

Speciality	Activity	Capacity and Mobilisation	Location	Contact
<p>Freeing Acute Capacity - Virtual, supported Monitoring for Early Discharge & Safely Increasing District Nursing Caseload</p>	<p>Allows early supported discharge of elderly frail, those with underlying health conditions, those being discharged early following surgery, procedure or intervention. Also suitable for those at risk of admission (e.g. those on the GP frailty register).</p> <p>IUC providers are best placed to set up and deliver this service as they operate 24/7 and already have much of the technical and clinical infrastructure in place; supporting a safe, rapid mobilisation. Care UK would support the knowledge transfer and roll out to other IUC providers with monitoring and response capability through their 111 call centres.</p> <p>Patients discharged from hospital will be monitored by a team of clinicians 24/7 using <i>Docobo</i>, a cloud-based solution, already in use in England, allowing clinicians to work at home from their own computer, (utilising those shielding or self-isolating). Patients use a simple App on their own computer, tablet or smartphone which takes patients through questions appropriate to their conditions, at set times of day, and monitors their health via SPO2, BP monitoring and thermometer. A range of questionnaires including COVID-19 specific questions can be answered by the patient if they feel their condition changing. Algorithms determine if a patient is deteriorating and alert the clinical team.</p> <p>Our team of remote nurses and GPs are available to support patients 24/7. Providing review, advice, and rapid response to deterioration including assessment, remote prescribing, and care-planning. We will work with local teams and mobilise services if a patient deteriorates (with whatever available and relevant face to face resource is available). Crucially the alerts will enable us to prioritise care and rationed clinical resources to those that need it.</p>	<p>Mobilise in C2 weeks supporting 2000 patients at any one time; (a total of 8000 to 10000 patients over a 12-week period), this is estimated to be sufficient capacity to support immediate early discharge over at least one STP/ICS</p> <p>Care UK would support the knowledge transfer and roll out to other IUC providers with monitoring and response capability through their 111 call centres - this could be 40,000 patients nationally in a 6-week period.</p> <p>Where patients don't have a home smart phone, tablet, or PC, this can be provided, and a robust multi-user device is available for use by up to 40 patients in a care or nursing home environment.</p>	<p>Nationwide</p>	<p>Care UK Suzanne Lawrence, Deputy CEO 0791 8695402 Suzanne.lawrence@careuk.com https://www.careuk.com/</p>

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<p>Range of clinical services - both Outpatients and Diagnostic delivery</p>	<ul style="list-style-type: none"> • Gastroenterology and Endoscopy (Colonoscopy, Flexible Sigmoidoscopy and OGD. Including the 2WW pathway) • Urology and Cystoscopy • ENT • Dermatology (Including BCC and 2WW) and Minor Surgery • Ophthalmology • Orthopaedic Outpatient and Minor Procedures • Imaging: MRI (including remote reporting) XRay and Ultrasound <p>Staffing available and skilled to be able to cover a range of other services such as:</p> <ul style="list-style-type: none"> • IV therapy • IBD clinics • Standard Testing (Bloods etc) <p>Offer the following further support:</p> <ul style="list-style-type: none"> • Corporate Services: Marketing, Communications, PMO, Data, IT, Finance and HR • Patient Services: Clinical Governance, Patient Administration, Patient Booking Team, Medical Secretaries. 	<p>Mobilise Outpatient Activity within 1 week and diagnostic with equipment sourced within 3 weeks.</p> <p>Immediately take 5000 patients a month across the range of disciplines. This includes 800 a month 2WW Endoscopy patients.</p> <p>Each outpatient clinic would be able to see approximately 12 patients – we would ensure we have appropriate staff to make these happen.</p> <p>Diagnostic ranges between 6 (colons) through to 10 patients per session for Endoscopy and Cystoscopy.</p> <p>Digital mobilisation within 6 hours – would be able to see patients via remote consultation with full clinical consultation processes.</p>	<p>Yorkshire</p> <p>Humber region</p> <p>North & North East Lincolnshire</p> <p>Lincolnshire</p> <p>Derbyshire</p> <p>Digital mobilisation has national coverage</p>	<p>Living Care Luke Minshall, Commercial Director, 0113 426 4508 / 07850381942 luke.minshall@livingcare.co.uk https://www.livingcare.co.uk/</p>

