



## **Primary Care Network Social Prescribing in South Tyneside**

### **Covid-19 Shielded & Vulnerable Patients Welfare Calls**

**Report: 22<sup>nd</sup> June 2020**

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## Introduction

In response to the Covid-19 pandemic a proportion of the population were asked to “shield” until 30<sup>th</sup> June 2020. This meant that individuals particularly vulnerable to the disease were asked not to leave their home wherever possible until 30<sup>th</sup> June 2020.

At both a local and national level, lists were generated of those most vulnerable to the disease which included those patients who were “shielding” as well as any others that the GP practices felt were otherwise also vulnerable.

These lists were shared with First Contact Clinical as the Social Prescribing provider for Primary Care in South Tyneside, with the aim that all patients would be contacted to ascertain their welfare.

## Report Format

We appreciate that the data you will be most interested in is that which relates to your specific practice, and of the PCN that you are part of. However there is also data collated from the entire South Tyneside area which you may find interesting and we have included this in the initial pages of this report.

## Special Thanks

Despite the task being facilitated and lead by First Contact Clinical, we owe special thanks to a number of individuals in South Tyneside who provided instrumental support.

**Our volunteers** Moira Flowdy, Beverley Tingle, Louise Elliott, Peter Tomaney, Joanne Fairweather, Nicola King, Christine Crake, Amber Gill, Fozia Haider , Susan Fowler , Sandra Foreman & Andrew Richardson for giving up their time for free and for all of the calls they made

**Particular thanks** to Janine Swinburne who was also a volunteer, but took a supervisory lead on the volunteers

The team at **Inspire** who helped us recruit our volunteers, particularly our main contact **Beverley Cook**

**Rachel Davison** and her team at the Shielding Hub for their work in cross-referencing the lists

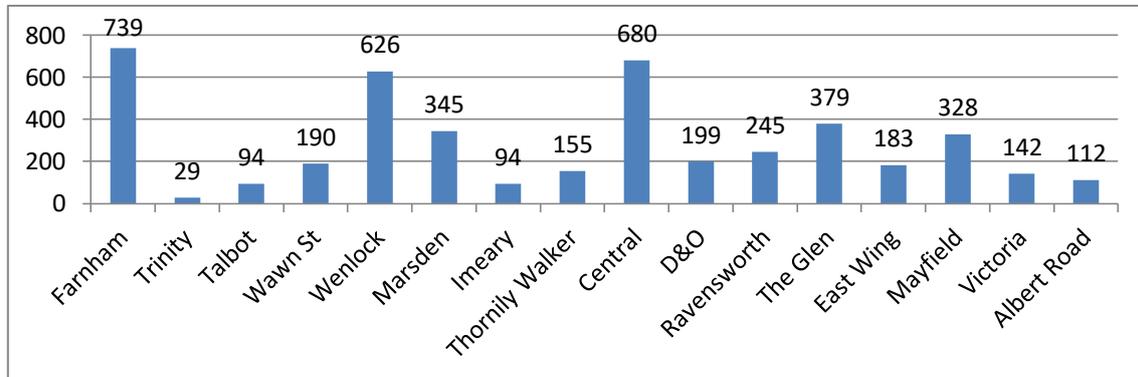
**Our staff** in both the South Tyneside and North Tyneside teams, who juggled existing caseloads and workloads and well as their own personal circumstances relating to the lockdown to put every effort into this task



**An extended thank you** to Alex Dunn for providing administrative support to the lists and to Nicola Marlor for stepping into a project lead role

## South Tyneside Overview

A total of **16** of the 21 practices in South Tyneside sent us lists of “shielded” and particularly vulnerable patients during the current Covid-19 pandemic. Lists were received between 8<sup>th</sup> April 2020 and 28<sup>th</sup> May 2020.



This equated to a total of **4540** patients for our Link Workers to contact.

At the time of writing this report, Monday 22<sup>nd</sup> June 2020, **48 working days** after receiving the first list of patients, we have now completed all welfare calls and all lists have been returned to the practices. This equate to us having making an average of **64** welfare calls per day.

## The Journey

Factoring in the significant length of time it would take to make **4540 contacts** should they be allocated to PCN Link Workers alone, First Contact Clinical’s first tactic was to add extra resource to the task by;

- Monitoring the activity of the welfare calls each week
- Applying ongoing learning from this monitoring by implementing new processes
- Using the capacity of additional First Contact Clinical staff
- Recruiting& training a number of volunteers

In the initial stages of making the calls we realised that a number of individuals were also receiving similar calls from the local authority led Shielding Hub.



Following this, we implemented a cross-checking system directly with the Shielding Hub so that we could identify which individuals were already known to the Hub and receiving ongoing support. We also collaborated with the Shielding Hub to understand the nature of the calls they were making and to ensure that regardless of whether an individual received a call from the Shielding Hub, or a Link Worker at First Contact Clinical, the quality of the intervention would be the same.

