

Joanne Harrison

Subject: Letter from independent Domiciliary care providers
Attachments: Covid19 Homecare.pdf

From: [NR] <[NR]@ihcp.co.uk>
Date: Monday, 23 March 2020 at 22:44
To: Brendan Whittle <Brendan.Whittle@hscni.net>, Marie Roulston <Marie.Roulston@hscni.net>, [NR]
Name Redacted @hscni.net
Cc: [NR]@COPNI.ORG
Subject: Letter from independent Domiciliary care providers

I attach a copy of a letter issued this evening for your information. Please note providers have issued this indicating that the letter will be held for 24 hours and then released to the press.

Best Regards

[NR]

[NR]
CEO ihcp

Mobile number: [Irrelevant & Sensitive]





23rd March 2020

Dear Minister, Mr Richard Pengelly, Mr Michael McBride, Mr Sean Holland, Mr Mark Lee,

As the largest providers of Homecare in Northern Ireland we are writing to you to express our dissatisfaction and frustration at the insufficient leadership and action from the Department and Trusts in relation to the Covid 19 challenge. Whilst we understand that the focus is on the clinical aspects of the challenges presented by Covid 19 it remains an inescapable truth that Homecare will be one of the few, or only solutions, to shield our older population from this virus and indeed to care for them following the identification of symptoms or a positive diagnosis.

Our Carers are on the front line, today, facing the biggest pandemic in a Century with limited PPE, inconsistent and contradictory advice or support from Trusts, incredibly anxious and vulnerable staff, clients/next of kin and an absence of any clear understanding of what role Homecare will actually play in the ensuing crisis. We would make the following points:

- Homecare Workers are continually overlooked in policy guidance with little or no regard to the risk of contamination from delivering personal care. Requests to deliver care without masks or visors, to symptomatic clients, is entirely unacceptable. Additionally, we have still no community testing for any staff leading to staff potentially needlessly self-isolating that could otherwise be supporting service users and ergo the system. In addition, there is no testing of service users – resulting in potentially extreme distress for both them, their families and additional potential unnecessary use of scarce PPE.
- We find it incredible that Care Workers are not included in the Access NI definition of Priority: 1 – ‘Priority 1 Applications for anyone who is directly involved in dealing with the coronavirus, including urgent barred list checks if requested by other Departments and subject to Ministerial agreement’ – Our staff are no less frontline than those working in the hospitals and Primary Care settings. We have between us as providers, hundreds of staff with Access NI pending – please give this urgent attention. In addition to Access NI requirements, we need temporarily relaxed recruitment processes to rebuild what will be a depleted workforce. We need confirmation from RQIA about its expectations in terms of annual mandatory training, NISCC renewal payments, referral arrangements, client and care assistant monitoring during this pandemic.
- We believe Homecare needs to develop Covid 19 specific teams to look after clients who are symptomatic – this needs to be a solution provided by multiple providers – volunteers need sourced and trained immediately. Carers providing care to other clients who remain symptom free is non sensical and represents an unacceptable risk profile. As yet limited direction on this has been provided by Trusts. It will be too late to mobilise these teams as the surge arrives. Only one Trust has had the vision to develop an internal Covid 19 team - whilst laudable it has limited capacity and has been unable to cover multiple visits for symptomatic clients.
- We have received assurances from one Health Trust that care workers incomes will be protected during this critical period and would request this guarantee at regional level without delay. Care workers rotas are being dramatically reduced owing to considerable call cancellations and stand to suffer significant reduction in their wages. What we require is assurance from all Health Trusts that calls cancelled by service users/families due to safeguarding fears, about the Corona virus, will still be paid to enable staff to maintain income. This is the least that can be done to support staff continuing to work on the front line given the government pledge to support people who have been asked to stay at home. Mr Hollands letter issued today does provide some support but only in the event that Independent Providers lose 20% of their income – in addition there is confusion over the Trusts seeking repayments for non-delivered calls post pandemic

with some Trusts confirming they will recover missed calls – some suggesting this will be immediate and others after a two week period has elapsed. Can this be clarified as a matter of urgency.

It is apparent the Department and Trust has limited attention for anything other than action within Acute and Primary Care settings. We are entirely understanding of the pending pressures on our colleagues within these settings. However, this absolute focus fails to recognise or appreciate the role Homecare must play. As a Group of providers, we give our absolute commitment to the solutions which must be mobilised. However, without appropriate policy cover, action, strategy and understanding this virus will have a lasting and profound effect on the most vulnerable demographic in this pandemic. As more and more older people self-isolate our Carers will be the only people this demographic is likely to see for months. We are the hands, ears and eyes of the entire Health and Social Care system.

Finally, we understand our Carers may have to be deployed to other parts of the Health and Social Care system as the crisis grows. This skilled workforce should be considered as a valuable resource to sustain or augment other elements of the Health and Social Care response as the virus takes hold of our communities – dependant on the relevant strain within the Homecare sector.

However, we need leadership and actions which will allow our teams to slow the transition of the virus, protect the most vulnerable and our people. We cannot allow our staff to be used as 'cannon fodder' in this pandemic.

Yours faithfully

Prof George Crooks OBE
Chair Clinical Governance Board
Connected Health

Caroline Rafferty
Managing Director
Homecare Independent Living

Lesley Megarity
CEO
Optimum Care
UKHCA Board Member

Patrick McQuade
Managing Director
Ann's Homecare

Pierre Burns
Managing Director
Lydian Care

Pauline Shepherd
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CC:

HSCB, CEO, Valerie Watts

BSO, CEO, Liam McIvor

RQIA, CEO, Olive Macleod

UKCHA, CEO, Dr Jane Townson

NISCC, CEO, Patricia Higgins