



Since 2009 Focused Care has existed in order to support the most vulnerable patients. Our motto is to “make the invisible, visible” and working with GP Teams across Greater Manchester none of this has changed since the beginning of the COVID-19 outbreak.

Now more than ever our experienced workers are well placed to identify and support patients with complex health and social issues and, unfortunately, we expect the need will only grow over the next weeks and months. And so on the ground our team has stepped up, adapted, responded and continued to support vulnerable patients at this particularly difficult time.



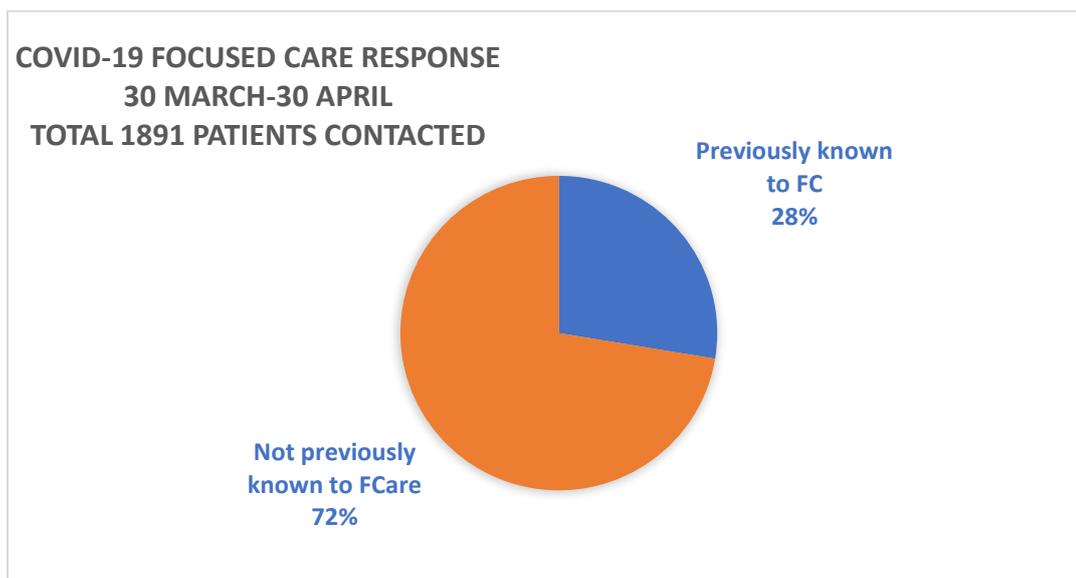
Figure 1 Focused Care team March 2020

Below are some examples of how Focused Care is helping to support those who otherwise fall through the gaps:

**Update 30 April 2020:**

Since Lockdown has begun our teams have been recording all the interactions they have had with patients over this time.

Please find below the latest figures across Focused Care since COVID-19 related reporting began on 30<sup>th</sup> March –30<sup>th</sup> April 2020