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<p>Remotely delivered, digitally enabled Community MSK service, home-based for NHS patients and staff, significantly reducing the demand on Primary Care, EDs and NHS 111.</p>	<p>A service model/pathway making significant use of patient self-referral, rapid triage, remote appointments (telephone and video-based) and digital tools that allow nearly all patients to self-manage effectively, whilst quickly screening for red-flags and triaging for urgent patients. This could be delivered at individual ICS level or up to national scale. The model will make use of established pathways and resources to allow rapid deployment.</p> <p>Connect Health already deliver effective NHS Community MSK services (including physiotherapy, chronic and persistent pain and rheumatology) for 26 CCGs covering >10% of England's population, with a significant element of remote treatment.</p> <p>In recent weeks, we have moved almost all patient activity to remote appointments, introducing a number of additional tools and techniques including a pioneering digital patient self-assessment app and video consultations. Our Care Coordination Centre is already operating fully from home and we can readily add additional capacity to this function.</p> <p>Like many providers we are redeploying some of our MSK clinicians to local Trusts to help with Covid-19. Some Trusts have called almost their entire MSK workforce to help leaving depleted community MSK services. As directed by NHSE and our commissioners, remaining staff continue to run reduced MSK services and importantly ensure no red flags are unattended.</p> <p>Through the MSK Partners Network, a trade body for independent MSK providers, it will be possible to corale qualified resources from many providers of MSK services from outside of the NHS (independent NHS providers and 'high street' physios). This will provide sustainable backfill for clinicians moving to front-line and beyond that, enable significant capacity for a wider service.</p>	<p>Rapidly (< 4 weeks) mobilise a national or multi-regional, 'single contact' Community MSK Service bringing together multiple providers using a single pathway and set of procedures and systems.</p> <p>Allow patients to self-refer via telephone or website, avoiding presentation in primary care/ED or "111". This would reduce to an absolute minimum the number requiring secondary care support</p> <p>Able to handle upwards of 200,000 patients per month (excluding Under 16s)</p> <p>Coordinate and deploy c.290 WTE MSK clinicians and c.80 WTE supporting admin staff – arrangements already in place to mobilise this.</p>	<p>National</p>	<p>Connect Health Mike Turner, Chief Operating Officer 0191 250 4580 07568 428 146 miketurner@connecthealth.co.uk https://www.connecthealth.co.uk/</p>

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<p>Elective Care & Waiting List Management</p> <p>Primary Care</p>	<p>Support the NHS in managing elective care and waiting list pressures, where they might exist, in the following specialties Orthopaedics, Spinal Surgery, General Surgery, Gynaecology, Urology and ENT.</p> <p>OHG already deliver large volumes of elective care to the NHS every year on a planned basis. However, we also have significant experience of supporting the NHS in a more ad hoc way, particularly as pressures will inevitably be building up as a direct impact of COVID-19, with a high volume of elective cases already being cancelled/postponed across the country.</p> <p>OHG have a wealth of experience in working collaboratively with NHS Commissioners and directly with NHS Trusts. We are completely focused on quality, safety and positive patient outcomes. We deliver all our current work with the NHS at tariff, but fully appreciate the fallout from this virus will be huge and would look to support the NHS with discounted rates where we could.</p> <p>OHG is flexible in its approach to supporting the NHS and is able deliver services to patients from the point of referral, or to existing patients already waiting for procedures.</p> <p>All our Consultant Surgeons are extremely experienced and already work within the NHS, as well as for OHG. They are fully compliant with our own quality and safety assurance framework and have a strong track record on productivity across all our specialties.</p> <p>Primary Care</p> <p>In conjunction with our Physionet Partners, we can also offer:</p> <p>Offer to all CCGs <i>remote MSK management for ESP and physio</i> - the current practice within GP surgery is to telephone triage calls. We can provide a direct link to manage MSK enquiries and to support</p>	<p>Over 50 Surgeons across 6 specialties.</p> <p>We do not own our own Hospital and instead work from 7 Hospitals, with theatre capacity secured in each – this gives us great flexibility.</p> <p>21 Outreach clinics</p>	<p>South Yorkshire</p> <p>Derbyshire</p> <p>Notts</p> <p>West Yorkshire</p> <p>Lincolnshire</p> <p>we can add additional geographic locations very quickly</p>	<p>One Health Group Jessica Sellars, Associate Director of Operations 0114 3996081 / 07809214009 jessica.sellars@onehealth.co.uk https://onehealth.co.uk/</p>

