Overall objectives and strategy for health and social care

Strategic objectives:

Keep people safe

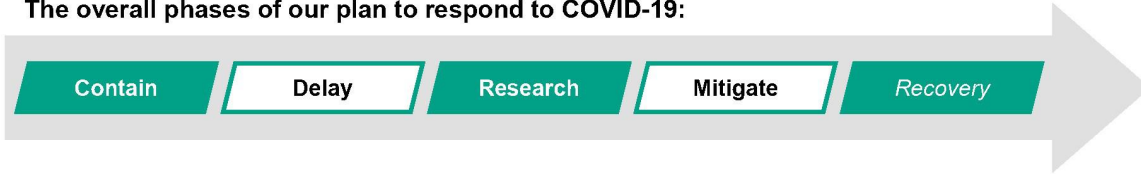**NHS** Protect our NHS

Minimise deaths

Protect the adult social care system

The overall phases of our plan to respond to COVID-19:

Contain | Delay | Research | Mitigate | *Recovery*

Six current workstreams, aiming to:

1) Sustain health and social care **resilience** – especially critical care capacity and workforce

2) Ensure **supply** to the NHS – incl. PPE and ventilators

3) Deliver widespread **testing** – incl. antibody tests

4) Accelerate **technology** – incl. treatments, data, apps and vaccines

5) Slow the spread through **social distancing**

6) Protect the most vulnerable through **shielding**

Actions planned	Milestones	Funding commitments	Impact	Potential mitigations / escalations	Key data and trajectory
1. Identify vulnerable patient list (900k – 1.5m).	**1a.** Initial group identified 20/03 by NHS Digital – 898k.	£90-250m agreed in principle with CST for community pharmacy prescription deliveries.	900k in England have been identified by patient lists and advised to shield. Additionally, GPs are able to also recommend that their vulnerable patients shield – these patients will also be eligible for support.	Shielding is for the personal protection of the clinically extremely vulnerable, it is ultimately for the individual to decide whether to comply. Behavioural nudges and ongoing clinical support to individuals will promote compliance.	<u>Pharmacy delivery numbers</u> (data will be provided by community pharmacies to generate payment for deliveries).
2. Agree shielding guidance.	**1b.** GPs and specialist doctors to identify other at-risk people not on initial list who they believe should also be shielding (from 23/03).				Number of people receiving the support package (DEFRA / MHCLG).
3. Contact 900k identified as at risk from central NHS data by text and letter.	**2.** Guidance agreed 21/03 (to be published 22/03).	£1.6 billion announced for LAs to support care providers with additional cost pressures from Covid-19.	<u>Impact on mortality and rates of incidence</u> If we had no other interventions in place, this policy might reduce the number of deaths in these 900,000-1,500,000 people by 70,000-120,000 and ICU by 95,000-160,000.	DHSC will continue working closely with MHCLG and Defra to ensure the x-gov Local Support System package.	<u>Measuring transmission and hospitalisation rates</u> It will be possible to retrospectively report true ICU and hospitalisation rate. We will know exactly who the group are via coding.
4. Website and phone line, alongside back up contact measures, established to ensure individuals register for support *(GDS/MHCLG)*.	**3.** Letters and text messages to commence being sent 23/03.		If the other interventions were to reduce the total number of cases during the epidemic by 50%, the policy might reduce the number of deaths by 35,000-60,000 and ICU by 45,000-800,00.	Wider guidance / support for LAs.	
5. Local Support System – essential grocery deliveries provided for shielded people needing support to get food and basics *(DEFRA/MHCLG)*.	**4.** Website currently planned to go live 23/03. National helpline expected to go live 23/03 for support registration (GDS / MHCLG).		If the other interventions were to reduce the total number of cases during the epidemic by 90%, the policy might reduce the number of deaths by 7,000-12,000 and ICU by 10,000-16,000.	Military planners to help LRFs scope out their plans for shielding and delivery of the Local Support System in situ on the ground; risk assessments of LRFs by the regional leads.	Even if patients in this group stay at home with/without mild symptoms and are never tested we could in theory report a true hospitalisation/ICU rate retrospectively.
6. Pharmacy – arrangements with community pharmacy to enable delivery of medicines to shielded who require delivery.	**5.** First food deliveries expected to start within 7 days (DEFRA/MHCLG).		<u>Impact on NHS ICU bed need if no other interventions in place</u> Estimated 1.0m-1.6m ICU bed day reduction.		It is likely that anybody who gets the disease from this vulnerable group will have a severe illness so we will find out who they are.
	6a. Prescription funding agreed and distributed to community pharmacy network 21/03 **6b.** Community prescription delivery model goes live 27/03 (note 75% of pharmacies already deliver, the model increases capacity).		This means on average 22k-40k fewer ICU beds needed each day over peak 3 weeks (or 20k-35k fewer each day over peak 5 weeks).		Transmission rates – tbd (high complexity).

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