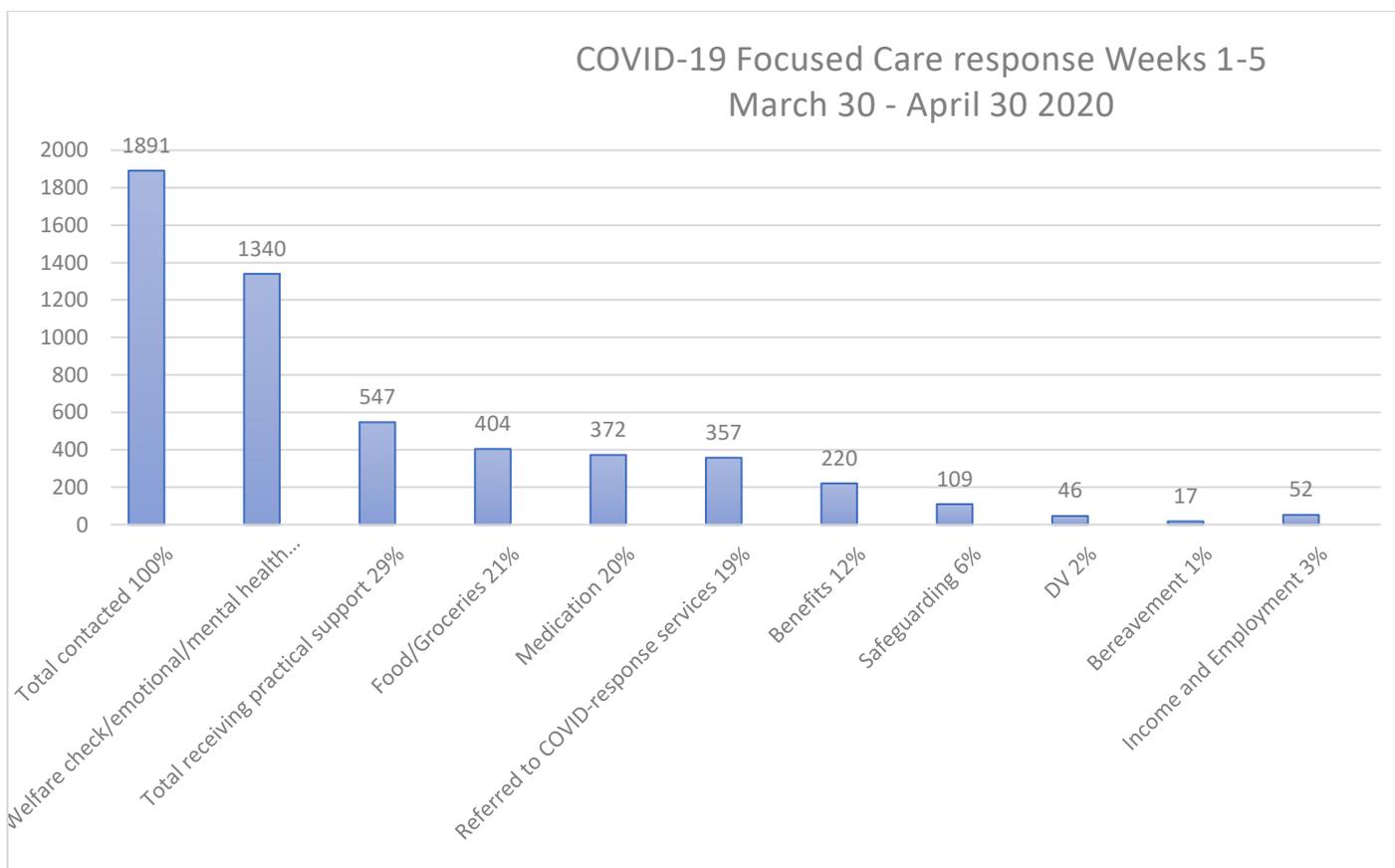


- 1891 patients have been contacted by Focused Care Practitioners during the COVID period.
- 522 patients contacted are known to Focused Care (28% of patients contacted), 1369 patients are not known to Focused Care (72% of patients contacted).



**Support breakdown. Workers were asked to briefly outline the main issues of support offered. Some patients would have been supported in more than one category, therefore percentages are calculated out of the total of 1818 contacts.**

- 1340 (71%) patients were provided with a welfare/emotional wellbeing check
- 404 (21%) patients were assisted with food/groceries (shopping deliveries, food bank vouchers given, signed up for gov't food boxes etc.).
- 372 (20%) patients were assisted with medication (collection of medication, liaison with pharmacist on behalf of patient etc.)
- 357 (19%) patients were referred to another service external from Focused Care (NHS Volunteers service, Mind, smoking cessation services, Age UK etc.).
- 220 (12%) patients were assisted with issues related to benefits (claiming for UC, PIP etc.).
- 109 (6%) patients presented with a safeguarding issue.
- 46 (2%) patients presented with an issue related to DV.
- 17 (1%) patients were provided with support for bereavement.
- 52 (3%) patients were provided with support for employment and income issues.





Different areas and GP surgeries have responded differently to the crisis internally, and whilst Focused Care has a greater presence in Oldham with 11 workers, similar ratios are demonstrated across the company of those new to Focused Care and support being offered.

**Oldham + Hub (11 workers) 23 practices**

- 1258 patients have been contacted by Focused Care Practitioners in Oldham + Hub.
- 381 patients contacted are known to Focused Care (30%), 877 patients were not previously known to Focused Care (70%).

**Rochdale Hub (5.5 workers)**

- 345 patients have been contacted by Focused Care Practitioners in Rochdale Hub.
- 89 patients contacted are known to Focused Care (20%), 256 patients are not known to Focused Care (80%).

**Central Hub (5 workers)**

- 288 patients have been contacted by Focused Care Practitioners in Central Hub.
- 76 patients contacted are known to Focused Care (27%), 212 patients are not known to Focused Care (73%).