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	<p>redeployed NHS services.</p> <p>Get conservative care up and running with the CCGs now - but via remote online consultations</p> <p>Support consultant remote appointments where they can recommend Physio follow up. Effectively a <i>consultant referral for physio</i> to manage their condition remotely. This will be conservative care but means patients can be managed remotely until it's time for their operation.</p>			

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<p>Contact Services and related support</p> <p>Workforce and people</p> <p>Software and technology</p> <p>Logistics and Business Support (including PCSE)</p> <p>Public Health and other Support</p>	<p>Contact Services and Related Support <i>Capacity:</i> Additional capacity/services to assist with members of the public, healthcare professionals and volunteer co-ordination as required (We are already delivering C-19 support for a number of national and local requirements) <i>Associated services:</i> In addition to providing agents, we can also provide apps and technology to deliver clinical triage, manage demand, help manage contacts, schedule work, automate processes</p> <p>Workforce and People <i>Expanding the workforce:</i> Identifying retired clinicians to bring back into workforce, rapid onboarding & vetting of healthcare staff. <i>Managing and co-ordinating:</i> Scheduling and management services and technologies for volunteers, and for staff <i>Key worker support:</i> Remote/virtual training (e.g. crisis leadership), employee support services to ease pressures on front line staff</p> <p>Software and Technology <i>Technology support:</i> Rapid technology enablement including delivering home and remote access to clinical systems (and using our Response Eye technology, if needed, video consultation via a patient's smartphone without installing anything), supplying laptops and other equipment, delivering Microsoft and other products, setting up, organisation tracking technologies to centralise data and reporting of COVID 19 impact <i>Existing Software applications:</i> such as Response Eye (immediately deployable, auditable and historically viewable smartphone video and image capability without installing anything - see www.capita-sss.com/911-999-eye/), clinical triage (general and COVID-19 specific clinical content for use by call centre agents or the public, including full management platform if needed – see www.capitahealthcaredecisions.com) and Page One messaging solution (see www.pageone.co.uk) <i>AI and robotic process automation:</i> RPA to quickly automate and scale processes such as testing (e.g. the development of worklists that could be allocated to urgent test centres) and appointment</p>		National	<p>Capita Neil Griffiths 07899 997 696 Neil.Griffiths@capita.com</p>

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	<p>bookings. Capita has experience of implementing over 1000 robots and other automations, including for national NHS services. Tools and services to assist with hospital discharge and contracting and paying for packages of care, including Continuing Healthcare.</p> <p>Logistics and Business Support (including PCSE) <i>Procurement and Logistics:</i> Additional procurement capacity (with health sector experience) to help with the procurement of clinical goods, the provision of the logistics to deliver high volume testing, and adding Covid19 priority supplies to the PCSE catalogue & delivery network <i>Sites:</i> sites such as the secure 300 acre site at the Fire Service College in Moreton in Marsh which could be used for isolation, step-down or logistics purposes. <i>Business Services:</i> Including 'backfill' for Nightingale secondments in areas such as operational HR, finance, general administrative support. Health communication and bulk mailing such as letters to vulnerable people, print & delivery of Covid19 guidance to GPs / vulnerable citizens</p> <p>Public Health and other Support <i>Population health analytics</i> and supporting the informing and organising (with services and apps) of local communities to minimise spread and maintain public health. <i>Unlocking testing capability:</i> Reassign extensive laboratory and scientist resource at the Food and Environment Research Agency (FERA) in York to assist with Covid19 testing. This includes novel technology for mobile and field-based testing.</p>			

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Elective Ophthalmology	<p>Our facilities are equipped for a broad range of outpatient and ambulatory ophthalmology services, including surgery. We have teams of medical and non-medical staff who are used to working in healthcare settings.</p> <p>As social distancing is put in place and NHS and independent sector facilities are re-gearred to providing acute care to those in most acute need, we are conscious that some ophthalmology services may be deemed to be essential and will require to be continued, and therefore will require facilities and/or staffing.</p> <p>Our facilities and staff may be suitable for the following services which are likely to need to continue:</p> <ul style="list-style-type: none"> • Anti VEGF services for AMD, diabetic macular oedema and retinal vein occlusion • Emergency retinal surgery • Eye casualty clinics – walk in or pre-booked • Other ophthalmology services that are deemed to be essential, either locally or nationally <p>We have a highly trained employed administrative and clinical workforce should there be a requirement to collaborate on broader services.</p> <p>Lastly, we are part of the Specsavers Group and the group operates around 1,000 community opticians and audiology businesses. These are equipped for a wide range of optical, ophthalmic and audiology services. We would be pleased to act as a conduit should these resources be useful as part of any solution.</p>	Operate over 30 outpatient and surgical facilities across England working with Trusts and CCGs	National	<p>NewMedica Darshak Shah, Managing Director 0207 871 6600 / 07958 412111 newmedica.centralcontractsteam@nhs.net https://www.newmedica.co.uk/</p>

