



## **Strategic Programme for Primary Care - 24/7 Model Work Stream**

### **Primary and Community Care Implementation Planning for COVID-19**

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**Strategic Programme for Primary Care** - Ceri Davies, Project Advisor, Sue Morgan, National Director for Primary Care

**College of Human and Health Sciences, Swansea University** – Michael Wilson, Research Officer, Jaynie Rance, Professor of Health Psychology

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## Executive Summary

Throughout Wales, each Health Board (HB) is working with each of the 64 Clusters to develop plans and establish hubs for the examination and processing of people presenting with symptoms of COVID-19.

Each Cluster has considered and agreed with their HB the model that best suits their local context and arrangements depending on demographics and local resources available. It might be necessary to change and/or flex the chosen model depending on changes in demand and workforce capacity/availability.

Primary and Community Care are progressing all four actions as set out by the Framework. This paper deals specifically with Key Action 2 of the framework (Supportive Care delivered in the home, GP surgery or cluster hub by a multi-professional team serving a cluster population).

Here we provide a national picture of the implementation plan for Wales. It should be noted that the situation is very fast-moving, and plans are evolving at pace, so this document provides only a snapshot of the current situation (as of 1<sup>st</sup> April 2020). The rapid development and implementation of these plans in exceptionally difficult circumstances is remarkable.

Each health board provided documents reporting their current position regarding the COVID-19 Whole System Planning - Community COVID-19 Framework. Using these reports as a base, we give an overview of what different clusters are doing to tackle COVID-19 and how they are preparing to deal with patients presenting with coronavirus symptoms whilst maintaining essential services, and present a summary of the major themes challenges that are being presented and reported.

## Background

Welsh Government established a national Planning and Response Group to oversee the response to COVID-19 and ensure that a whole system response is in place to respond to COVID-19. A subgroup for Primary and Community Care has been established who have approved a Community COVID-19 Framework, which includes an agreed national respiratory pathway for managing COVID-19 in the community. This pathway is designed to work alongside the Secondary Care Respiratory Pathway.

Key assumptions within the Framework are outlined below and seen as critical to the success of the whole system response. For this reason, the implementation of this Framework should be set within the context of the entire pathway. Of particular note, is the whole pathway approach to the plan for redeployment of staff. To prevent secondary/acute care being overwhelmed, it will be vital that sufficient resources are available at primary and community level. Further guidance on the Utilisation of AHPs is available as well as guidance on the deployment of student health professionals. The entire framework/pathway is to be used by any doctor, nurse, paramedic or allied health professional, anywhere in the community

The aim is to treat all patients in a setting that is appropriate to their specific personal needs, whilst maintaining a functioning healthcare system in extraordinary circumstances. The framework provides a consistent approach to the management of patients during the COVID-19 pandemic and is aligned to the all Wales secondary care guidance. It also complements PHW primary care guidance.

There are Four Key Health Care Actions in the Community, which include:

1. Self-Care and Self-management at home
2. Supportive Care delivered in the home, GP surgery or cluster hub by a multi-professional team serving a cluster population
3. Palliative care delivered in the home, probably by a multi-professional cluster supportive care team
4. Referral to an acute hospital

Primary and Community Care are progressing all four actions as set out by the Framework. This paper deals specifically with Key Action 2 of the framework.

Each health board provided documents reporting their current position regarding the COVID-19 Whole System Planning - Community COVID-19 Framework. In Section 1 the major themes and challenges reported in these documents are summarised along with example quotes. In Section 2 the reported position of each of the health boards is summarised.

### Key Assumptions and Enablers:

Our ability to provide care as the number of patients infected with COVID-19 rises depends on a whole system approach to management. This model assumes:

- That senior expert advice will be readily available by telephone
- That we have access to patient information resources regarding prognosis/clinical reasoning
- The pathways are based on an ethical framework
- That a Single Point of Access is available 24/7 for urgent referrals to the Cluster Supportive Hub Service and Palliative Care Service

- That Cluster Hub Supportive and Palliative Care services are able to respond rapidly within **2 hours of a call** and work collaboratively 24/7
- That capacity and sickness is actively tracked on a daily basis to enable new staff to redeploy and backfill gaps
- That non-essential and admin tasks are removed from clinicians (consider redeploying non-clinical staff to act as scribes, runners, etc)
- That enhanced respiratory training is made available
- That clinical governance arrangements are locally determined and may need to change during the course of the pandemic.

