

Feedback from NCF members' conference call on COVID-19

24 March 2020

Liz Jones (NCF policy director) + 93 members & temporary members joined

Session aims – Support members to understand the latest guidance and info, capture frontline intelligence to support regular ongoing NCF / Care Provider Alliance discussions re COVID-19 response and feed messages back into national steering group/ DHSC.

Key issues from the frontline

Active COVID 19 Cases – starting to ramp up across care settings

At least 11 members reported one or more confirmed cases of COVID 19 amongst the people they care for. This is across a range of services – care homes/ nursing homes for older people, extra care and LD services and across the country. Testing has only taken place once the person was admitted to hospital. Several of those people have died. More members reported suspected cases within the people they care for and across their staff.

Testing - still a massive problem which will really undermine social care's ability to support the COVID 19 response

PHE will still not test in care settings – they will not test the people we care for nor will they test staff. This is deeply destructive. The response is pretty comprehensively unhelpful across the land. It's having a real impact on both staff and the ongoing provision of care. There are also huge concerns that hospitals are discharging people back into care homes now without any testing.

PPE and other health supplies – still a massive problem for some providers

Some providers have received their shipments of PPE facemasks. Many have not. The helpline is very unhelpful when supplies have not arrived – the advice is to wait, contact your own supplier (often people do not have a face mask supplier) or to contact the CQC. One provider has been asked to fill in a 20 question questionnaire before PPE can be issued.

There is a lot of concern that the shipments have only contained facemasks and only IIR surgical facemasks, not the full FFP3 masks. Providers are struggling to get hold of other PPE supplies such as goggles and eye protection, aprons and gloves, as well as hand sanitiser and things like thermometers. They are being told that supplies are being prioritised for the NHS.

Providers who operate supported living services and supported accommodation/ floating support services are not able to get the PPE set to registered care settings. The PPE practicalities are impacting significantly on the workforce's ability to care for those with COVID symptoms and unnecessarily increasing anxiety levels.

Post meeting note: We have updated our website with a separate section on the latest PPE info and guidance. Just to be clear, the PPE facemasks being supplied are only the IIR surgical face masks. They are not the FFP3 masks. The guidance sets out what sort of masks should be used in which circumstances – see here: <https://www.nationalcareforum.org.uk/ncf-voice/covid-19-coronavirus/>

Workforce issues – despite the amazing job many are doing, pressure is building

Staff are generally doing an amazing job, caring for the people they support and for their colleagues. However, the lack of PPE is increasing anxiety levels and making harder for employers to help their staff stay safe and well.

Pressure is building on workforce numbers available to work now and in the foreseeable future. The shielding advice has resulted in a number of staff going into isolation for 12 weeks, while some providers are finding that their staff are not being recognised as key workers by their children's schools.

There is real frustration that advice is coming out of the government is lacking clear detail and making it harder to actually interpret on the ground and increasing the anxiety levels of care staff. Providers are finding ways to help manage this anxiety, for example, one provider has set up a route to gather daily intelligence from staff through calls and then doing a daily comms update to address them.

Hospital Discharge Guidance – lots of concerns here

The new hospital discharge guidance is a key document for all our members to read – see here: <https://www.nationalcareforum.org.uk/ncf-voice/covid-19-coronavirus/> - issued 19th March

When combined with the COVID 19 emergency bill and the NICE guidance, we are looking at very significant changes to the processes and arrangements for discharge that place huge expectations on the care sector, across both home care and nursing/ residential care.

Concerns raised by providers included being asked to care for new people with no idea about their COVID 19 status; having no clarity about the people's needs and therefore not being sure if they can be cared for safely; having no reassurances about support to move people to more suitable settings if need be and a lack of financial support to get the additional resources and staffing that are likely to be needed.

Members are also very concerned about the importance of defending the most vulnerable in our society amidst this whole crisis.

Shielding Advice issues – impact on staffing levels

The new shielding advice has reduced staffing availability quite significantly, very quickly across a lot of our providers

Providers are unclear about how the pay of those who have gone into self-isolation for 12 weeks can be protected and what help is available from the government?

Ask: clarity and support for the care sector to enable them to continue to support those who have to shield for 12 weeks.

Identification of care workers – being challenged to prove why they are out

A common theme across the call was the difficulty staff were experiencing in proving that they are keyworkers and need to be treated as such by schools, by supermarkets, when travelling etc.

Some members have signed up to the Blue Light Card <https://www.bluelightcard.co.uk/> in an attempt to find a solution.

Ask: please can the government reinforce the importance of care workers (all those involved in the care system, not just the direct front line) being treated as key workers in terms of access to schooling for their children/ by supermarkets/ when travelling?

The Care Badge is a single, unifying symbol of care and could be used to provide a single easily identifiable brand/ symbol for those in care.

Some members are registering with the Blue Light Card <https://www.bluelightcard.co.uk/> as a solution.

Community health/ District Nurse support – vanishing on the ground

A number of members mentioned the removal of district nursing services from their services. Some have been specifically advised by their district nursing teams that they are no longer to attend and support care homes. Others have just noticed a very reduced presence and service. Carers are being asked to take on many of the duties that the district nurses were performing.

Ask: This must be challenged as it is totally unacceptable. Care setting need the support of district nurse and community health colleagues even more now than ever.