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<p>Diagnostic centres to support NHS outpatient and diagnostic elective work</p>	<p>We would propose that each site is classed as a “Clean” location and used to provide support for Immuno-suppressed patient pathways such as cancer, cardiology etc.</p> <p>Individual sites could be commissioned either as a block contract at cost or by tariff depending upon the local needs</p> <p>Outpatient and diagnostic Pathways supported (MR, x-ray, ultrasound)</p> <ul style="list-style-type: none"> • Head & neck, • Urology/prostate • Spinal/neuro • MSK/Sports Med • Cardiology (ECG etc) • Cancer screening MR - protocols in place for all body areas at all sites. Non-contrast options available for most areas <p>We can offer a reported or unreported solution for these sub-specialities.</p> <p>In addition, we have a teleradiology team who can support remote reporting through IEP or an integrated solution if a longer term solution is required</p> <p>Should any pathways require ultrasound, the commissioning trust would need to provide sonographers or consultants in support of that pathway.</p>	<p>4 diagnostic centres (MRI, X-ray, Ultrasound with a total of 20 consulting rooms</p> <p>DXA unit and 1.5T MR scanner at Crawley Hospital</p>	<p>London Weybridge Stockport Brighton Crawley</p>	<p>Medical Imaging Partnership Andrew Lennox, CEO, andrew.lennox@medicalimaging.org.uk https://medicalimaging.org.uk/</p>

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<p>Diagnostic services:</p> <p>MRI, CT, Ultrasound, X-ray, DEXA, Dental Imaging</p>	<p>Diagnostic centres, and mobile diagnostic service for either Urgent/ Non-Urgent, Non Elective/Elective Diagnostic Imaging.</p> <p>The diagnostic centres and the mobile facilities can be used as a 'cold' site.</p> <p>Radiology reporting services are available as well.</p>	<p>Diagnostic centres with consulting rooms</p>	<p>Diagnostic Centres: Altrincham, Leeds, Birmingham, Colchester</p> <p>Mobile CT, MRI and X-ray- national cover</p>	<p>Diagnostic Healthcare Ltd</p> <p>Liat Karni, CEO</p> <p>0161 929 5679</p> <p>liat@dhc.uk.com</p> <p>http://www.diagnostichealthcareltd.com/</p>

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<p>1. Early supported discharge and admission avoidance services which promote patient flow</p> <p>2. Support for patients in care homes by Registered Nurses and Therapists</p>	<p>Working in partnership with existing services, we provide additional cost-effective MFFD community capacity and support for Care Home patients with 'same day' access to a range of home-based care.</p> <p>Pathways available at home, in care homes, residential homes and community hospitals:</p> <ul style="list-style-type: none"> • Intravenous therapies including antibiotics, • Medicine administration and management • Wound care (including negative pressure dressings) • Post COVID-19 and post-surgical rehabilitation and recovery • Physiotherapy • Occupational Therapy • Care monitoring • Bridging Package of Care <p>Patients recovering from COVID-19 or other urgent treatments can be discharged home earlier by:</p> <ul style="list-style-type: none"> • Providing enhanced nursing care and therapies until local community and district nursing is available • Providing enhanced nursing care and therapies in areas where there is no community provision • Providing enhanced nursing care and therapies in community hospitals, for example where IV Antibiotic Therapy is not normally available • Providing bridging packages of care until social services care can start • Avoid admitting patients requiring urgent treatment by providing enhanced nursing care and therapies at home for early intervention 	<p>COVID-19 response pathways can be set up in as little as 2 weeks.</p> <p>We have a well-established multidisciplinary workforce, and a recruitment system that supports local networks without affecting local recruitment</p> <ul style="list-style-type: none"> • Norfolk and Norwich University Hospitals NHS Trust - provides up to 30 virtual beds, saved over 4,000 bed days. The service is a finalist in the HSJ Partnership Awards 2020. • Imperial College Healthcare NHS Trust, provided Wound Care at home and Bridging Package of Care in 11 CCG areas • James Paget University Hospitals NHS Trust, providing early supported discharge & 'front door' admission avoidance for orthopaedic and frailty patients. • London and the South East, acute clinical care at 	<p>National</p>	<p>HomeLink Healthcare Andy Collett andy.collett@homelinkhealthcare.co.uk www.homelinkhealthcare.co.uk</p> <p>HomeLink Healthcare is pre-qualified on the NHS Shared Business Services Framework agreement for Medical Care at Home services.</p>

