

Local learnings only –  
not government policy

# Training and Recruiting

## Contact Tracing Best Practice

6/7/2020

# Greater Manchester has set out skills required for contact tracing that extend beyond those set out by national job descriptions



## Minimal criteria based on national job descriptions

- Awareness of and commitment to follow governance policies and procedures
- Ability to work from standard operating procedures and scripts

Not seen as adequate to cover the complexity required for Tier 1 contact tracers



## Additional criteria identified as important

- Strong effective verbal & written comms
- Ability to conduct meaningful and contentious conversations
- Ability to negotiate with & influence others
- Ability to rapidly address info and recommend appropriate course of action
- Ability to escalate appropriately
- Ability to problem solve whilst working in unpredictable environment, often under pressure and to tight timescales



## Features that are vital to success but can be developed

- Broad understanding of infection control and contact tracing importance

This requirement would **significantly limit** the potential resource pool; seen as "**good to have**" with training courses compensating to develop this knowledge

# GM has taken a 3 phase approach to recruiting contact tracing staff to ensure long term sustainability



## Phase 1: Immediate recruitment

### Key objective

**Urgent recruitment** of people **with pre-existing knowledge** of contact tracing, who can pick up activities with minimal training

### Staff recruited

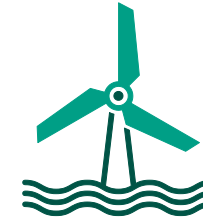
- Environmental officers
- Training standard officers
- Sexual and reproductive health advisors
- TB nurses
- Existing infectious control nurses



## Phase 2: Short term booster

Fill in **capacity gaps** through bringing in people with relevant skills (e.g. those who **are temporarily out of work** )

- Fire and rescue service (previously working on prevention and F2F<sup>1</sup> tasks)
- Population health programme specialists
- Volunteering community centre; specifically LGBT sexual health leads working on HIV & sexually transmitted diseases



## Phase 3: Long term sustainability

As "short term booster" capacity gets re-deployed into day job, create **sustainable core** working force, build in **reserve** for surge capacity & create **longer term training programmes**

- Recently unemployed with relevant skills
- Public service organisation (e.g. supply chain); volunteer & community sector; wider public
- Longer term: GM apprenticeship scheme over 12 months and collaboration with universities to upskill young workforce (to also be prepared for future pandemics)

Aiming to fill some positions from recently **unemployed to maximize stability and limit council pull for same individuals**

1. F2F: Face to face

# GM introduced a 4 step approach to training and support for tier 1 employees



## 1 National programme

### Information created centrally available to all councils

- Describes Test and trace programme
- Familiarises users with script and systems to interact with
- Limited info on importance of tracing, prevention & complex settings
- Limited opportunities to apply what is learned through test scenarios

Description



## 2 Enhanced sessions

### Induction sessions managed by health protection consultants

- Deep dives into what good infection control advice looks like
- Includes complex tracing scenarios to bring technical aspects to life

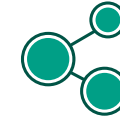
*Note: These materials were developed locally & delivered via PHE*



## 3 Johns Hopkins materials

### 8 hour free module produced by Johns Hopkins

- Describes what success looks like
- Emphasizes importance of contact tracing
- Includes complex tracing scenarios to bring theory to life



## 4 GM specific modules

### GM specific information

- GM model including the
  - How localities interact
  - Risks specific to GM

Access

- Health education England provides access to this
- Councils need to submit names via PHE to be given access

