

From the Chief Medical Officer
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Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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Dear Colleagues

REPURPOSING OF ACUTE CARE AT HOME AND ENHANCED CARE AT HOME TEAMS

IMMEDIATE RESPONSE TO NEWLY NOTIFIED OUTBREAKS IN CARE HOMES

SUPPORT TO CARE HOMES FOR TESTING OF RESIDENTS AND/OR STAFF

TESTING IN SUPPORTED LIVING SERVICES & EXPERT ADVISORY GROUP ON TESTING

We fully appreciate all the efforts being made by staff across your Trust area to help deal with the ongoing Covid-19 pandemic. We are most grateful to you and your teams and to all staff for their dedication and hard work in these challenging circumstances.

Care Homes

Repurposing of Acute Care at Home and Enhanced Care at Home Teams

Given the challenges we now face in the care home sector we write to advise of the Department's support for the expansion, redirection and repurposing of Acute Care at Home and Enhanced Care at Home teams across Trusts to provide the necessary care and support to the most vulnerable in our nursing and residential care sector.

We welcome the fact that all Trusts are working to strengthen their hospital to community outreach teams. Our approach must be to continue to deliver the necessary skills and expertise to older people wherever they live. This is particularly important now for those who are resident in our care homes, and therefore we are

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fully supportive of expanding and repurposing of Acute Care at Home and Enhanced Care Teams.

Immediate response to newly notified outbreaks in care homes

We appreciate the support already being provided to care homes for outbreak identification and management. To maximise opportunities to control outbreaks through effective infection prevention and control practice and correct use of PPE, we would ask that from now on, when a new outbreak is notified that a senior infection prevention and control practitioner visits the care home and makes an onsite assessment of the home's IPC practice and makes arrangements for training or onsite support if that is required.

In addition we would ask that a senior member of the clinical team also visits the care home and makes an initial assessment of the home's ability to care for residents with Covid-19 during the outbreak, this includes recognising and responding to unexpected deterioration of residents. Residential homes are likely to need particular support in this regard.

Clear arrangements for medical assessment, delivering the plan of care and review of residents should be agreed for each home depending on the local circumstances. This may involve Trust Acute Care at Home Teams or be delivered by residents' GPs with support from Covid Centres and Out-of-Hours Centres. The Northern Trust has implemented a very successful virtual ward round system with local GPs in a residential home with a very large outbreak, this may have important learning for other Trusts.

Testing

As part of this continuing support to care homes and as set out in our Interim Protocol for Testing (Version 4) issued on 1 May 2020, we would ask that you please ensure that the relevant staff within your Trust follow the procedures set out below with regard to testing. Following these procedures will help ensure that all tests are processed accurately and quickly and will avoid unnecessary delays or tests having to be repeated.

- From 24 April 2020, for all **new** suspected outbreaks, that is where there are two or more residents or staff with symptoms in a nursing or residential home, all residents and staff should be tested for COVID-19. Care homes are asked to notify the Public Health Agency when they have any symptomatic residents or staff, and staff in the Health Protection Team in PHA will then undertake a risk assessment with the Manager in the care home. This risk assessment will advise if testing is required.
- All HSC Trusts should assist care homes in their respective areas with immediate implementation of testing when it is advised. Care home staff are likely to need support to undertake the necessary swabbing and to ensure the correct information is collected about each resident and staff member to be tested.

- It is essential that the name of the care home is clearly marked on all documentation, in particular on all swabs and on all forms accompanying swabs submitted for testing. It is essential that all tests processed, whether for residents or staff, can be clearly identified as connected to the relevant care home. Laboratory staff continue to report that there are experiencing challenges relating to completion of forms and clear labelling of swabs.
- HSC Trusts should actively consider if care homes in their area need assistance with taking swabs and with ensuring that all forms and documentation are completed correctly. The approach adopted in the Belfast and South-Eastern Trust areas has proven to work very well to date, this may have important learning for other Trusts.
- All Trusts should ensure there is an identified senior member of staff with responsibility for oversight of outbreaks in their Trust area, this person should be identified to the PHA Duty Room as the Trust Lead.
- There should be a single e-mail point of contact in each Trust for receipt of results related to testing in care homes in the Trust area. Each Trust should confirm their arrangements for liaison with homes regarding receipt of test results and for liaison with the Duty Room and Health Protection staff in PHA.

It is essential that a clear mechanism to share test results is maintained across all relevant organisations and teams, and that care homes are given all necessary supports to interpret and manage results of testing undertaken in their care facility. Officials will confirm arrangements for regular communication of results from testing in care homes to DoH in the coming days.

This week we have implemented a further expansion of our testing programme in care homes, this expansion is being advised by expert staff in PHA who are working collaboratively with the Department. The NI Ambulance Service is providing additional testing capability for this expanded programme and forty nurses have been identified within the HSC to support this additional testing in care homes.

While testing alone will not cure this virus, it is an important part of our overall approach to managing the current situation in care homes. We wish to express our sincere thanks to all teams and colleagues who are providing support to our care homes. Your support is important and your work is making a difference to the health and wellbeing of residents.

A Learning System

We recognise that some excellent work has been implemented through a collaborative approach to improvement in this area and we need to learn what has worked well and what hasn't worked as well as we hoped. Therefore, a Task and Finish group, with representation from the HSC and Independent Sector, has been established to enable rapid learning and measure the impact of the interventions implemented to date, aimed at preventing/mitigating the transmission of COVID-19 within care homes. The findings and learning emerging from this important initiative

will inform short-term and longer-term planning and improvements in this area going forward.

Supported Living Settings

We can confirm that testing for COVID-19 in supported living settings was discussed by our Expert Advisory Group on Testing on Friday 8 May 2020. The EAG recommended that testing would be expanded to include supported living settings, adopting a similar approach as that currently in place for care homes (as below).

Where there are two or more residents or staff with symptoms in a supported living setting (all programmes of care), all residents and staff should be tested for COVID-19. Supported living settings are asked to notify the PHA Duty Room when they have such incidents (as of w/c 11 May 2020). This information will be reflected in the next version of our Interim Protocol for Testing.

Expert Advisory Group on Testing

We would highlight the importance of ensuring that all requests and/or suggestions relating to expansion of testing (for example to include new health and care settings or new groups of staff, patients or service users) must be discussed by our EAG on Testing. We expect there will be a number of significant demands on our testing programme in the short-term, including testing to support our *'test, trace, isolate and support'* programme, testing of health and care workers, and as above an expansion of testing in our care homes.

It is therefore essential that all decisions regarding testing capacity and use of that capacity are fully informed and progressed in the context of discussion with and recommendations made by our EAG.

We should be grateful for your confirmation that the actions outlined above will be put into operation immediately.

Yours sincerely



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