

# Oxford AHSN case study

Theme/Patient pathway: Patient safety/Covid-19

## AHSNs play key role in supporting patients with Covid-19 at home

### ***Overall summary***

Patient Safety Collaboratives (PSCs), which sit within AHSNs, have been commissioned by NHS England/Improvement to facilitate the roll-out of two major initiatives to support patients with Covid-19 at home. The initial task related to COVID Oximetry @home, a programme for people particularly at risk from Covid-19 to monitor their oxygen saturation levels at home with a pulse oximeter, supported by primary care. Escalation is triggered if the readings show early signs of deterioration (step up). Towards the end of 2020 three AHSNs – Oxford, Wessex and Kent Surrey Sussex – were approached by the NHS South East Medical Director to scale up this work at pace. More recently PSCs have also begun supporting a related programme – COVID virtual wards – an initiative enabling Covid-19 patients discharged from hospital to be monitored at home (step down). By the third week of January more than 2,000 patients in the Oxford AHSN region (Berkshire, Buckinghamshire and Oxfordshire) and almost 10,000 across the South East had been supported by one of these models. These numbers are continuing to increase significantly.

### ***What is the challenge?***

Detecting the early signs of deterioration in patients with confirmed or suspected Covid-19 is a significant challenge for health and social care teams. As patients at risk of poorer outcomes can be identified by reduced oxygen saturation levels, the ability to recognise early decreases in blood oxygen levels before the patient becomes symptomatic is vital. In addition, given the intense pressure on hospital beds, NHS England recommended in January 2021 that all integrated care systems (ICSs) immediately establish COVID virtual wards to support the earlier and safe discharge of Covid-19 inpatients.

### ***What did we do?***

COVID Oximetry @home (CO@h) describes an enhanced package of monitoring (symptoms and oxygen saturations) provided within a patient's own home (or usual residence) overseen by a multidisciplinary team from either the community or hospital. Across England tens of thousands of pulse oximeters are enabling patients at risk to safely self-monitor their condition at home, providing an opportunity to detect a decline in their condition that might require hospital review and admission. Early experiences of implementing this approach have been linked to reductions in mortality, hospital length of stay and pressure on intensive care/critical care beds.<sup>1</sup>

To support the spread of these models of care that have been piloted around the country, the Oxford AHSN hosted a webinar in September 2020: 'Innovations in Covid-19 Patient Pathways' which

showcased examples from around our region of innovative ways of assessing and managing patients with suspected Covid-19 in the community. [A recording is available here](#).

In October 2020 we collaborated with colleagues from Wessex and Kent Surrey Sussex AHSNs and NHS England to implement this model of care across the NHS South East region following an approach from the NHS South East Medical Director to scale up this work at pace. A joint programme board was established. It continues to meet frequently. Matt Inada-Kim, the national deterioration lead, is a member of the programme board.

In November 2020 NHS England/Improvement wrote to all clinical commissioning groups and trusts to [encourage the development of local CO@h projects](#), following the publication of [national guidance](#). This included the advice to follow the South East region approach to achieve rapid spread for this project.

### **What has been achieved?**

National [Learning Network meetings](#) (registration required) have been held fortnightly from August. These are hosted by the Patient Safety Collaboratives and provide an opportunity for partners to share their models of care.

A national toolkit was developed through this platform's Deterioration workspace. Resources from around the country were curated by a small group of AHSN colleagues including the three South East AHSNs. So far resources on this site have been viewed or downloaded almost 7,000 times.

This workspace also includes an active discussion forum where evaluation reports from pilot sites are shared. These include [Slough](#) and [Reading](#) in our region and [this evaluation](#) from University College London. Details of the Slough project were provided by Lalitha Iyer at our webinar in September (see above). She has coordinated production of patient information including translation into several languages.

From 31 December 2020, all CCGs have gone live with [Covid Oximetry @home pathways](#).

The COVID Oximetry @home programme was [featured on BBC South Today](#) on 3 December 2020. It included an interview with a man with Covid-19 who was taken to hospital after his oxygen saturation level fell. More national and regional media coverage followed in January including:

- [BBC national TV news](#) (starts at 10:50)
- [BBC Radio 4 Inside Health](#)

### **What people said**

*"The Oxford AHSN was one of the key driving forces behind the setting up of the CO@h pathway at Bucks Healthcare and they are in the process of achieving the same feat in primary care. They had huge expertise in this sector, experience of having worked in other centres and, most importantly, a keen interest in getting it to work and work well. They were instrumental in the structure of the*

*pathway, guided us through latest developments on this ever-changing topic and even provided expert administrative support. Further continued support in future is very welcome.”*

**Dr Raghu Raju, Consultant Respiratory Physician at Buckinghamshire Healthcare NHS Trust**

*“The Oxford AHSN team has been incredible to work with. It is not often commissioners are offered proactive human resource and we have certainly welcomed the support. [Jo Murray](#) and her team have shared practical examples of successful delivery of virtual wards from elsewhere, they have been facilitative and allowed the Buckinghamshire team to develop a pathway that is bespoke for our population. Having the pre-existing project knowledge, experience, and hands-on admin, as well as strategic support, has ensured the prompt delivery of this national requirement. They have demonstrated the importance of shared system learning to improve and disseminate best practice. Thank you and we look forward to continued collaborative efforts.”*

**Dr Dal Sahota, Clinical Director for Unplanned Acute Care, Buckinghamshire Clinical Commissioning Group**

### **What next?**

A new programme has now been launched called COVID virtual wards, which is secondary care led and allows Covid-19 patients discharged from hospital to be monitored at home. These are already in place in hospitals across the Oxford AHSN region. A [national toolkit](#), learning networks and [national guidance](#) have been rapidly developed, building on the success of the COVID Oximetry @home approach.

By the third week of January more than 2,000 patients in the Oxford AHSN region (Berkshire, Buckinghamshire and Oxfordshire) and almost 10,000 across the South East had been supported by one of these models. These numbers are continuing to increase significantly.

An [Oxford AHSN webinar on 2 February](#) focuses on both the primary and secondary care ‘virtual ward’ models. It is for anyone interested in supporting patients with Covid-19 at home. Further webinars are planned in March.

The AHSN Network co-hosted a webinar with the Royal College of General Practitioners on 12 January which provided an overview of COVID Oximetry @home for primary care. [Watch a recording and find other resources](#) on the AHSN Network website.

### **Contact**

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<sup>i</sup> <https://acutemedjournal.co.uk/wp-content/uploads/2020/11/p183-191-1.pdf>