We developed a conversation framework which ensured that the individuals would be asked similar questions.

- Hello, my name is (...) and I am calling on behalf of (GP Practice) who identified you as potentially vulnerable during current Coronavirus circumstances. Are you happy if I just ask you a few questions?
- Are you aware of current coronavirus guidelines? (Fill in gaps of knowledge if needed)
- How are you coping in current circumstances?
- Do you have access to things you need i.e. food and medication?
- You may feel low or anxious at the moment. For most of these feelings will pass however some might feel their emotional or mental health is beginning to suffer. Do you feel this is happening for you?

Through our collaboration with the Shielding Hub, we learned that there was unnecessary duplication in the calls we were making alongside the Shielding Hub so made the decision **not** to contact individuals who were already receive support from the Hub. This enabled us to remove a total of **629** individuals (13.9%) from the list from needing a contact from a Link Worker.

We found that the straight forward calls were taking on average only **3-5 minutes** however a proportion of individuals required follow up calls and some of the most complex calls could last **up to an hour**. The complexity of the calls came from some individuals taking the opportunity to discuss other things that mattered to them in the conversation that we were then able to either signpost or refer to for additional support, or offer an ongoing intervention with a First Contact Clinical Link Worker.

We recognised as an organisation that we needed to add extra capacity to tackle the sheer volume of calls. We were conscious that regardless of how we approached the list, there would always be the last patient on the list that might need that call more urgently than the others, and so timeliness of getting through the lists was important to us.

First Contact Clinical operates Social Prescribing services not only in South Tyneside but also in North Tyneside and Newcastle. At the time when South Tyneside were particularly busy



making these welfare calls, staff in our North Tyneside team were experiencing a lull in their workload and were subsequently drafted in to aid the South Tyneside team.

We also recognised from ongoing monitoring that a large proportion of the calls we were making (**over 80%**) were to individuals who did not need any support, and therefore these calls did not necessarily require the skill set of a Psychosocial Link Worker or Link Worker. Therefore with the help of local voluntary organisation **Inspire**, we set about recruiting & training a cohort of volunteers to take part in making the welfare calls.

Inspire circulated a recruitment advertisement on behalf of First Contact Clinical and we received a number of responses from high quality candidates. A number of these volunteers were from health and social care disciplines (social workers, teachers, carers) and many were retired or furloughed so had lots of time to give to the task. Please see **Appendix 1** to view the advert that was circulated.

Volunteers were provided with an induction into the organisation and the task at hand, training in Emotional Health & Wellbeing and briefed on Safeguarding, Information Governance and Boundaries. Volunteers also had access to daily “huddles” which were facilitated by Service Managers at First Contact Clinical and also by **Janine Swinburne of Blissability** who volunteered to take a supervisory role with the volunteers.

At the peak of the calls being made, we had around **18** members of staff from across our South Tyneside and North Tyneside teams and **12** volunteers making the calls. Despite this, our weekly activity data monitoring predicted that reaching the end of the lists would take us into July and we agreed that we weren’t happy with this timeframe.

We also felt confident from the data we had accrued until the point that a large proportion of the individuals we were yet to contact would not required any support. We then therefore implemented a new process to further try and decrease the time it took to contact all of the patients on the list.

From 1<sup>st</sup> June 2020 we started to send batch text messages to all individuals (for whom we had mobile numbers) on the list as follows;

*Your GP would like to know if you require any practical or emotional support at this time. Please reply Yes to receive a call or No if you don't need any support*

We knew that the patients who were the **least** activated and therefore would potentially need the most support, were also the least likely to respond to the text message, therefore we knew we would continue to contact all individuals who either respond Yes, or did not respond at all.



We received **1015** responses to the text message with **837** individuals responding to say No, they did not need any support at this time and therefore were removed from the list of those being contacted by one of our Link Workers.

As well as being able to reduce the number of contacts we needed to make, therefore shortening the time it took to complete the list, the text message also enabled us to reach the most vulnerable quicker. Those individuals that responded Yes to the text message (**170**) were prioritised for an immediate contact by a Link Worker, rather than waiting for their name to be “next on the list”.

By removing the need to contact the **837** individuals that had replied “No” to the text message and those **629** known to the Shielding Hub, we were left with a total of **3074** calls to make.

We developed a twenty-page **Information Pack** which was issued to all team members taking part in the task, which included the conversation framework, an agreed process of how to record the calls made and useful contacts for signposting to & referring for additional support including referral forms as well as a regularly updated FAQs section.

