Proposal to develop a local Primary Care led COVID-19 Pathway for Tower Hamlets

Prepared by:

- Tower Hamlets GP Care Group
- Tower Hamlets LMC
- CEG
- London Borough of Tower Hamlets
- Bromley By Bow Centre
- Poplar HARCA

Introduction

- Tower Hamlets Primary Care is a well established, effective local care system.
- We propose to lead the provision of the COVID-19 pathway to care effectively for our population.
- We are well placed, have a solid infrastructure and in a position to implement this immediately on a pilot basis with rapid roll-our.
- We will ensure that this is sustainable by integrating this to our existing services, working with local partners and linking to the national systems that are being established.
- The additional resources required to support this are minimal.
- We have developed links with the local service in Sheffield, we plan to build on their experience and have access to their resources.

Background – Primary Care in Tower Hamlets

The Primary Care system in Tower Hamlets is mature and has an outstanding track record for patient care, innovation and partnership working.

35 GP practices

- All practices use remote consultation including - eConsult/telephone/AccuRx video & texts. Each practice already has existing blood and swab test systems in place with twice daily collections.

8 GP networks

- We established our 8 PCNs over 10 years ago, they have successfully supported each other with mutual aid and work together to deliver services, work with local Community groups and undertake social prescribing.

1 GP Care Group (GPCG)

- Our federation was incorporated in 2014 is owned by all our practices on a not for profit basis. It has over 500 staff to support all our practices by providing an extensive range of at scale primary care services including a 24/7 primary care hub to include the UTC, OOHs, community phlebotomy, local 111 CAS support, Borough based SPA and an overflow for practices. It also provides borough wide health visiting, school nursing & advocacy/Interpreting services which we plan to utilise to support this work.
- During the pandemic it has set up, delivered and shared expertise in providing a successful home monitoring service for COVID-19 patients; assessment & support to temporary hostels for homeless people, and a rolling programme swab testing in care homes.

Clinical Effectiveness Group (CEG)

- Was established 20 years ago and provides guidelines, clinical tools/templates and health informatics. CEG also leads research in the effective delivery of primary care. CEG has a unique platform covering a database with 2 million population with hospital, GP, local authority records and is the pan-London Local Integrated Health Record Exemplar and will support our approach to surveillance.

Background – Delivering in Partnership

London Borough of Tower Hamlets

- We have excellent links with LBTH with an established partnership board. We are members of the Pandemic Committee led by Public Health, the Tracking and Tracing Silver Group, and propose to link in Environmental Health for contact tracing.

Voluntary Sector

- Tower Hamlets has a huge range of local voluntary and community sector organisations that have a unique position in supporting residents as well as providing services for them.
- THCVS is an independent membership organisation for voluntary, community faith and social enterprise organisations.