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	<p>By providing the full range of nursing and/or therapy care to a group of Care Homes our services release capacity in existing Community Nursing teams:</p> <ul style="list-style-type: none">• Community and District nursing resources can be utilised more efficiently• Maintains safe levels of community care while access to hospital in-patient and outpatient services are restricted• Early intervention can reduce unplanned hospital admissions	<p>home for insured and self-pay private patients.</p>		

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<p>Community based healthcare</p> <p>Diagnostic services</p> <p>Teleradiology</p>	<p>Healthshare group is a SME Independent Healthcare Provider delivering care solely to the NHS. Integrated, Community-based services inclusive of MSK, Orthopaedics, Rheumatology, Pain Management, Cardiology, Bladder & Bowel and Podiatry Triage and Treatment services with well-developed remote, interactive education and self-care delivery.</p> <p>Provider of both virtual and face to face group class based Joint Pain & Condition Advisory Clinics (JPAC) that encompasses assessment, education and provision of progressive management resources resulting in increasing health literacy, patient resilience, improved functional activity scores and reduced need for secondary or primary care intervention – JPAC can be offered for MSK, Rheumatology, Orthopaedics, Podiatry, Diabetic, Frailty & Falls Management.</p> <p>Healthshare Diagnostic Services delivers Community NOUS, Trimester Scanning, Echo, DEXA, MRI and CT via static and mobile infrastructure with 2 specialist JAG registered Endoscopy services across North West London and Kent.</p> <p>As our clinical and diagnostic services are delivered on a national footprint using static and mobile infrastructure with currently available service capacity, we can offer these clinical services to support STP's, CCG's and NHS Trusts address current / future service shortfalls and demand.</p> <p>Healthshare has a mature, AI supported interactive Telemedicine platform that provides effective patient support at an STP and CCG level. This is remotely delivered across multiple regions to support Community MSK & Specialist Services, backed by home-based senior clinical support for NHS patients and staff. It provides high-level assessment and triage for Orthopaedics, Rheumatology and Pain Management with extensive, interactive self-care resources which can significantly reduce demand on ED's, NHS 111 and Primary Care, while ensuring patients with delayed planned care are maintained and managed well.</p>	<p>Clinical and administration team of over 528 comprising two distinct directorates offering expert care across 25 CCG's and 27 Prisons nationally. With a national footprint of 116 clinics, of which 5 are Integrated Diagnostics centres, 2 JAG Registered Endoscopy Centres and 2 large referral management and patient contact centres based in Oxfordshire and Kent</p> <p>Proven technological platform that delivers virtual and face to face class based Joint Pain & Condition Specific Assessment & Advice Clinics across multiple specialities that can be rolled out quickly on a STP / CCG footprint.</p> <p>Tele-radiology service which delivers Tele-Radiology Reporting to NHS trusts nationally. We have a large panel of UK based consultants across all subspecialities that can offer additional support to NHS Trusts and other imaging providers in the form of remote reporting.</p>	<p>National</p>	<p>Healthshare Group Nick McGrath, Joint CEO 07903 151306 / 01732 525935 nick.mcgrath@healthshare.org.uk https://www.healthshare.org.uk/</p>

