



Norfolk and Waveney
Clinical Commissioning Group

COVID-19 briefing

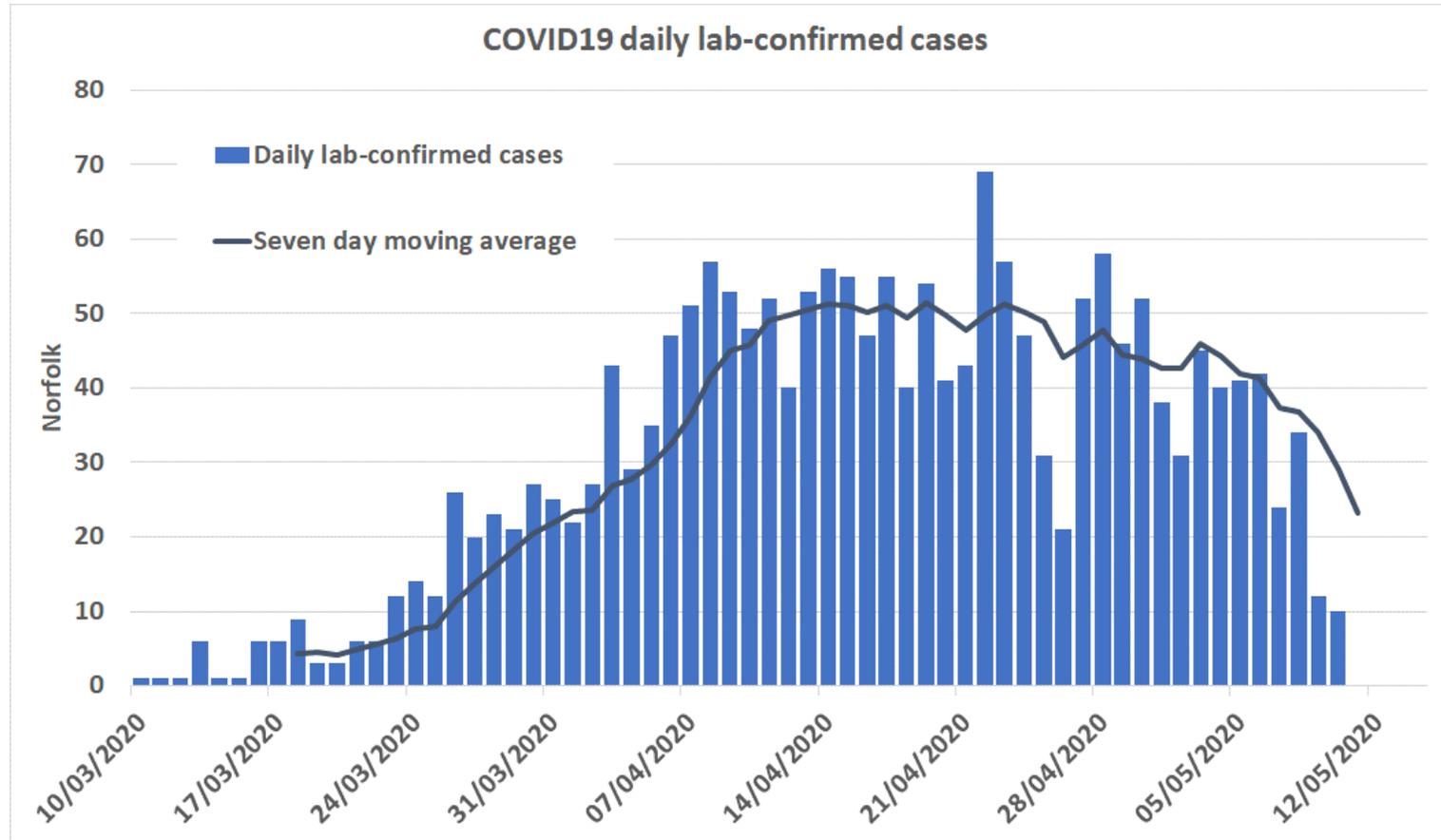
NHS Norfolk and Waveney CCG Governing Body meeting
19 May 2020



