



NIHR POLICY RESEARCH UNIT IN HEALTH AND SOCIAL CARE
SYSTEMS AND COMMISSIONING

**How has community healthcare service provision and resources changed as a
result of COVID?**

EXPLORATORY REPORT

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Introduction/Data

In this report, we will look at changes in the activity from three broad sections of the CHS (Community Health Service – otherwise known as ‘Community Services Data Set’) data, care contacts, referrals and immunisations. Specifically we focus on number of care contacts by medium, care activity, immunisations, attendance status, sources of referrals and reasons for referrals which may be due to COVID-19 outbreak in England. We use data from 4 months of CHS, March 2019, April 2019, March 2020 and April 2020. We have not focused on the impact of COVID-19 on number of services users (number of patients with care contacts or the number of patients with referrals).

Currently the most recent CHS dataset⁴ publically available from NHS Digital is the April 2020 release which would cover the first full month of lockdown. However, there is a warning on the NHS Digital website:

“Due to the coronavirus illness (COVID-19) disruption, it would seem that this is now starting to affect the quality and coverage of some of our statistics, such as an increase in non-submissions for some datasets. We are also starting to see some different patterns in the submitted data. For CSDS, fewer patients are being referred and seen within community services. Therefore, data should be interpreted with care over the COVID-19 period”

Community care provision and recording quality has been increasing over time within CHS, therefore it is hard to attribute changes solely to COVID-19 when looking at trends and changes over time. Furthermore, numbers contained in this report are summary statistics and no attempt at assessing the quality of the data has been made.

CHS contains data from four broad categories of stratification, overall, NHS commissioning regions, NHS area teams and NHS provider. In this report we have used data from the NHS provider level stratification.

Findings

Care contact medium

Care mediums in CHS stratifies the number of care contacts data series by the different modes of communication between the service provider and the individual

Table 1: Counts of care contact stratified by medium

	Mar-19	Mar-20	March change	Apr-19	Apr-20	April Change
Number of Contacts						
Email	20,070	28,815	8,745	15,995	32,135	16,140
Face	4,520,540	4,309,695	-210,845	4,496,740	2,814,920	-1,681,820
Missing	2,048,840	1,625,475	-423,365	2,239,225	973,665	-1,265,560
Other	561,275	678,295	117,020	523,160	467,755	-55,405
Text	7,675	14,405	6,730	8,115	14,935	6,820
Talk type	130	115	-15	135	195	60
Telemedicine	215	1,320	1,105	230	14,815	14,585
Phone	532,415	991,605	459,190	578,650	1,308,335	729,685
All Contacts	7,691,160	7,649,725	-41,435	7,862,250	5,626,755	-2,235,495
Submitting organisations	124	125		134	134	
Percentage						
Email	0.26	0.38	43.57	0.20	0.57	100.91
Face	58.78	56.34	-4.66	57.19	50.03	-37.40
Missing or invalid	26.64	21.25	-20.66	28.48	17.30	-56.52
Other	7.30	8.87	20.85	6.65	8.31	-10.59
Text	0.10	0.19	87.69	0.10	0.27	84.04
Talk type	0.002	0.002	-11.54	0.002	0.003	44.44
Telemedicine	0.003	0.02	513.95	0.003	0.26	6341.30

⁴ Data is obtained on 25th August 2020 at: <https://digital.nhs.uk/data-and-information/publications/statistical/community-services-statistics-for-children-young-people-and-adults>

<i>Phone</i>	6.92	12.96	86.25	7.36	23.25	126.10
<i>All contacts</i>			-0.54			-28.43

We find that the number of submitting organisations that are present for April 2020 has not decreased from the previous month (Table 1). The trend of increasing number of CHS providers has continued, we have not shown the historical trend as we are only focussing on four months in total.

There has been a considerable fall in the number of care contacts when comparing April 2020 to April 2019. From 7.9m contacts to 5.6m contacts (a fall of 28%). March 2020 would have had one week under lockdown but the numbers when comparing March 2020 to March 2019 is more modest, with a reduction of 0.54%. The low drop in March is in no doubt that service provision captures in CHS has been increasing over time and the effect of lockdown would therefore be muted.