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Dermatology	<p>A National DMC Dermatology App Service</p> <p>National backlog challenge ahead An estimated 300,000 backlog of referrals is expected. The traditional clinic and personnel capacity will add further challenges to meet the predicted demand. Our experience shows that we can start meeting patients needs now, without the need to use the traditional face to face arrangements, reducing hospital clinic demand, patient and staff travel or the need for additional clinic staff.</p> <p>1. Repurposing our dermatology app for Trust providers - DMC response to Covid-19 challenges We have a well-established tele-dermatology app and pathway of care which when combined with experienced dermatologists, resolves up to 60% of referrals by discharge back to the GP with advice and guidance. The remaining outcomes follow the need for face to face consultation, including cancer pathways.</p> <p>2. Integrated digital dermatology - DMC response to Covid-19 challenges We have developed two new digital dermatology pathways with an integrated electronic patient record and video consultation. The pathways are proven, with data evidence of outcomes and quality. Clinician and patient feedback are very positive. These pathways are addressing patient needs already under our care and the small number of referrals still coming through.</p> <p>We have an experienced administration team and will train Trust admin staff to add capacity. Our dermatologists would be used and Trust based dermatologists would be encouraged to join in the reporting process.</p>	<p>Largest provider of community-based dermatology services in the country.</p> <p>100,000 patients a year, including level 4 services incorporating cancer pathways.</p> <p>The offer is to give the DMC tele-dermatology app to all Trust providers. The kit required is readily available; mobile phone and dermatoscope for lesion images. The staff capacity required is a trained HCA working in a clinic setting.</p> <p>An estimated 300,000 backlog of referrals is expected. The traditional clinic and personnel capacity will add further challenges to meet the predicted demand. Our experience shows that we can start meeting patients needs now</p>	National	<p>DMC Healthcare Dr Nadeem Moghal, Chief Executive 07966039944 nadeem.moghal@dmchealthcare.co.uk https://dmchealthcare.co.uk/</p>

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Primary Care	<p>We are a family owned NHS care provider delivering care to over 600,000 patients per annum across registered general practice and urgent and unscheduled care. As an owner run business, we are agile; able to quickly move to new ways of work, make decisions about how to deploy resource and on where to upscale in order to support the healthcare system in these challenging times. The video clip here gives a better flavour of who we are and what we currently do and how we could spread that expertise and capacity swiftly: OneMedicalGroup</p> <ul style="list-style-type: none"> • Primary care service delivery expertise and capacity. • Able to support with turn around and caretaking contracts, can hold all contract forms; APMS, GMS, PMS and are on the national caretaker contract frameworks. • NHS Pensions Employing Authority. Able to take on new NHS staff from other organisations where required. • Data driven capacity and workforce planning • Advising on moving to remote BAU care and wellbeing models; • Digital tools - in-house Technology Team and set of software solutions to help people live healthier lives including a Person Held Record, (not to be confused with an EHR), and suite of self-support apps that are all video enabled. We have been able to pivot the team onto splitting out the video element into a standalone product, LincUs Multiway Video, which is now on the Video Consultation Framework for primary care and could also be used for virtual outpatients, community services and group consultations; LincUs Health and Wellbeing Platform. LincUs Health and Wellbeing platform is a flexible, digital, personal health and wellbeing record management and communications platform which supports users to manage their health and wellbeing including: symptom, fitness and lifestyle management. It can be used to monitor or manage patients, and condition groups, as well as individuals. Through data capture, analytics and visualisation. The platform is in use across maternity, learning disabilities and wider healthcare settings. • The data collated can also be used as part of population health management data sets to help inform decisions about care 		National	<p>One Medical Group Sarah Everest-Ford, System, Development and Partnerships Director 07947412225 / 0113 2843158 newbusiness@onemedical.co.uk https://www.onemedical.com/</p>

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	<p>modelling to respond to Covid19. At this time it is essential that providers carefully monitor capacity and demand and use this information to inform forecasting for the coming weeks. Our Business Intelligence team are supporting Primary Care Networks and other providers to do this at scale.</p> <ul style="list-style-type: none"> • OneWellness OnlineHub “OWN at home” which can be “white labelled” to different NHS organisations or they can be given access to it. Additional content is being added every day and the team are working with a wide range of specialists to make the resources as far reaching as possible – including physios, (virtual rehab clinics), health coaches, (group consultations around specific LTCs etc), PTs, (virtual fitness classes that can be accessed at any time), Lifestyle GPs, Dermatology support and advice etc. <p>As already stated, this resource can be upscaled very quickly and “bespoked” as needed.</p> <ul style="list-style-type: none"> • System support - through our network of urgent care centres and general practices, we are linked into a number of health care systems and geographies and are already working with system partners to redeploy staff and resource where there are lulls in some activity and spikes in others. In other geographies, we are working with the local EDs to share staff and expertise and our urgent care clinicians are supporting general practices in doing remote reviews of vulnerable patients. We have also expanded NHS 111 direct bookings into all our urgent care services. • Where we already have primary and urgent care services (Yorkshire, Northamptonshire, Lake District, Northamptonshire and Derbyshire) and surrounding areas we can support with care delivery such as weight management and wellbeing, group consultations, home visits, COVID-19 testing and clinics • Estates support - through our OneMedicalProperty arm we are able to quickly review space utilisation and optimisation of care estate to help facilitate the care model changes needed in Covid19 e.g. where cross PCN hot and cold clinics are being set up. 			