- Training sessions conducted remotely using Teams and Skype

- This can be accessed for free by all on JH website<sup>1</sup>

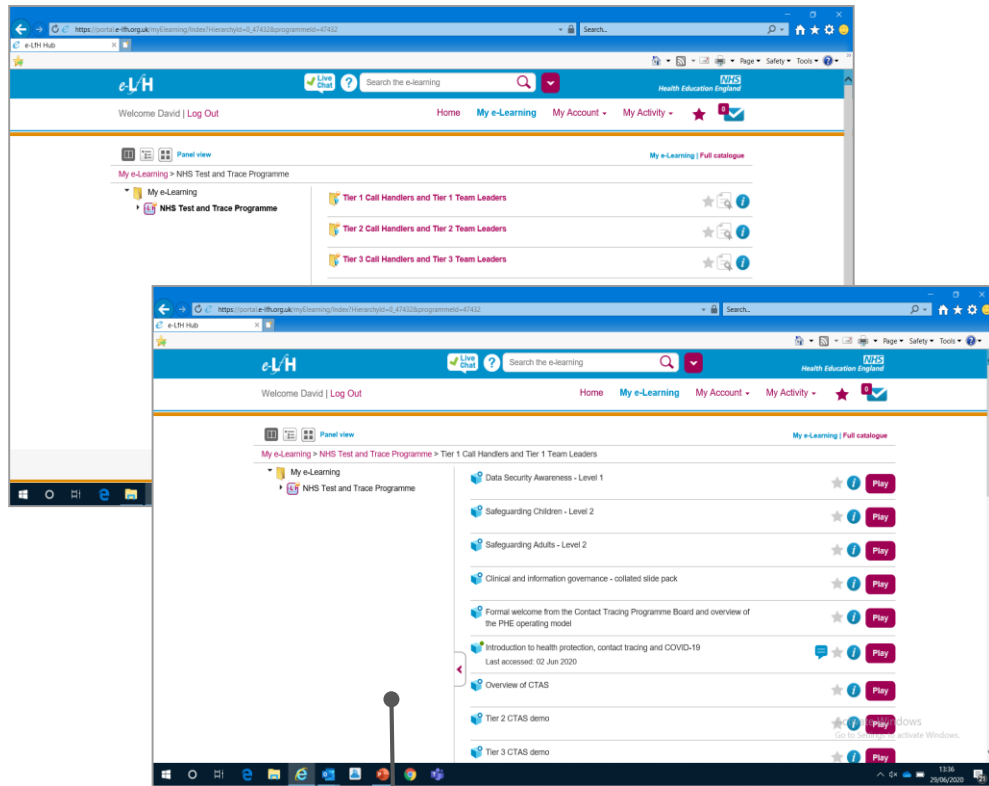
- Training sessions conducted remotely using Teams and Skype

Now GM looking to hire external contractors to create single training programme

Is there opportunity to link in with central team to enhance national programme?

1. <https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing#about>

# Backup: Enhanced sessions



E-learning folders created with series of modules

## CT – Underserved populations

Where the case is documented as an under-served population and there is information about a particular setting

- Contact manager of the setting and clarify if the case had attended whilst infectious
- Clarify if case still in the setting or expected return date
- Complete checklist, upload to HPZone, and summarise key points in events

## CT – underserved populations

If assessed as an outbreak change situation type to outbreak

**Outbreak**  
Bookmark · Delete · Post · Watch · Print · Target · Change History  
Change the Type of Situation · Review Action List · Map Cases · Close

Complete metrics on the situation

Number potentially at risk	46
Number of symptomatic cases	13
Number hospitalised	1
Number of fatalities	1
Notes on Metrics	

Record activity as an event on the situation

Inform SPOC of situation for information or input (as required) and document on HPZone

Set action for CARC Consultant to undertake risk assessment

No further actions for CARC unless requested by CARC Consultant

Each module contains case studies that aim to bring to life technical skills

# Backup: Johns Hopkins Materials

The screenshot shows the Coursera interface for the course 'COVID-19 Contact Tracing'. At the top, there is a search bar with the text 'What do you want to learn?' and a search icon. To the right, there are links for 'For Enterprise', 'Log In', and 'Join for Free'. Below the search bar, the course title 'COVID-19 Contact Tracing' is displayed in large white text on a dark blue background. To the left of the title, there are navigation links: 'Browse > Health > Public Health'. To the right of the title, it says 'Offered By' followed by the Johns Hopkins University logo. Below the title, there are five stars, a rating of '4.9', and '28,784 ratings'. A 'Share' icon is also present. Below the ratings, there is a profile picture of Emily Gurley, PhD, MPH. A prominent blue button says 'Enroll for Free' with 'Starts Jun 29' underneath. At the bottom left, it says '451,462 already enrolled'.

