Launch of the NCL Covid+ Pathway: Guidance for IDTs

Operational: 1st October 2020 – 31st March 2021

Review date: 26th November 2020

The new protocol: “bridging pathway”

In order to protect residents of care homes and other bedded care units (extra care and supported housing) from Covid outbreaks, **any patient on a P3 pathway who tests (or remains) Covid+ on day of discharge from the acute trust, will be temporarily moved to a P2 bed until they are no longer infectious* and/or until a COVID- test is returned**. At this point they will be transferred to their Pathway 3 destination.

* Exceptions: Rarely, some patients will repeatedly test positive but no longer be infectious. This will be confirmed by clinical assessment in hospital or P2 unit in order to facilitate discharge to a care home.

Please note:

- As these patients will be on a **planned P3 pathway**, there should usually be a P3 destination agreed on discharge from the acute.
- We expect an average **length of stay** of 7 days in a P2 bed. Our modelling suggests there will be approximately 6 patients at any one time across NCL on this “bridging” pathway.
- In the event of **significant demand for NHS intermediate care beds** – for example, due to a 2nd surge of covid-19 – there may be a requirement to change this protocol and to identify some alternative sites in other settings.

Development of the protocol

- This protocol has been developed as a result of the Care Provider After Action Review where we committed to a programme of activity to strengthen our response to covid-19 and support planning in advance of a 2nd wave to protect vulnerable residents.

- There has been significant engagement with different groups and fora to reach system agreement on this new protocol. It has been discussed and agreed at:

  - Community Providers Group
  - Council Discharge Leads
  - Community Analytics Group
  - Non Acute Gold – representing CCG, community providers and Councils – **approved 8th Sept**
  - Operational Implementation Group – representing NCL acute providers – **approved 10th Sept**
  - Clinical Advisory Group – representing NCL clinical leaders – **approved 25th Sept**
  - System Gold – representing all system partners – **[approved 30th Sept]**

- We have included an appendix that summarises the rationale for this pathway

Covid+ pathway for Nursing, Residential, Extra Care and Supported Housing Facilities

North Central London NHS
Barnet - Camden - Enfield
Haringey - Islington

*Note, **all** residents will be tested for COVID-19 following admission to hospital and / or before a community admission to a bedded care facility*