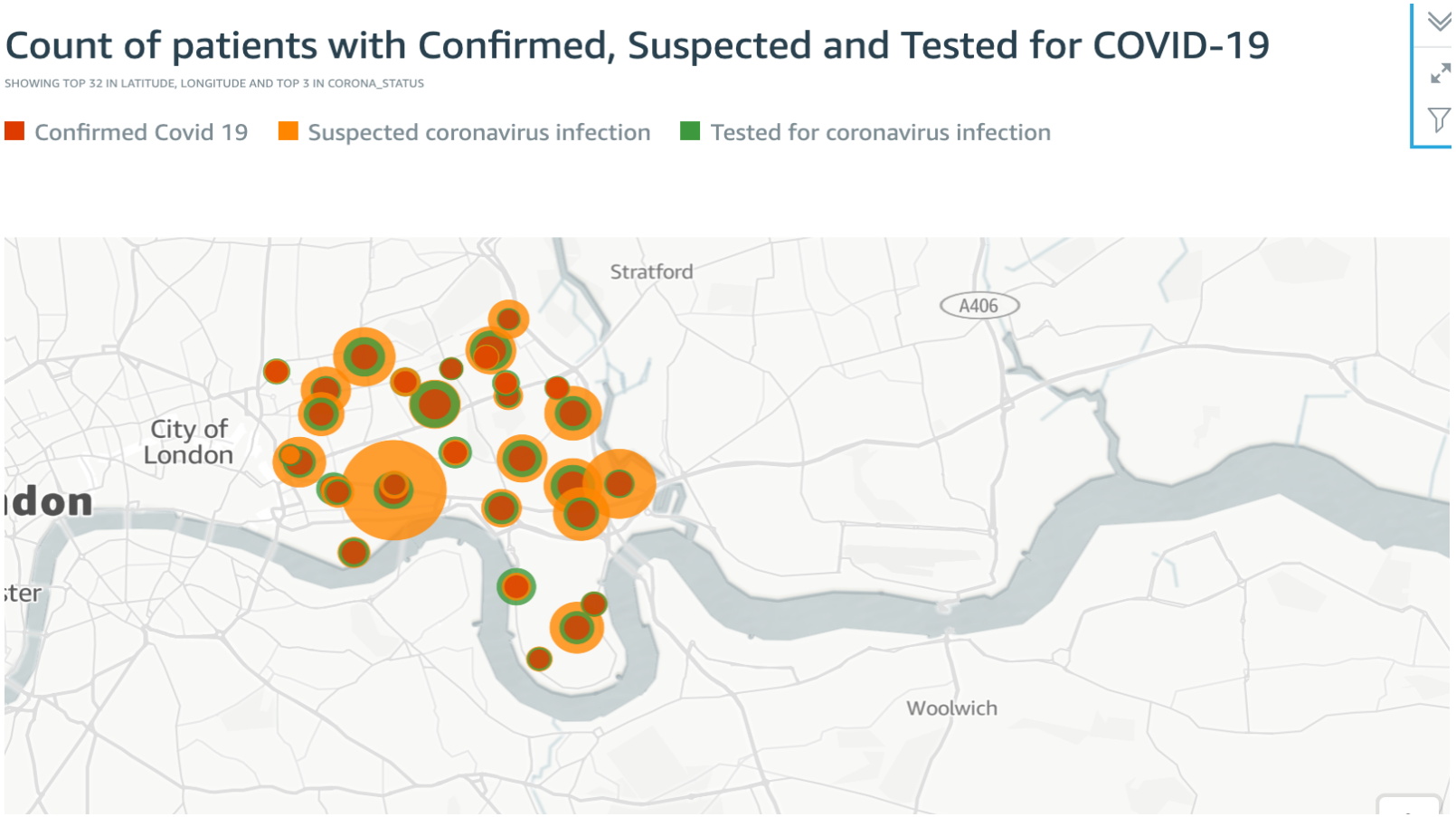
Poplar HARCA

- is an award winning Housing Association in East London, helping to create a place where people, communities and businesses grow and thrive. Its staff are trained in dealing with people handling a range of problems in various languages in a culturally sensitive way.

Bromley By Bow Centre

- The Bromley by Bow Centre is an internationally renowned charity that was established 35 years ago and was the first community-owned, integrated health centre in Britain. The Bromley by Bow Health Practice has a footprint of 30,000 patients and works with all the practices in the 50,000 patient footprint of the PCN area delivering social prescribing services.
- The Centre team has long researched and recognised the impact of poverty and disadvantage on people's health and wellbeing.

We understand the impact of COVID on our community



We already have a powerful analytics team – this could be strengthened further by flowing central data to the local system.

