



## National Clinical Homecare Association News Spring 2020

Ground Floor, 4 Victoria Square,  
St Albans, Hertfordshire, AL1 3TF  
[info@clinicalhomecare.co.uk](mailto:info@clinicalhomecare.co.uk)

The world has changed since our last update due to COVID-19. NCHA would like to thank all key workers, particularly homecare provider staff and NHS colleagues who have been working tirelessly for patients. NCHA also thanks homecare patients and carers for their patience and for giving support and thanks to homecare staff. The excellent relationships and trust built up over the past years has paid dividends for patients as Homecare Providers and NHMC colleagues have worked together to ensure safety of existing homecare patients and move significant numbers of vulnerable patients onto homecare services to minimise their attendances at hospitals. We would also like to thank patient group representatives who have worked with us to ensure patients have consistent and clear information about their homecare services.

As you can imagine, most NCHA activity has related to the COVID-19 response and this newsletter will give a flavour of what we have been doing.

### **COVID-19: Partnership working with the NHS**

Since 16<sup>th</sup> March there have been regular COVID-19 planning calls with homecare providers and NHS colleagues. These were 3 times each week for the initial phase as we worked through the issues that were arising as the pandemic unfolded.

Thanks to the strong support of Susan Gibert, NHMC Chair, and other NHSE colleagues, homecare staff were recognised as key workers, right from the start and have had access to COVID-19 testing at the same time as healthcare staff employed directly by the NHS.

The NHS Regional Homecare Specialists have been working with NHSE and DHSC colleagues to identify vulnerable patient groups who would benefit from homecare services. They have been co-ordinating national needs and homecare provider capacity, prioritising referrals for the most vulnerable patients first. Homecare providers for their part, have been accelerating the referral acceptance and on-boarding processes.

### **Patient Information**

NCHA had been looking to improve patient engagement at industry level. Our plans to form a Patient Communications Group was quickly progressed. High on the agenda was to minimise the number of general queries being received by homecare providers – allowing patient services to focus on arranging medicine deliveries and nurse visits and focus on enabling remote working. With the help of patient representatives responses to “COVID-19 frequently asked questions” were

published early on. The Patient Communications Group continues to meet on a weekly basis and the FAQs, published [here](#), are being updated as needed.

## Homecare Deliveries

Homecare deliveries have continued throughout the COVID response. Homecare providers and NHS colleagues risk assessed delivery processes and immediately removed the need for proof of delivery signatures which represented the highest COVID risk in the delivery process. From the outset, our working assumption was that many homecare patients are in highly vulnerable patient groups, so the initial delivery guidance also enabled observed delivery protocol to be used. As more information became available, observed delivery became the norm to minimise direct contact between drivers and patients. More detailed standards were put in place so that across the threshold deliveries could continue where patients were unable to carry bulky deliveries into their homes – even if the patient or a member of their household was COVID positive. At the outset, these initially used “normal” infection control principles to minimise any risk of transmission and guidance has been as the pandemic has progressed line with government guidance. The NCHA COVID-19 delivery guidance is available [here](#).

## Homecare Nursing

Homecare nurses are on the NHS front line visiting patients to deliver clinical services that would otherwise be delivered as hospital in-patients. Our first response to COVID-19 was to protect nurses so they would be able to continue their critical activities and minimise the risk that a homecare nurse could transfer COVID-19 infection from one patient to another. The appropriate use of personal protective equipment (PPE) was paramount to ensure scarce PPE supplies were available and used at the right times in accordance with government guidelines. Surgical masks, gloves and disposable aprons were already used in homecare services, therefore available immediately. But during the early days, in some cases NHS Trusts provided specialist COVID-19 PPE to homecare nurses so they could safely visit COVID-19 positive patients to avoid them being admitted to hospital.

This has been a stressful time for homecare nurses and patients. Homecare nurses have been continuing to provide services to homecare patients whilst managing the risks of taking COVID-19 home to their own families. In normal times, the homecare nurse visits are welcomed, but with COVID-19 shielding advice for many homecare patients means anyone entering their home from the “outside” represents a risk. NCHA established a weekly teleconference for Chief Homecare Nurses for peer advice and support. This Chief Homecare Nurses Group has ensured consistent use of specialist PPE and has developed NCHA guidance on Remote Patient Self-Administration Training (available [here](#)) in response to queries from NHS colleagues.

Whilst Homecare Nurses are selflessly responding to COVID-19 and keeping patient’s safe, their specific skills, competences and experience are increasingly being recognised by a wider audience. When the COVID-19 pandemic resolves, the NCHA will continue to champion the recognition of homecare nurses.

