

# Cheshire's COVID-19 Response

# Lessons Learned

## July 2020

*“Everyone played their part in providing the best possible care for the people of Cheshire”*

# Introduction



**There have been many difficulties, frustrations and challenges thrown at us by the Coronavirus (COVID-19) pandemic, but many great things have also happened in Cheshire and opportunities to work differently have presented. We carried out a survey to bring people's reflections together; to support both our strategic commissioning approach and the recovery plans of our partners and providers.**

The way the system has pulled together is testament to our partnership and the maturity of our relationships. Together we continue to deliver a remarkable response to the biggest challenge we've ever faced.

We asked people to take time to reflect on their experiences of our collective response to the Coronavirus pandemic through a single, short survey which was aimed at senior leaders, managers and our GPs on the frontline.

This simple listening exercise, when combined with similar work carried out locally by others and the Health and Care Partnership, will help the Cheshire system to build on what's worked well and aid our recovery from the risks, issues and pressures that the pandemic has thrown up for all of us.

What follows is a summary review of the comments that the CCG has collected through our survey of partners and stakeholders. The insights and experiences that were shared are really valuable, and I hope that in reading about the responses to the survey you will be as encouraged and inspired as I was.

Best wishes,

A handwritten signature in black ink, appearing to read 'C. Watson', followed by a small flourish.

**Clare Watson**  
**Accountable Officer, NHS Cheshire Clinical Commissioning Group**

# Background

We wanted to offer our co-ordination to help bring the learning together to help ensure that we don't end up going back to old, less effective habits.

## What we asked

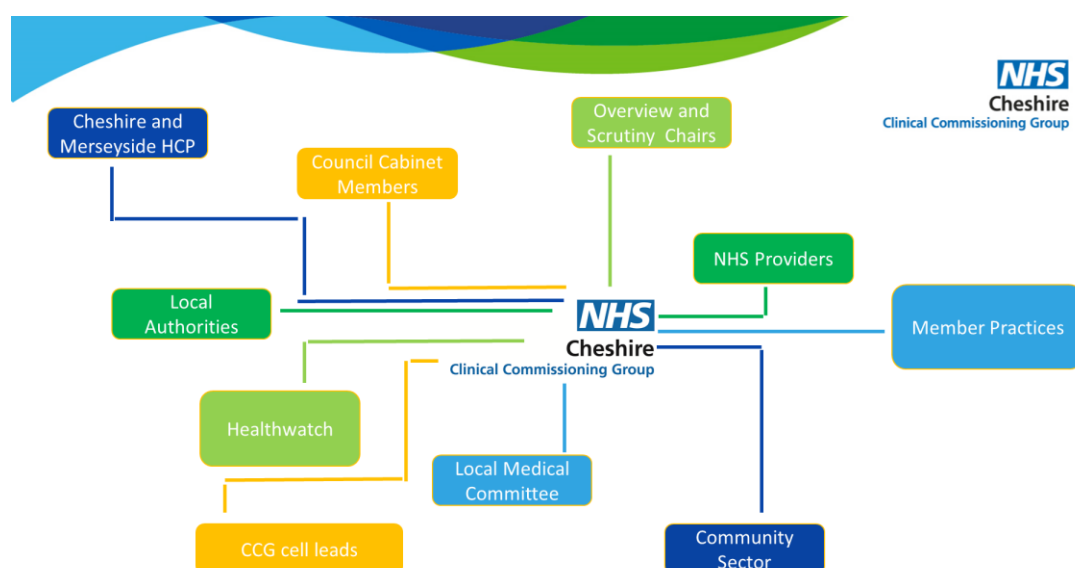
We asked people just a few simple, open questions;

1. What was good about the system's response?
2. What would we do differently?
3. What helped our response?
4. What hindered our response?
5. What changes have happened?
6. What has been the impact?
7. What should we keep?
8. What should stop?

## Who we asked

We sent our survey to senior leaders and managers within the organisations set out below and GPs from all of our practices.