Free enrolment for any user for this 6 hr course; certificate provided at end of course

The screenshot shows the course details page. At the top, a green banner reads 'Special Promotion: Enroll for Free! This course includes a certificate and the fee is waived.' Below this, a small text line says 'This free course is created by John Hopkins Bloomberg School of Health and courtesy of Bloomberg Philanthropies.' The main content is divided into two columns. The left column is titled 'About this Course' and has '21,645,383 recent views'. It contains a paragraph about the COVID-19 crisis and a link to 'SHOW ALL'. Below this is a box titled 'WHAT YOU WILL LEARN' with four bullet points, each preceded by a checkmark. The right column lists course features with icons: 'Shareable Certificate' (document icon), '100% online' (globe icon), 'Flexible deadlines' (calendar icon), 'Beginner Level' (bar chart icon), 'Approx. 6 hours to complete' (clock icon), and 'English' (speech bubble icon) with a list of subtitle languages.

- Course aim includes:
- Build understanding of COVID disease and transmission
  - Define infectious contacts and timeline for intervention with contact tracing
  - Demonstrate utility of case investigation, identify barriers and how to overcome these
  - Present ethical considerations

# Backup: GM specific modules

**TEST & TRACE: LEVEL 1**

Level 1 T&T has 4 primary functions:

- Complex Contact Tracing** with:
  - Potentially complex settings (For example: Special Schools, Homeless Accommodation; DV refuges; Police Stations; HMO's; Day Centre Provision; NHS Settings; Social Care settings; Statutory Service HQ's; residential children's homes)
  - Potentially complex cohorts (For example: rough sleepers; faith communities, asylum seekers)
  - Potentially complex individuals and households (For example: Clinically shielded; Learning Disability; diagnosed Mental Illness; Rough Sleepers; Victims of Domestic Abuse; complex social-economic circumstances)
- Providing direct support** to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links into locality hub pathways for our shielded and vulnerable cohorts.
- Consequence management** as a result of managing an outbreak in a complex setting or within a complex cohort.
- Proactive prevention, advice and guidance** to potential complex and high risks settings

General info on Test & Trace

**ACTIVITY UPDATE**

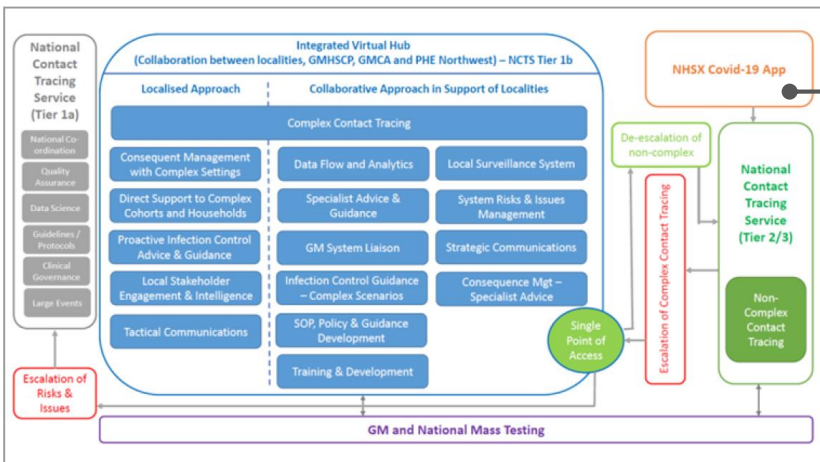
**GM Hub Activity: Up to 22/6/20**

Total cases received - 197  
 Number that were hospitals - 170  
 Number that were Hub cases - 27  
 Number closed - 17  
 Number open - 10