Unsurprisingly, the fall in the number of care contacts are mainly driven by the fall in face to face contacts which is similar to the Appointments in General Practice. In April 2020 to April 2019 from 4.5m to 2.8m care contacts (37% decrease). Figures for face to face Appointments in General Practice is a fall of 66% from the data and 80% using word of mouth.

Phone meetings are the next most popular medium for a care contact. The overall trend for the number of phone contacts captured in CHS has been increasing, however the level of increase in March and April 2020 is above any expected trends. The findings suggests that some appointments have moved away from face to face and replaced by more distant mediums of communications.

Care contact activity

Care contact activity is obtained from the care contacts strata of CHS and includes counts of broad activities that are being carried out. The data does not contain the activity for each type of condition for each service user.

Table 2: Counts of care contact stratified by broad categories of activity

	Mar-19	Mar-20	March change	Apr-19	Apr-20	April Change
Number of Contacts						
<i>Administering Tests</i>	100,325	94,040	-6,285	122,890	73,925	-48,965
<i>Assessment</i>	1,289,985	1,429,160	139,175	1,519,885	895,985	-623,900
<i>Clinical Intervention</i>	2,568,715	2,796,725	228,010	2,805,550	1,958,420	-847,130
<i>Counselling, Advice, Support</i>	419,510	491,850	72,340	674,740	556,235	-118,505
<i>Health Visitor Formal handover to School Nursing Service</i>	245	205	-40	495	400	-95
<i>Health Visitor Health Review (1 year)</i>	76,160	79,410	3,250	89,520	61,965	-27,555
<i>Health Visitor Health Review (2-2.5 years)</i>	74,380	75,465	1,085	79,660	66,190	-13,470
<i>Health Visitor Health Review (6-8 weeks)</i>	51,255	62,850	11,595	74,335	61,260	-13,075
<i>Health Visitor New Birth Visit</i>	99,860	120,215	20,355	134,310	121,785	-12,525
<i>Missing value/Value outside reporting parameters</i>	3,090	3,050	-40	6,460	6,685	225
<i>Multidisciplinary Team Review</i>	18,780	20,025	1,245	31,255	17,070	-14,185
<i>Other</i>	2,135,155	2,910,355	775,200	2,608,145	1,659,200	-948,945
<i>Patient Specific Health Promotion</i>	57,950	61,545	3,595	45,505	31,730	-13,775
<i>Supporting Another Clinician</i>	15,870	16,160	290	14,900	12,905	-1,995
Percentage of overall						
<i>Administering Tests</i>	1.5	1.2		1.5	1.3	
<i>Assessment</i>	18.7	17.5		18.5	16.2	
<i>Clinical Intervention</i>	37.2	34.3		34.2	35.5	
<i>Counselling, Advice, Support</i>	6.1	6.0		8.2	10.1	
<i>Health Visitor Formal handover to School Nursing Service</i>	0.004	0.003		0.006	0.007	
<i>Health Visitor Health Review (1 year)</i>	1.1	1.0		1.1	1.1	
<i>Health Visitor Health Review (2-2.5 years)</i>	1.1	0.9		1.0	1.2	
<i>Health Visitor Health Review (6-8 weeks)</i>	0.7	0.8		0.9	1.1	
<i>Health Visitor New Birth Visit</i>	1.4	1.5		1.6	2.2	
<i>Missing value/Value outside reporting parameters</i>	0.0	0.0		0.1	0.1	
<i>Multidisciplinary Team Review</i>	0.3	0.2		0.4	0.3	
<i>Other</i>	30.9	35.7		31.8	30.0	
<i>Patient Specific Health Promotion</i>	0.8	0.8		0.6	0.6	
<i>Supporting Another Clinician</i>	0.2	0.2		0.2	0.2	