Source: Tower Hamlets GP data

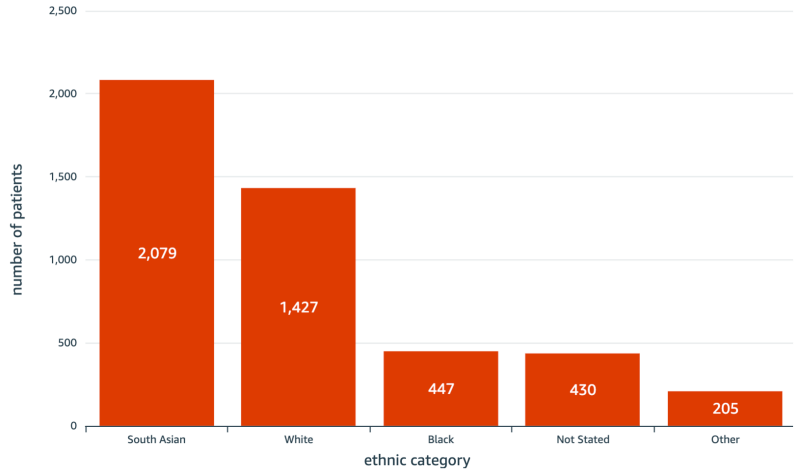
Queen Mary University of London

ceg Clinical Effectiveness Group

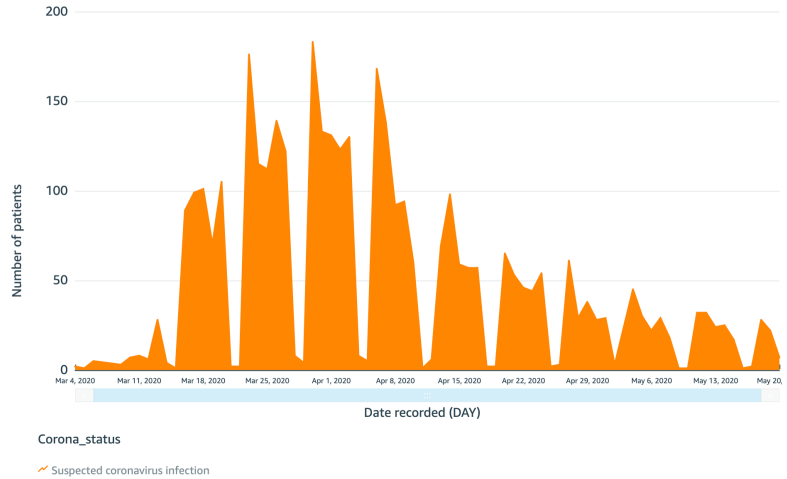
Discovery Data Service

NHS

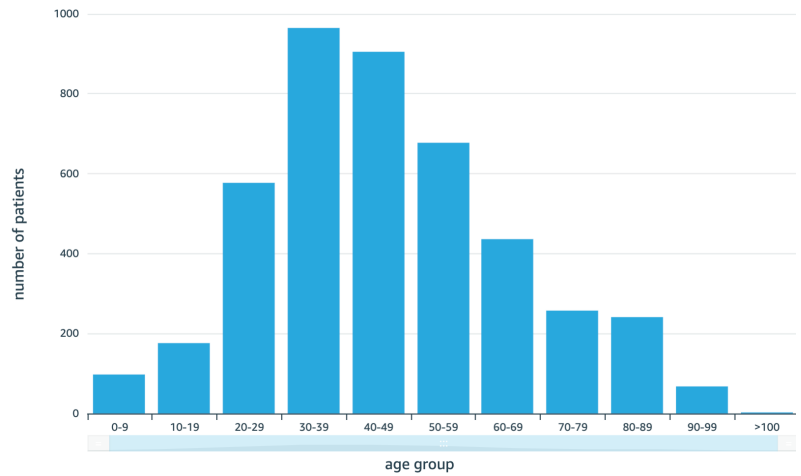
Ethnicity groups of Confirmed or Suspected COVID-19



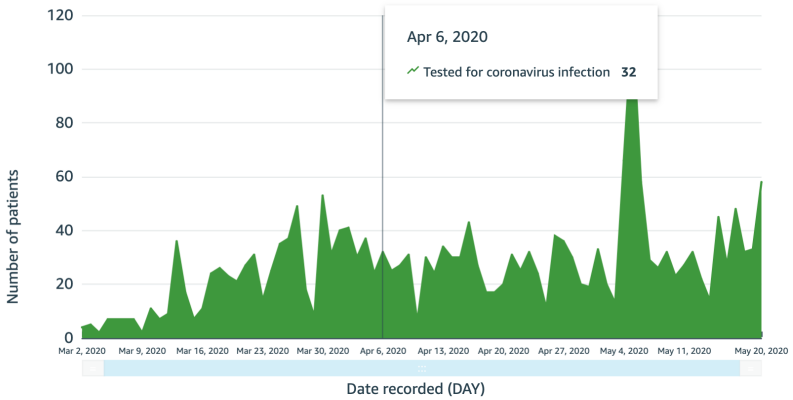
Day trend of Suspected Coronavirus infection



