

Dear Care and Support Provider

Care and Support Provider Update: 26th May 2020

- **Mersey Care Summary Model**

Please see below in the appendices a plan on the page summary of the Mersey Care Model for Care Home Support.

- **ICP Training Statement:**

Last week it was announced centrally that there was a requirement for all care homes to have received an offer of Infection, Prevention & Control (IPC) Training by Friday 29th May 2020. A number of care homes were contacted by social workers over the bank holiday weekend in Sefton with an offer to care homes for IPC training for Sunday 24th and Monday 25th. The training offer included putting on and taking off PPE (donning and doffing) and handwashing etc.

Some care homes have now been trained and a number of others are in the process of having their training scheduled for today and tomorrow. All training is being undertaken virtually via Skype so it might be a good idea to test the home's Skype link before the session.

The CCG has now commenced contact with the remaining homes to offer sessions for this Wednesday, Thursday and Friday. There will be a morning, afternoon and evening session on each of those days via Skype and training will be undertaken on a 'train the trainer' basis. Larger care homes may obviously need more than one trainer so more will be allocated. We have also included some additional links in this bulletin for donning and doffing, handwashing and swab taking. Please note the links DO NOT REPLACE THE NEED TO PARTICIPATE IN THE TRAINING SESSIONS. The IPC training sessions will also be discussed on today's 4pm Care Homes Call. IPC training will continue after this week as part of the wider offer to care homes going forward.

The links are;

PPE donning and doffing- Youtube video -

<https://www.youtube.com/watch?v=ozY50PPmsvE&feature=youtu.be>

Hand washing video and resources -

<https://www.nhs.uk/video/pages/how-to-wash-hands.aspx>

Taking Swabs Youtube video

- <https://www.youtube.com/watch?v=1l0jcv37WzI>

Taking Swabs Guidance

- <https://assets.publishing.service.gov.uk/government/uploads/system/>

[uploads/attachment_data/file/881000/Combined_throat_nose_swab_instruction_sheet_courier_version.pdf](#)

- **PPE Update:** Please see below in the appendices a notification to raise awareness that this is a company that has been identified nationally as a fraudulent supplier and providers are asked to be extra vigilant when ordering PPE stocks, reporting any unusual or suspect supplier emails or information received. Please also see attached the recirculation of advice for Care delivery to individuals whose care requires an Aerosol Generating Procedure. We would like to highlight that this advice is applicable regardless of whether or not the individual has a confirmed COVID status. Please do get in touch if you would like further support and guidance around this.

If you would like any of the appendices sending to you, please email Jayne.vincent@sefton.gov.uk

Care Home Plan on a Page Covid-19 and Beyond – North Mersey Model

Vision	Projects	Phasing	Features of Model	Enablers
<p>All residents and staff in CQC registered Care homes in North Mersey will have timely access to clinical advice, with provision of proactive support. This will include personalised care and support planning as appropriate for residents.</p> <p>Sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit will take place.</p> <p>Care home residents with suspected or confirmed COVID-19 are supported through remote monitoring, with face-to-face assessment where clinically appropriate by a multidisciplinary team (MDT) (including those for whom monitoring is needed following discharge from either an acute or step-down bed).</p> <p>To implement a standardised Care Home Advanced Model of Provision across North Mersey.</p>	Establishment of weekly check ins for all CQC registered Care homes	By 15th May 2020 <ul style="list-style-type: none"> Model established/agreed PCNs and clinical lead aligned to Care Homes Baseline work for ACPs commenced Implementation team established 	Weekly Check ins	Alignment of PCNs and community to Care Homes
	PCN alignment to Care Homes and Clinical Leads Agreed	End of May 2020 <ul style="list-style-type: none"> Primary Care/ Care Home agreement alignment Strategic oversight group established Establishment in OP Care homes of check-ins /MDTs Commence Structured Medication review plan Medicines supply support to care homes esp. EOL ACP baseline across city Review commissioning and resource required to roll out to all Care Homes 	Regular MDTs for residents identified as clinical priority	OOH provision for Care Homes
	Personalised Care Plans in place for COVID/ Non-COVID Residents		Delivered remotely where possible	Digital platforms
	Structured medication review for all residents	May – October 2020 <ul style="list-style-type: none"> Commissioning service provision to Specialist and LD homes in line with OP Care Homes Implementation of model in these care homes 	Personalised care and escalation plans (ACPs/ CGA, DNACPR)	Referrals to secondary care
			For COVID and Non Covid Residents	Outcomes <ul style="list-style-type: none"> ↑ proportion of residents with personalised care plans ↑ deaths in preferred place of care ↑ proportion of people who are still at home 91 days after discharge ↑ Proportion of residents who receive structured medication review post-discharge and on CH admission ↓ number of delayed transfers of care from hospital per 100,000 population (average per month) ↓ emergency readmissions within 30 days of discharge from hospital ↓ emergency admissions for vertebral hip fractures ↑ patient/service users' experiences of integrated care ↓ number of injuries due to falls in people aged 65-79/80+ years
			Consistent clinical oversight from GP/ Community Geriatrician	
			Supports remote monitoring	
			MMT support – Supply and reviews	
			Integrated Workforce	