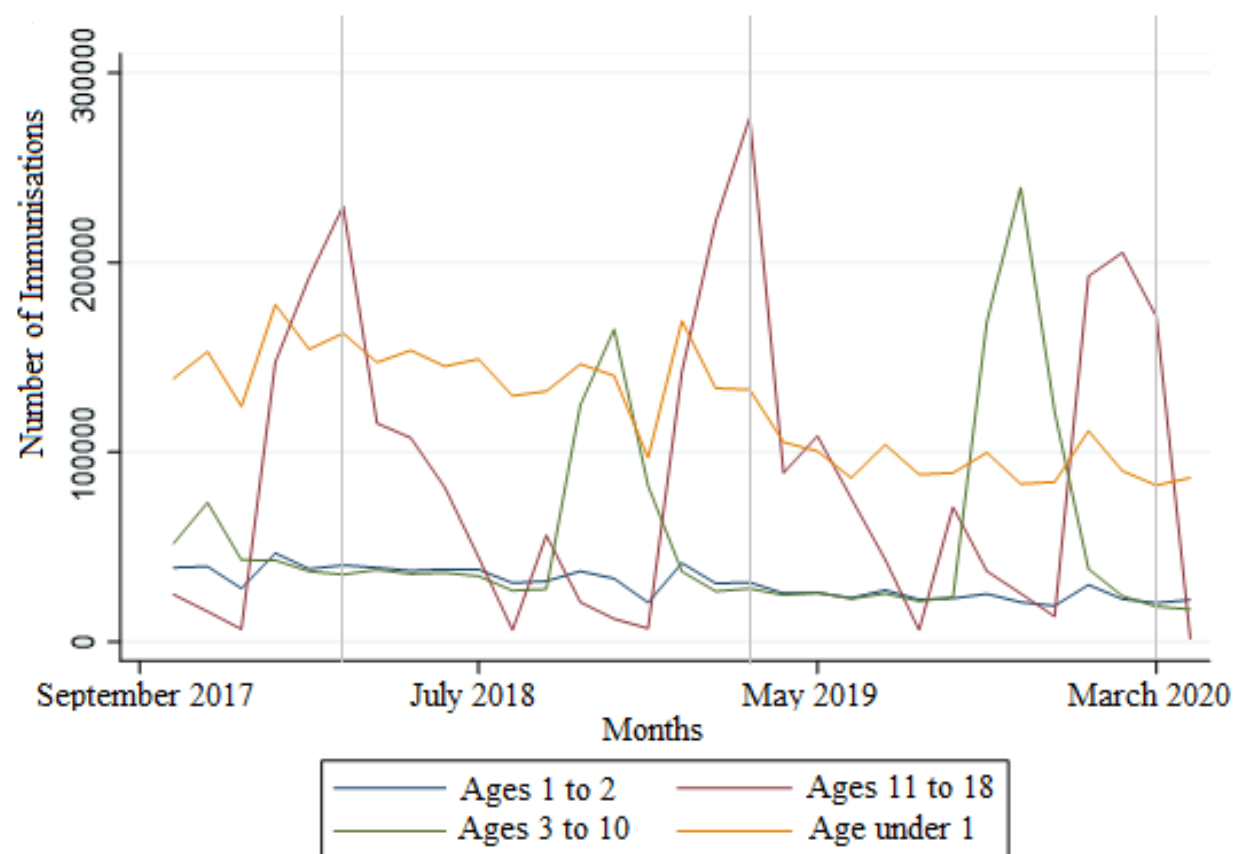
We find that comparing April 2020 with April 2019 that there is a reduction in activity across all types of activity, this is not the case when comparing values for March where there seems to be increases in activity most likely due to service expansion. The reduction in overall activity does not seem to impact any particular type of activity. The heterogeneous nature of community care may be highlighted in this table when looking at the “other” category (second largest category in terms of volume behind clinical intervention), this however could be an artefact from the quality of record keeping.

A comparison between the percentages of each activity in April 2020 with April 2019, indicates that COVID 19 may not have impacted any particular type of activity more than another. For example clinical interventions contributed to 35.5 percent of all activity in April 2020 and 34.2 percent of all activity in 2019.

Immunisations

Data on the number of immunisations conducted each month for individuals aged 18 years and under are available within a separate section of data within CHS. We have conducted analysis of volume of immunisations, between months of March and April for years 2019 with 2020 however, we noticed that patterns of immunisation volume follow different overall and seasonal trends for each age group and therefore results from focusing on selected months will be misleading (Figure 1).

Figure 1: Volume of immunisation for individuals ages 18 years and under by each calendar month



Notes: Vertical grey lines signify March of each calendar year

We find that the volume of immunisations conducted by community health service providers have been reducing for individuals aged two years and under. Winter immunisations for individuals aged three to ten years has been increasing over time. We notice that the spikes in trend of immunisations for individuals aged 11 to 18 years lags behind the trend for individuals aged three to ten years. Figure 3 does not show any convincing evidence that COVID 19 has impacted the volume of immunisations provided by community health service providers.

