COVID-19 Oxygen Saturation Service

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SPCL is:

• A Limited Company formed by local GPs in 2014
• The GP practices are owners and shareholders

SPCL was created to:

• Increase the capacity of practices and develop/tender for new services
• Make efficiency savings by economies of scale
• Strengthen and improve clinical governance and be able to demonstrate the quality and safety of our services
• Develop training and education capacity by central coordination
• Improve local service integration across practices and other providers

(align with Southampton Better Care)
Notable Achievements

• Shared IT and Telephony – EMIS/TPP
• Direct Booking
• Access to full medical records
• Flexible workforce
• City-wide support working across organisational boundaries
• Primary Care resilience “Pressure Valve” (Bloods / Solent)
• Gap Analysis and service redesign – Innovation and proof of concept, procurement
• Back House Functions (HR and Legal support)
• Training College (HEE Accreditation, LMC, Sirius, Fourteen Fish)
• Systems and Processes...
SPCL vision

1942 Beveridge Report
Squalor, ignorance, want, idleness, disease.

Resources, fully engaged, improving health, prevention, community-based services.

2006 DoH
"Our Health, Our Care, Our Say"
Improving hospitals and social care, independence, wellbeing, early intervention, importance of mental and emotional health.

2008 Dame Black
"Working for a Healthier Tomorrow"
Multi-disciplinary approach tailored to specific needs of an individual. Model of "Wellness".

2008 Lord Darzi
High Quality Care For All
Change – locally-led, patient centred and clinically driven.

Give every child the best start in life.
Enable all children, young people and adults to maximise their capabilities and empower them.

2012 Health and Social Care Act
Empowers providers to innovate.
Local patient centred with services specific to individual need. New focus on prevention and personal responsibility.
Current services

• Cold site 0800 - 2200 GP/Prescribing ANP and HCA appointments 7 days a week
• First contact physio 2.5FTE a week Telephone / video and F2F appointments
• LARC clinics
• EHCH (Enhanced Health and Care Homes) service- Annual reviews, post discharge, fall and ambulance call out/A+E attendance, acute visits and long-term conditions reviews 0800-1700 5 days a week
• EHCH Clinical Advice and Guidance Line 0800-2200 7 days a week
• EHCH Band 4 bloods LTC monitoring 0800-1600 5 days a week
• EHCH Flu planning and vaccines
• IVAB’s service in conjunction with Solent
• Social Prescribers
• Telemedicine 24/7 cover for all nursing homes and carer homes collaboration with UHS and North Hampshire Hospital
• Domiciliary bloods for Solent/ SMS
• Asylum seeker medical assessments
<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
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</table>
| Clinical Triage                              | - 111 and practices  
- 0800-2200 7 days a week                                      |
| AVS (Hot)                                    | - 9:00 -17:30  
- 5 days a week                                              |
| Hot site                                     | - 8:00-22:00  
- 7 days/week  
- GP and Prescribing ANP  
- COVID testing provision  |
| Oxygen saturation monitoring                 | - Clinical Assess 8:00-22:00  
- 7 days a week                                                  |
| TEP planning                                 |                                                                         |
| COVID end of life monitoring & VOD           | - Visits 8:00-22:00  
- 7 days a week                                              |
| Safe and Certain                             | - COVID testing pilot in Southampton                                   |
| Primary care support                         | - Discharge to assess hotel                                            |
## SPCL COVID-19 services – wave 2

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours</th>
<th>Days</th>
<th>Notes</th>
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<tbody>
<tr>
<td><strong>Hot site</strong></td>
<td>8:00-22:00</td>
<td>7 days/week</td>
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<td><strong>TEP planning</strong></td>
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<tr>
<td><strong>Home oxygen provision</strong></td>
<td>In preparation for wave 2</td>
<td></td>
<td>Step-up and step-down COVID</td>
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### Oxygen saturation service: process

<table>
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<th>Step</th>
<th>Description</th>
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| Patient has COVID symptoms                                          | - calls 111 or  
- OGP referral to SPCL or  
- EHCH team refers to SPCL triage clinician |
| Patient assessed by SPCL clinician                                  | - Identified as a candidate for home monitoring or  
- F2F visit or  
- Advice with safety netting |
| Admin team registers patient and allocates sats probe asset number via APP |             |
| Patient given sats probe and information pack                        |             |
| Patient is monitored:                                                | - Receives daily follow-up call from SPCL clinician  
- Open access to SPCL clinicians 8:00-22:00 7 days/week |
| SPCL clinician assesses safe to cease monitoring                     |             |
| Or patient admitted to hospital                                      |             |
| Or EOL pathway                                                       |             |
Oxygen saturation service: patient journey

- Patient has COVID symptoms
- Own GP refers to SPCL
- EHCH refers to SPCL triage
- 111 refers to SPCL

Patient given information pack and sats probe via APP. Arranges delivery in needed.