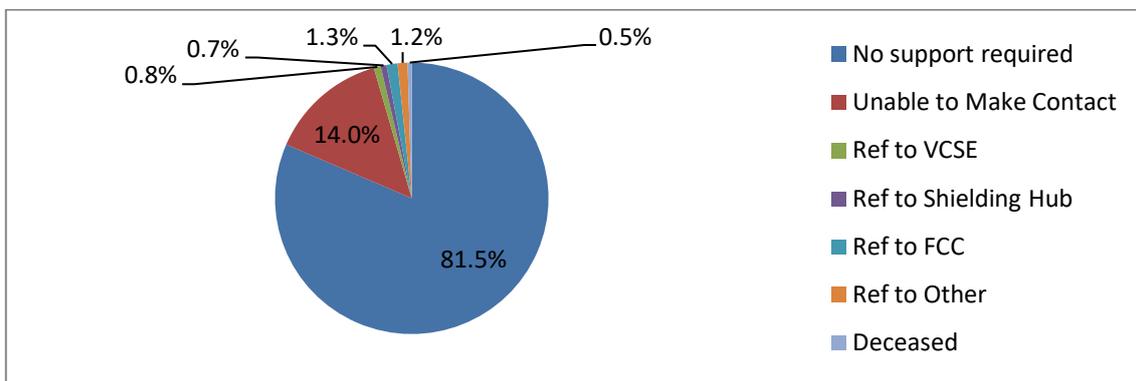
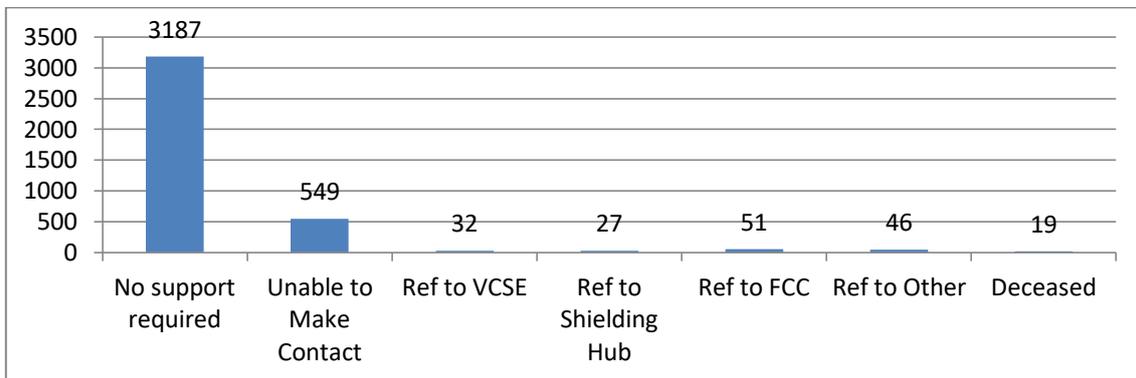
We also found that not all of calls were straight forward and could follow the agreed process in the Information Pack; by continually communicating as a team throughout the work stream of making the welfare calls we were able to capture the intricacies of calls we were making and provide learning for all in the format of a Frequently Asked Questions document. Please see **Appendix 2** for more information.

Not all staff members making the calls had access to EMIS to enable them to update the patient notes. We therefore decided that we would collate brief notes for each patient in an Excel document and that once all calls for a GP practice were completed we would return the full list of patients along with their notes to the relevant practice.



## Themes

The following data shows the prevalence of the main themes that occurred from these calls across South Tyneside.



We grouped the calls into seven main themes as follows;

- **No support required;** either identified via the response to the bulk text message, or via a conversation with a Link Worker
- **Unable to make contact;** contact was attempted by phone call to both landline and mobile (where available) on at least **two** occasions before they are marked under this category. Other themes that emerged within this category; some individuals did not have contact numbers on their patient notes, some had contact numbers that did not receive calls from withheld numbers, some contact numbers were incomplete or incorrect
- **Referral to VCSE;** we mapped out which local VCSE organisations were still offering services at the beginning of the lockdown period. We were then able to make intelligent referrals and signposting to these organisations based upon individuals' specific needs. A large proportion of these referrals were made for support with food shopping and prescription collections. The primary organisations we connected to were;