Some patients are more likely to develop complications of COVID-19 and require management which will be personalized according to their existing conditions and circumstances.

Key actions that can be taken in advance include:

- Optimise the ability of the patient to resist infection and reduce complications.
- Optimisation of Long Term Conditions through clinical review and self-management
  - COPD
  - Asthma
  - Diabetes
  - Hypertension
  - Cardiovascular disease
- Optimisation of Frailty
  - Medication reviews
- Co-produce an Advance Future Care Plan (with or without a DNA-CPR) that clearly describes the ceilings of treatment for the patient if possible

Palliative care guidance is provided in the context of Covid-19 epidemic with guidance provided for palliative and end of life care in the community for patients who have suspected severe COVID-19 infection, where not admitting to hospital is being considered, and who are at risk of deterioration and death.

**Some points to consider including:**

- Clusters need HBs to support the coordination of the primary care response across practices, linking to system-wide planning and resilience testing.
- Collating information on demand and capacity to feed into system, regional and national planning and modelling will be crucial to ensure available resources are in the right place at the right time.
- Models that are aligned with national guidance, existing national approaches and provide a safe and effective model to manage flow, safeguard wellbeing and provide appropriate clinical care for patients close to home.
- Approach that is designed to provide a clear pathway, in partnership with GP's to enable effective management of patient flow, expectation and assessment.

Therefore, there is a need to understand:

- ✓ The totality of the primary care offer, including the level of demand coming in and capacity available on a daily basis.
- ✓ The impact of hospital discharge and the capacity needed to manage discharged patients at home, in the community, or in social care, including those with continuing healthcare (CHC) needs.
- ✓ Ensuring joined-up data exists on the impact of the increasing pressure on the general practice workforce, in terms of increased home visiting and care home visits.
- ✓ The overall likely need for personal protective equipment (PPE) across practices and Clusters.
- ✓ The extent of work undertaken at pace to establish the Hubs model.
- ✓ Work to endorse local governance structures to support agreed models.

## SECTION 1 - Key Themes of the Primary Care COVID-19 Approach

### 1. STRUCTURE

#### Staffing and Workforce Availability

- The sustainability of the workforce is a key issue identified by health boards, as well as demand management should the number of cases rise.
- This could become a particular concern should the workforce be depleted due to staff self-isolating if they themselves display symptoms, which ties in with importance of the provision of sufficient PPE and making use of video/phone consultation.  
*"We need to protect healthcare workers in order to maintain service. We will need to focus on delaying exposure and reducing the risk of overwhelming levels of absence."*
- Concerns also expressed for areas with pre-existing retention and recruitment problems:  
*"Fragility is sensed in areas with pre-existing retention and recruitment problems, where partnerships of 2 or less partners are located and in larger Clusters or geographically more remote settings."*
- Others in more rural areas also noted a stretch in staffing if home visits are required:  
*"Current challenges /barriers: Balancing reducing staff with increasing demand, especially with home visits which could be 50 minutes drive away (one way)."*
- Variation in HBs approach to staffing with most supporting Clusters to define local skill mix, some have defined a minimum requirement.

#### Participation of Practices

- Some clusters have noted that not all practices have engaged with the idea of a central Hub.  
*"Not all practices [...] have engaged; many were already at crisis point with sustainability issues and they have been wary of committing to alternative arrangements. Some have challenges in their workforce due to doctors and staff self-isolating; this appears to be improving however with the testing of NHS staff."*  
*"We have met as a cluster to discuss use of the red zone. 2 practices are currently reluctant to take part in the rota, they feel they would prefer to look after their own COVID patients."*  
*"Some practices have chosen to continue to operate a respiratory hub within their own premises, staffed by their own resources."*

#### ICT and Communications

- Various ICT requirements including:
  - Installing of phone lines
  - Use of different ICT systems (e.g. Adastra, Vision, EMIS).
  - Installing and use of video consultation platforms
- Communications strategies were also covered as part of some HBs Standard Operating Procedures ranging from:
  - Daily briefing/reporting
  - Daily meeting – eg Huddle at 2pm
  - Social media – corporate messages

### Site Location and Configuration

- There has been great variation in the ability of clusters to identify suitable hub locations and adapt these sites so to be operational.
- Some sites have been identified, adapted, and are already operational, whilst others are still in the process of identifying suitable sites.
- Discussion around preparing sites so that they are suitable for use (e.g. flooring, furniture, equipment).