Daily lab confirmed cases – Norfolk



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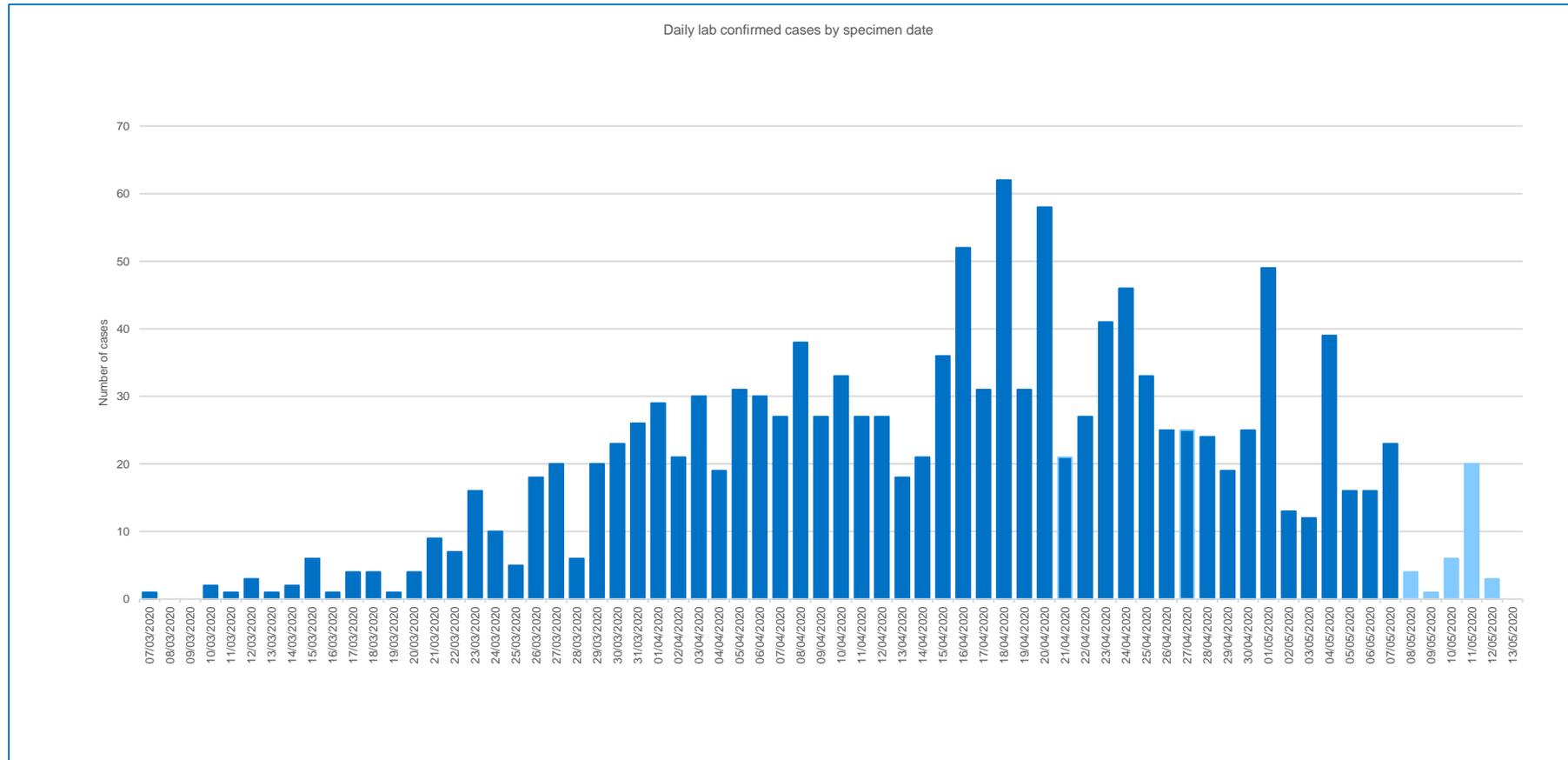
18 May: There have been 2,030 lab confirmed cases in Norfolk.

<https://coronavirus.data.gov.uk/>

Daily lab confirmed cases – Suffolk



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18 May: There have been 1,367 lab confirmed cases in Suffolk, 551 of which were in East Suffolk.

<https://coronavirus.data.gov.uk/>

Outbreaks in care homes



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Local Authority	Number of care homes	% reported an outbreak
Breckland	53	37.7
Broadland	65	21.5
Great Yarmouth	42	14.3
King's Lynn and West Norfolk	47	25.5
North Norfolk	68	20.6
Norwich	30	30
South Norfolk	43	30.2
Norfolk	348	25.3
East Suffolk	80	47.5

