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 timelscales

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

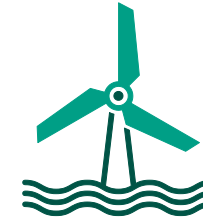|	Phase 1: Immediate recruitment	Phase 2: Short term booster	Phase 3: Long term sustainability
Key objective	*Urgent recruitment* of people *with pre-existing knowledge* of contact tracing, who can pick up activities with minimal training	*Fill in* **capacity gaps** *through brining in people with relevant skills (e.g. those who* **are temporarily out of work** *)*	*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**
Staff recruited	• Environmental officers • Training standard officers • Sexual and reproductive health advisors • TB nurses • Existing infectious control nurses	• Fire and rescue service (previously working on prevention and F2F[1] tasks) • Population health programme specialists • Volunteering community centre; specifically LGBT sexual health leads working on HIV & sexually transmitted diseases	• 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

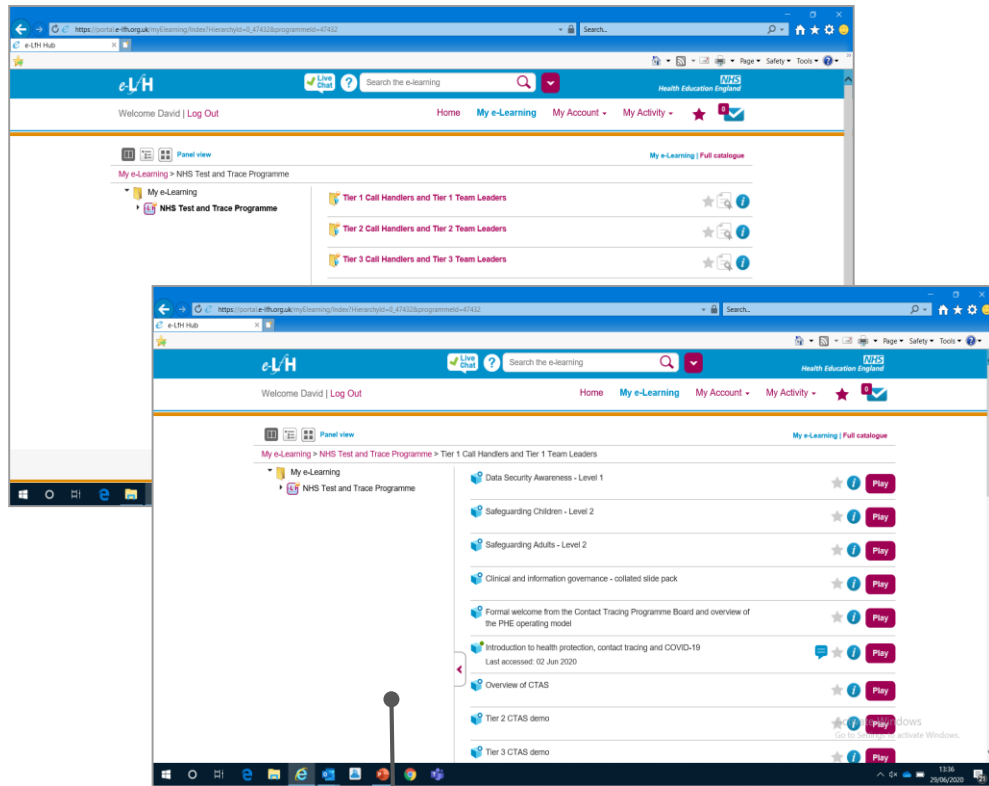|	**1** National programme	**2** Enhanced sessions	**3** Johns Hopkins materials	**4** GM specific modules
Description	**Information created centrally available to all councils**	**Induction sessions managed by health protection consultants**	**8 hour free module produced by Johns Hopkins**	**GM specific information**

	• 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
		• 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
			• Describes what success looks like
			• Emphasizes importance of contact tracing
			• Includes complex tracing scenarios to bring theory to life
				• 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[1]	• 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?

Backup: Enhanced sessions

E-learning folders created with series of modules

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

Backup: Johns Hopkins Materials

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

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

General info on Test & Trace

GM specific material including updated activity information
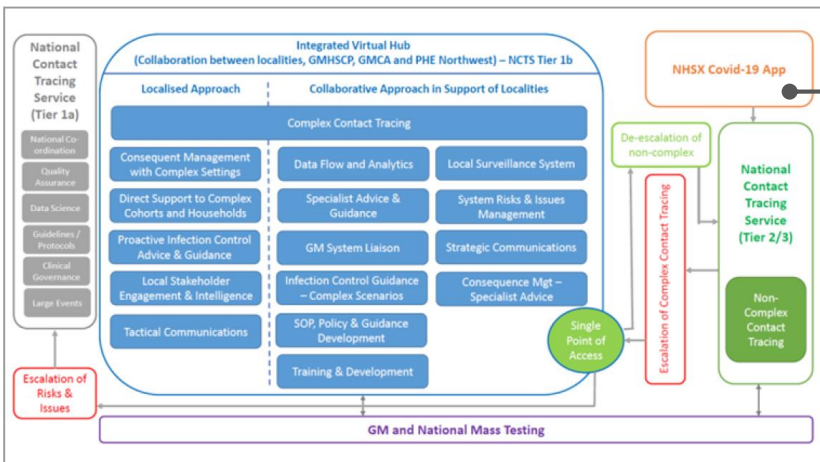
GM specific info including structure of GM contact tracing