As the crisis continues we are noting that services have responded very well to physical needs such as food and essential supplies on the ground and support is becoming well established as supermarkets, local charities, and local response networks are now starting to take shape. However, some situations have been heightened such as those with mental health and addiction issues, and households where Domestic Violence is an issue. There is concern within Primary Care that those with long-term conditions or routine health problems are not accessing care, that children are being kept away from health services until it may be too late, and our teams will continue to support these patients and their surgeries as the current situation changes and evolves. We will continue to monitor and respond to these issues and report monthly in relation to the issues and situations addressed.

Initial response 01<sup>st</sup> April 2020 update:

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**ADAPTED WORKING AND WELFARE CHECKS:**

Workers are still coming into surgeries where possible although, as elsewhere, the vast majority of our work is now done over the telephone, and where necessary home working is being put in place to reduce space pressure on surgeries, and reduce of spreading infection.

Our teams are supporting surgeries by contacting vulnerable patients with welfare calls, being a contact point for patients and pharmacies when they are struggling to get through to the practice on usual phonelines, and are carrying out what support work they can on the phone or online. Practitioners are continuing to collate a list of local services and what

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*I am currently working my way through a list of vulnerable patients, those high risk, that are aged 90+ and the HCAs are contacting the 70+ and 80+ patients and will send any that are not supported or have other issues that require intervention onto me via email. We are completing a questionnaire that highlights the support they receive and who can be contacted in respect of next of kin. I will then be looking at carers for these vulnerable patients to ensure that they are able to access services and feel supported.*

*Wendy, Stockport*

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offers are available for the local patients, running errands, and will refer to the NHS Volunteer Responders as these come in place.

A lot of calls have been made to reassure patients, to reinforce the national handwashing and social distancing guidance, and to give support and help patients to plan during the current situation.

Patients main anxieties are around repeat prescriptions and getting medication on time. Workers have been coaching patients to order prescriptions online where possible and liaising with pharmacies to set up dosette boxes for the most vulnerable, or organising medication via the surgery.

Access to food and essential items are quite a worry, Housebound patients who usually rely on internet shopping and food deliveries are really struggling as these slots are all taken up due to social distancing.

As foodbanks also struggle with supply quantities and reduced staffing levels, workers have been sourcing supplies from community groups or picking up some extra items for patients, leaving them on driveways wearing protective equipment, and working with foodbanks for families with extra vulnerabilities.

Other concerns are for homeless patients if all the hotels are shut down, and asylum seekers who are concerned about their applications and support under lockdown.

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*One lady, whose online order was not going to arrive in the normal timescale, was desperate for toilet rolls. I managed to get some from the manager when the shop floor was empty!) – I left them on the front doorstep to keep my distance.*  
Roz, Oldham

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#### CANCELLED APPOINTMENTS AND CHANGES TO SYSTEMS

There is a lot of concern around missed appointments for urgent or routine health conditions which have been cancelled. With 2week wait (cancer) appointments being cancelled this proves another worry. One patient who had just got an appointment with an eating disorder clinic after years of waiting has also had that cancelled. When Patients' appointments aren't cancelled this now also poses a further question around patient transport and distancing. Focused Care Practitioners are helping to support patients during this uncertain time and doing what they can to provide reassurance and distraction, and will escalate concerns if they feel it necessary

Form filling has also moved online, or practitioners have made calls with patients over the phone so that vital benefits are not missed during this difficult time. This includes providing health information to a court to support a patient's PIP assessment over the phone. Many patients do not have online access, or smart phones, some do not even have a phone for safety reasons, and so Focused Care Practitioners are finding ways to make sure they stay in contact, including writing letters, text messaging and talking through windows at a distance.

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*For anxious patients with money management issues I have rung up from outside their house, they have posted the letters/bills through the letterbox to me (with a few shouted greetings!) and I have collected them wearing gloves and then dealt with them over the phone before reassuring the patient.* Ruth, Oldham

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Some of our team have put together a wellbeing pack for families with children at home including some printed out colouring sheets and crayons, some sunflower seeds and a bag of soil and a few other bits to encourage the family with a printed card so they don't feel alone.