Age groups of Confirmed or Suspected COVID-19



Day trend of Tested for Coronavirus infection



Discovery Data Service NHS

Queen Mary University of London

ceg Clinical Effectiveness Group

Key Elements of the Pathway

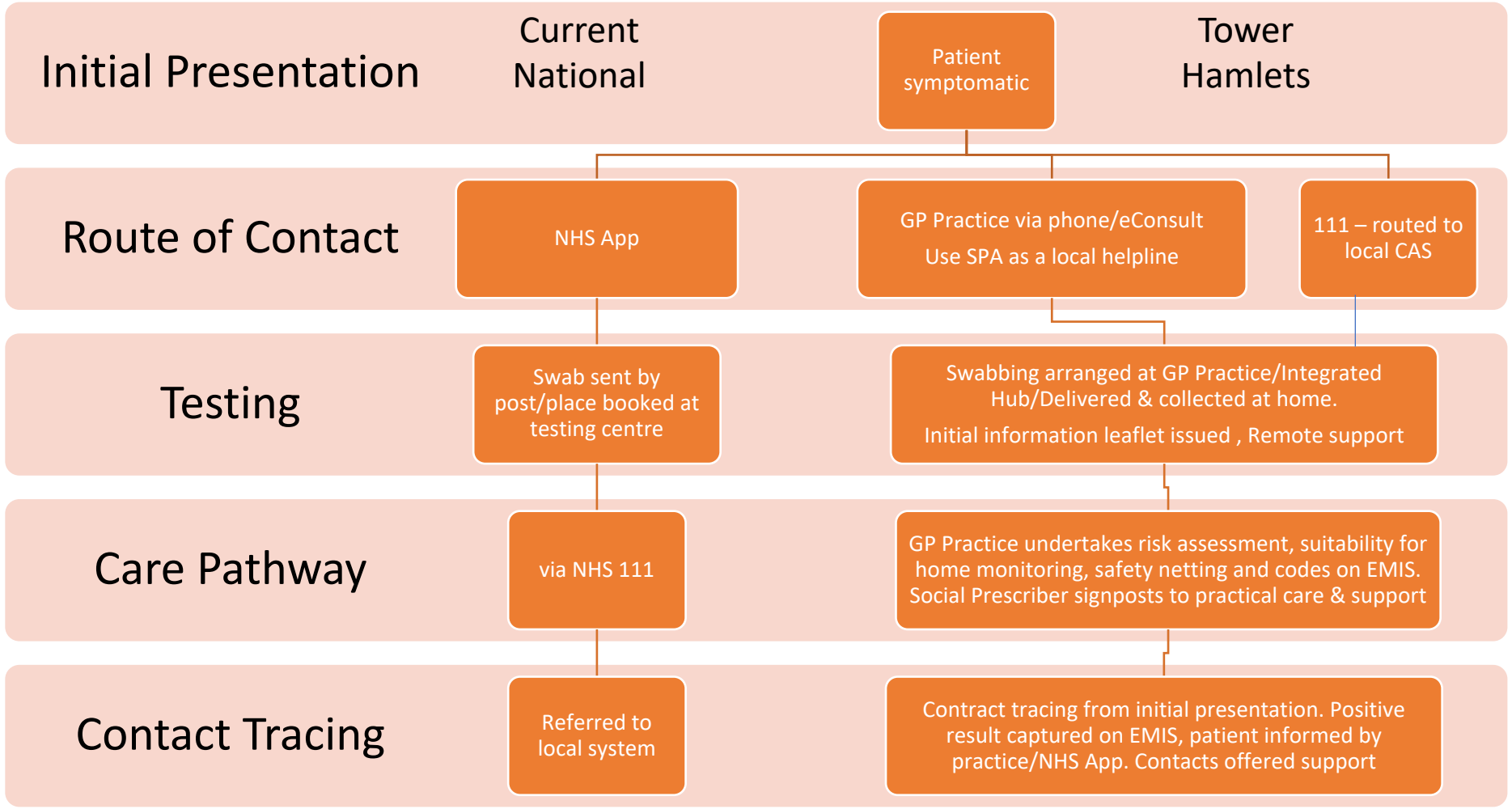
INITIAL CONTACT & INFORMATION

TESTING

CONTACT TRACING

CARE PATHWAYS

Pathways


Initial Presentation
Current National
Patient symptomatic
Tower Hamlets
Route of Contact
NHS App
GP Practice via phone/eConsult
Use SPA as a local helpline
111 – routed to local CAS
Testing
Swab sent by post/place booked at testing centre
Swabbing arranged at GP Practice/Integrated Hub/Delivered & collected at home.
Initial information leaflet issued , Remote support
Care Pathway
via NHS 111
GP Practice undertakes risk assessment, suitability for home monitoring, safety netting and codes on EMIS. Social Prescriber signposts to practical care & support
Contact Tracing
Referred to local system
Contract tracing from initial presentation. Positive result captured on EMIS, patient informed by practice/NHS App. Contacts offered support