Updated 14 May: <https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>

ONS registered COVID-19 deaths - Norfolk

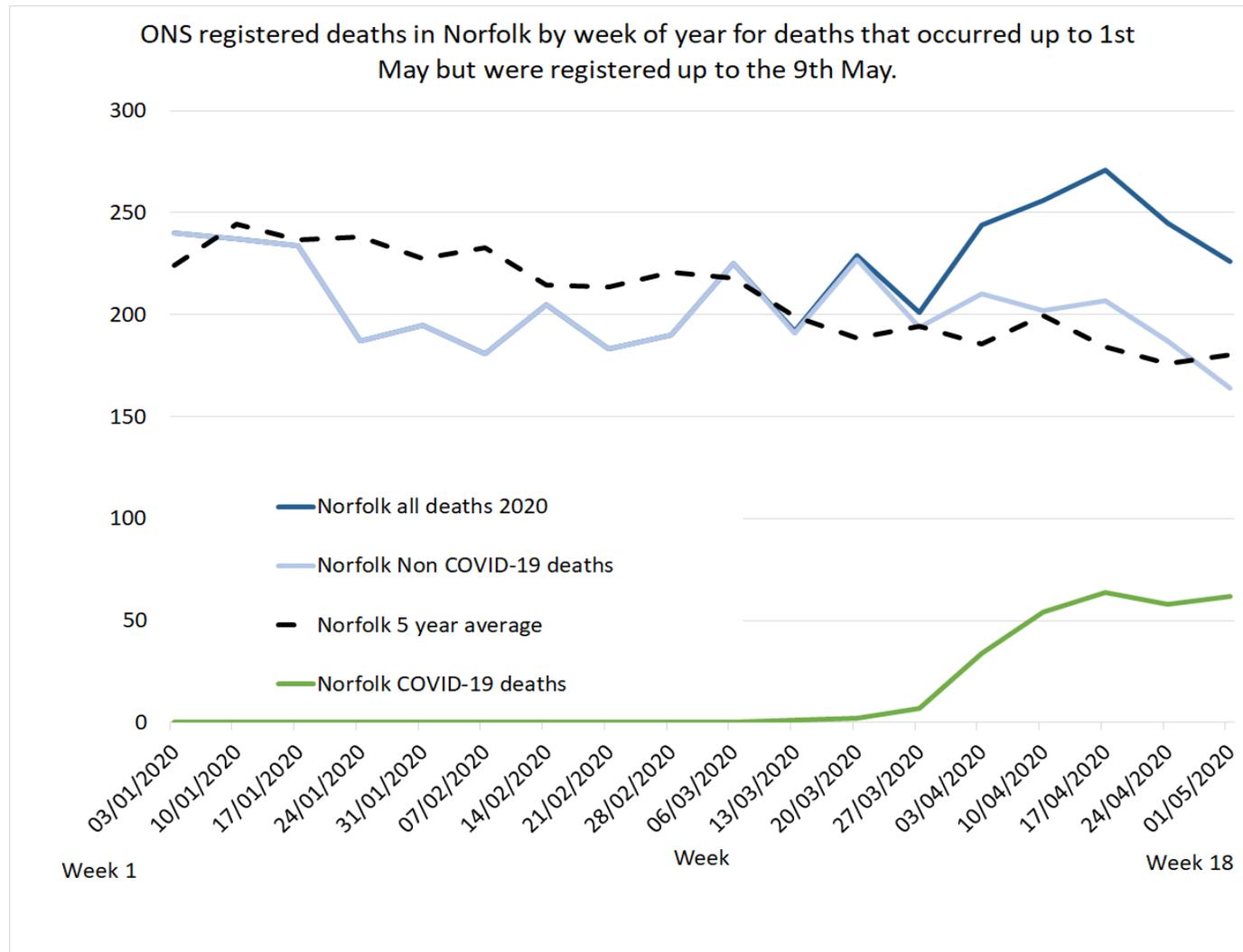


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263 registered COVID-19 deaths in Norfolk.

Office for National Statistics death certificate data shows the number of deaths from COVID-19, and overall number of deaths has risen from the week of 20 March 2020 in Norfolk.

Updated 12 May:
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/dataset/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

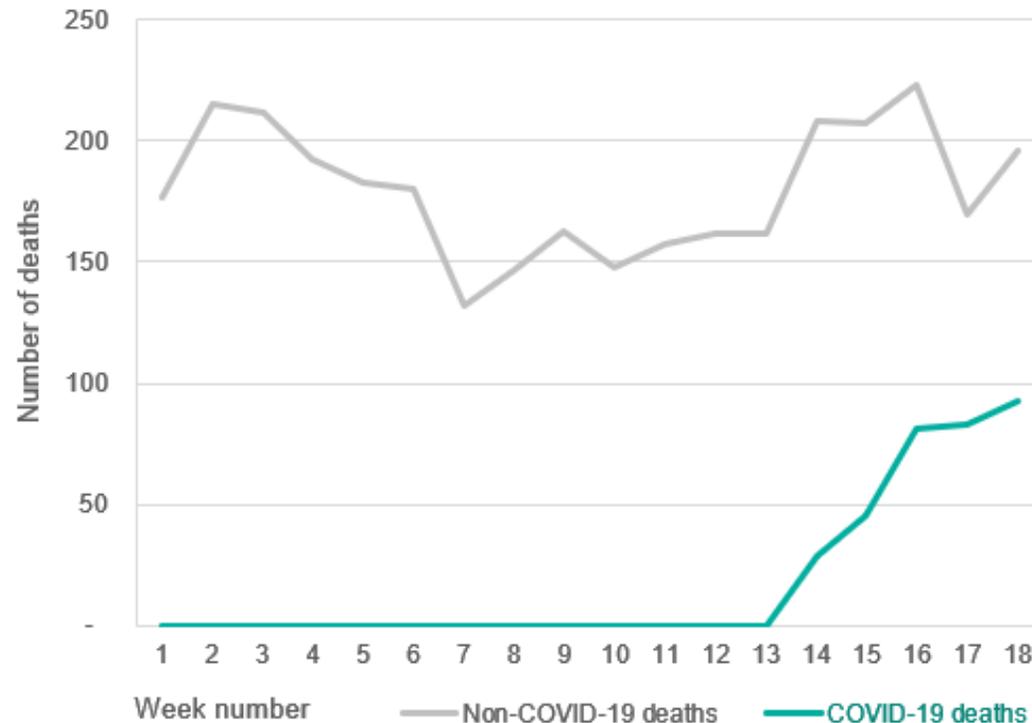


ONS registered COVID-19 deaths – Suffolk



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Deaths by cause of death (numbers), for deaths registered up to 1 May 2020 by week, Suffolk



Source: ONS Death registrations and occurrences by local authority and health board
Office for National Statistics, licensed under the Open Government Licence.

136 registered COVID-19 deaths in East Suffolk.

Office for National Statistics death certificate data shows the number of deaths from COVID-19, and overall number of deaths has risen from the week of 27 March 2020 in Suffolk.