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*This week I am going to drop a little activity gift off at my more isolated suicidal patients, so that they feel cared for and have something to do with their hands: adult colouring books are good. And for parents who are already struggling with their children on various levels of safeguarding, I hope to drop off activity games. (I have some gifts still left over from my Christmas hamper gifts to patients, amazingly)*

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*Some good news – Before social distancing I finally found accommodation for a patient with suicidal thoughts - this is delayed understandably but some of his thoughts aren't too rational around this situation and I am regularly reminding him of the hope of this move and encouraging him to look forward. Juliet, Manchester*

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vulnerable and isolated population, and we will continue to monitor and adapt our response as situations develop. Even in a time of darkness, our teams can still be good news. 1<sup>st</sup> April 2020.

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*I am working collaboratively with setting up the new COVID structure in our neighbourhood, with the council, housing, foodbank and church and charitable groups so that we can co-ordinate care to the vulnerable. I have set up a contact list for the surgery of all the new community ways of working so that anyone in the surgery can give the answers to practical questions of care and I am adapting this as it changes.*

From early days of social isolation:

“I took a blind patient to the local care centre for an appointment, I couldn't social distance as he needs to link to walk, there was no hand gel at the centre but I had some in the car. The patient and I both wore gloves, and I sat him in the back of the car on the passenger side. I wasn't allowed to accompany him to the consultation, he had to find his way to the room with me shouting directions to miss chairs and fire extinguishers etc.

We both wore long sleeve clothes so there was no skin to skin contact but not sure what good that would have done, but at least he got to his appointment. I wiped down all the inside of my car on return to surgery.” *Lisa, Oldham*

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#### COMMUNITY WORKING

There are still gaps in the system, and whilst services are regrouping on the ground, Focused Care is using its expert community knowledge to help co-ordinate the effort and in regular contact with other services responding to the crisis.

Mental health services in particular are at reduced capacity and often only working with patients they already have contact with. Whilst our workers are aware of these patients, they are doing what they can to support them and will continue to make them known to the system as it changes and adapts.

Some patients are actually enjoying the slowed-down approach, with less people around helping to calm nerves.

Even as this is being written up some of it feels like old news as guidelines change daily and new services are put in place, so it is important to see the positives and continue to bring some hope for our most



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*One quick good news (for me):*

*I was referred a patient who was difficult to engage in the early stages and was quite combative when I went to the house following a series of failed encounters. As I rang through my list of patients, I called upon her. That morning she'd had a medical episode and didn't have the equipment she needed. She was also running low on basic food. Together with a colleague, we managed to provide the equipment she needed and a small food parcel for doorstep delivery within an hour or so. That practical help when she needed the most has led the way to her engagement with Focused Care.*

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*Every cloud...*

*Dave has been on any sort of substance abuse going. However, he got into a bad way with injecting into his legs, which got very infected, and was also evicted from his property. So I worked with housing, saying that he needs to be placed in temporary accommodation in Oldham so that he can be near medical help as I did not think he would live, he is losing so much weight.*

*He was placed in homeless accommodation and then moved with the COVID re-shuffle. I sorted out his antibiotic prescription with the GP and took him a "homeless" food bag (he has only a kettle in his room). I sat in the car and he stood outside the passenger window and we chatted. I have never seen him so lucid and pleasant: because of the moves and the fact that he is now in rural Oldham in a hotel, he cannot (yet!) access his usual drugs contacts. He was relaxed and showed no anxiety: a first!*

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*"I am working with a patient at A Surgery, she was an inactive case, but I knew she had no-one and just wanted to check she was ok. When I rang she advised she had a cough and coronavirus symptoms. The patient also has COPD and asthma she was advised to isolate but she had no one to help with shopping so I took her some bits and asked the practice nurse just to check on her.*

*I have contacted her each day to check she is ok, I have arranged for her to have shopping completed and meals delivered she can heat in the microwave from a local charity Inspire. The patient has said she wouldn't have coped if I hadn't have kept in touch, she has a history of mental health and alcohol misuse and the support the practice nurse and I have given is helping her mental health to stay stable and her to have a reason to keep positive throughout the pandemic ."*

*Alison, Manchester*

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*Some good news - I have one family where granny, mother and granddaughter all live in a 2 bedroomed adapted bungalow. They all have different health complaints. Just before COVID clamped down, the daughter went into hospital for a serious operation. I had set up a carer scheme with the family and also an MDT. The Granny is a matriarchal dominant lady who embraces all her conditions including Dementia – which she has yet to be diagnosed with!*

*However, when COVID lock down happened, she found that she was not only able to look after her daughter (instead of the other way around) but that she enjoyed it! So, when I rang and asked how they are all doing, it was the most positive conversation I have ever had with her. She has escaped from her pity-me identity by having to care for her daughter.*

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