

8 October 2021

Kia ora koutou

### **Health system readiness and managing COVID-19 care in the community**

As we collectively progress our options for managing the COVID-19 pandemic, the Ministry of Health (the Ministry) is looking to continue work across the sector to prepare for management of COVID-19 in the community.

The Ministry has been engaging with clinicians and health leaders across Aotearoa New Zealand and overseas on models of care for management of COVID-19 care in the community. This work is ongoing, and we thank you for your contribution and continued support to create an effective, integrated care model at pace.

To update you on progress and the next steps, we would like to advise the following:

- The Ministry has initiated a Health System Readiness governance group, looking at health system resilience plans alongside District Health Boards, and how the parts of the health and social services system need to interact.
- A programme within this work is 'Managing COVID-19 Care in the Community', building a nationally applicable model connecting general practice and primary care, public health, community care and welfare services, and secondary care, effectively and safely. The high-level concept is attached below.
- A detailed National Service Model (NSM) is under development, with clinical and inter-sector advice being provided. The clinical management pathway seeks to integrate and span care across public health, general practice and primary care, secondary care, and will connect with community care services. Clinical risk, social need, and suitability of accommodation for care at home are reflected in the developing model. Work is underway to ensure that options are safe, effective, and sustainable for COVID-19 positive whānau who remain at home – including safety of the communities around them and the health sector in its response.
- The development of the clinical management pathway will be informed by a Clinical Advisory Group (CAG) that the Ministry is currently formalising. The CAG will have strong clinical representation from primary, secondary, and community care experts. Once an integrated model for management of COVID-19 care in the community is endorsed, work will be done to further scope the costs, funding mechanisms, and roles and responsibilities.
- The Ministry has invested in the deployment of COVID-19 Hospital and Community HealthPathways for all DHB regions. The integration is important for management of care in the community.
- The Ministry would like to request the ongoing support of, and contribution from, all parts of the health sector in caring for COVID-19 positive people and their whānau in the community. We would also like to reassure the health sector that the wellbeing of the workforce is a key concern in this work.
- Regular updates on progress and where the Ministry is requiring further discussion or support for decisions will be provided.

We would like to acknowledge the significant effort across the health sector towards managing COVID-19 care in the community and commit to regularly engaging and communicating with you on our shared progress. We would like to assure you that work is underway at pace to build a simple model together, that can be rapidly rolled out, with the expectation that the model will be subject to continuous evolution and improvement.

Yours sincerely



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# Managing COVID-19 Care in the Community

## National Service Model concept

### Welfare and wellbeing

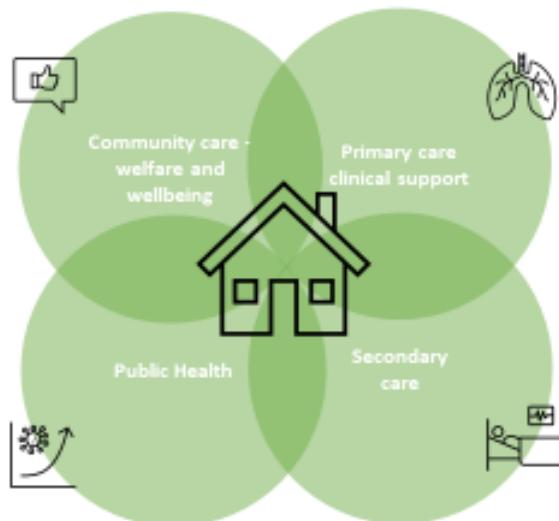
Supporting COVID-19-positive whānau to be cared for at home means providing support with other important things in life, like staying connected, having your daily needs met, and feeling safe.

- Income support
- Home and community support services including options for care delivered in the home
- Provisions
- Whānau Ora support
- Child wellbeing
- Mental health
- Disability support services
- Aged care
- Family and sexual violence support
- Continuity of care and communications

### Public Health

As we care for whānau at home, we care about protecting everyone in the community. This means ensuring that having COVID-19-positive people at home does not increase spread in the community. Our public health response is critical in supporting this approach, from identifying people and tracking the path of infection, to preventing further spread.

- Quarantine/isolation (MIQF and home)
- Testing
- Genome sequencing
- Vaccination
- Contact tracing
- Clearance/assessment of end of infectious period



### Primary care clinical support

COVID-19 can make people very unwell, very quickly, but not everyone who is COVID-19 positive will need the same type or intensity of care. Primary and community care needs to be enabled to drive approaches to care at home, with effective pathways to hospital care when needed.

- Clinical pathways for COVID-19, and for safely managing other illness in the home
- Resources/supplies - equipment, medicines, safe options and alternatives for in-person care
- Continuation of care – co-morbidities, treatment plans
- Triage and escalation pathways - ambulance and home visits
- Continuity of care throughout the experience – lead professional, health information, long-COVID

### Secondary care

When someone with COVID-19 requires transfer to hospital, for a COVID-19-related need or not, the transfer needs to be coordinated across the system.

- Avoid unnecessary hospital presentations
- Ensure people needing hospital care get there safely and in good time
- Clinical pathways in hospital
- Safe and supported discharge, with appropriate communications