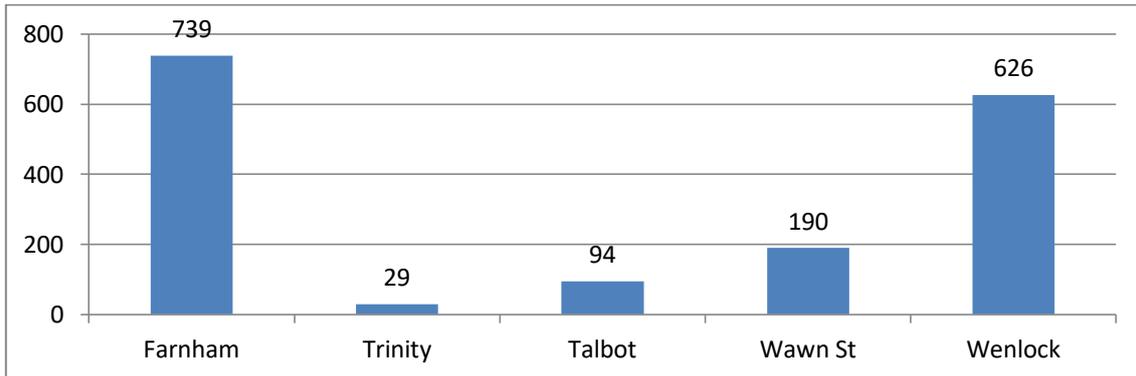


- Age Concern South Tyneside (ACTS)
  - Your Voice Counts
  - Sight Services
  - Happy at Home
  - Alzheimer's Society
  - South Tyneside Adult Carers Service (STACS)
  - Cruse Bereavement Support
  - Food banks inc. Key2Life, Hebburn Helps and Hospitality & Hope
- 
- **Referral to Shielding Hub;** some individuals who we spoke to were in receipt of Government food parcels but had queries or issues relating to these. These individuals were connected into the Shielding Hub for support with this
  
  - **Referral to First Contact Clinical;** a proportion of individuals were assessed as benefiting from an ongoing intervention with a Link Worker from First Contact Clinical, either their allocated PCN Social Prescribing Link Worker, or ABU Link Worker Coach (whichever was most appropriate for the individual) , and were offered the service as a result. We had a 100% uptake for this
  
  - **Referral to Other;** a small proportion of individuals needed connecting to services that are not otherwise listed or themed. A large proportion of these were medical concerns and the individuals were signposted back to their primary or secondary care contacts i.e. GP practice / hospital consultant teams
  
  - **Deceased;** unfortunately there were a proportion of individuals who passed away between the time of receiving the list and the time a Link Worker made the call. We asked practices to inform us of any deaths so that these calls could be avoided however this did not happen on every occasion and there were some difficult conversations held with relatives as a result.

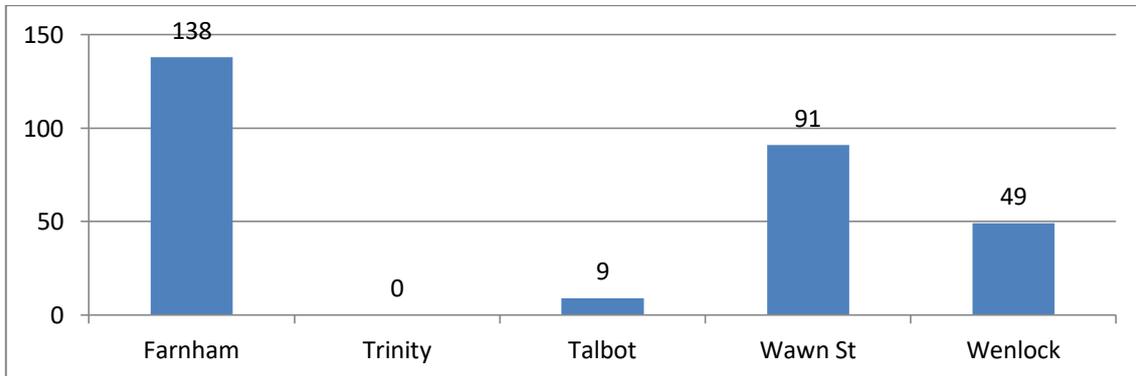


## East PCN

Lists were received from **5 of 7** practices in East PCN, totalling **1678** patients.

