Wiltshire Council

Wiltshire Care Partnership

NHS Wiltshire Clinical Commissioning Group

Changes to the discharge process during the Covid-19 outbreak

Over the past two weeks the world has changed beyond recognition for all of us and within that, for health and social care more than any other sector. We are all struggling to grasp what this means for us as individuals and as a workforce. Today, care providers met virtually with local leaders in the NHS (including our lead consultant geriatrician) and social care to begin frank discussions about what this means in practice across our health and care system as we move towards the peak of the outbreak of Covid-19 in our country.

There will be further discussions next week and a planned Skype call for all providers on Wednesday to allow everyone to listen and ask questions. Here, below is a summary of the discussion today:

- The way the virus is spreading has lead health analysts to assess we will need 200 critical care beds per 100,000 head of population from now, to the predicted peak on or around 13th/14th April and beyond in order to cope with the surge in cases.

- People at the end of their life due to the Covid-19 virus who are too frail to be ventilated will need a seamless discharge into the community with as much dignity and respect as possible.

- Acute hospital consultants are working with local GPs to identify who should be in hospital and who should stay in situ in the community, or be discharged. It may be that some patients showing covid-19 symptoms are encouraged to remain at home, rather than come to an acute setting.

- Hospital colleagues recognise more support will be needed in the community at a time when resources are desperately stretched. Acute palliative care teams are in discussion with primary care to work out what support and advice they can give to health and social care services.

- The demand on the acute sector will be overwhelming. To keep hospitals going there will be an expectation that care providers will accept admissions to their services without their usual prior assessments being carried out, and that the individuals admitted may be Covid-19 positive, or presenting symptoms.

- People will be tested for Covid-19 if they are displaying symptoms, but as the volume of patients in hospital grows there will be a need to discharge people who have not been tested, or who are awaiting results.

- It will become increasingly difficult to isolate the people in care homes, but already homes are taking people on the basis that they assume them to be positive. They then isolate and assess, and barrier nurse in their room if need be. This is best practice. Some homes have already reconfigured to have new admissions in certain areas, but it is possible to effectively barrier nurse in the person's room anywhere in a home provided the right spec and amount of PPE is available.

- We will further discuss ideas raised in the meeting that included moving people from nursing homes with less complex needs to residential homes in order to make best use of all the different types of care and resource that we have in the county. These will then be shared widely with all providers.

- People who leave hospital with Covid-19 are likely to be frail and quite unwell, and possibly dying. This is an enormous ask of our nursing homes and their staff and this was fully recognised by everyone on the call.

- Community health teams have rapidly changed the way they are working in order to support these needs as they grow.

- Hospice teams will work with homes to provide palliative support. Guidance on pain management is about to be published and will include non-syringe driver solutions.

CQC was represented on the call and gave the following statement:

We all need to ensure that the people we support remain as safe as possible. However, in these unprecedented times we will not penalise now or in the future care providers who make decisions in the best interests of the people they are caring for. We anticipate that the usual undertaking of a care service may not be possible. An example was given of a nursing home elsewhere in the country where the nursing staff were all off sick and a decision was taken that residents needed their medication and so care workers undertook that task. CQC agreed this was the most pragmatic way to ensure basic care needs were met.

We have shared information about the national capacity tracker that will be used throughout this period by which means all care homes, hospices, providers of inpatient community rehabilitation, end-of-life care providers and brokerage services can access an up-to-date, single resource of provider availability during the Covid-19 situation, it has been agreed that we will use one, single capacity tracker across all of Wiltshire. Consequently, we will be using the national capacity tracker, which is available here: https://carehomes.necsu.nhs.uk.

The tool will be used to easily track bed capacity and vacancies to support system-wide bed and discharge planning. Registration is straight-forward and only takes a couple of minutes. Once providers' accounts have been approved, they will be asked to provide some additional details and then asked to regularly update the tracker 'as close to real time as practicable', e.g. as and when any occupancy changes or at least daily, if there has been no change.