Care contact attendance status

Care contact attendance status is obtained from the care contacts data series. Care contacts are stratified by initial and follow up attendances, and the count of these attendances being attended or not based on cancellations or non-attendance of the service user or the health care professionals.

Table 3: Counts of care contact stratified attendance status

	Mar-19	Mar-20	March % change	Apr-19	Apr-20	April % Change
Initial consultation						
<i>Attended</i>	616,900	643,220	4.3	756,200	556,165	-26
<i>Health care provider cancellation</i>	24,545	22,540	-8.2	32,570	23,850	-27
<i>Patient cancellation</i>	8,300	7,595	-8.5	13,010	5,120	-61
<i>Patient did not attend</i>	14,000	15,095	7.8	15,745	9,180	-42
Follow-up consultation						
<i>Attended</i>	3,621,320	3,682,305	1.7	3,866,445	3,150,620	-19
<i>Health care provider cancellation</i>	228,665	225,345	-1.5	323,570	243,420	-25
<i>Patient cancellation</i>	78,450	65,265	-16.8	102,085	45,495	-55
<i>Patient did not attend</i>	81,795	90,495	10.6	87,020	42,955	-51
Missing	3,017,150	3,110,450	3.1	2,453,055	1,549,840	-37

There has been a fall in all initial and follow up consultations that have been attended by the patient when comparing April 2020 with April 2019. Attended appointments for March 2020 were higher than attended appointments for March 2019. We found that there has been a fall in the number of appointments which have not been attended, either by cancellations by the health care provider or by the patients.

We find that the percentage fall in unattended or cancelled appointments have decreased when comparing percentage changes for April with March. This may indicate that the lower number of community care contacts for people identified to be in need of community care are not due to increases in cancellations by service users or professions during the pandemic.

Another finding is that the reductions in the number of appointment status classified as missing suggests that the fall in the attendances may not be sole driven by data quality as data quality for this stratification may have improved.

Referral source

Referral source is obtained through the referrals section of the CHS data. Reductions in the number of initial care contacts may be explained by any effects that COVID-19 may have had to service providers that refer patients to use community health services.

We find that the number of referrals to community health services is slightly reduced (Table 4), 4%, when comparing March 2020 with March 2019. However the reduction is much larger when comparing April 2020 to April 2019, 30%. Falls in referrals will likely indicated that the number of care contacts in the month of May (data not yet available) may also exhibit lower levels of activity.

Referrals to community health services are typically most common from General Medical Practitioner Practices, as the number of appointments in General Practices has seen absolute reductions in planned activity during period of national lockdown, this finding may be expected.

For April, we find large reductions in the number of referrals from hospital departments and from individuals that are self-referred, whereby the latter may not be as influenced by any third party organisation. The largest percentage reduction in referrals are from educational establishments which would have also be impacted by national lockdown due to COVID-19.

Table 4: Number of referrals by referral source

	Mar-19	Mar-20	March % change	Apr-19	Apr-20	April % Change
General Medical Practitioner Practice	347,315	316,415	-9	296,080	178,245	-40
Community Health Service (same or other Health Care Provider)	197,100	183,670	-7	187,820	159,840	-15
Acute Hospital Inpatient/Outpatient Department	135,120	133,550	-1	141,230	106,115	-25
Missing value/Value outside reporting parameters	104,110	112,315	8	84,360	54,285	-36
Self-referral	88,360	86,915	-2	73,625	41,175	-44
Not Known	49,240	64,255	30	59,685	40,020	-33
Carer/Relative	33,790	29,585	-12	47,290	41,325	-13
Care Home	25,310	25,700	2	24,190	22,720	-6
Educational Establishment	18,035	12,575	-30	17,545	6,730	-62
Local Authority Social Services	14,015	12,520	-11	14,655	12,105	-17
Accident and Emergency Department (including Minor Injuries Unit)	15,855	14,700	-7	11,280	8,310	-26
Telephone or Electronic Access Service	7,390	7,315	-1	5,930	3,015	-49
Police	5,130	5,655	10	6,710	6,040	-10
Ambulance Service	3,975	4,155	5	4,980	5,700	14
Hospice	2,185	2,325	6	4,685	4,485	-4
Dental Practice	5,545	4,660	-16	160	110	-31
Mental Health Service	2,875	2,160	-25	1,915	1,350	-30
National Screening Programme	1,345	1,090	-19	2,310	1,840	-20
Independent Sector	1,280	1,220	-5	1,005	460	-54
Employer	475	490	3	455	310	-32
Asylum Service	280	310	11	330	130	-61
Voluntary Sector	240	215	-10	140	120	-14
Prison Health Service	80	75	-6	100	80	-20
Courts	90	65	-28	65	50	-23
Probation Service	35	35	0	35	25	-29
Total	1,059,175	1,021,970	-4	986,580	694,585	-30