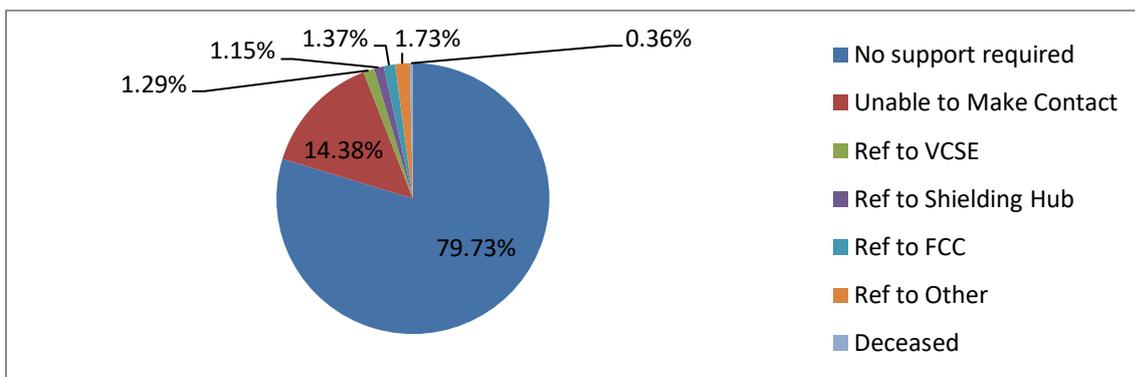


**287 (16.8%)** individuals were known to the Shielding Hub and therefore were not contacted by our Link Workers.



**Around 80%** of individuals did not require any ongoing support and around **15%** we were unable to contact.

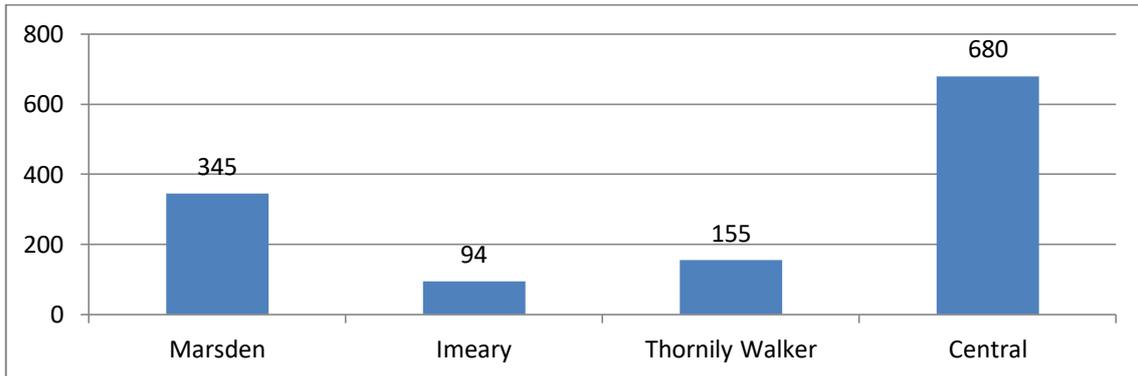
**19** individuals were offered and accepted a longer term intervention with a First Contact Clinical Link Worker.



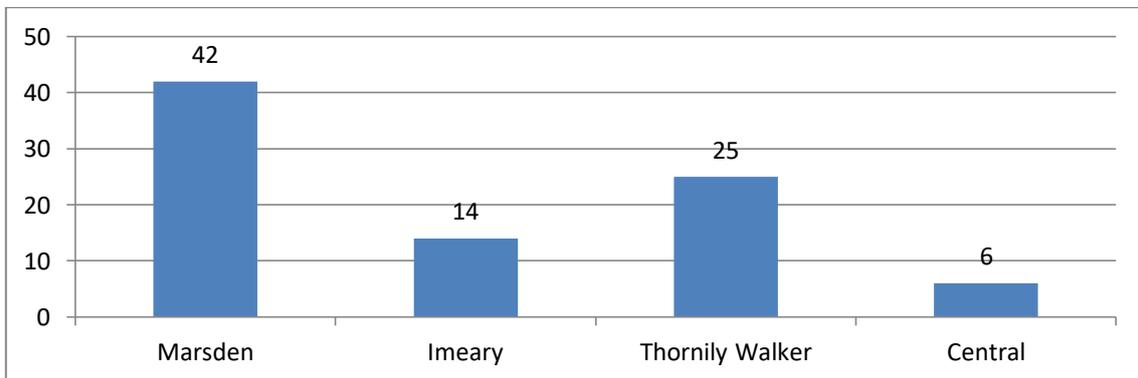


## South PCN

Lists were received from **4 of 6** practices in South PCN, totalling **1274** patients.