Of those closed:

<b>Number per locality:</b>	<b>Number per setting type:</b>
Bolton - 1	GP Practice - 6
Bury - 2	Guest House - 1
Manchester - 6	Hospital - 2 (the 2 GMP cases)
Oldham - 3	Other Healthcare Setting - 3 (incl. COPD Team, District Nursing Team & Reablement Team)
Rochdale - 0	Residential School - 1
Stockport - 1	School - 4
Salford - 1	
Tameside - 1	
Trafford - 0	
Wigan - 0	
GMH - 2	

GM specific material including updated activity information



GM specific info including structure of GM contact tracing

**EXAMPLE SCENARIOS**

**Example 1 – School (via national T&T)**

- o 1 index case received via national T&T (keyworker in a school)
- o Contact tracing undertaken by GM hub
- o 13 contacts identified and asked to self-isolate
- o Infection control advice and guidance given

**Example 2 – School (via locality escalation and national T&T)**

- o Initially flagged by locality.
- o School contacted by GM Hub to ascertain details of index case and cross referenced this against PHE testing database to confirm positive diagnosis
- o Received separately at later stage from national T&T
- o Contact tracing undertake by GM hub
- o 40 potential exposures
- o 25 advised to self-isolate
- o School closed and locality leading consequence management

Series of example scenarios to work through

# Greater Manchester approach to local contact tracing based on collaboration, flexibility and driven by nature of task



Iterative process with high engagement

- Approach developed and refined through socialization with key stakeholders and 10 localities;
- Tested feasibility, desirability, deliverability



**Better understanding of breadth of work and workforce required, & key issues**



Minimum requirements for locality plans outlined

- Connect with GM contact tracing & testing architecture
- Support & protect vulnerable people
- Introduce consequence management
- Introduce leading local partnership response
- Connect, engage & involve local communities



**Development of local plans with high consistency**



Uncertainty embraced

- National guideline plans contain many unknowns
- Plan to utilize modeling data & planning assumptions to develop modeling approach