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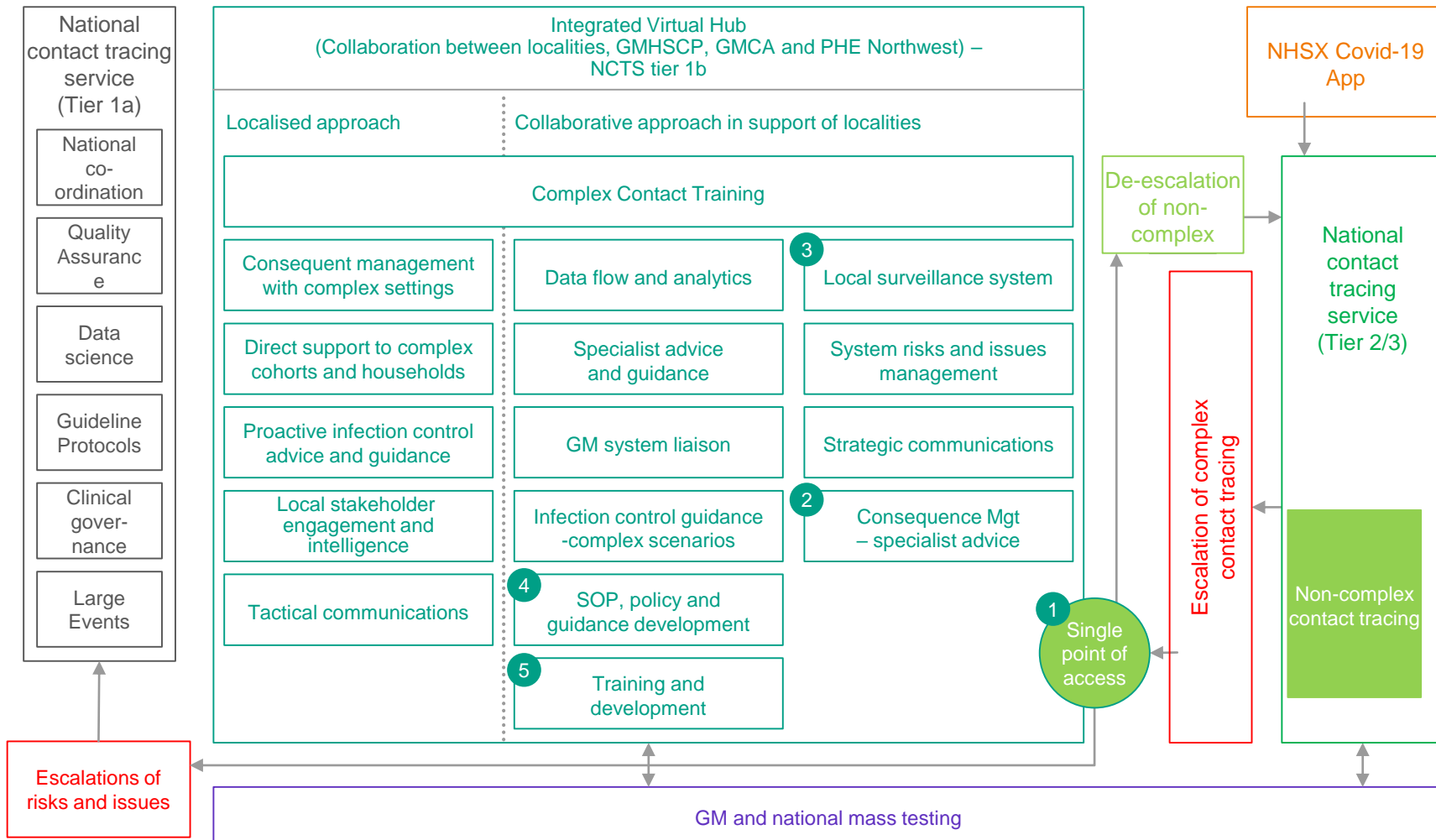- **Short term**: acknowledge requirement for bolstering support as pre-Covid model for outbreak management & tracing insufficient
- **Medium to long term:** understanding that approach is fundamental to recovery over 18-24 months

MVP ready to be employed and refined over time

What does the Greater Manchester approach look like?

National contact tracing service (Tier 1a)
- National co-ordination
- Quality Assurance
- Data science
- Guideline Protocols
- Clinical gover-nance
- Large Events

Integrated Virtual Hub
(Collaboration between localities, GMHSCP, GMCA and PHE Northwest) – NCTS tier 1b

Localised approach	Collaborative approach in support of localities	
Complex Contact Training		
Consequent management with complex settings	Data flow and analytics	Local surveillance system (3)
Direct support to complex cohorts and households	Specialist advice and guidance	System risks and issues management
Proactive infection control advice and guidance	GM system liaison	Strategic communications
Local stakeholder engagement and intelligence	Infection control guidance -complex scenarios	Consequence Mgt – specialist advice (2)
Tactical communications	SOP, policy and guidance development (4)	
	Training and development (5)	

NHSX Covid-19 App

De-escalation of non-complex

National contact tracing service (Tier 2/3)

Escalation of complex contact tracing

(1) Single point of access

Non-complex contact tracing

Escalations of risks and issues

GM and national mass testing

(1) Single interface between NCTS[1] and GM; **localities have single tracing point of contact** leasing with GM SPOC[2] 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[3]

(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

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 used assumption 20% floor to capture resourcing requirements

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