Testing

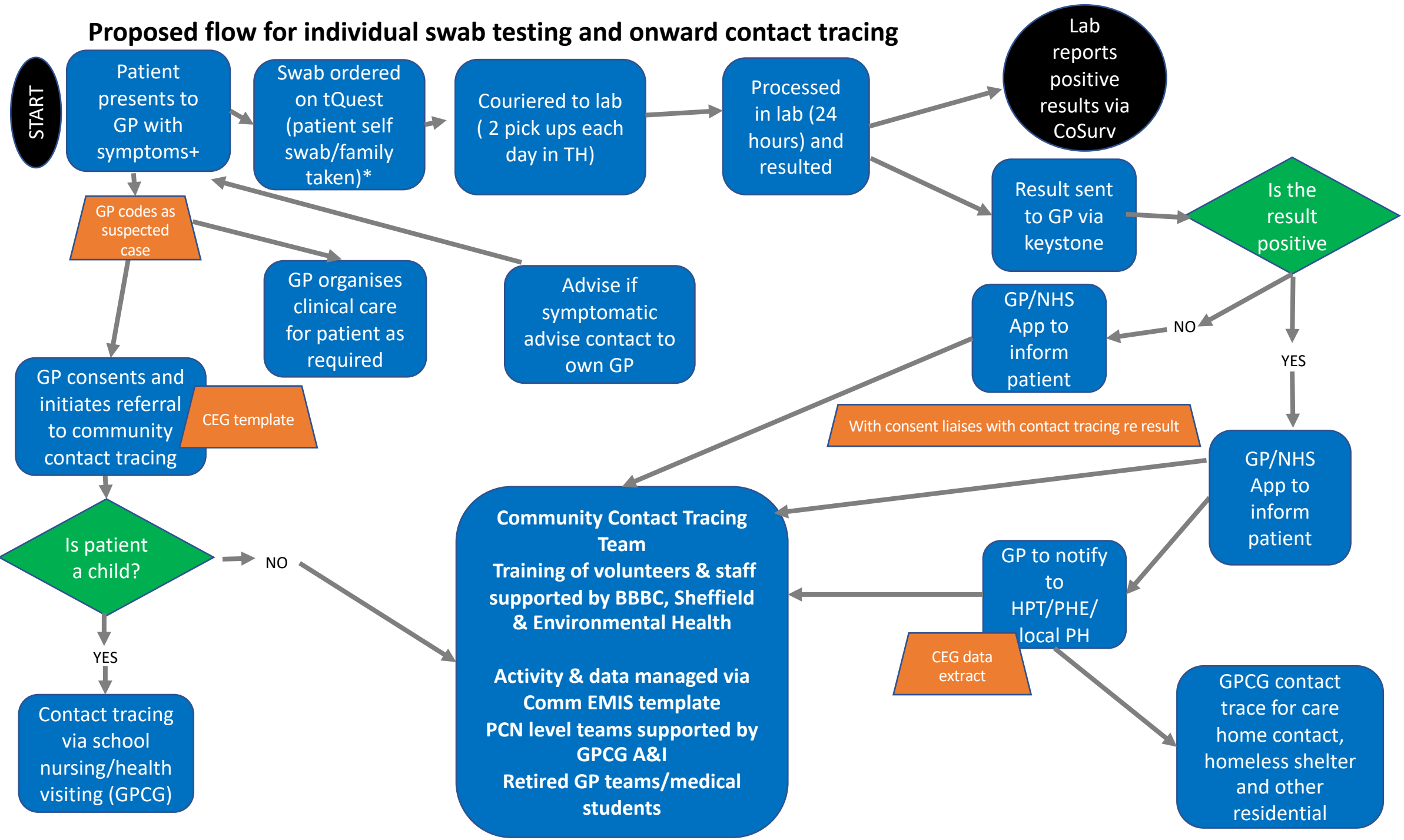
Swabbing

- Overseen by PCNs, supported by GPCG
- Symptomatic Patients at GP Practices, & in hub.
- Home delivery/collection of swabs via local comm. SMEs e.g. Bikeworks/Good Gym
- Residents & staff in specific settings
- Currently undertaking regular testing in CQC registered care homes on a rota basis
- Already supporting temporary homeless hostels (200+ residents)

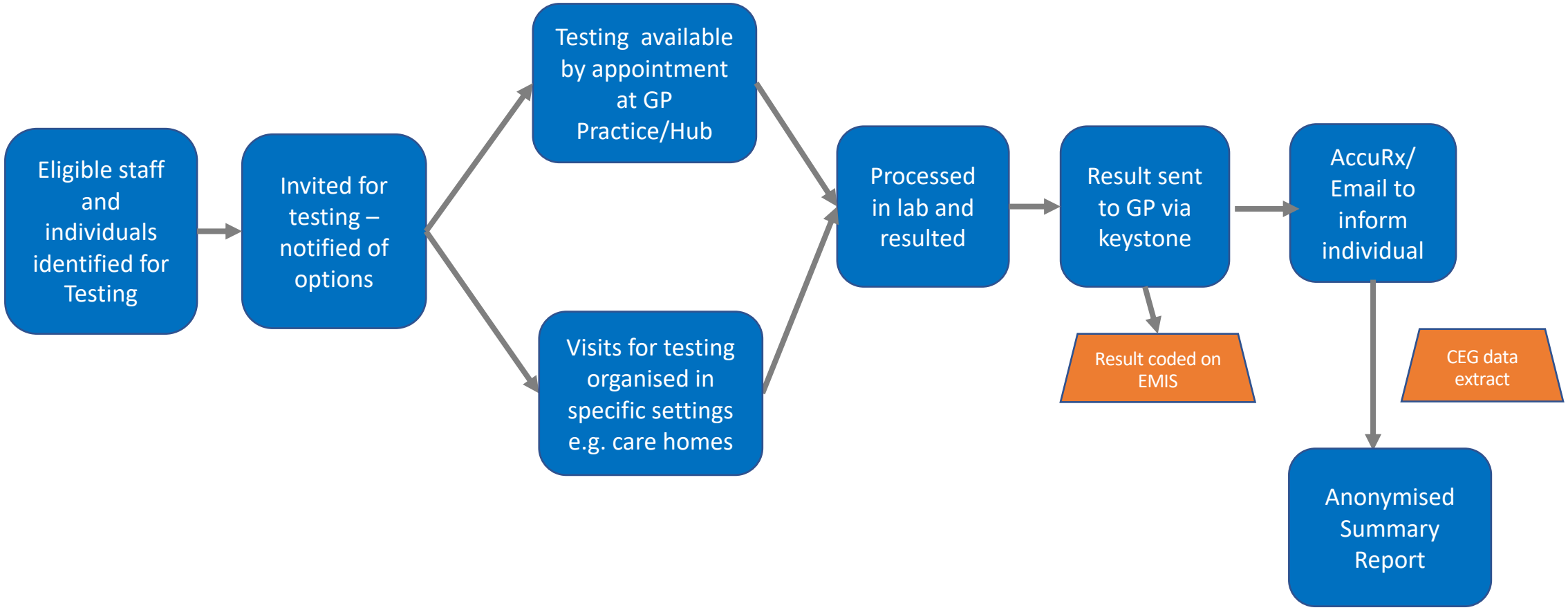
Antibody Testing

- Overseen by GPCG
- Targets Identified groups
- Available 7 days per week
- Delivered as appropriate via:
- Integrated Primary Care Hub 24/7
- Site visits
- GP Practices
- Appointment basis in place
- 24/7 local Single Point Access
- Trained, flexible resource in place