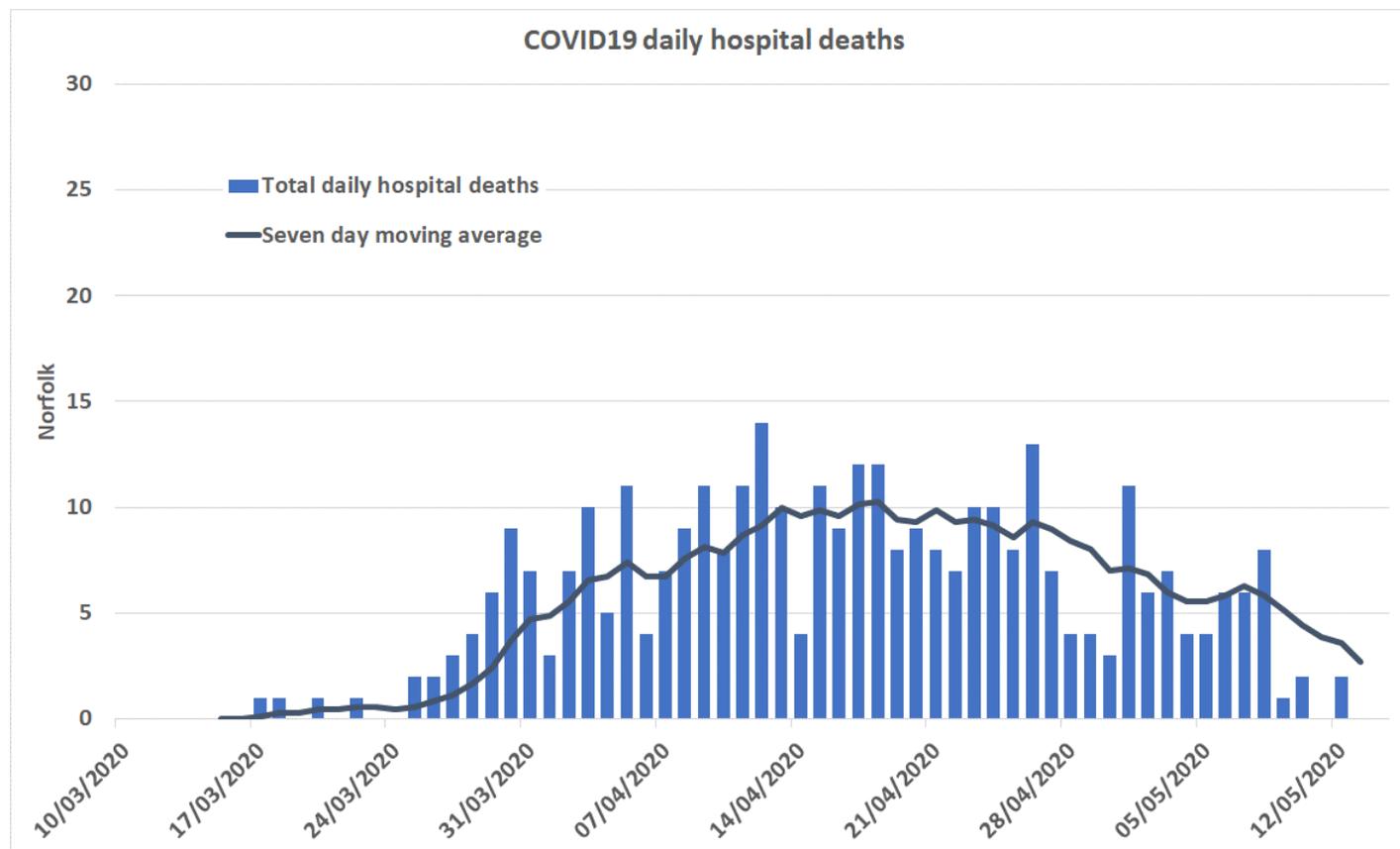
Updated 12 May:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

COVID-19 deaths in hospitals



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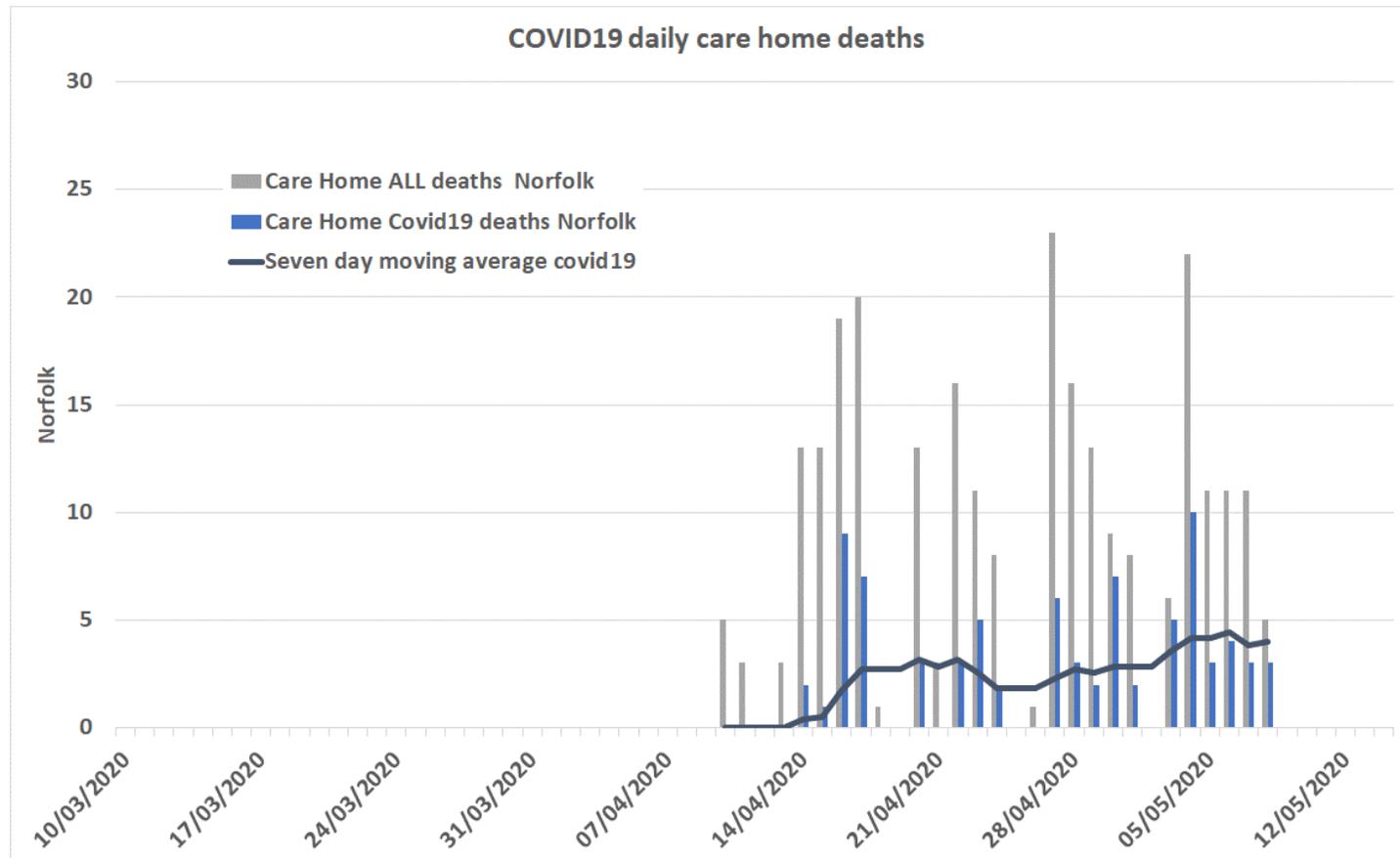
349 COVID-19 related deaths in NHS hospitals in Norfolk up to 12 May 2020.