*“Flooring changed last week, computers and telephones in each consulting room. Small items have been ordered eg stethoscopes. Nearly ready to go.”*

*“We have re-laid some floor to comply with infection control measures. We are buying new chairs and seating that can be sterilised.”*

*“Key challenges identified include: Identification of red sites; this is being supported by Estates Development Manager and IPC Lead.”*

## 2. PROCESS

### Preventing Staff Illness and PPE

- Health Boards have picked up that a significant concern among many clusters is the safety of their staff in relation to PPE.
  - There are number of ways PPE presents a problem that have been identified:
    - **Available PPE is insufficient:** Some clusters state that they only have basic PPE supplies.
    - **Availability of sufficient PPE:** Some clusters note that have had issues in obtaining the government directed PPE.
    - **Insurance and indemnity:** Some clusters have expressed concern about the lack of PPE putting clinician in harm’s way and how this relates to employers’ liability.
- “In our discussion it was clear that even amongst the GPs who were supportive of the Red Zone concept that they would not work there unless provided with upgraded PPE.”*
- As an interim resolution to the lack of sufficient PPE, a HB proposed that patients could be isolated in a room separate from the GP and make use of a thermometer, pulse oximeter and BP monitor whilst a video consultation is carried out by the GP. This would reduce the use of PPE, making available stocks last longer. A face to face consultation would only occur if absolutely necessary and if it would add to the decision-making process. Other health boards have also proposed video consulting measures to minimise face-to-face contact.
  - Some UHBs discuss the establishment of a “PPE Task Force.”

### Operational Issues / Practicalities

- **Financial Burden:** Concern that some practices will face an unequal financial burden. Fever sites costs and support may be born unequally by individual practices.
- **Access Model:** All via GP referral – assess, treatment and onward referral.



- **Hours of operation:** Some local variation in-hours models being proposed:
  - ✓ **ABUHB:** Monday - Friday 10.00 to 18.00
  - ✓ **C&VUHB:** Monday - Friday 08.00 to 18.30
  - ✓ **CTMUHB:** Monday - Friday 08.00 to 18.30
  - ✓ **HDUHB:** Monday - Friday 08.00 to 18.30
  - ✓ **PTHB:** Monday - Friday 08.00 to 18.30
  - ✓ **SBUHB:** Monday - Friday 08.00 to 18.30
- **Transport of Patients:**
  - Some clusters reported having offers from voluntary organisations helping to transport patients to the hub.
  - A cluster discussed the installation of road signs to direct traffic around the site.  
*“The plan for signage has been designed by local authority highways team and is ready to send.”*
- **Appropriate and Safe Cleaning Functions and Waste Disposal:** Some clusters expressed concern regarding the amount of time required to clean the room after each appointment to meet national guidance (including time for floor to dry in-between appointments). Concern was also expressed over the supply of appropriate cleaning equipment.  
*“There are problems with cleaning – given the need to deep clean in between patients, we estimate it may take even up to 45-60 minutes per appointment, though we will not know for sure until we have the centre equipped etc.”*

### 3. OUTCOME

#### Sustainability

- **Practice ‘buddies’:** A number of health boards discuss local ‘buddying’ arrangements between neighbouring practices to ensure sustainability in the event of self-isolation of key clinical or administrative staff occur.

#### Governance

- Models of governance established and agreed by health boards to provide clinical, planning, and corporate support in establishing and operating the hubs.
- Governance activities including daily meeting to enable rapid activity and risk mitigation, development of a daily action and risk register, daily operational recording and reporting.
- SOPs are being developed with variation in their coverage reflecting the appropriate needs of clusters. In some locations these are already in place but are at different stages of completion in others.

## Other Steps

- **Care Home Support** - Concerns within the Care Home sector of one HB about the lack of visible support from GPs and Community Teams. Their Continuing Healthcare Team are working urgently to address this by enabling video technology.

## SECTION 2 - Health Board Overview (as at 1 April 2020)

### Aneurin Bevan University Health Board

#### Structure

- A new primary and community care model for the clinical assessment of suspected COVID-19 patients has been developed.
- The approved model is the establishment of Clinical Assessment Hubs across each of the five boroughs. This has been led by NCN leads with the creation of a common framework for the standard operation of Hubs, with appropriate local flexibility.

