know how quickly it will happen and they are still trying to get first round of testing done.

- Rosi said that PHE will be leading advice and guidance on testing, she said they are breaking new ground, so will be hugely interesting but still need to do everything to ensure safety.
- Penny said and to of course carry on normal hand washing, monitoring and PPE but will need to wait for what comes from incident management.

Q. Chat pointing out in Wales there is two week rota of retesting. Could you take this back?

A. Penny said she absolutely can.

Neil Grant (Gordons Partnership)

- Neil said he has been working in the sector for 30 years. He said after a while he joined regulator and national inspectors including the care quality commission in its first year. Neil said two years ago he moved onto his second law firm.

Q. Sophie asked Neil if he could go into the Emergency Support Framework, as some have had their call already and some not. How is it used at the back end?

A. Neil said for once he has some sympathy for CQC from the pandemic, he said they do not want to overburden people. Neil said they suspended inspections in March which was right thing to do. Neil said they are also in charge of testing and discharge to homes which is problematic and linked to national directive. Neil said there are mixed messages from CQC, some messages saying the call will be relaxed and do not need to prepare but also saying that risks could lead to action that could include full inspection and action being taken. Neil said his advice is CQC is not a providers friend and shouldn't be, they are arms length inspector. Neil said CQC said the new framework would be relaxing of inspections and not so pressured but he said it seems they are still monitoring which is another name for inspection. Neil said that one thing that may be permanent is CQC will move to desktop regulation again and focus on providers identified as a risk.

- Neil said the call is a set of questions, about staffing, avoiding neglect and risk management. He said the question seems to be how are you doing during the pandemic. Neil said that some providers are still not getting their calls, he said an outstanding provider came to them in the first week so they seem to prioritising outbreaks.
- Neil said that what you should realise is that the questions and answers will then be used to give you a score, you will be scored and given a risk number. He said you will come out the other end as managing or needing support. Neil said it is not just a friendly chat, what you say will inform how your service is seen down the line.

Q. Sophie said to Neil that what she picked up on is could the ESF feed in to a following reinspection? Could negative ESF data affect an outstanding provider when they are inspected normally?

A. Neil said it absolutely could, he said it is an information gathering process and they have said information will apply after the pandemic has passed. Neil said in the future CQC will look at what you have been doing for the last few months, and they are likely to ask you to prove what you said you are doing now. Neil said that if their call notes don't match what they see on the ground it will affect your rating, which is inevitable.

- Neil said you shouldn't be worried about these calls but there is a need to be aware of what these calls are. He said they are saying you don't need to prepare but I think that is wrong, you need to know what you can say and what needs help.

Q. Sophie asked Neil in terms of being prepared, we can say what we are doing but also what restrictions are on us?

A. Neil said he thinks so, he said hopefully one good thing from this could be CQC getting a better picture of what is happening locally as they often focus on one type of service.

- Neil said it should be called emergency support and intervention framework. He said one thing they don't ask about is funding and he said he thinks this is really important. Neil said the content of their document will be shared with 3rd party bodies.

Q. Sophie asked Neil should staffing issues be in CQC covid tests?

A. Neil said absolutely, he said staffing issues and personal harm claims are going to be a massive issue and everything must be recorded properly as services become split by those with, without and recovered from outbreak.

Q. CQC and ADASS?

A. Neil said that ADASS will ensure best practice and support more, they may highlight particular risk areas and others may flow but ultimately CQC needs to manage risk and protect SUs. Neil said the main thing is market sustainability of care, not just care homes but home care.

Q. Any last comments?

A. Neil said we just need to keep tabs on CQC, he said he filed FOI with CQC which made them love him but means he gets all their guidance. Neil said if you want any help, they would love to hear from you.

Summary

- Reputable sources for PPE
- Testing of staff and service users in LD care homes
- Lack of guidance to help with lockdown easing
- Ordering testing kits / more info needed around antibody kits / turnaround for results
- Arranging IPC training for staff / limited access at present
- NHSMail should be integrated better with social care systems / mailboxes
- Capacity tracker data collection / methodology is incomplete and does not help community much

Links

- SurveyMonkey link: <https://www.surveymonkey.co.uk/r/PBXHNBB>
- Link to register for the government consultation - <https://www.eventbrite.co.uk/e/social-care-workforce-support-webinar-1-tickets-106091223706?aff=erelexpmlt>
- Digital Social Care website: <https://www.digitalsocialcare.co.uk/digital-social-care-launch-phone-helpline/>
- Contact for PPE / masks - sales@qualitymasks.co.uk

- Pillar 2/DHSC Helpline: 0300 303 2713
- email for pillar 2 testing issues - opshub@dhsc.gov.uk
- website for care home testing info: <https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#care-home>
- Social Care action plan website:
<https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>
- For general user support, including account queries and password issues, please contact 0191 691 3729 or email necsu.capacitytracker@nhs.net. Please do not remove [Capacity Tracker] from the subject line.
- Link for our next call on June 10th - <https://www.eventbrite.co.uk/e/106901061954>
- Link to our YouTube page - https://www.youtube.com/channel/UCJMZQ6O_T37n7Ylf3cvu-mQ