Updated 13 May:
<https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>

COVID-19 deaths in care homes - Norfolk



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80 COVID-19 related deaths in Norfolk's care homes.

Over the same time period there have been 264 other deaths registered in Norfolk's care homes.

The seven day average appears to be increasing to this point.

COVID-19 is currently the cause or suspected to be the cause in about 40% of all deaths in care homes.

Updated 12 May:

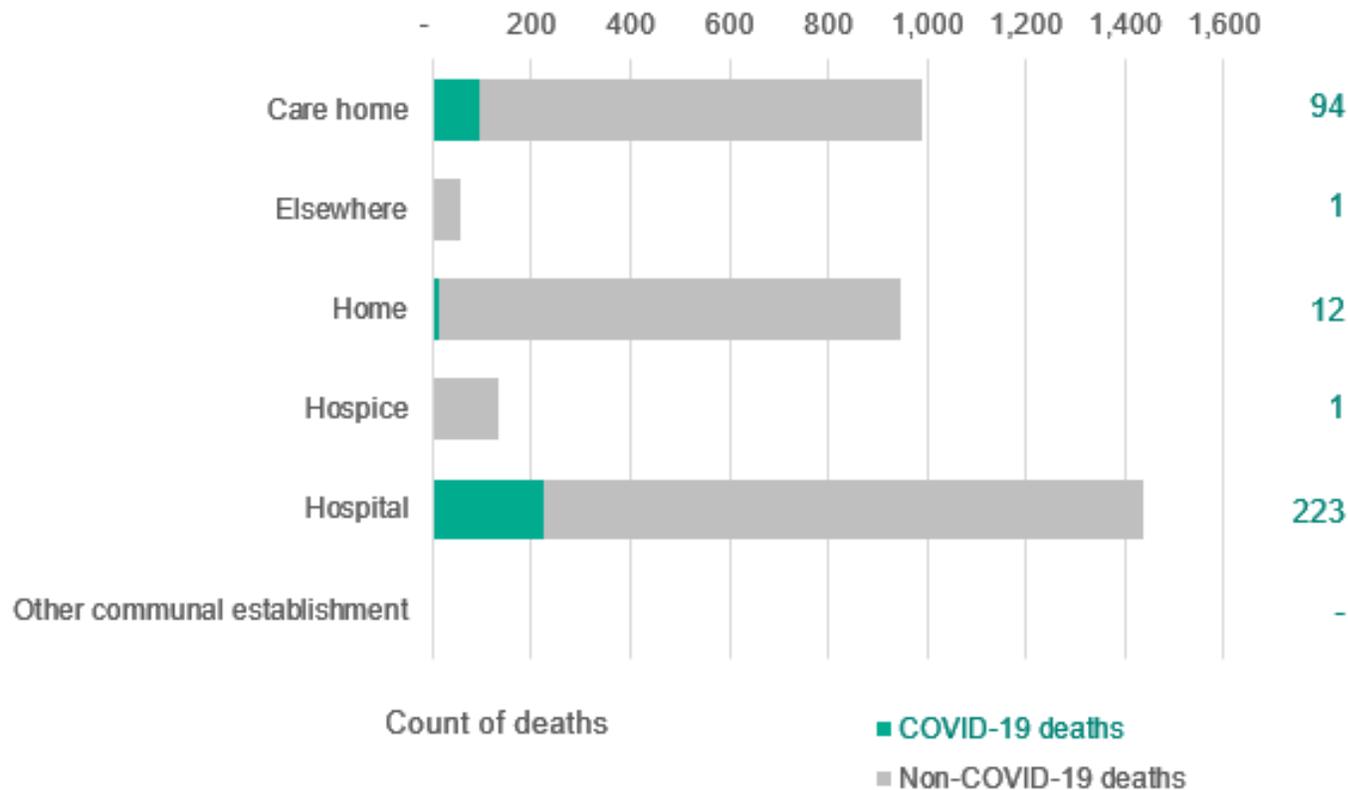
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

COVID-19 deaths in care homes - Suffolk



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2020 Deaths by place of death (cumulative numbers), for deaths registered up to 1 May 2020 by place of occurrence, cumulative, Suffolk