#### Process

- A detailed Standard Operating Procedure has been developed which is amended daily, to reflect the changing environment.
- Nine sites have been identified to be operational by 02/04/20. Details in table below.
- Each Hub will receive patients with suspected COVID-19 and who are referred in directly by GP's, following the advice of 111 that a further assessment is required.
- The Hubs will operate under the relevant primary care guidance for the safe assessment of COVID-19 patients and will also be compliant with latest infection control guidance from Public Health Wales.
- A daily meeting has been established to raise, discuss and mitigate any risks to the effective operation of the hubs.

#### Outcome

- To enable sustainability a business continuity process has been established to safeguard the flow of: Clinical and support staff in the hubs, Access to PPE, Access to appropriate cleaning equipment, Clarity and agreement of pathways (i.e. respiratory).
- The BRONZE daily tactical call receives updates for review and a weekly position is presented to the BRONZE boards. To support business continuity the following is in place:
  - Establishment of a PPE task force
  - Daily updated cleaning guidance and moves to centrally commission cleaning to safeguard capacity
  - Training for staff who are able to be redeployed to support the cleaning of the hubs
  - Development of new pathways as per current intelligence around demand modelling.

Cluster	Red Hub Location(s)	Go Live Date
Blaenau Gwent East	Brynawr Health Centre	Operational
Caerphilly South	Trethomas Health Centre	Operational
Monmouth North	Raglan	Operational
Blaneau Gwent West	Glynebbwy	02/04/2020
Monmouth South	Caldicot Health centre	Operational
Newport East	Allway	02/04/2020
Newport West	The Gaer	02/04/2020
Torfaen North	Park Road Wellbeing Centre	Operational
Torfaen South	Thornhill	Operational

## Betsi Cadwaladr University Health Board

### Structure

- All 14 Clusters have developed Local Assessment Plans in line with the Community Pathway issued by WG on 23/03/20. These plans have been reviewed by the Primary Care cell reporting to the Community, Primary Care and Public Health COVID-19 workstream chaired by the Executive Lead, and reporting to the Health Board's Executive COVID-19 Command Group.

### Process

- Where plans are evaluated as being robust with evidence of joint working, suitable premises, and standard operating procedures and associated infrastructure in place, the sites are live.
- Where plans are still being developed, the Area Teams are working to resolve issues as quickly as possible.
- Some sites within the East Area (Flintshire and Wrexham) are now operational and all Local Assessment Clusters (LAC) supporting these 6 clusters will be live by 03/04/20.
- A number of practices have started to explain the LACs on their social media posts. Suggested text to use is being issued, to be adapted locally.

### Outcome

- Standard Operating Procedures are being coordinated centrally and these include the appropriate use of PPE in accordance with guidance, the management of the patient from car park to consultation room, infection control procedures, use of IT and access to patient records, shared governance, and prescription management to reduce exposure throughout the patient pathway.
- Work has commenced with the GP OOH service to develop some LACs into a 24/7 provision.

### Red Hubs:

Cluster	Red Hub Location(s)	Go Live Date
Anglesey	Longford Rd, Holyhead Llanfairpwll	Operational Operational by 03/04/20
Arfon	Bangor or to work collectively with Anglesey TBC	TBC
Dwyfor	Bryn Beryl Community Hospital, Pwllheli	w/e 11/04/20
Meirionnydd	Dolgellau Community Hospital	06/04/20
Conwy West	Llanrwst area and Llandudno/Conwy area TBC	TBC
Conwy East	West End Medical Centre, Colwyn Bay	w/c 06/04/20
North Denbighshire	Meliden Surgery - Meliden Ty Elan – Rhyl	TBC
Central /South Denbighshire	Denbigh Rugby Club	Operational by 03/04/20
NE Flintshire	The Quay –Connahs Quay	w/c 30/03/20
South Flintshire	Glanrafon Practice – Mold	w/c 30/03/20
NW Flintshire	Flint Health and Wellbeing Centre	w/c 30/03/20
Wrexham Clusters (3)	Borras Surgery, Wrexham	Operational

### Structure

- All 9 clusters in Cardiff and Vale have business continuity plans to include:
  - Establishing robust plans by which to maintain GMS services, should staffing capacity at practice level be severely affected through COVID through development of buddy arrangements between practices
  - Developing centralised hub/s within the cluster by which to manage patients who are displaying a level of respiratory symptoms which potentially could be COVID 19 related
  - Identifying options to deliver a centralised Model should GMS provision at a cluster level prove unsustainable over time.
- Respiratory Hubs:
  - Some practices have chosen to continue to operate a respiratory hub within their own premises, staffed by their own resources.
  - Where practices are linking together to use designated site, they will be staffed on a collaborative and rotational basis by the staff from within the Cluster Practices and will operate Monday to Friday 0800-1830hrs (excluding bank holidays initially- although this may be subject to change).
  - Out of Hours operating Respiratory Hub from CRI site operational from 21/03/2020

#### Management Response:

- The PCIC Clinical Board have established a Primary and Community Operations Hub within the Health Board which will be operational 7/7 to support the work and response during this period

### Process

- GP practices will continue to be open to patients in their local area, although telephone triage will be used to identify patients with possible COVID symptoms and these patients will be directed to attend for appointments at a designated Respiratory Hub.