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	<ul style="list-style-type: none"> • Covid19 response co-ordination - we have implemented an internal Covid Co-ordination Team, (CCT), who have been in place for the last 4 weeks and are running our response to the crisis. We have our own internal Operational Pressures Escalation Level, (OPEL), reporting for Covid19 and are doing daily SitReps with our CCT and whole group, plus daily video briefings form senior team as referred to in point 2 above. Anecdotaly, colleagues within and outside our organisation have fed back that we are one of the best prepared providers and are an exemplar of how to run a multi-site organisation with remote support in a pandemic situation. We have shared what we are doing with our local system colleagues and would be keen to share wider still with NHS E/I etc. It can quickly be rolled out across other systems • Project management and facilitation support – Our team have been working closely with providers across Cheshire to support the design and mobilisation of hot hubs and cross organisational services. Our work has include chairing system wide meetings through our digital platform, Lincus Multiway, the development of Standard Operating Procedures, workforce planning and patient and staff communication bulletins. 			

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Transformation programmes	<p>COVID-19 Transformation Programmes: In a matter of 4 weeks we have been able to:</p> <ul style="list-style-type: none"> • Redesign Community services to cope with an overall additional 40% increase in demand • Redesign EOLC pathway to cope with surge expectation which could increase EOLC needs in community by over 200% • Redesign community hospital model to ensure patient flow continues throughout peak periods and beyond • Developed an agile capacity and demand planner which allows service managers to change service provision (pathways) when at 20% or more staff absence • All community services moved to Virtual meeting and clinical handovers within first 2 weeks • Implement 7 Virtual Care Co-ordination Centres • Implement 2 Hot and Cold Urgent Care Sites • Implement Virtual group therapy for parents and ongoing LTC management • Developed a community hub coordinating LA, third sector org and volunteers to support the vulnerable • Redeployed staff within non-priority services to priority services supported by a training programme for those staff <p>We have also safely implemented D2A models, integrated discharge teams, care home support services and moved all services to a virtual first assessment model.</p> <p>Virgin Care will offer to share our knowledge and concepts with other NHS organisations without any charge. We can also provide direct resources and support to implementations, where organisations do not have the skills or capacity available in-house right now.</p>	<p>Virgin care has a dedicated team of experts focussed on redesigning, developing and executing the operational solutions necessary for each system during this outbreak, and recognising the need for a new 'Business As Usual' after the current crisis. We believe we could help and support others with this challenge.</p>	National	<p>Virgin Care</p> <p>Vivienne McVey, CEO Vivienne.McVey@virgincare.co.uk https://www.virgincare.co.uk</p>

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Training	<p>Community service Training packages adapted for COVID-19 Over the past four weeks we have supported the redeployment of over 1,300 staff through:</p> <ul style="list-style-type: none"> written training matrices to be completed against the redeployment/upskilling required to support redeployment– to be used to guide managers and colleagues and target learning time most effectively Supported through face to face training or professional discussions following elearning to embed new knowledge Face to face training rewritten into virtual classroom: Basic Life support for those with suspected Covid 19, Fire Safety awareness, Conflict resolution, medicines management, Patient moving & handling + with competency document. Delivering as priority Basic Life Support + set up an Assessment Centre element. 31 colleagues through BLS this week and with many new sessions booked in for next week as the other topics also being delivered. <p>Virgin Care is happy to enter into discussion with any community organisation providing NHS/ Local Authority services who might find these programmes useful. There is a more detailed breakdown of the training programmes below. Here is a breakdown of some of the training programmes:</p> <p>Administration of Insulin (HCA's and AP's); Administration of Low Molecular Weight Heparin by Healthcare Assistants/AP in the Community; Antimicrobial Resistance (AMR) eLearning; Aseptic Non-Touch Technique (ANTT) eLearning; Aseptic Non-Touch Technique (ANTT) eLearning; Basic Life Support - Virtual Classroom Breathlessness: the Difference between BiPAP and CPAP Chaperone Awareness Training; Coronavirus - Collecting Samples; Coronavirus (COVID-19) Infection Prevention and Control; COVID-19 and Palliative, End-of-life and Bereavement Care; Diabetes Awareness; Discussing 'Do Not Attempt CPR' Decisions; Do Not Attempt Resuscitation Orders; e-LfH Dementia (DEM) eLearning; e-LfH Preventing Pressure Ulcers (PUL) eLearning; e-LfH Safe Use of</p>		National	<p>Virgin Care</p> <p>Vivienne McVey, CEO Vivienne.McVey@virgincare.co.uk https://www.virgincare.co.uk</p>