The feedback in this report therefore, relates to the learning from system partners and does not provide insight into the views of our residents in response to COVID-19. Understanding people's lived experiences first-hand and how behaviours and attitudes have changed will be vital moving forwards.



# The big picture

## Our system

*“We became a high-performing system because we worked together – the NHS and our local authorities”*

- A high-performing system with mature relationships
- Pulled together to deliver an inter-agency response
- Command and control applied well
- Strong and visible leadership
- Fast and co-ordinated response

*“Inter-agency response put the population and staff ahead of organisational politics and boundaries”*

## Our staff

*“Everyone played their part in providing the best possible care for the people of Cheshire”*

- Everyone pulled together and worked for one goal
- Commitment of staff to get on with the job
- Staff were swift to react, change and adapt to new ways of working
- Staff worked autonomously, were valued and empowered to make decisions
- Reduced administrative burden to get on with the necessary work

*“Non-silo working, shared objectives and responsibility, reduced duplication, increased relationship management, focus on delivery and less on talking about delivery”*

## New ways of working

*“Flexibility and brave use of IT supported continuity of services”*

- Shift in IT infrastructure to accommodate remote working
- Video and phone triage / appointments, photos to diagnose
- Accelerated ‘Home First’ approach and discharge to assess model
- Advances in zonal working, streaming and infection prevention control
- Significant efficiencies in time and money

*“We should maintain and increase the pace of change to integrated population based care”*

# Primary Care

The response of our GP member practices - at the front line of the pandemic - was and continues to be outstanding, characterised by flexibility and rapid change.

## Amongst the changes in General Practice have been;

- 'Total triage' models and reconfigured estates
- "Hot" and "cold" sites - zonal working to deliver care at a population and community level
- Primary Care Networks (PCNs) have played a central role in delivering collaborative working
- PCN Clinical Directors have provided effective and proactive local leadership; embedded in their communities, yet thinking and working at a wider system level
- Risk assessed workforce teams to provide a safe working environment
- Proactive support to Care Home residents and people assessed as vulnerable through the "Shielding Process"

*"This sense of collaborative working extends beyond the practices, to system working with community and secondary care partners. Our practices are partners in the two Cheshire Integrated Care Partnerships and will influence and support future models of care"*

## How we worked together;

*"The commitment of staff and the goodwill of patients allowed us to get on with the necessary work"*

- Practices supported to make rapid changes under significant pressure
- Collaborative working, mutual aid arrangements and sharing of best practice
- Regular PCN and practice meetings
- Collaboration in creating 'Hot hubs' to support patients with COVID-19 symptoms
- Strong links and regular engagement with the Local Medical Committee
- Good, regular communications between CCG and practices - webcasts, bulletins, What's App groups and conference calls

*"With the ever changing guidance the CCG tried its best to keep us informed and supported"*

# Primary Care continued...

## Challenges and constraints;

- The primary care workforce has been stretched during the pandemic
- Ongoing challenge of staff absence (20% at any one time) and retention
- Need to support health and wellbeing of all staff and shield at risk
- Limitations of primary care estate - need for investment
- Suitability of buildings both for new ways of working and 'normality'
- Many community services provided through GP practices which adds to the pressure on access to services
- Number of patients who can be seen in a face-to-face clinic is reduced by social distancing, infection control and PPE requirements.

*“Quick and constant change without time to reflect and adapt, cannot be maintained”*

WHAT PRACTICE ARE WE SEEING IN COMMUNITIES, INSTITUTIONS, POLICIES?

## Understanding crisis-response measures

Collective Sense-making



## Key messages;

- Value clinical leadership and strengthen clinical networks
- Continue to support PCN working and links with Care Communities
- Keep up the communication and continue to embrace IT
- Keep patients at home and deal with them safely
- Quicker transformation, less organisational bureaucracy and greater connectivity
- Lock in the benefits

*“New relationships forged across health and care, primary, secondary and community care which can be built upon further”*

# Wider system

More effective system management between hospital and social care has resulted in more available bed capacity and better patient experience in the right setting.

