



Interim analysis on England returns for Public Health England

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OVERALL RESPONSES

Survey closed 8am Monday 27th April with 231 responses from across the UK, including 203 from those based in England

Responses: 167 at time of analysis on Friday 24th April (26 were outside England)

England 141 : GUMCAD sites approx 260 so >55% services represented so far (Final c80%)

Approx. 437 Health Advisers exist

Approx. 263 in service today

Approx 164 available to "redeploy"

Approx 351 contact tracing aware Nurses/Other available to "redeploy"

Approx 273 contact tracing aware Doctors available to "redeploy"

Approx total all of the above 788

However, when asked what is the MAXIMUM number of all staff you could redeploy while preserving essential services at home

Approx total all of the above drops to 442

Assumption: Sample representative of all services: Issue staff already redeployed: More if repatriated

REDEPLOYMENT ISSUES

PROBLEMS

- Staff already redeployed to ward based care, so service running on minimum staff, hence no capacity for redeploying to public health... BUT... if were returned from redeployment, we may have more capacity for contact tracing
- Scaling back up our services will require more staff in service not less.
- Would we need to cover salaries of furloughed staff plus new costs or salary when elsewhere?
- We could contribute a range of staff depending on the precise roles and if a range of training were on offer. There are a host of considerations. Where would they be based? What does the role entail? What about their health needs? What about their childcare needs? What about their capacity in terms of hours worked etc.
- We are unlikely to give any additional resources as our nursing staff are redeployed to help with the Covid-19 management
- If we contribute staff to public health based contact tracing we will struggle with immediate essential level sexual health functions.
- We have a third of our staff shielding/redeployed long term and we are being asked to provide " new normal" services i.e. as full as possible sexual health service including abortion/ HIV/ PrEP/ contraception/ menopause/STI services in a COVID hotspot. We have 1 HA only during non-COVID times. We cannot release any staff at the moment.

SOLUTIONS

- A number of our staff are redeployed across the Trust. In order to increase our capacity to support contact tracing we would need for these staff to return to the service. It would be a better use of their skills!
- All staff can work remotely from home!
- If we continue to be consolidated at our service as is, we can allocate staff on a day to day basis which would optimize the support we can give to PHE.
- At the moment everyone is working part time so hours could be increased
- We can do one day at our service and help with contact tracing for the rest
- Currently most of our nurses are involved in testing NHS staff with possible Covid and giving results of this out to enable NHS staff to return to work promptly. Some of this work could be done by other staff and our staff could be doing this if PHE deemed more appropriate.
- **Our staff are keen to be involved**
- At the moment we have capacity to contribute to public health contact tracing; this could change though over the coming months.
- There are a number of retired Health Advisors/Other Staff too who would be able to be contacted through services if that was considered an option.

What additional resources, if any, would your service require to support your service to MAXIMISE its ability to contribute to public health based contact tracing while maintaining essential and intermediate level sexual health functions in the weeks and months ahead?

RESOURCES NEEDED TO FREE UP CAPACITY

- Funding for phone consultations, courier supply of medication and online supply of contraception.
- Support in scaling back up services particularly those that need to be face to face e.g. LARC
- Option of funding for additional hours for part time staff or will you pay that
- The relevant IT systems and ideally the option to do work remotely for skilled staff that are currently shielding at home.
- **TRAINING**
- This would work best if there we had maximal functionality of Online Services and Digital & Postal Offers available. These are not available as yet.
- Biggest impact to release capacity would be Online Emergency and Oral Contraception.
- **Help us to help you please!**
- Ability to do video consultations (Our computers have no webcams or microphones)
- Ability for external remote access for some nursing staff
- Backfill/bank support for nursing staff
- Resources for Medical support at Senior level due to shift in type of care if Nurses/HAs go
- Ability for those contributing to the CT effort to work part of the week and remotely.
- IT equipment giving ability to do it flexibly and from home
- Currently we are engaged with our local PH Dept to offer them support and advice re contact tracing and to look at ways we could work with and support them in set up and delivery
- Staff identified for redeployment in Acute NHS Trust would be better skilled at contributing to Contact Tracing - other resources elsewhere in acute system settings may reduce this need
- Facility for secure photo-diagnosis
- Telecare STI partner notification software to be enabled in all GUM Services to free up additional capacity
- PPE
- It would all depend on how the lock down release was managed and how we move back to a "normal" service provision