Notes

- IPC training info please
- if we are unable to complete all of the questions and it is not applicable to our home would this effect funding?
- I manage a nursing home and there isn't anything published I am aware of that helps us to plan effectively easing lock down allowing families to start visiting to boost the elderly residents wellbeing and mental health. Please share if anyone is aware.
- You are missing data from the community - e.g. care assistant tested positive for Covid 19 who works in a care home and was providing care in the community. All guidance followed so where do we capture this information?
- There are a lot of private carers who are not regulated but may work in pairs, how is that information collected
- I have a friend who is a carer for a family member and she has covid-19 symptoms and has self-isolated where can this be recorded?
- the tracker it is either a yes or a no, cannot put N/A, if we don't put anything would just leave it blank will this affect the access to funding?
- they keep de-activating us on the tracker
- Can't we get 'Social Care Mail'?
- are people looking for ffp 2 masks?
- when might the testing be rolled out to Supported Living units ?
- I was going to ask the same question, found a really reliable supplier of 2r type
- who is your supplier?
- We have been told that notice periods for been extended for this period can you confirm?
- What is happening with testing for LD care homes? Why is this not possible through the care home portal? Some LD homes support older people, and people who would meet the 'older' definition if this reflected shorter life expectancy of adult with LD. Equally with new research linking pre-disposition to dementia being a significant risk factor this puts adults with LD at higher risk given higher rates of dementia amongst people with LD. This is looking like disability discrimination.
- We have been told that notice periods for been extended for this period can you confirm?

- when can we get access to anti body tests for staff?
- What about IPC training for supported living settings?
- Do you know how the 25% of the Infection Protection will be allocated (i.e. this 25% of the funding is the funding not to be distributed via the bed allocation method)?
- We have highlighted both issues on our national return to the national Care Home Support Plan. Our Testing task group is looking at what else we should/ can do in terms of testing and local priorities for the DPH and DASS.
- is bcc considering creating a central procure for PPE?
- LD are NOT being tested regularly. I have an email from the Gov. Testing email saying we don't qualify as we are not for over 65's
- Is the council involved with the home testing kits and their results?
- Re training: Care Homes are current priority, it is led by CCG, but locally we really want to then look at supported living and ECH in terms of all the IPC Issues
- it's just that prices have gone up
- We are exploring the idea of how we might support a bulk purchase approach.
- do home care providers have access to the IPC training?
- we request 47 test and received 100 kits , can we use the reminder for staff relatives ?
- I called PHE as we were advised by our GP to test one resident who had declined in health (belt and braces approach). PHE asked me to call 119. I requested the test and was told could have 64 which would be for staff and residents. I was told this would happen within 48 hours, and so far still haven't got the tests. This was last Friday.
- we have had a similar scenario and it's been over 2 weeks ago (we did receive test for the symptomatic resident quickly though)
- We were told you cannot use leftover swabs for staff, only for residents
- We have chased. Sorry, may have been 72 hours. Given the changes that are happening with regards to lockdown restrictions being released a little, and given the impact that this will have on staff (i.e. they will have more access to families and other things, therefore increased risk to them being exposed to risk), plus the expectations of family members that they may be able to access their loved ones in gardens
- I understand that results are emailed to the individual who has been tested. What provision is there for those individuals who do not have an email address? I was talking to a care assistant this morning who was distressed as she had not heard back after the 72 hour period.
- I have done the testing for all staff and residents and had the results emailed to the one email at work which is a private one and then contacted the staff individually and this was accepted
- I had similar and the staff member gave me permission to use the homes email address
- residents are starting to request seeing their family members more often and go out for walks more as the lock down is easing, what do others feel?
- Sorry, could you ask her when the care and admissions update is expected? I missed that.
- The gov.uk website lets you pick whether you're an individual wanting a test or whether you're a care home and takes you to the relevant link
- What is IPC training?
- infection prevention control. It's an hour long session on webinar

- We couldn't get on the IPC training so far as it was full
- is it only for care homes?
- Yes, at the moment.
- On the last newsletter there was a train the trainer option - how do we go about getting this?
- Is the IPC training limited?
- shame its only for care homes
- Commissioners are about to do a piece of work on that for Bristol, hence we have been asking people about this. We have pathway beds etc
- we have just had all of our residents and staff tested, all negative this was last week, would it be good practice to do the tests again or not?
- Still have small number BCC homes not completed, please do, as use of tracker will link to additional funding.
- Same for the couple of South Gloucestershire homes who have not updated yet.
- Easier to do in Wales, but there, there is a rolling 2 week program of retesting for residents and staff
- Perhaps this was something for our first speaker, which I said earlier in the chat. But why not 'Social Care Mail'? Come on Mr Hancock, you put your weight behind the badge! Now help put in place a tool which will help unite the Social Care sector. Stop tacking us on to NHS stuff. We should have this provision.
- it will be nice if tests are provided to care home staff's relatives too at the SAME TIME AS TESTING IS GOING ON IN THE CARE HOME.
- surely it should be integrated system rather than in silo's e.g. NHS & Social Care Mail
- Who, in Bristol, is best to contact when we have queries regarding PHE guidance and PPE recommendations? Sometimes we need clarification on the published guidance.
- Our capacity tracker has deactivated our account twice? Can you advise what we should do?
- For general user support, including account queries and password issues, please contact 0191 691 3729 or email necsu.capacitytracker@nhs.net. Please do not remove [Capacity Tracker] from the subject line.
- For technical support, contact necsu.capacity@nhs.net.
- We are saving a Covid file, plus logging all PPE and testing, recruitment and training, is there anything else you suggest we could save for evidence
- Same here we have a COVID folder with all of the evidence
- Yes Covid Documentation file, and also including all emails/information sent to families/staff etc. Thankfully I also started a timeline document for management which has been helpful to refer back to when changes came in.