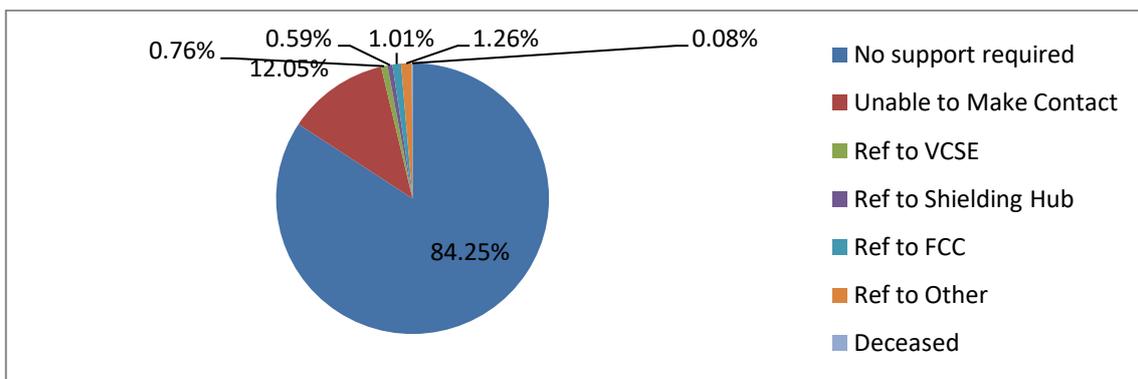


**87 (11%)** individuals were known to the Shielding Hub and therefore were not contacted by our Link Workers.



**Around 84%** of individuals did not require any ongoing support and around **12%** we were unable to contact.

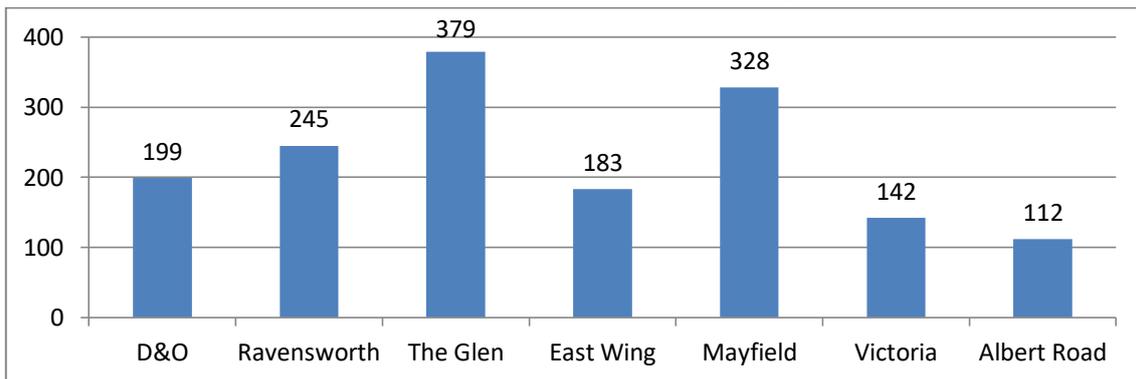
**12** individuals were offered and accepted a longer term intervention with a First Contact Clinical Link Worker.



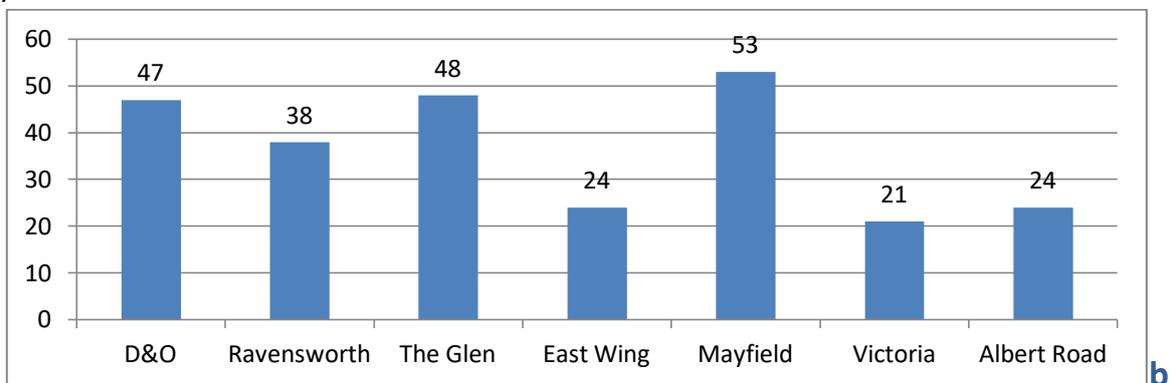


## West PCN

Lists were received from **7 of 8** practices in South PCN, totalling **1588** patients.

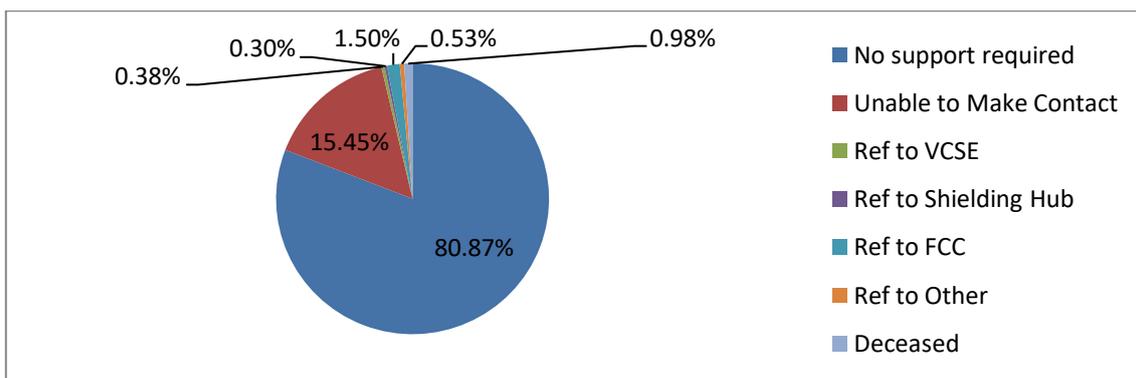


**255 (16.8%)** individuals were known to the Shielding Hub and therefore were not contacted by our Link Workers.



**Around 80%** of individuals did not require any ongoing support and around **15%** we were unable to contact.

**20** individuals were offered and accepted a longer term intervention with a First Contact Clinical Link Worker.





## Patient Stories

As well as the quantitative data we have provided, we are also keen to showcase the impact that we have seen as a result of some of the welfare calls made to individuals in South Tyneside.

