

To: EPPR leads for onward action by:
Regional Directors of Primary Care & Public Health
Cc: Regional Directors of Commissioning

Date: 8 March 2020

Dear Colleagues,

URGENT: COVID Management Service (CMS) for confirmed COVID-19 patients in the community

Introduction

We need to commission primary care services rapidly to manage all patients who have tested positive for COVID-19 but who do not require immediate admission (see Annex A for categorisation of patients based on current PHE advice).

This needs to be in place from **Tuesday 10th March** in every part of England. The service needs to be commissioned in the context of the current incident management arrangements with clinical advice and guidance continuing to evolve as more becomes known about the virus. This new service will therefore be in place until a more substantial revised primary care operating model is required.

Commissioning route

Extension of OOH (or OOH/IUC) provider contracts in every area, via Regions and CCGs (see Annex B).

CCGs and Regions have authority to put in place alternative solutions (e.g. one OOH provider covering wider patch) if required in order to assure 100% coverage, as long as the model is consistent.

If gaps in provision remain, we potentially have the opportunity to bring in a provider of digital first primary care to support the response. Discussions are ongoing and Regions should discuss needs with the central team.

- Regions to transmit instructions to CCGs on 8/3/20
- Contract extensions/direct awards arranged during 8/3/20 and 9/3/20
- Service go live from 10/3/20 across England

Sitreps from each region to central team (SPOC) close 9/3/20 at 4pm (confirming full coverage in place or outstanding issues).

Contracts will be covered by CNSGP as extensions of current OOH arrangements.



All contracts will be direct award or variation of existing contract in place initially for 1 month but with the option to extend up to 6 months and immediate early termination option (See Annex B). A range of digital solutions are being rapidly developed to facilitate the service offered to patients, providers are expected to develop and adapt their systems and processes to facilitate the introduction of future digital solutions.

Fixed costs around infrastructure and mobilisation of capacity met in the first instance by a payment of up to £20,000 per provider (varied down where not required) or a proportionate sum when a single provider steps up to cover the area usually covered by multiple providers. There would be the opportunity to make further evidenced claims of specific one-off setup costs where deemed essential by the CCG. Payments above £20,000 will require regional sign-off. An indicative tariff of £100 per patient for the service applies, to be reviewed in light of arrangements for home visits.

Service to be delivered

- This is a 24/7 service to be delivered by the OOH provider. The service will be delivered through telephone/online channels with advice on any need for home visits to follow.
- OOH providers will receive details of patients who have positive COVID-19 test results (details to be confirmed). Patients will already have received their test outcome and have been assessed before referral based on current PHE criteria (Annex A) to confirm that they are suitable for home management (Categories 2 and 3). Each patient's GP will have been contacted to inform them that the CMS service will be caring for them.
- The CMS will contact every patient referred to them within 2 hrs to:
 - a. Confirm contact details and take appropriate history if required.
 - b. Provide contact details for the CMS service both online (if suitable) and telephone.
 - c. Explain the principles of self-isolation and have the CMS service explained to them, in particular the need to report any symptoms indicative of deterioration in their condition for further assessment.
 - d. Brief patients to contact CMS if they have other immediate health needs that may not be directly related to COVID 19
- Patients managed at home will be delivered a service by the CMS according to risk and need with clear recording and scheduling of the support offered.
 - a. Those in the Category 3 group will simply be given advice to contact the CMS if they experience signs of deterioration in their condition they believe is related to COVID-19 infection or have other immediate health needs. Patients will be reminded of the need to use 999 directly (though alerting the ambulance service to their positive COVID 19 test) if experiencing potentially life-threatening symptoms, Further advice

about home visits will follow in due course with appropriate review of remuneration arrangements as required.

- b. Those in Category 2 be monitored via daily contact by phone in the first instance, switching wherever possible to text or other digital technology as the CMS service evolves. The same advice on 999 use and other immediate health needs applies.
- The CMS will discharge the patient back to registered primary care under agreed terms which will be confirmed next week but likely to be based on either consistent negative test results or defined time periods.
 - The service may be expanded in due course to take on patients discharged from secondary care settings in a convalescent phase and this should be provided for.
 - As more becomes known about Covid-19 protocols, guidance and criteria will change and all providers must be able to change their systems to implement these changes at short notice (12-hour maximum limit). Where possible any changes will be notified in advance so implementation can be made simultaneously with the public announcement of such changes.

Other essential terms

This CMS must include:

- A single telephone number 24-hour point of contact for patients to escalate their care needs and digital/ online options wherever possible to minimise burden
- All telephone and remote support to provided by a Healthcare Professional (likely nurse and GP team)
- All clinical information should be recorded and transferred to the patients GP practice (this to be done electronically in line with normal practice)
- The service will provide regular situation reports and updates as requested, these will include as a minimum: confirmed numbers of patients under the service; numbers of patients who deteriorate; numbers of patients admitted and discharged from the service.

Thank you for your ongoing hard work.

Kind regards,

A handwritten signature in black ink, appearing to read 'K Willett', with a long horizontal flourish extending to the right.

Professor Keith Willett

NHS Strategic Incident Director (Coronavirus)

NHS England and NHS Improvement

Annex A: Current PHE national infection service criteria for admission and clinical pathways (further advice and guidance to follow)

Category 1: Require immediate admission

Requires immediate admissions for medical care which cannot be provided in the community OR

Home isolation has been risk assessed and is either not feasible, not safe, or risk of non-compliance is high

Clinical pathway: Immediate transfer to appropriate centre. Remain admitted until HCID network/PHE discharge criteria are met.

Category 2: Home isolation with active health monitoring

Higher risk group for severe COVID-19 AND

currently mild illness that can be managed in the community AND

home isolation is assessed as feasible, safe, and low-risk of non-compliance

Clinical pathway: Active daily health monitoring (daily calls and symptom monitoring) and point of contact if deteriorate. Remain in isolation until 5 days after resolution of symptoms, unless healthcare worker or work with high risk groups (see below), in which case require one negative sample 5 days after resolution of symptoms, before return to work.

Category 3: Home isolation with health advice

Not in a higher risk group for complications AND

Mild illness that can be managed safely in the community AND

Home isolation is assessed as feasible

Clinical pathway: Self isolate at home, give health advice on how to identify deterioration, call CMS if more unwell

Current high risk groups:

Adults over 60 years

Persons of any age with:

Cardiovascular disease including hypertension

Chronic respiratory disease including asthma

Diabetes mellitus (any type)

Severe immunosuppression as per Green Book definition

Requirements for feasible home isolation are as per PHE's online guidance

Annex B: Procurement

Regulation 32 of the Public Contracts Regulations 2015 allows a contracting authority to award a contract through the negotiated procedure without advert where, insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by the contracting authority, the time limits to comply with the relevant procedures in the PCR cannot be complied with.

NHSE/I believe that the extreme urgency criterion is met in this scenario and does not believe that a procurement process is required to vary existing OOH contracts. CCGs are however responsible for satisfying that procurement rules can be set aside, both for the initial set up service and beyond for its duration based on their local circumstances.