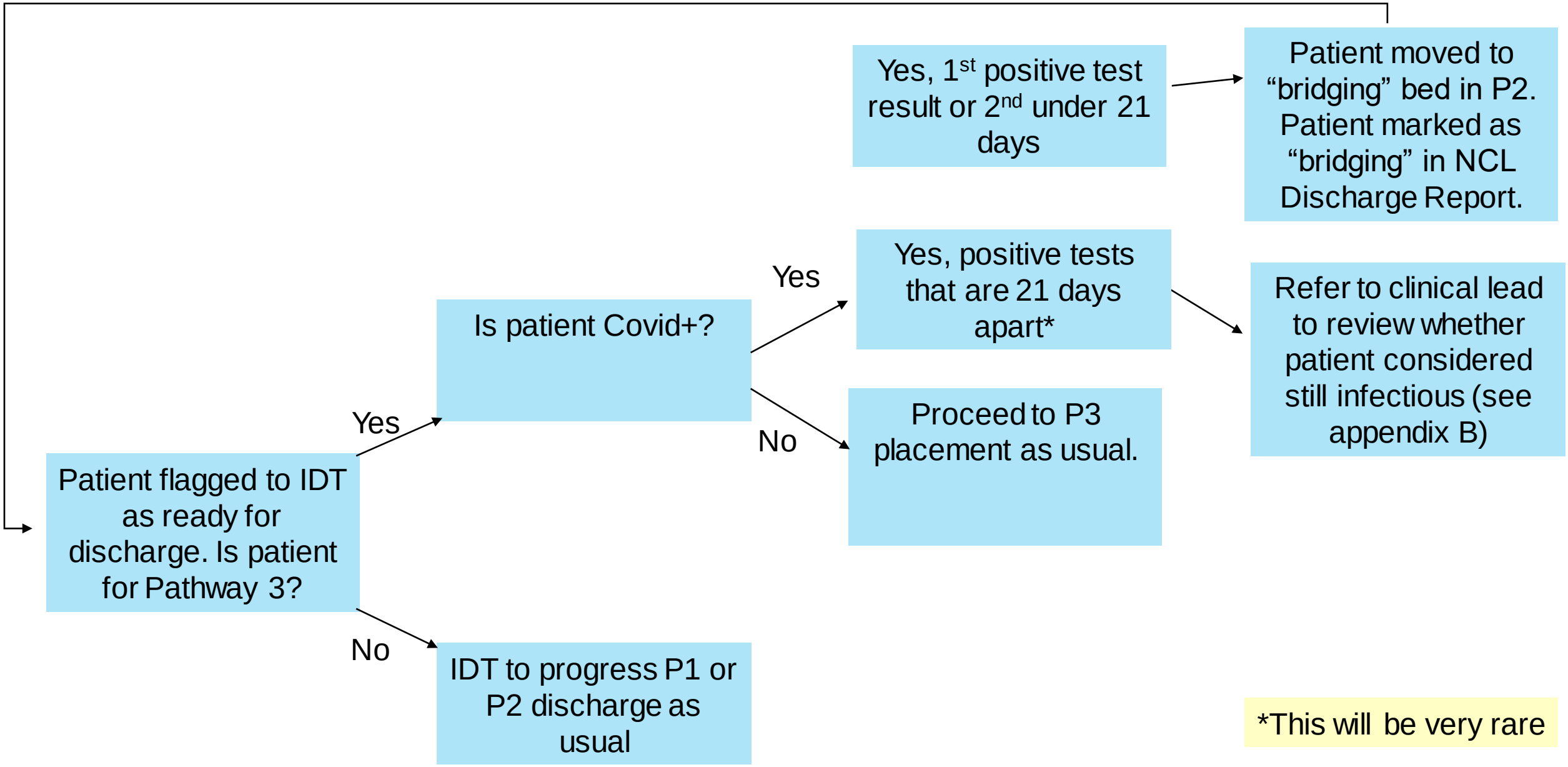
	1. COVID-19 Negative	2. COVID-19 Positive OR Unknown	Exceptions
RECEIVE PATIENT?	Residents can be **safely received** by care facilities. Facilities to use PPE and IPC with all residents as per guidance. 	Residents will not be transferred to care homes until a negative test is received. They will be transferred to an NCL NHS step-down bed with a Care Home identified and a target date with Care Home for transfer. These patients will be counted as P3 for audit purposes. 	1. There are rare cases where an individual is asymptomatic and can repeatedly test positive (up to six weeks from initial diagnosis) beyond an infectious period. Where a senior clinician confirms the resident is medically fit for discharge and highly unlikely to be infectious to others then a discharge to P3 can proceed from acute or P2 (see appendix c clinical guidance). 2. In the event of significant demand for NHS intermediate care beds – for example, due to a 2nd surge of covid-19 – there may be a requirement to change this protocol and to identify some quarantine sites in other settings.
MANAGEMENT?	14 day isolation following admission within their own room	Close working with the care provider to plan for the transfer, including confirmation of negative test result. Close work with the IDT to ensure the future care home move is planned early and P2 LOS is minimised.	 Key questions for hospital, council and community health staff:

When does the resident need a covid test to facilitate admission to care provider?

Do I know how to access tests (e.g. for a community admission) and the turnaround time?

For more information about support and guidance for care provider during covid-19 please refer to
https://northcentrallondonccg.nhs.uk/my-health/covid-19/care-homes-support-and-guidance/

Flow diagram



Practicalities

- We are working with clinical leads to confirm a framework to support the **clinical decision making** on those patients who repeatedly test positive and are likely to be non infectious. This will be finalised as part of the implementation pack. We have been advised that the acutes and P2 units have appropriate medical cover to enable this clinical decision to be made as part of discharge planning

- **Hospital transport** providers are aware of this proposal and the implications it has for their transport. We have been assured that there is capacity and capability to meet the expected demand resulting from this proposal, including appropriate PPE.