94 COVID-19 related deaths in Suffolk's care homes.

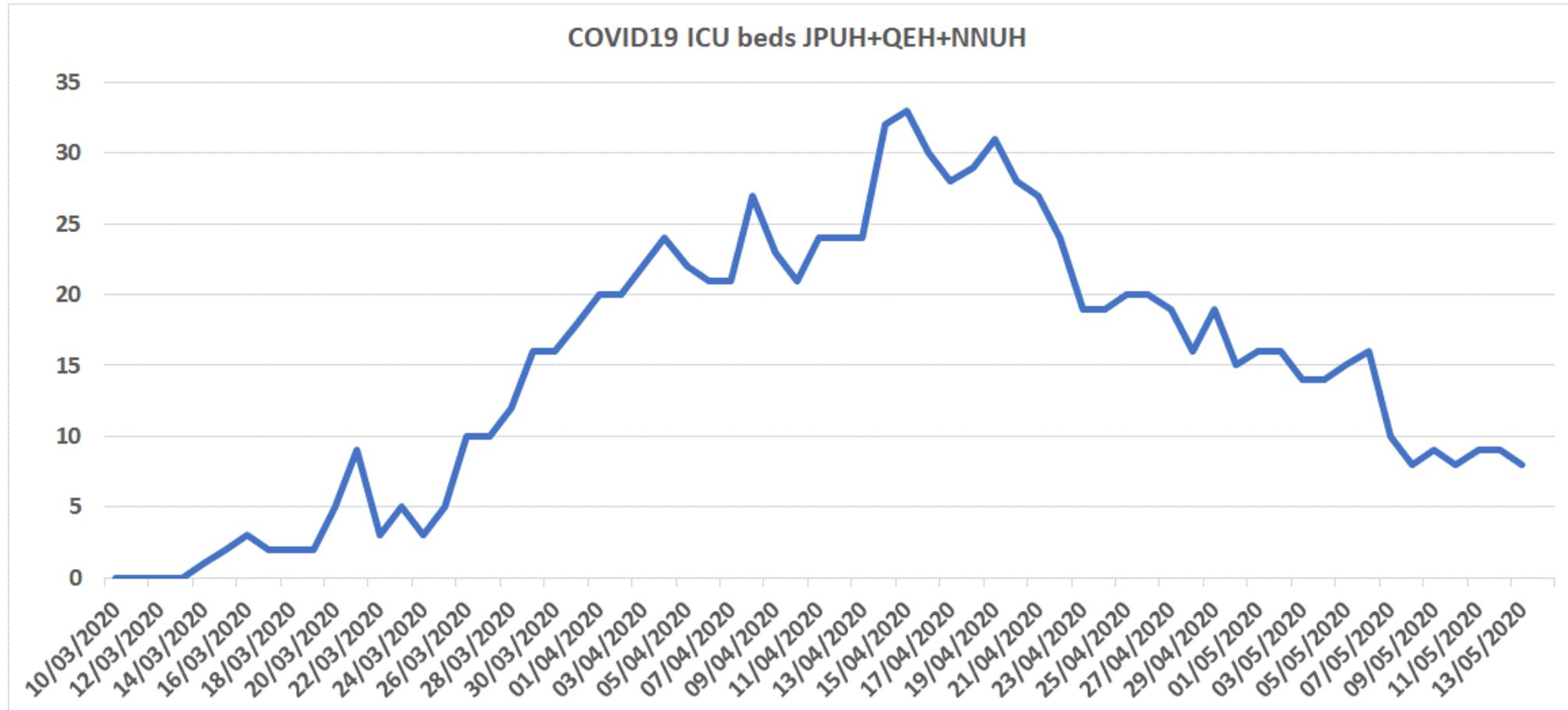
40 of these were in care homes in East Suffolk.

Over the same time period there have been 377 other deaths registered in East Suffolk's care homes.

Updated 12 May:

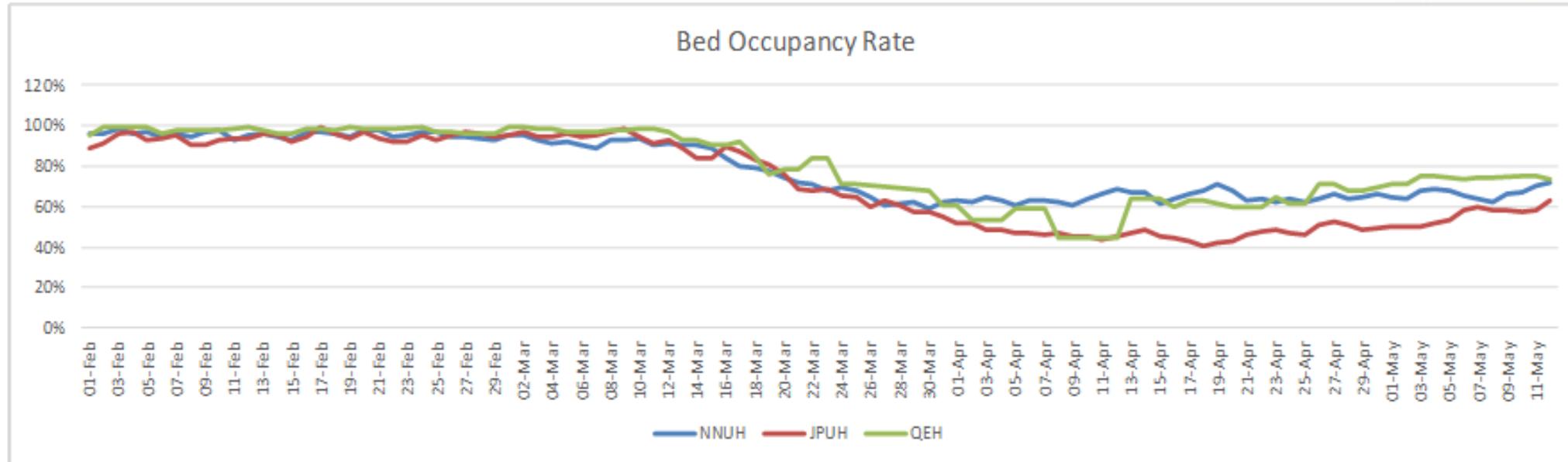
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard>

Acute hospital ITU beds



Our hospitals have capacity in terms of available beds, including in ITU, ventilators and mortuary spaces. The next challenge for our acutes will be maintaining a focus on COVID-19 at the same time as starting to restore elective care.

