

**Bromley Healthcare CIC** set up a community COVID-19 monitoring service in two days to manage referrals from NHS 111. A multidisciplinary team of community matrons, respiratory specialists, GPs and consultant paediatricians undertook the clinical assessments, with a target response time of two hours. If patients were assessed to need low support, they were offered advice and a 24/7 hotline in case they had any concerns or queries. If patients were assessed as complex, they received a daily check-in call from the multidisciplinary team and the same 24/7 hotline. The community COVID-19 monitoring service could book directly into the 'hot' clinic (run by the GP federation) or request a home visit from the rapid response team to avoid hospital admission. Oxymeters were distributed to patients to support review. Patients who were anxious were referred to the Bromley Talk Together service (IAPT) for support. Only 7 per cent of referrals were admitted to hospital. Access to operational data has enabled effective management of this new service and ensured that all patients received their daily call.

Community provider boards have adapted well to holding board and committee meetings virtually. This has expanded attendance and encouraged participation. It has also allowed boards to be more effective, strategic and forward looking. Leaders of community providers would welcome national and regional NHSEI teams supporting the continued use of this digital technology, where appropriate, alongside the reduction in contract monitoring and negotiations during COVID-19.

## Supporting staff in the community

The impact of COVID-19 on staff in community health services has been significant. Staff were already tired after a difficult winter when COVID-19 hit. They have been working under pressure and in highly stressful environments for months. Community service providers have worked tirelessly to support their staff who are often spread out across hundreds of sites or work remotely, and are very conscious that they will need the opportunity to recover and rest after this extremely challenging period.

Community providers welcomed the 2.8 per cent pay rise for doctors, which was announced on 21 July, but stress the importance of providing central funding to recognise the additional work undertaken by community staff in all roles and professions during the pandemic. Colleagues in social care have also been working under intense strain during the pandemic and must be equally rewarded for their efforts by increased funding to local authorities, as well as a long-term financial settlement. While the recently published [People Plan](#) rightly focuses on a commitment to look after staff, the government must still provide a sufficient multi-year financial settlement to tackle the workforce crisis and deliver a coherent approach across health and social care.

In response to the growing evidence that black and minority ethnic (BME) groups are disproportionately affected by COVID-19, NHSEI instructed providers to risk assess BME staff (29 April 2020). Many community service providers were already working with their staff to address the potential increased risk. They engaged with their BME staff members to find out what support they needed and worked with community and faith leaders to identify potential actions and initiatives to support local BME communities. For example, Derbyshire Community Health Services NHS Trust built its own risk assessment tool following engagement with its BME workforce and provided support including training for line managers.\*\*

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\*\* As presented at the NHSEI COVID-19 webinar for NHS community health services on 22 May 2020.