- It is really important that we can **monitor this cohort of patients** to check our assumptions about the activity. Therefore we have added a new field to the NCL Discharge summary report (below circled in red) to capture these patients as a sub-category of P2. We have named this cohort "bridging" to avoid confusion about whether they are P2 or P3. We would be grateful for your support in capturing these patients within the "bridging" category on the form.

- This protocol will be **reviewed in 8 weeks time** and we will value your views on what has worked well / not worked well.

NCL Discharge Summary Report showing the new field for 'bridging' patients

Borough	Discharge Pathways	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
e.g. Barnet	Number of patients discharged (inc P0)								0
	No. of P1 patients discharged								0
	No. of P2 patients discharged								0
	No. of **'bridging'** patients - P3 diverted to P2 due to Covid status								
	No. of P3 patients discharged								0

Any queries, please contact your CCG or Local Authority commissioners in the first instance.

Alternatively, you can contact a member of the team who developed this protocol:

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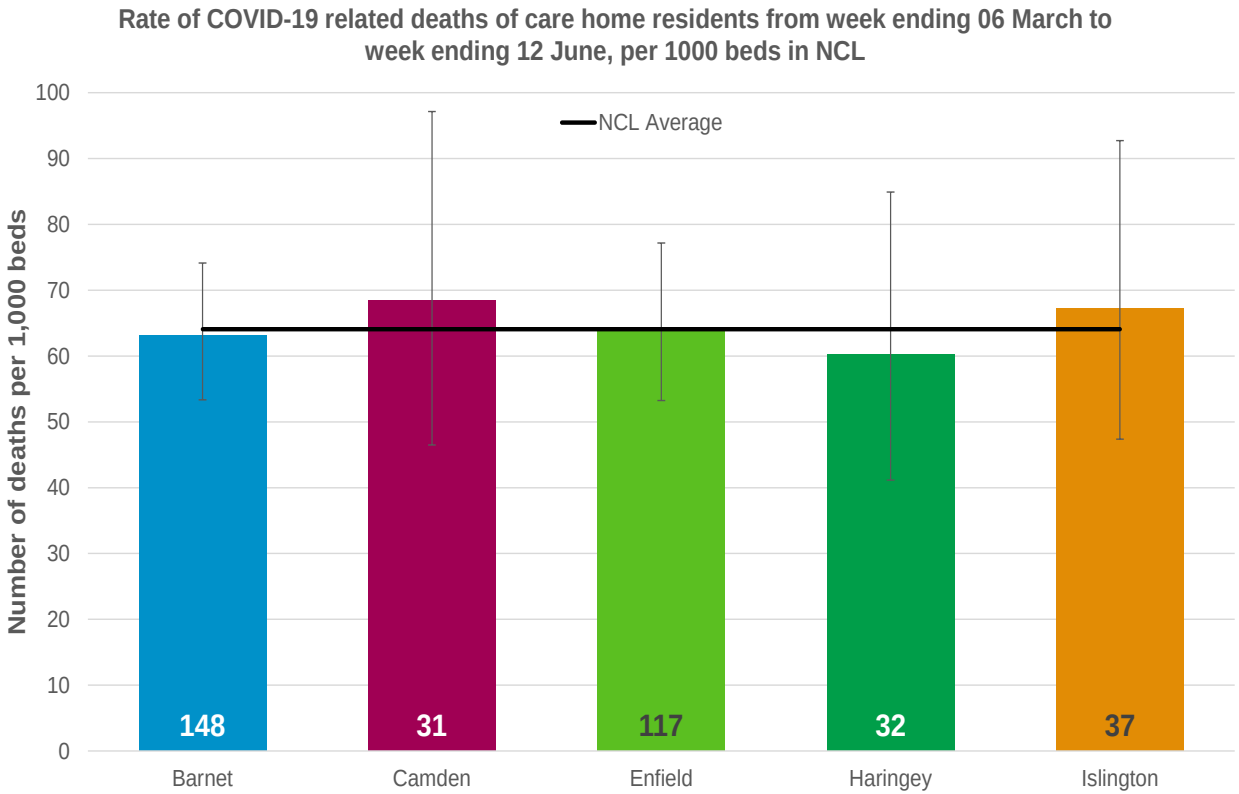
Appendix A – Why this pathway is important

Rationale for inclusion of Covid+ pathway

- In the first months of covid-19 care homes were hugely affected – in NCL there were 365 covid-19 deaths of care home residents – evenly split across boroughs and c. 60% of our care homes had outbreaks. Nationally over 40% of deaths have been in care homes – residents of care homes have the greatest health risk from covid-19 in our community.
- There were also outbreaks in a range of other accommodation services, such as extra care and supported housing.