Patient reassessed daily.

Open access to SPCL clinicians.

Clinically better
- Admit to hospital
- EOL pathway

Sats probe returned
Safety Considerations

Is the patient suitable for home monitoring?
• Is it safe to leave them at home?
• Understanding?
• Communication difficulties?
• Able to call if concerned?
Operational considerations

- Administration
- Allocation
- Delivery
- Tracking
- Appointments
- Collection
- Follow up
- Decontamination
Asset tracking App

- Designed in house
- 500 sats probes all asset ID
- Logs asset to patient
- Daily patient contact log
- Checks out asset on return to SPCL
Infection control considerations

Courier drops information pack and sats probe to patient so isolation is maintained

Courier leaves probe on doorstep and returns to car before calling patient and notifying them of delivery

On collection the patient is asked to leave the sats probe in the plastic bag provided on the doorstep

Courier in Full PPE - Probe is transported in sealed plastic box to HOT clinical area

The probe is kept in HOT designated clinical area for 72 hours before opening and is decontaminated according to current IPC guidance (PHE 2020)
Table 1-Number of patients monitored at home 6th April-17th Sept 2020

- Patients who recovered: 13
- Patients admitted to hospital: 3
- Patients currently being monitored: 257
Secondary care admission outcomes

- One patient did not survive despite ITU admission. That person was on monitoring for 11 days with oxygen saturations of 96-97% but on day 11 had a change in behaviour and oxygen saturation levels had dropped to 84% and they were admitted via 999 ambulance.

- Four patients were admitted to secondary care following their first phone call by the SPCL team to get their readings and reassess them clinically after they had all reported mild (2A) to moderate (2B) symptoms (Southampton CCG 2020) on their original triage call.

- One patient declined assessment at HOT site initially following triage call for worsening cough for 3 weeks. Known autoimmune disease. Sats probe sent out, tachy 133 bpm but sats 98% persuaded to come into HOT site for review. Chest quiet all lobes- admitted for 2 days then discharged.

- One initially declined assessment for cough, SOB and generally unwell. Type 1 diabetic. Tachy 115bpm, sats 98%- declined to come in for review. Following morning SPCL clinicians call Tachy 120bpm, sats 97% agreed to HOT site appointment. Reduced air entry, sats 95%, tachy 120bpm admission arranged.

- Six patients were monitored at home for between 9-15 days before having to be admitted to secondary care for suspected postnatal PE and ongoing SOB / COVID symptoms.

- Three of the patients were picked back up by the SPCL team post discharge and monitored until better.
Data: number of patients monitored each day
Data: length of time monitored
Age range of patients being monitored:

- 0-10 years: 1
- 10-20 years: 5
- 20-30 years: 23
- 30-40 years: 39
- 40-50 years: 55
- 50-60 years: 56
- 60-70 years: 41
- 70-80 years: 43
- 80-90 years: 41
- 90-100 years: 2

Number of patients per age range.
Patient feedback

“I felt so relieved to be monitored at home and I found the Sats readings very reassuring when my breathing felt so bad”

“I didn’t want to go into hospital and felt so grateful to be contacted daily by the team”

“I work as a nurse and didn’t want to have to go to hospital - thank you so much”

“the service has been amazing it would have been really traumatic trying to manage our Son in hospital”

“I am very anxious and knowing I could keep an eye on my levels and speak to a GP was fantastic”
System-wide benefits

✓ Southampton City Wide

✓ Whole patient journey

✓ Clinicians experienced in COVID

✓ Silent hypoxia picked up quickly

✓ Admission reductions to secondary care (270 patients and only 13 admissions)

✓ Patients reassured and happy not to have to go into hospital
References

Accessed 24.09.2020