#### Red Hubs:

Cluster	Red Hub Location(s)	Go Live Date
South West Cardiff	Ely Bridge Surgery	Operational
West Cardiff	Whitchurch Medical Practice	08/04/2020
North Cardiff	North Cardiff Medical Centre and Pontprennau Medical Centre	Operational
South East Cardiff	Each practice operating individual Respiratory Hub, however one Practice is to operate from CRI Out Patients department	Operational
East Cardiff	They will continue working as 3 large practices and provide individual Respiratory Hub facilities	Operational
City and South Cardiff	Butetown Medical Practice	02/04/2020
Central Vale	Currently Vale Group Practice-Porthceri Surgery site. Plans to move to 3 hub model - West Quay, Waterfront and Highlight Park – IT currently being looked at to facilitate	Operational
Eastern Vale	Dinas Powis Health Centre and Penarth Healthcare Partnership	Operational
Western Vale	Each practice currently operating individual Respiratory Hubs	Operational

### Structure

- Primary Care Team has supported the development of seven bespoke COVID-19 Cluster Plans which are owned and maintained by Cluster Leads in liaison with their Cluster Development Managers. Cluster Development Managers report to the HOPC. The plans are held centrally by the Primary Care Team who are working to enact supportive should the Plans ever be required.
- In all cases the Plans detail one or more hot and cold sites for each Cluster or sub Cluster purely for essential F2F assessment with off-site support from administrative, clinical triage (colleagues self-isolators, social-distancing and shielding), pharmacy.
- Necessary IT configuration is being put in place to allow whole Cluster primary care records sharing and video consulting.
- Equipment has been ordered for the sites and plans are progressing to support telephony, PPE supply, specimen collection, clinical waste, prescribing, rota management and cleaning.
- Practices have been asked to continue to consult for and refer on suspected Cancer presentation and other urgent secondary care referrals. eConsult has been offered to all Practices to support the triage first model.
- The Plans have been shared with UHB Pharmacy who are aligning Community Pharmacy stock accordingly. A plan to support clusters with an 'out of hours style' in hours visiting service is being explored.
- A decision is pending on a plan to establish a Community Respiratory Support Hub to fulfil the Supportive Care element of the Community Respiratory pathway. Supporting:
  - Immediately necessary symptom relief as soon possible for breathlessness, agitation or pain related to COVID-19.
  - MDT assessment and support of community patients with lower acuity COVID-19 symptoms who can reasonably be supported in the community.
  - Support to care homes on an equal access basis as per HCWs for respiratory problems; and general frailty capacity permitting.

### Process

- Direction has been given to practices to continue deliver, and report any related difficulties in fulfilment of essential services.

Cluster	Hot / Cold Sites	Go Live Date
Cynon	-hot site level3 north: Aberaman -hot site south: Hillcrest -cold site: St Johns	TBC
Merthyr	-hot site level3: Morlais Ivor street (north) -hot site level3 :Treharris (south) -cold site level 3:Pontcae+Troedyfan+/-KHHP	TBC
Taff Ely	-hot site all Taff Ely level3:Parc Canol -cold site: Old School -cold site under 16's:taff's well General nursing only: New Park INR/DIMARD: Eglwys Bach <u>Baby Checks/immunisations-Taff Vale</u>	TBC
Rhondda	-hot site all Rhondda: Pontnewydd -warm (triage) north : Forest View	TBC

	-warm (triage) mid: DeWinton -Warm (triage) south: Cwm Gwyrdd -cold (GP remote working) all other sites	
North Bridgend	-hot Cold and Telephony sites to be determined	TBC
East Bridgend	-cold site level 3 New Surgery: Pencoed -hot site level 3 : Oak Tree Surgery	TBC

## Hywel Dda University Health Board

### Structure

- Red hubs identified for each cluster, each at varying levels of completion.
- A document was issued detailing the progress of each Red Site and the issues faced.
- A standard operating procedure for the operation of Red Sites has been developed.