Note: Not all beds are occupied. Figures are for weekly deaths, involving COVID-19 of care home residents, occurring from week ending 6 March 2020 to 12 June 2020, registered up to 20 June 2020
Source: ONS, 03 July 2020

Through the After Action Review of how we worked with care providers we committed to a programme of activity to strengthen our response to covid-19 and support planning in advance of a 2nd wave. In this work we need to consider both discharge and community admission.

The August discharge guidance proposes that if a test result is not available for a person on a P3 pathway and the care home states it is able to manage the risks the discharge should proceed. The guidance does not, however, describe a preferred pathway in the event of a positive test.

The Prime Minister has verbally committed to no covid + resident being discharged from hospital to a care home.

Therefore, our proposals are not in conflict with the guidance, however, they may go beyond and be more robust than the minimum interpretation of requirements.

We propose this protocol covers the period 1st Oct 2020 to 31st March 2021.

Rationale for Covid+ pathway

There are a range of key actions that care providers, local authorities and the NHS are taking to protect vulnerable residents in care settings. These

Changing the pathway to use P2 NHS beds is the one key change we can make to reduce the risk of infection.

Action	Approach in NCL	In place?
Restrict visitors	Guidance in place and implemented by providers	
Measures with staff (work on 1 site; guidance on PPE / IPC training for care and non care staff; access to PPE)	Guidance, monitoring, training and support in place – implementation from providers.	
Regular cleaning and air flow	Guidance in place and implemented by providers	
Ensuring new or returning residents do not bring infection through quarantine of residents with covid + in other facilities	**Implementing shared NCL policy from 01.10.20**	From Oct 1 2020
Isolate new / returning admissions that are covid negative	Clear guidance on isolating new admissions in place and implemented by providers.	
Cohorting of staff and residents	Clear guidance in place and implemented by providers	

Rationale for new Covid+ pathway

We recognise that there are risks of covid in hospital, social care and general community settings. However, residents of care providers are at greater risk of infection because:

- Care homes, extra care and supported housing are people's homes – they are therefore not set up as clinical environments – they are much more likely to have carpets, low ceilings, personal possessions, cramped sections – that are less conducive to IPC despite regular cleaning
- There are a range of shared spaces – though these can be closed or social distanced it is likely they carry a residual list
- The residents are in their own homes so by their nature the virus couldn't leave with anyone returning home – it is much more likely to circulate amongst staff and residents
- Care providers have put in place cohorting and quarantining and will continue to do so – and they have skills and experience from seasonal flu – however, there is less resource and process compared to NHS providers
- There remain challenges with care providers accessing regular testing – in NCL we are using local capacity to top up gaps in the national offer – but this remains sub-optimal overall
- Residents in pathway 2 can be frail, but residents in care accommodation are by their nature frailer as they (typically) are not on a pathway back to live in their own home

It is therefore vital that we provide additional protection to residents in these settings.

Appendix B – Clinical pathway for people that repeatedly test positive

- Following a +ve PCR test, most people will test –ve after 14 days. However, we know that there are rare instances that people repeatedly test positive for covid-19. We know that these people are usually not infectious and this can be determined by a closer examination of their test with a clinical expert, such as a microbiologist.
- We do not want to maintain people in an inappropriate or isolated environment unless strictly necessary. We have provided advice to people in the community and care homes that whilst they test positive they are not infectious and do not need to be isolated. IPC guidance (such as wearing PPE), as with all direct care, still needs to be followed.