## **Amongst the changes in the Cheshire system have been;**

- Establishment of 24/7 mental health crisis line
- Reduced footfall in A&E and new outpatient appointment formats
- Workforce helpline to address staff queries
- Improvements in self-care
- Rapid expansion of services to support the vulnerable e.g. food banks
- A revised hospital discharge service and 'home first' approach
- Formation of REACT Service (Rapid Enhanced Acute Community Team)
- Additional resources including support for care home staff
- Improved nurse bank utilisation
- Mobilisation of volunteers
- Improved relationships between providers

*“COVID accelerated transformation and innovation. The 24/7 mental health crisis line was brought forward 12 months and taken online in just four days”*

## **How we worked together**

- System-wide efforts to improve patient flow
- Collaborative working and mutual aid arrangements
- Equal partnership with the Community Sector
- Regular communication and sharing of best practice
- Clear escalation routes for concerns via daily 'Sit Rep' – share and resolve
- Reduced administrative burden via suspension of routine performance monitoring
- Rapid implementation of technological solutions
- Schools open for children of key workers
- Staff redeployment – Cheshire Fire and Rescue
- CCG role as system-lead and convener

*“There’s been open and transparent dialogue across the entire system - working to put the population before institution”*

# Wider system continued...

## Challenges and constraints

- Previous funding cuts affected the system's preparation for this pandemic
- Early lack of testing capacity
- Delays in obtaining testing capacity for asymptomatic staff
- Lack of Personal Protective Equipment (PPE)
- Tensions in the supply of PPE across care sector, primary care and hospitals
- Lack of confidence in relation to guidance about the use of PPE and stepping outside this guidance
- We needed a better understanding of roles within health and social care

*“The care sector was on the edge of crisis before the pandemic and problems will be exacerbated going forward with some care homes becoming financially unviable”*

## Key messages;

- The pandemic has moved our system into the 21<sup>st</sup> Century
- Clear and concise leadership and clinical support very key
- Mature system relationships at both strategic and operational levels
- Need for earlier integrated wrap around support for care homes
- Need joint research to mitigate the disproportionately adverse impact of the pandemic on Black, Asian and Minority Ethnic Groups and other marginalised and vulnerable communities
- Post-COVID evaluation of impact on patients, staff and partners to inform decision making
- Joint messages to the public and staff from leaders – speak with one voice

*“Flexibility and determination of the staff, partner organisations and stakeholders to pull together and provide the best care for the patients of Cheshire”*



# Top 10 lessons learned

Putting the themes together from your feedback adds up to an exciting new system, but challenges remain that need to be addressed.

1. Strong collaborative working has moved the system forward
2. Decision making and problem solving has been sped up
3. Significant and swift changes to the way in which services are provided in primary care, the community and our hospitals
4. Transformation and innovation have been accelerated
5. Significant reduction in demand for urgent care and hospital referrals has led to unmet need
6. Strong relationships forged – including with the Community Sector
7. We need better partnership with residents to understand people's lived experiences and how behaviours and attitudes have changed
8. Health inequalities have widened in Cheshire as a result of the disproportionate impact on of the pandemic on marginalised communities and vulnerable groups
9. The pandemic has had a significant effect on the health and wellbeing of all of our staff
10. There are challenges to overcome with our estate to enable more healthcare in community settings



# Looking ahead

Although services have been stepped up and stepped down, often quickly, the approach has been seamless due to the close partnership working. This needs to continue.

## Need for action:

- Carry out capacity and demand modelling to enable forward planning
- Address the threat posed by a second wave of infections and capacity to meet the unmet need of elective care
- Ensure supply of appropriate PPE across the whole health and social care system
- Develop plans to deliver more healthcare in community settings
- Continue to improve the ability to move medically fit people back into appropriate accommodation in the community to maximise bed capacity in the hospitals
- Ensure an effective testing and tracing capacity and system in place under local control
- Adopt a Cheshire system approach - where it adds value
- Engage residents in the development of shared governance arrangements in the aftermath of the command-and-control response to the pandemic

*“The greatest challenge facing the system is fighting lifestyle disease through public health services”*

# Contact details

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