Intelligence Alert

GPMS:

OFFICIAL



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PPE Supplier Fraud

A member organisation has shared a potential fraud targeting local authorities and seeking to enter a procurement agreement for much needed PPE supplies. As availability of appropriate PPE remains uncertain, the suspected fraudster impresses urgency by limiting the period of the deal, offers incentives of delivery within 10 days and a potential price review in order to remain competitive. An introductory e-mail including a brochure, price list and displaying several recognised endorsements is also provided to secure orders.

Trans: 10/1/2009 code@ethyadivale.it
 10/1/2009 10:10:00 AM
 10/1/2009 10:10:00 AM [REDACTED] 17:01:00
 10/1/2009 10:10:00 AM [REDACTED] 17:01:00

Systemic effects

Land cover

^aSum of all three main effects and interaction of FDCs and the FDC volume (i.e., 30° and 30°).

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As we are results driven and in line with global price changes, we shall be issuing updates on Thursdays and Fridays.

AND THE UNIVERSITY OF CHICAGO. I HAVE BEEN RESEARCHER-IN-RESIDENCE AT THE UNIVERSITY OF CHICAGO FOR THE PAST SEVERAL YEARS. I AM CURRENTLY WORKING ON A BOOK ABOUT THE HISTORY OF THE UNIVERSITY OF CHICAGO.

As a general rule, you should not hesitate to post.

thanks and 8 weeks

Job: 44422001
 Expires: 25 September 2011

W 11109 100242400
2 400242400 uk
10 100242400

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Associations

- Brochure



- [Price list](#)



The member organisation noted the poor quality of the brochure; e-mail addresses ending only in .uk or gmail.com; company address in India and were dubious of the quick turnaround. In addition, further investigation with Public Health England confirmed their suspicions regarding the endorsements, as the response stated:

"PHE doesn't endorse PPE suppliers so I would be very wary of any supplier claiming this." Incident Lead, Public Health England NW

Fraudsters are illegally obtaining public funds by taking advantage of existing and emerging needs, as we respond to the COVID-19 crisis. Please ensure procurement teams remain vigilant and carry out all necessary checks to confirm the legitimacy of new suppliers.

NAFIN Alerts are written solely to provide members and selected third parties with information on current issues. NAFIN makes no representation that the contents of any alerts are accurate, or that legal or other guidance contained in the alert is correct. Businesses named in the alerts should not be blacklisted as a result. Members should seek their own legal, or other advice, as appropriate in relation to any matters contained in an alert and NAFIN accepts no responsibility in the event that any person incurs claims, or liabilities, or sustains loss, or damage as a result of their having relied on anything contained in an intelligence alert.

Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid- repellent coverall/ gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assess sessional use ^{4,5}	✗	✓ risk assess sessional use ^{4,5}
Any setting	Performing an aerosol generating procedure ⁶ on an individual that is not currently a possible or confirmed case ^{2,7}	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	✗	✗	✗	✓ single use ³	✗	✗	✗

Table 4

1. This may be single or reusable face/eye protection/full face visor or goggles.

2. A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wt-nCoV-infection>

3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).

4. Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/session.**

5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

6. The list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe. (Note APGs are undergoing a further review at present)

7. Ambulance staff conveying patients are not required to change or upgrade PPE for the purposes of patient handover.