Proposed flow for individual swab testing and onward contact tracing



Proposed flow for Antibody Testing



Contact Tracing

- Clinically led
- Borough level managerial support by GPCG, pilot via BBB & Poplar HARCA
- Assurance process led by LBTH Public Health
- Delivered by team that comprises:-
  - Environmental Health,
  - GPCG Advocacy & Interpreting Team that already work with our diverse BME patients
  - Voluntary Sector - Poplar HARCA for initial pilot, faith groups and community activists
  - Retired clinicians
- Staff training package
- Links to care and support
- Data captured via EMIS templates
- Monitoring will include:
  - Case interviewing: Time to interview from symptom onset and from diagnosis; proportion interviewed; median number of contacts elicited; proportion with no contacts elicited.
  - Contact notification: Proportion of contacts notified; time from first potential exposure to notification.
  - Contact follow-up: Daily proportion of contacts whose status is evaluated; proportion of contacts with symptoms evaluated within 24 hours of onset of symptoms; proportion of contacts who complete their full self isolation period
  - Contact tracing efficacy: Percent of new COVID-19 cases arising among contacts during self isolation period.

Testing & Contact Tracing – Estimated Daily Activity Levels for Tower Hamlets

	Lockdown	Easing of Lockdown leading to potential 2nd Wave				
Population	317000	317000				
Proportion already infected	15%	15%		Estimated to be between 10-20%		
Population susceptible to virus	269450	269450				
No. suspected of infection – symptomatic per day	59	59		CEG data		
Daily level of confirmed cases	5	5		CEG data		
No. of asymptomatic infections (30% of confirmed cases)	1.5	1.5		Estimated		
No. of daily cases requiring contact tracing	60.5	60.5				
R Rate	1	4		(somewhere between 3-4.7)*		
No. of contacts to be traced	60.5	242				
Hours of support required @80 mins/index case	80.47	80.47		Based on Sheffield pilot		
Hours of support required @80 mins/contact	80.47	321.86		”		
Total Hours	160.93	402.33				
WTE required	22.99	57.48				
*Flaxman, S. et al. Preprint at Spiral https://doi.org/10.25561/77731(2020)						

Testing & Contact Tracing in Key Settings

	Key Setting	Proposed Link Leads
1.	Care Homes	Contracted GP Practice
1.	Hospitals	GPCG
1.	Sheltered Housing	GP Practice/PCN
1.	Supported Living	GP Practice/PCN
1.	Schools	School Nursing
1.	Children Centres	Health Visiting
1.	Day Centres	GP Practice/PCN
1.	Critical Essential Local Businesses	Environmental Health
1.	Public Face to Face Services	Public Health/Environmental Health
1.	Primary Care Settings	GP Practice/PCN/GPCG
1.	Voluntary and Community Centres	CVS, BBBC/Poplar HARCA

Specific response to confirmed or probable COVID-19 case in a complex setting

Definitions:
Confirmed COVID-19 = positive antigen PCR test result with or without documented exposure
Possible COVID-19 = case definition symptoms or definite exposure with confirmed case

Identification of positive COVID-19 test result or probable case in a setting

Details of case shared with public health and identified link lead

Case/situation escalated to workplace and/or employer

Case/situation closed

TIER 1 ACTIVITIES
- Undertakes interview of positive case using script
- Captures relevant data on EMIS template including information on setting
- Provide information support and guidance
- Gather information about close contacts (probable cases)

REASONS FOR ESCALATION TO SETTING OR EMPLOYER
- Confirmed case has visited/worked in more than one place whilst infectious
- Suggestion of other symptomatic colleagues
- Confirmed has close contact with colleagues/service users
- Identified close contacts who work in other high-risk settings
- Requires local partners and coordination to manage
- Entire contact management process cannot be concluded in a single call
- Safeguarding concern(s) raised during the call
- Unwillingness by confirmed case to follow guidance