## Behind the scenes

As soon as the magnitude of the COVID-19 challenge became apparent, the homecare industry swung into action. Despite being the best kept secret of the NHS, the clinical homecare sector is key to the health and wellbeing of more than 373,000 people, nearly as many as live in care homes<sup>1</sup>. All individual homecare providers have business continuity plans for situations like pandemic flu, so infection control measures were implemented in the workplace from very early on and well before government advice came into force. NHS and homecare provider COVID-19 co-ordination teleconferences have been held 3 times each week ever since and continue now. The first joint action was to put a hold on unnecessary changes to allow all resources and attention to be focussed on the COVID-19 response: so the implementation of NHS reporting of the updated national key performance indicator set was delayed until October 2020. Key issues for co-ordination were ensuring keyworker status for homecare staff; national standard delivery protocols and bulk purchasing and distribution of PPE to homecare providers due to shortages. The priority has always been the safety of existing homecare patients. A key priority was, and is, to ensure existing homecare nursing services are able to continue without the need for hospital admission – even if the homecare patient was showing COVID symptoms. Homecare nurses have continued to work on the NHS front line ensuring homecare patients, many of whom are shielding, can remain in the safety of their own home. The NCHA Chief Nurses continue to meet virtually on a weekly basis to provide mutual support and continually review and implement any new infection control guidance.

The second phase of NHS and homecare provider COVID-19 co-ordination was for NHS Regional Homecare specialists to prioritise new patient referrals for homecare services for specific patient cohorts. Homecare services enable patients to shield themselves at home with medicine deliveries and phone or video link support to train them or their carers to self-administer. Where necessary, home visits from specialist homecare nurses fully trained in infection prevention are available. Homecare providers have been accepting additional patient referrals for homecare in order of their clinical vulnerability to COVID-19.

The COVID-19 response co-ordination between clinical homecare providers and NHS colleagues continues as the situation unfolds. It has been a fantastic team effort to keep patients, and staff, safe during this difficult time. Thanks are due to everyone who has been, is currently, and will be, playing their part of the COVID-19 response.

The NCHA homecare industry business continuity plan has been finalised and published [here](#). The [NCHA Code of practice for homecare Providers](#) has, since 2015, included provision for homecare providers to work together to support patient safety in case of a force majeure event. The homecare industry Business Continuity Plan (BCP) has been in development since then. Before COVID-19 hit, the principles and outline process had been agreed with NHS colleagues through the NHS National Homecare Medicines Committee. NCHA Members and NHS homecare leaders and regional specialists were able to swing into action as soon as pandemic conditions were declared. With added impetus and using the experiences of COVID-19 response to-date, the BCP document has been finalised and published [here](#). In due course it will be updated with the learning arising

---

<sup>1</sup> Approximately 418,000 people live in care homes (<https://www.mha.org.uk/news/policy-influencing/facts-stats/>)

from the COVID-19 pandemic to ensure we are even better prepared should we face a future pandemic.

## **Patient Experience of Homecare: 3rd Annual NCHA Homecare Conference 6<sup>th</sup> Feb 2020**

So much has changed since the NCHA conference in February 2020 which gave a clear insight into how clinical homecare services allow patients to live near normal lives so they are not “patients” all the time despite their long term conditions. For more than 200 conference attendees and everyone involved in delivering healthcare services, the patients are at the heart of what we do. Hearing the value patients place on their clinical homecare services first hand from patients at the February conference and how much they rely on our homecare teams to keep them safe had additional meaning – even if we did not know what COVID-19 would really mean right then.

Once the “new normal” post-COVID peak is established and homecare teams have “time to breath” we encourage you to collect your thoughts and to share the good work you have done for homecare patients in the form of posters for the next conference. NCHA is building up an evidence base for homecare on the NCHA website. You can find the posters from the NCHA Conference [here](#).

At next year’s conference, we are looking forwards to being able to recognise the exceptional contribution of homecare provider staff who have gone above and beyond to look after their patients and those who have supported colleagues through these difficult times.

NCHA would like to thank all the speakers and participants including Liz Keating, Carol McCall and the KSAM Conference Team for making this event possible.

## **NCHA Linked-In Page**

The NCHA now have an active page on Linked-In. We would really encourage all of you to follow the [NCHA on linked in](#).

## **Events & activities**

### **Fourth Annual Clinical Homecare Conference and Symposium 2021 4th February 2021 in Birmingham**

#### **NCHA All Member’s Meeting 24th June 2020**

#### **NCHA All Member’s Meeting 19th November 2020**

NCHA All Member’s Meetings are invitation only events for NCHA members and invited guests including NHS Regional Homecare Specialists and CMU Homecare specialists. During COVID-19 response, NCHA All Member’s Meetings will be virtual – further details to follow.

## **About NCHA**

The National Clinical Homecare Association (NCHA) was established in 2006 to represent and promote the patient-led interests of specific organisations whose primary activity is to provide medical supplies, support and clinical services to patients in the community.

For further information visit [www.clinicalhomecare.org](http://www.clinicalhomecare.org)

## **National Clinical Homecare Association News Spring 2020**