Acute hospital bed occupancy



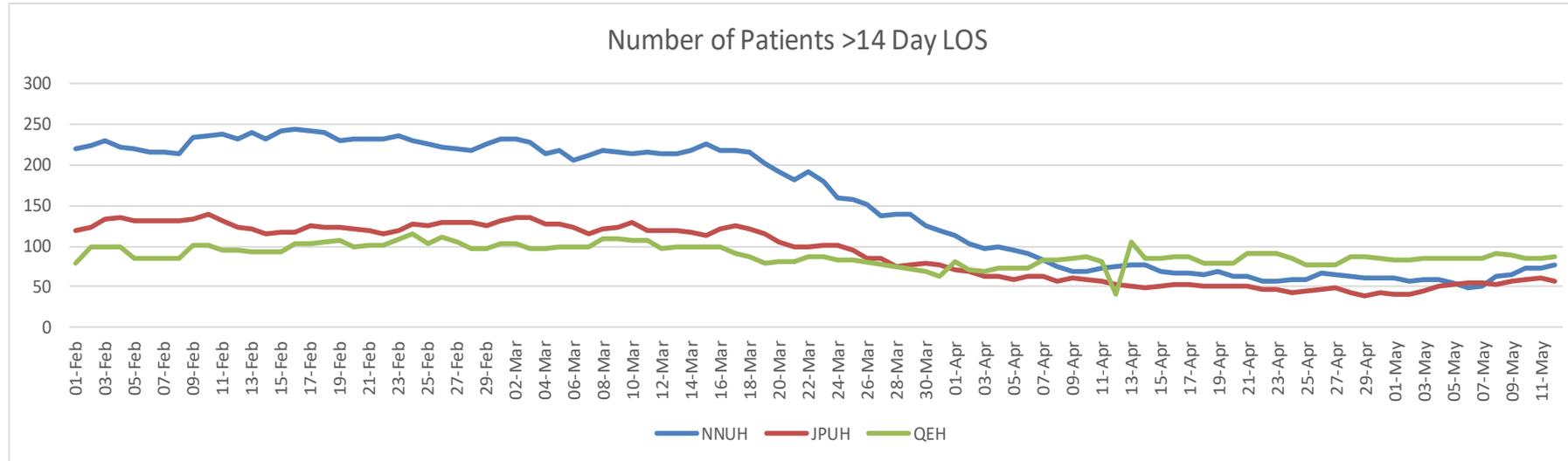
	Wed 06-May	Thu 07-May	Fri 08-May	Sat 09-May	Sun 10-May	Mon 11-May	Tue 12-May	Feb Avg	Mar Avg	Apr Avg	7 day Avg
JPUH	58.3%	60.0%	58.3%	58.0%	57.1%	58.5%	63.2%	94.1%	80.8%	47.0%	59.1%
NNUH	65.6%	63.9%	62.2%	66.5%	66.9%	70.2%	71.7%	95.8%	81.2%	64.5%	66.7%
QEH	73.3%	74.5%	74.5%	No data	75.4%	75.4%	73.9%	97.9%	88.8%	59.5%	74.5%

Our hospitals have capacity in terms of available beds, including in ITU, ventilators and mortuary spaces. The next challenge for our acutes will be maintaining a focus on COVID-19 at the same time as starting to restore elective care.

>14 day length of stay in our acute hospitals



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	Wed 06-May	Thu 07-May	Fri 08-May	Sat 09-May	Sun 10-May	Mon 11-May	Tue 12-May	Feb Avg	Mar Avg	Apr Avg	7 day Avg
JPUH	55	55	53	58	60	62	57	126	110	53	57
NNUH	49	50	63	65	74	74	78	230	194	74	65
QEH	85	85	91	89	85	85	87	98	94	82	87

Since the start of the pandemic, we have focused on discharging patients who are medically fit and no longer need an acute hospital bed. As a result, far fewer patients are spending more than two weeks in hospital.

PPE



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- Our main NHS Trusts, including our hospitals, continue to report adequate stocks of PPE, although there continues to be some concern about the supply of gowns (as there is nationally).
- The CCG has created a small team to source PPE to ‘top-up’ GP practices and other smaller providers if these organisations cannot secure supplies through their normal supply chain routes.
- The CCG team has been able to secure good stocks of many items, including 232,000 IIR face masks, 171,000 disposable aprons and 624,000 nitrile gloves. We continue to focus on securing more gowns and FFP3 face masks.
- The arrangement is working well. For example, last week 44 GP practices and other smaller providers requested a delivery of PPE, which the CCG was able to provide.
- The county councils and local resilience forums have put in place arrangements to support care homes and the social care sector with their PPE requirements.