Speciality	Activity	Capacity and Mobilisation	Location	Contact
	<p>Insulin (SUI) eLearning e-LfH Sepsis in Primary Care (SEP); Food Safety (Level 2) eLearning; Infection Prevention and Control eLearning; Management of the Sudden Unexpected Death of a Child eLearning; Managing Breathlessness; Medical Gases (full clinical version for healthcare professionals) eLearning; Medical Gases 2019 (for Health Professionals) eLearning; MMEP: Mandatory Medicines Management Training eLearning; MMEP: Medicines Administration eLearning; PPE - Donning and Doffing; Pressure Ulcers Recognition & Management of the Deteriorating Patient, including guidance on COVID-19 e-Learning; Sepsis eLearning; Symptom Management for the Dying Adult; Syringe Drivers - General Awareness Session; Venepuncture; Verification of Expected Adult Death</p>			

Speciality	Activity	Capacity and Mobilisation	Location	Contact
Track and trace teams	<p>Offer of sexual health service track and trace teams to support COVID-19 contact tracing</p> <p>Most Local Authorities have de-prioritised sexual health services and staff are being redeployed to other NHS services. It seems to us that the infrastructure and knowledge exists in these services to track and trace people who have been diagnosed as COVID-19 positive, rather than starting a new service from scratch as appears to be happening from reports in the media. We would be happy to support NHSE convert these services across the country if required. If you know anyone who is working on this, please put us in touch. Thank you.</p>		National	<p>Virgin Care</p> <p>Vivienne McVey, CEO Vivienne.McVey@virgincare.co.uk https://www.virgincare.co.uk</p>

Speciality	Activity	Capacity and Mobilisation	Location	Contact
MRI Scanning (ALL)	MRI Scanning This MRI scanning capacity could be used for either Urgent/ Non Urgent Non Elective or Elective Diagnostic Imaging. Could be delivered on a 'cold' site if required to ensure minimal contact with acute 'covid hot' patients	Mobile and Static MRI scanning capacity	National (across UK)	David Cahill Chief Commercial and Strategy Officer Alliance Medical Email: dcahill@alliance.co.uk Mobile: 07885460491
CT Scanning	CT Scanning	Mobile or Static CT scanning capacity	National	David Cahill Chief Commercial and Strategy Officer Alliance Medical Email: dcahill@alliance.co.uk Mobile: 07885460491
PET CT	PET CT scans for various pathways including 18F FDG- Oncology, Choline	Mobile or Static CT scanning capacity		David Cahill Chief Commercial and Strategy Officer Alliance Medical Email: dcahill@alliance.co.uk Mobile: 07885460491

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<p>Paediatric – Continuing Care packages – Tier 3</p> <p>Adult NHS Continuing Health Care – Tier 3</p>	<p>HFH is a specialist pan-London & wider area provider for Tier 3 CHC clients with complex medical conditions at their home - adults & children.</p> <p>Our client group includes clients who require Ventilator care, Tracheostomy Care, Gastrostomy care (PEG, PEJ), Continence Care (catheter, bowel and stoma)</p> <p>Most of our clients need 24/7 support either through long shifts or Live-In - we do not provide short visit services.</p> <p>An average client uses 175 hours per week.</p> <p>Our service is Nurse led, specialist trained Carer delivered.</p> <p>We are helping to free up ICU / HDU capacity by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reducing the time to expected discharge date for complex care patients already referred and assessed <input type="checkbox"/> Rapid turnaround of assessment and discharge of patients who need complex home care 	<p>We are recruiting & training to keep ahead of demand.</p> <p>We have taken on 7 new clients since March and have further clients in the pipeline – the majority are discharges from ITU / HDU.</p> <p>We ramp up capacity quickly to meet demand due to our inhouse, client specific Carer training programme.</p>	<p>Pan London & adjacent counties</p>	<p>Paula Friend, Managing Director Paula.friend@hfhhealthcare.co.uk</p> <p>John Hudson, Chair John.hudson@hfhhealthcare.co.uk</p> <p>Chris Leverick, Finance Director Chris.leverick@hfhhealthcare.co.uk</p>