We were met with an overwhelming sense of thanks and appreciation from a large proportion of individuals who appreciated that they were thought of during this difficult time.

Our staff regularly “tweet” good news stories on our organisational Twitter account (@FirstConClin) however here is a snapshot of some of these stories in case you have missed them.

### ‘Annie’

A Link Worker spoke to Annie who disclosed she wasn't coping well with the Covid-19 circumstances. She was really missing seeing her family and feeling isolated which was impacting on her mental health. Although she was maintaining positive self-help behaviours e.g. walking her dog twice a day, she described herself as "really struggling". Annie wasn't aware of what support was available during Covid-19 and she was reluctant to share her feelings with her family as she didn't want them to worry about her. She has now been connected to a Link Worker Coach within First Contact Clinical for ongoing support around her mental and emotional wellbeing.

### ‘Benjamin’

A Link Worker rang Benjamin who was feeling very isolated and had few family or friends. He was relying on a single family member to get his shopping who at the time was poorly. The Link Worker had a conversation about what really mattered to him. His reply was, "to have enough food in and to keep my mind busy so I don't over think things" The Link Worker ascertained that he liked doing jigsaws and really would benefit from keeping his mind busy and focused. Benjamin was signposted Hebburn Helps to support with a food parcel. The Link Worker rang and arranged this with as he was not confident on the phone. During the phone call with Hebburn Helps, the Link Worker relayed the Benjamin's desire to keep himself busy and they said they could get some jigsaws from a local school. They duly delivered both items to Benjamin who was 'over the moon' with this joint agency effort.



### **'Carrie'**

During a Covid19 welfare check, it was ascertained that Carrie was struggling to walk and stand unaided and had borrowed a frame from a friend. The Link Worker made a referral for an OT assessment, following which all necessary equipment was delivered in a short period of time. Carrie also discussed smoking cessation with the Link Worker, including past successes in this area and as a result is now contemplating quitting smoking again.

### **'David'**

During a Covid19 welfare check, David (who should have been shielding at home) was planning to get the Metro to the RVI hospital with his wife for an essential appointment, increasing his risk of developing Covid19. The Link Worker made a number of calls to his GP, Patient Transport Service and GoodSam, all of who were unable to provide support with safer transport. Keen not to give up, the Link Worker eventually made contact with the secretaries at the Macular service who advised me they could book him an ambulance if he rang the day before (which he did).



## Your Contacts

As a reminder, here are the Link Worker details for your practices

### West A – Joanne Black

[joanneblack@firstcontactclinical.co.uk](mailto:joanneblack@firstcontactclinical.co.uk)

Tel: 07853 427018

Dr. Dowsett & Overs

East Wing

The Glen

Victoria

### West B – Emily Robertson

[emilyrobertson@firstcontactclinical.co.uk](mailto:emilyrobertson@firstcontactclinical.co.uk)

Tel: 07885 896672

Albert Road

Ellison View

Mayfield

Ravensworth

### South A – Ragen Biggs

[ragenbiggs@firstcontactclinical.co.uk](mailto:ragenbiggs@firstcontactclinical.co.uk)

Tel: 07851 245094

Central

Imeary Street

Whitburn

### South B – Vicky Gilmore

[vickygilmore@firstcontactclinical.co.uk](mailto:vickygilmore@firstcontactclinical.co.uk)

Tel: 07739 364003

Colliery Court

Dr. Thornily Walker & Partners

Marsden Road

### East – Kirsten Ferguson

[kirstenferguson@firstcontactclinical.co.uk](mailto:kirstenferguson@firstcontactclinical.co.uk)

Tel: 07519 070817

Farnham

Wawn Street

St Georges

Wenlock

Talbot

West View

Trinity

The Service Manager at First Contact Clinical for the Link Workers is Nicola Marlor.

[nicolamarlor@firstcontactclinical.co.uk](mailto:nicolamarlor@firstcontactclinical.co.uk)

Tel: 07704 004022

You can also contact your South Tyneside Health Collaborative Network Liaison Officers, Holly Tufts (West and South PCN) and Donna Tomlin (East PCN) for more information.