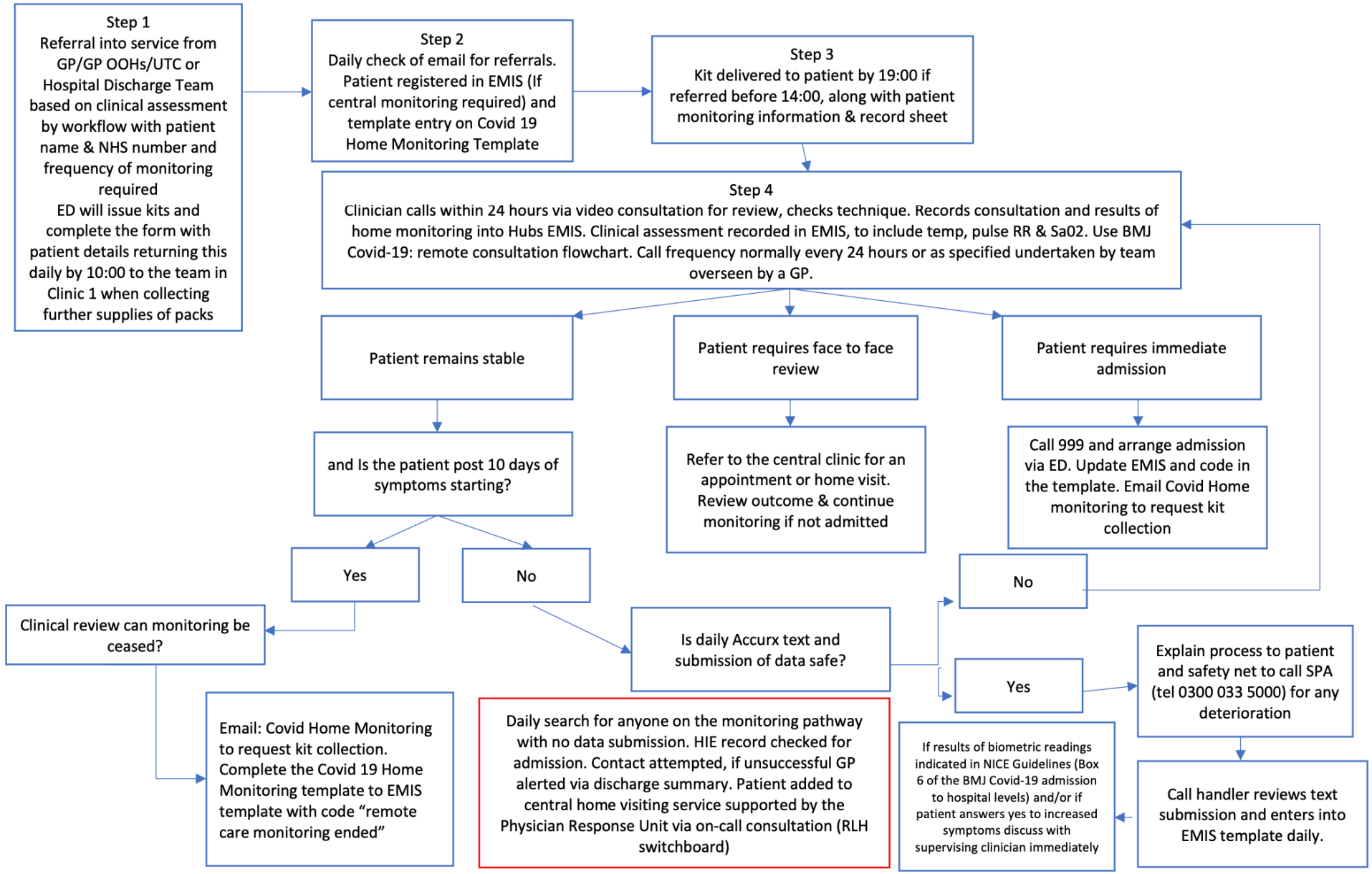
ADDITIONAL TEAM ACTIONS
- Arranges for list of close contacts of positive case to be shared for contact tracing of probable cases
- Arranges for contact management message to be sent to contacts
- Inform and coordinate necessary action with LA