### Red Hubs:

Cluster	Red Hub Location(s)	Go Live Date
Pembrokeshire (North & South)	Winch Lane Health Centre	TBC
Ceredigion (North)	Penglais Day Nursery	TBC
Ceredigion (South)	Teigi Surgery	06/04/20
Carmarthenshire (Tywi/Taf)	Johnstown Day Centre	TBC
Carmarthenshire (Amman Gwendraeth)	(1) Trimsaran	Nearly ready to go
	(2) Ty Croes	TBC
Carmarthenshire (Llanelli)	Machynys	TBC



## Powys Teaching Health Board

### Structure

- The current plan within Powys takes into account the topography and patient densities and means that its approach might be different to that taken in more urban environments.
- The plan that is close to completion is based on providing maximum flexibility to change the focus of services to meet the needs of COVID patients and those requiring non-COVID related medical care.
- This flexible response sees practices buddying up where practicable, using branches to provide red and green services or larger premises being able to provide a separated clinical area for suspected COVID cases.
- Powys is also finalising the development of its hubs which will become the focus of activity as practice-based care become unsustainable in the short to medium term. These hubs will also have a close relationship with the out of hours service.

### Process

- Hub development is linked to Personnel Re-deployment and refinement of the Powys Clinical Pathway amongst other important work strands that are needed to bring everything on-line.
- The emerging Powys plan will be balanced but flexible and able to respond quickly to changes in disease patterns to enable the continued delivery of COVID and non-COVID related care.

Cluster	Red Hub Location(s)	Go Live Date
Mid Powys	Llandindod Wells Memorial Hospital	By 03/04/20
North Powys	Victoria Hospital Welshpool	By 03/04/20
North Powys	Newtown Hospital	By 03/04/20
South Powys	Brecon War Memorial Hospital	By 03/04/20

### Structure

- To support practices and clusters in the establishment of Cluster Assessment Hubs, SBUHB has established a Primary Care Assessment Hub to provide robust assessment, review and management of patients who are self-isolated and require medical attention that cannot be managed over the telephone by their own GP practice.
- The Primary Care Assessment Hub is operational during core GP hours Monday to Friday 8am – 6.30pm and the model integrates with the SBUHB Urgent Primary Care Services outside of these times. Currently this is a home assessment service with remote GP triage and assessment at home by the Acute Clinical Team, the model is currently evolving into hub based assessments which should be operational by the end of this week.
- It is intended that the Primary Care Assessment Hub model and Standard Operating Procedure is rolled out across all eight clusters with the PCAH converting to a virtual hub with clinical leadership and pathway support i.e. ACT, Palliative Care. It is proposed that this hub can become operational again to support cluster hubs should this be needed.

### Process

- Eight clusters across SBUHB have commenced their plans to develop a Cluster Assessment Hub.
- Clusters are developing at varying levels but there is dedicated Health Board management, clinical and project support.
- A draft Standard Operating Procedure has been developed.

Cluster	Red Hub Location(s)	Go Live Date
Health Board pilot site	Dyfed Road Neath	Operational
Bay	Murton Clinic, Murton Green Manslefield Road	By 02/04/20
Cwmtawe	Clydach, High Street	By 06/04/20
LLychwr	Penclawdd, Beach Road	By 06/04/20
Upper Valleys	Dylais Valley, Primary Care Centre	By 06/04/20
Neath	Dyfed Road, Neath	By 08/04/20
Afan	Cwmafan Health Centre, Penlline	By 10/04/20
City	TBC (? the Strand)	TBC
Penderi	TBC	TBC

## Conclusion

The development of a national system of care hubs is a monumental task and the rapid development and implementation of these plans in exceptionally difficult circumstances is remarkable.

There is national variation in development of health board plans with the establishment of hubs:

- The majority of Hub locations have been determined.
- Work is being undertaken to adapt the sites into operational hubs.
- Many hubs are already operational.
- Many others are planned to be completed and operational within the week (as of 1<sup>st</sup> April 2020).
- A small number of hubs may take longer to become operational, or plans for the hub are still in development.

Health boards are continuing in the development and implementation of these plans. The situation is very fast-moving, and plans are evolving at pace.

There are major challenges that have been reported that need to be addressed, especially regarding staff safety, PPE, and staff availability.