Approach:

- If a patient tests positive at day 14, repeat nose and throat swab at day 21. If it is clinically appropriate to move the patient from an acute bed to a community bed in this period this should proceed.
- If still COVID 19 PCR positive at day 21, the patient should have a risk assessment by a local clinician taking into account prior evidence of interstitial lung involvement, underlying immune status and Cycle threshold value of COVID 19 PCR result (this is available from the laboratory).
- At day 21 the majority of patients with COVID 19 antigen (PCR) positive results will be carrying unviable virus and therefore will no longer be infectious.
- This risk assessment should involve the GP.
- If the risk assessment is that the person is safe to discharge this should be communicated in writing to the care home and the local authorities discharge lead.

Appendix C FAQs 1

- **Does this include mental health and learning disability beds as well as older people's?**

Yes, this includes all care homes, supported housing and care homes. In practice, it is likely that virtually all the activity will relate to residents being discharged to care homes. The process does not include general older people's housing such as sheltered housing.

- **Are we ensuring that people being admitted from the community (their own home) also do not bring covid into care settings?**

Yes, there is an aligned piece of work with adult social care and public health to ensure no-one is admitted to a bedded care setting that is covid infectious.

- **What do we do where somebody refuses to have a test?**

All effort should be made with the individual to explain the need for a test and questions of capacity should be considered. If these efforts are unsuccessful then a risk assessment should take place with the discharge team before taking a decision around discharge pathway. If someone has had symptoms of covid-19 they should not be discharged to a bedded care provider until 21 days has passed since initial symptoms and the lead clinician has decided the risk of infection is very low.

- **Should care providers be funded for the period where the resident is in the stepdown bed (e.g. to hold the bed before admission)?**

No, this approach has been developed with care providers to protect their residents and has an additional cost to NHS budgets. We would ask care providers to hold a bed for the short bridging period in light of this.

- **What should we do if a person refuses to move to a stepdown bed?**

This should be addressed through usual processes with all efforts made to persuade the person of the vital importance of the step down. People that move to the stepdown bed will have access to rehabilitative support to aid their recovery from covid-19 and the benefits of this should be made clear. We recognise that in the case of extra care and supported housing where the person may have an existing tenancy this is a complex area.

- **Where the person is returning to an existing care home placement does this pathway apply?**

Yes, the purpose of this pathway is to protect the wider vulnerable population whilst providing a safe and rehabilitative environment for the person affected.

FAQS x 2

- **If a care home is willing to accept a resident that is covid + do we need to follow the pathway?**

Yes, we need to follow the pathway and we must not discharge to the care provider. The pathway has been developed based on the best public health and clinical advice to support vulnerable residents.

- **Does this pathway apply to a same day or overnight admission?**

There is a need to be pragmatic. In this instance if there is thought to be virtually no risk of covid then we would recommend not to follow the pathway.

- **Are we putting this pathway in place because of concerns about the quality of care provision?**

Absolutely not. Our care providers have embedded robust measures around covid-19 often beyond government guidance. We have a robust programme of work across the Councils and NHS that supports and embeds leading practice (see appendix A for more). However, these settings, however robustly managed, do have higher risk of infection and very frail populations. It is therefore vital that we protect these populations.

- **Does the pathway apply for residents going back to their own homes with care packages?**

No, in this instance the discharge home should be planned and proceed if it is safe. This process includes consideration of household members that may be at risk from covid-19 and clear communications and planning with the care provider.

- **How often will people be tested?**

We recognise that the test is invasive and can be unpleasant. We also recognise that identifying when someone is no longer infectious and appropriate to discharge to the care home is vital to support the limited capacity of discharge beds. Staff should follow their local organisational protocol, where this is not in place, we would recommend tests no more than every 7 days.

Appendix D: Communicating with the individual, friends and family

- Where somebody is affected by this pathway we recommend the usual practice in providing open and honest explanation of how their care will be delivered and why this pathway is important.
- Key feedback from Healthwatch locally and nationally has been about the need to protect vulnerable people in care homes and most people will recognise and support this aim.
- As usual it is key to involve the person's chosen family and friends in communicating.
- It is also important to consider any issues around capacity to understand or consent to decisions in line with usual practice.
- It is likely that some of the key concerns people may have will be whether people may lose their care home place due to this move. This shouldn't be the case and liaison with the care home should address this risk.
- People may want to understand where the P2 bed is, what the arrangements are for visiting and how they will keep the person safe (e.g. that there is therapeutic input and medical cover and that the service is delivered by an NHS provider)