## Appendix 1 – Volunteers Advert

### First Contact Clinical COVID-19 Volunteering Opportunities

#### Who are First Contact Clinical and what do we do?

First Contact Clinical is a social enterprise established in South Shields in 2008. We strive to make a difference to the health and wellbeing of people and communities by enabling healthy behaviour change. We specialise in delivering person centred, outcomes driven Behaviour Change services and Skills Training to people and professionals. For further information visit [www.firstcontactclinical.co.uk](http://www.firstcontactclinical.co.uk)

#### Opportunities – The Services (Non-COVID)

**A Better U Social Prescribing Service:** The A Better U Social Prescribing Service is community based delivered across South Tyneside with aims to: to improve the quality of life for people by increasing their skills, knowledge and confidence to manage their illness(es) and / or lifestyle behaviours; and to reduce costs and or improve value for the NHS in treating them.

Our Link Workers work across a number of pathways:

- Integrated Care Team – we support people to get involved in the local community and improve their health and wellbeing.
- Primary Care – we use a coaching approach to increase a person's skills, knowledge and confidence to manage their own health. We currently work with people with long-term conditions (COPD, CHD and Diabetes) or who are frequently attending for non-medical reasons.
- Secondary care – as above, but in a secondary care setting.

We use the Patient Activation Measure (PAM), where appropriate, to understand a person's level of activation. Patient activation describes people's skills, knowledge and confidence to manage their own health care (self-manage, or self-care).

The most effective way to increase people's activation is to use a coaching approach tailored to their starting level of activation. In our team we have three different Link Worker roles, with increasing competencies in the range of psychosocial interventions, ensuring those with the lowest PAM scores are offered the most intensive intervention. The higher the competencies, the more complex a cohort of people can be targeted.

**Ways to Wellness:** This is a Social Prescribing Service for people with long term conditions (LTCs) in the West of Newcastle upon Tyne. It aims to reduce health inequalities in this community and reduce the use of mainstream health services. Our team of Link Workers, based at GPs surgeries, help patients get the right balance between professional care and that available from a range of services in their community. Patients are encouraged to set goals and develop action plans that could include:

- Taking up and sustaining physical activity



- Healthy eating / cooking
- Social interaction
- Accessing welfare rights advice
- Supporting positive relationships

The link workers use our person-centred approach to behaviour change that develops the self-confidence people need to be active partners in managing their long-term health conditions.

## Opportunity

In response to COVID-19 we are supporting our system partners to ensure that people who are both vulnerable to the coronavirus and / or vulnerable to the protective measures are supported throughout the pandemic.

The volunteering opportunity is to undertake a remote Link Worker Support role. The tasks include:

- To work from a list, calling people identified as shielded / vulnerable / at risk.
- Identify any practical, physical care or emotional / mental wellbeing needs with support of a script.
- Provide further information, contact details or make referrals to organisations that can offer practical support.
- Connect with a FCC Link Worker for emotional / mental wellbeing needs or where the needs are not clearly understood.
- Include a short summary and category of need to the list before returning.

Requirements: Ability to email, use excel, access to phone or video calls.

Skills required: Confidence to make unprompted calls and introduce self as contacting in support of a GP practice. Confidence to enquire about current challenges include emotional and mental wellbeing. Good listening skills - listening to understand what matters to the person. Resilience to be prepared for what some (a minority) may share around some challenging situations.

What will be provided: Remote training (1.5 hours) on Emotional Health and Wellbeing. Awareness of safeguarding, boundaries and data confidentiality. Conversation pack including a script. Daily support via a zoom huddle to ask questions and debrief on calls made.



## Appendix 2 – Learning

Some of the FAQs and that arose and subsequent actions taken or advice given included;

- **Some individuals don't accept calls from blocked numbers (i.e. ones with 141 before them) so a call from a volunteer wouldn't go through** These individuals were reallocated to a staff member who could contact them from their work's phone
- **Some individuals were residing in care homes and the contact numbers given were for the office at the care home** We explained to the individual that answered the call that we were making a welfare call on behalf of the GP surgery and asked if there is any support needed for that individual; in most cases these individuals needed no support
- **The individual was asking about medical concerns/prescriptions etc.** We reiterated that we were phoning on behalf of the GP surgery and are not medical professionals. We advised and that they would need to call the surgery in the usual way to discuss any medical concerns/prescription queries etc.
- **The individual we called is deceased (call answered by a relative/friend)** GP practices were asked to inform us of anyone passing away so we could update the list but that didn't always occur. We passed on our apologies to the individual and explained that the list from which we were working was generated a few weeks ago
- **The individual was not following self-isolation advice and was determined to still go out, go the shops, see family/friends etc.** We could only reiterate the government advice about self-isolating and the risk to their welfare if they did contract the virus. Individuals still held personal responsibility for what they then chose to do
- **The individual contacted did not speak English** We recruited a volunteer who could translate in Urdu & Punjabi to support us with this
- **Some of the individuals on the list appeared to be under the age of 18** We called the number provided on their record, being aware that this may be for their parent/carer or may be the child themselves (if they are a teenager for example) If the child that answered we would ask the child to speak to their parent/carer