Testing



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- We have a good local offer and testing capacity – we worked quickly and closely as a system to set-up three drive through sites and the NNUH lab can test c2,300 people per day.
- We have tested over 5,200 staff from across our five trusts, and over 8,000 of their patients.
- NCH&C and ECCH are testing increasing numbers of care home residents. Since 22 April, they have tested over 1,500 residents from 105 homes. We are continuing to test symptomatic residents only, unless there is a clinical reason that indicates the whole home would benefit from screening.
- Since 1 May, over 1,700 people have been tested by the military at the mobile sites at Lowestoft, Diss, Cromer, Thetford and Fakenham.
- The military are adding mobile sites at Aylsham, Dereham, Hunstanton, Downham Market, Great Yarmouth, Swaffham and Norwich to their rota.

Testing



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Next steps:

- The testing criteria has been expanded so that everyone aged five and over in the UK with symptoms is now eligible to be tested for coronavirus. We are assessing what this means for our local testing arrangements and capacity.
- All residents and members of staff in care homes in England need to be tested by early June. We are making good progress with our care home testing programme and are reviewing our arrangements and capacity to ensure we achieve this.
- Public Health England has approved an antibody test to see if people have had COVID-19. We are awaiting further details.
- We will need to implement test, track and trace. One of the 'pillars' that needs to be in place is sufficient PCR testing so that people can easily access testing and they get their results quickly. Currently we are able to do this, but we need to ensure that this continues as we increase the number of tests we do.

Primary care



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GP practices have transformed how they work and care for patients:

- Over 80% of GP practices in Norfolk and Waveney have now adopted online consultation systems and video consultation systems. Others have switched to telephone triage and consultations.
- GPs and practice staff are working from home, supported by technology provided by the CCG (including 400 laptops (with webcams), 500 standalone webcams, 500 headsets and 50 iPads).
- New arrangements are in place across Norfolk and Waveney for patients with COVID-19 (or symptoms) who need to see a GP or practice nurse face-to-face, including hot sites and 'zoned' areas of larger practices.

The CCG continues to provide support to general practice to help it transform how it works and so that it remain resilient given the additional asks being made of it.

We continue to work with general practice and our acutes to ensure that the restoration of NHS services works well for both primary and secondary care.

Community care



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- The system has worked really well together to source further community capacity to help us create space in our hospitals. We have opened more than 250 beds so far in community hospitals, residential care and mental health, as a result we currently have beds available.
- We have plans to open over 100 more beds to ensure that we can continue to discharge patients from our acutes into community care, particularly those that have had COVID-19 so that they can recover.
- The STP Director of Workforce is leading on ensuring we can staff this additional capacity, using a mixture of targeted recruitment, deploying staff returning to the NHS, moving existing staff around to make the best use of our existing capacity and working with agencies to get economies of scale.
- There is a significant focus on care homes to prevent transmission and outbreaks, including increased testing and providing infection prevention and control advice. We have launched a Care Provider Incident Room to support the sector.

Mental health care



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As a system we have made some good progress, for example we have:

- Managed to support some of our most vulnerable service users to find suitable accommodation, which is something we should be proud of.
- Rapidly launched 'First Response', a 24/7 helpline offering immediate support for people experiencing mental health difficulties during the coronavirus pandemic.
- Commissioned Kooth, a counselling and emotional wellbeing support service to help young people through the coronavirus pandemic and beyond. The free website offers 11 to 25-year-olds access to online counselling delivered by qualified counsellors 365 days a year, either on a drop-in basis or through bookable chat sessions.

As a system we know that there will be additional demand for mental health services in the coming weeks and months, so this is being taken into account as we plan for the restoration of health services.

Six pillars of the government's test, track, trace programme



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1. **NHSX app:** Automated system for rapid symptom reporting, ordering of tests, and issue of tailored and targeted alerts to other app users who have had close contact.
2. **PHE-led contract tracing:** A system comprising automated processes through the web-based tool CTAS and phone-based follow-up to contract trace those not identified through the app.
3. **Other technologies (R0 challenge):** Wider tech solutions to enhance accuracy and reach of contact tracing and to support identification and management of surges.
4. **PCR testing:** Widespread availability of rapid swab testing kits to confirm diagnosis of presumptive cases and target contract tracing effectively.
5. **Antibody testing (when available):** To indicate whether an individual has been infected and the likely nature of their immunity.
6. **Immunity risk certification:** Linked to this programme, there is an aim to implement a certification system.

Test, track, trace: the role of our local system



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Our directors of public health are leading on the development of our local preparations, particularly pillar 2 (PHE-led contract tracing), with our local resilience fora and partnerships.

They are preparing for our local role, which will include:

- Management of complex cases (particularly those who cannot be risk assessed by phone) and outbreaks (including in complex settings and institutions, such as dormitories, oil rigs and schools)
- Direct support of individuals where they are asked to self-isolate
- Stakeholder engagement and communications
- Intelligence and strategic oversight of local epidemiology

The original plan was to deploy the NHSX app from mid-May across England, but now the government is saying it will be “in the coming weeks”.

The role our staff are playing in protecting frontline clinical services

Our staff have gone above and beyond as they have been redeployed to support frontline clinical services. They have been excellent, examples of their achievements include:

- **System coordination:** setting-up and running the Incident Control Centre, the Primary Care Incident Room and Care Providers Incident Room.
- **On the frontline:** staff with a registration have joined clinical teams in local hospitals and other trusts.
- **Covid Protect:** working with partners to develop the risk stratification system and then setting-up and running a virtual call centre to check at risk patients are ok.
- **The POD:** training more staff to expand our Prescription Ordering Direct service.
- **Digital:** buying, delivering and supporting GP practices with new IT.
- **PPE:** sourcing and delivering 'top ups' of PPE to GP practices and smaller providers.