LOCAL AUTHORITY
- Overview of consequence management

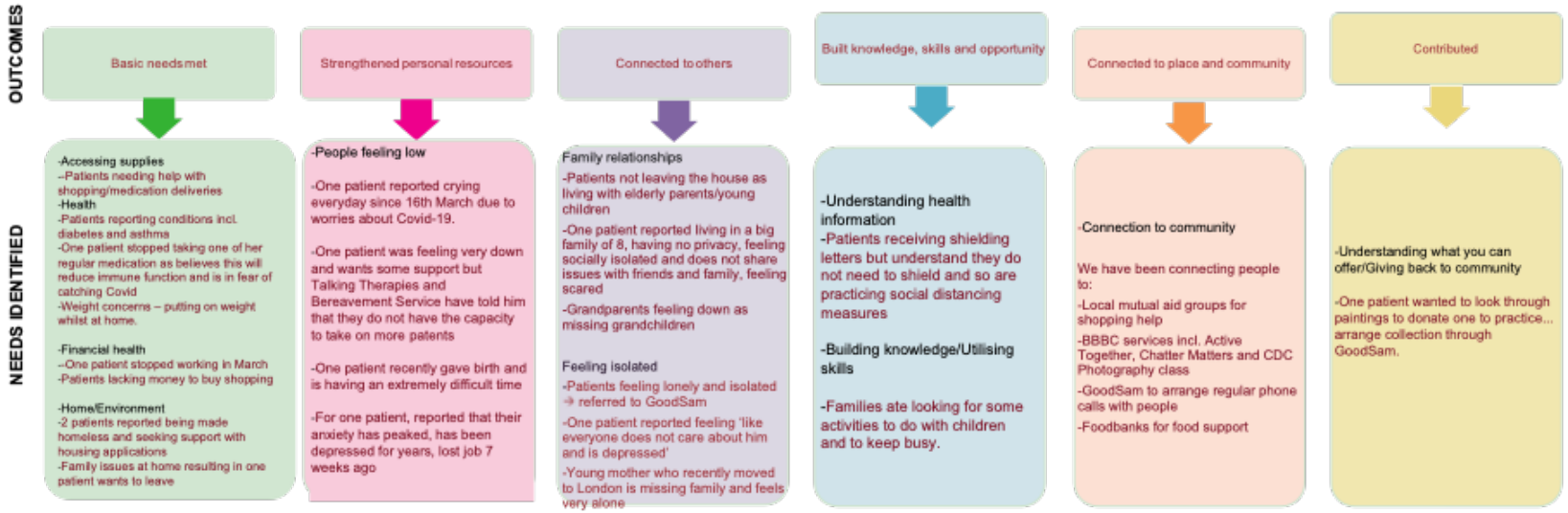
HPT
- Provide guidance as needed and support discussion with LA and other local partners
- Capture summary of situation and actions on HPZone

FIELD SERVICE
- Uploads the contacts list to CTAS (under the index case)
- Supports any additional data analysis/reporting

Home Monitoring - Supporting Symptomatic/Positive Cases



What are the needs?



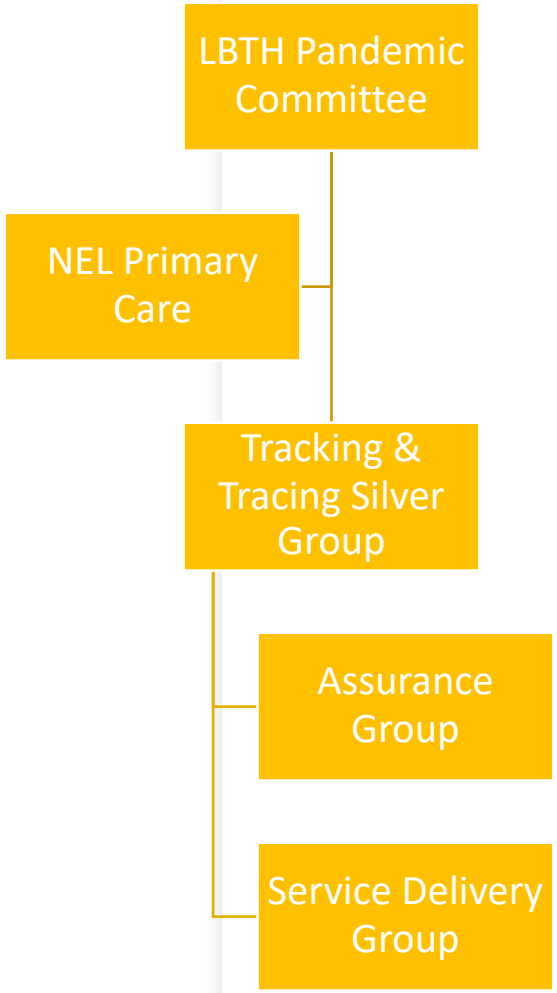
Quote of the week

"He said he feels that everyone does not care about him. He declined the number for Samaritans as he does not like talking to people he does not know, but he wanted. a weekly call from us to check in." ***Jade***

Care & Support

This is a summary of BBBC's general programme of support for the community in response to COVID-19, which would provide the basis for support offered to self-isolating index cases and their contacts

Governance Structure



Infrastructure Required for Implementation

	Tower Hamlets	Newham	Waltham Forest	Others
Governance Structure	✓			
Phlebotomy in practices	✓			
TQuest	✓			
Phlebotomy/Swab collection	✓			
Text messaging to patients	✓			
Borough level support	✓			
EMIS templates & coding	✓			
EMIS extracts	✓			
Contact tracing resource	✓			
Co-ordinated care & support	✓			
Additional resources to scale up	?			

Supporting the roll-out across NEL

Webinars to share learning and best practice

Training for staff

Site Visits

SOPs that can be adapted for local areas

Advantages of our Proposal

Cost effective & sustainable - built on existing infrastructure, reducing secondary care costs

Ready to go – we have the expertise, information systems to support surveillance and staff

Flexible – can be scaled up/down easily to cope with waves

Consistent coverage – 24/7 and linked through THT partnership

Acceptable and accessible - Not dependant on sign up to App

Timely - no delays in delivery of care or contact tracing