**Ability to progress despite unclear details**



3 stage implementation process

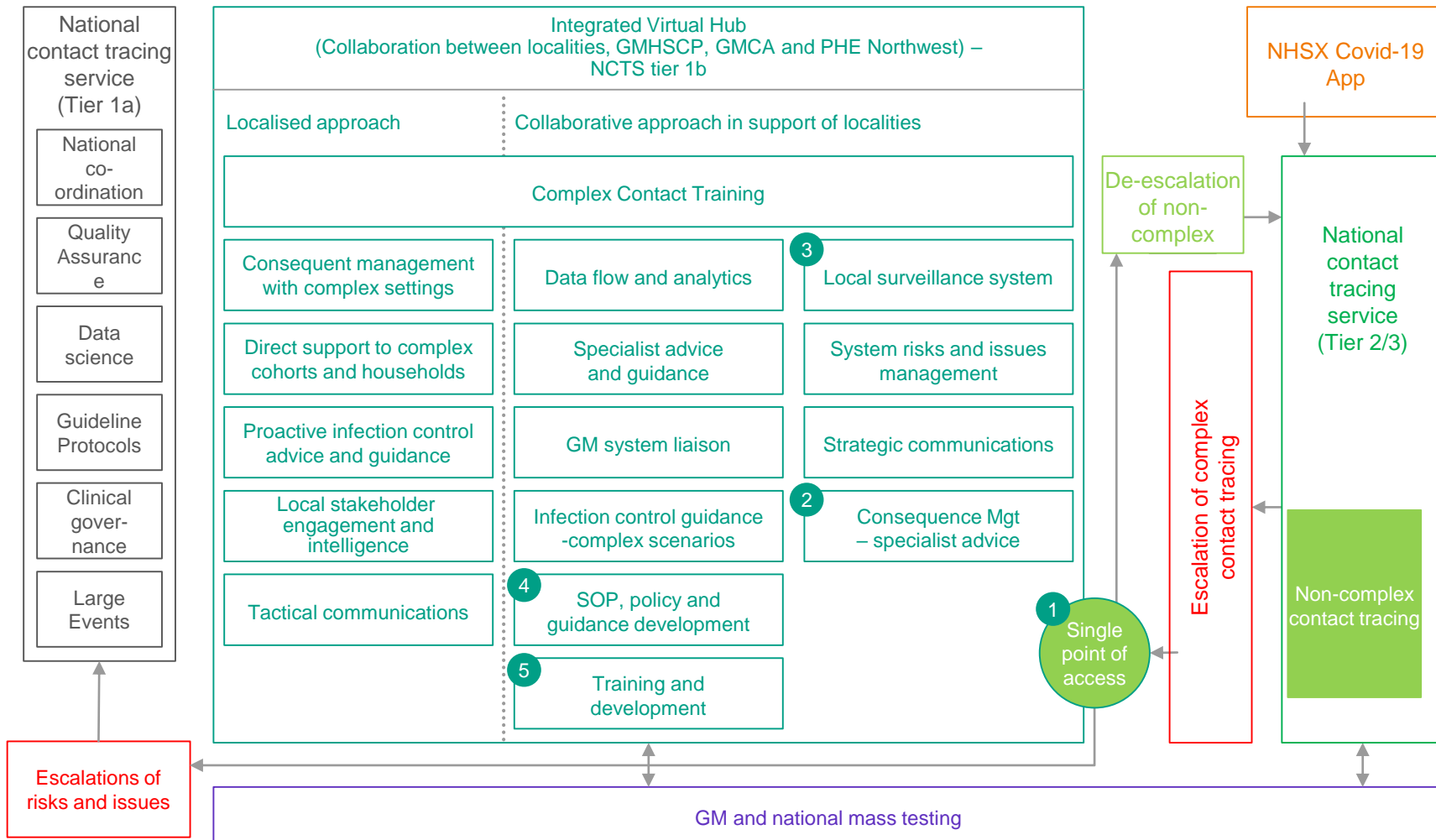
- **Immediate phase:** Immediate mobilization
- **Short term:** acknowledge requirement for bolstering support as pre-Covid model for outbreak management & tracing insufficient
- **Medium to long term:** understanding that approach is fundamental to recovery over 18-24 months



**MVP ready to be employed and refined over time**



# What does the Greater Manchester approach look like?



- 1 **Single interface** between NCTS<sup>1</sup> and GM; **localities have single tracing point of contact** leasing with GM SPOC<sup>2</sup> steps will be taken to develop live data flow net NCTS and GMCTSPOC)
- 2 Identify **existing resources & assets** to cover this role e.g. from existing services & locality hub arrangements, local VCSE<sup>3</sup>
- 3 Build on **existing Covid-19 analytics & intelligence** and allow for early identification of changes creating hot and cold spots.
- 4 Compilation of SOPs, guidance, policies **developed collaboratively across GM**; builds on national guidance where possible (not forthcoming to date)
- 5 Establish **contact tracer training programme** based on national training program but tailored to GM to deliver at pace and scale

# What were some of the key risks and difficulties?



## National unknowns

- Multiple unknowns constraining work e.g., eligibility criteria, definitions, lack of clarity around financials and national guidance



## Workforce pressures

- Immediate resourcing will require considerable effort
- Feasibility of short term bolstering untested
- No access to national training programme yet to use as basis for local development

GMCA / GMHSCP used assumption 20% floor to capture resourcing requirements



## Digital challenges

- Lack of clarity if tier 1b workers will have access to NCT digital architecture
- Lack of engagement



## Resourcing and finance

- National unknowns has made it hard to estimate volume and complexity of activities
- Funding sources not clear

GMCA / GMHSCP built sustainability for prolonged response (Build back better)