Referral reason

Referral reason is obtained through the referrals section of the CHS data. There are a total of 87 referral reasons in CHS along with an additional missing and a not-known category. We find that the data for referral reason may be unreliable due to the large percentage (over 45%) of referral reasons which are returned as missing or not-known. This may be due to there not being an “other” category as the referral reasons to community services will be heterogeneous in nature.

Table 5 lists all the referral reasons in the order of the most number of referrals. We find that amongst all referral reasons, there is a reduction in the number of referrals across almost all reasons when comparing April 2020 with April 2019. With the exception of Antenatal care, End of life support, over 75 assessments, Parkinson disease, personal hygiene, bereavement and substance misuse. Two common (consistently over 10,000 referrals) referral reasons that saw small reduction of 4% in April 2020 compared to April 2019 are healthy child pathway and Family support.

Table 5: Number of referrals by referral reason

	Mar-19	Mar-20	March % change	Apr-19	Apr-20	April % Change
Not known	551,585	533,805	-3	496,075	393,755	-21
Missing value	428,485	415,655	-3	383,770	270,115	-30
Musculoskeletal Problems	170,340	159,420	-6	150,590	33,235	-78
Healthy Child Pathway	103,050	101,290	-2	106,130	101,640	-4
Haematology/Phlebotomy	98,810	95,500	-3	104,295	62,465	-40
Wound Care	79,670	82,295	3	81,650	59,820	-27
Problems with Activities of Daily Living	54,855	54,645	0	52,485	43,780	-17
Rehabilitation	51,595	49,210	-5	49,655	33,140	-33
Foot Care/Problems	50,090	47,880	-4	37,005	8,410	-77
Continence Problems	43,580	40,910	-6	36,455	26,440	-27
Speech and Language Problems	36,690	34,380	-6	35,355	19,860	-44
Diabetes	36,145	33,950	-6	35,545	15,870	-55
Antenatal Care	29,260	31,360	7	33,715	37,255	10
Nutrition and Dietetics	27,125	27,830	3	28,850	17,590	-39
Mobility Problems	24,320	24,425	0	22,285	15,905	-29
Family Support	21,220	19,485	-8	19,430	18,600	-4
Respiratory Conditions	18,880	19,780	5	23,205	14,120	-39
Falls Risk	19,665	20,465	4	17,170	11,460	-33
Catheter Problems	17,670	16,925	-4	22,615	19,455	-14
End of Life Support	14,320	15,120	6	19,295	24,510	27
Emotional/Behavioural Problems	19,585	18,620	-5	18,875	12,335	-35
Equipment Provision	13,905	12,410	-11	12,645	10,645	-16
Cardiac Conditions	14,880	11,425	-23	12,875	7,925	-38
Safeguarding	11,830	11,300	-4	11,835	9,945	-16
Pain/Symptom Control	10,790	9,755	-10	11,830	10,435	-12
Neurological Problems	8,230	8,830	7	8,925	6,435	-28
Skin Problems	9,355	9,635	3	8,005	5,370	-33
Feeding/Swallowing Problems	8,910	8,660	-3	8,280	6,155	-26
Immunisation	12,340	3,785	-69	5,995	3,040	-49
Pressure Ulcer	6,650	6,110	-8	6,460	6,170	-4
Bladder Care	6,775	6,975	3	5,320	4,550	-14
Looked After Children	4,995	4,695	-6	5,855	5,275	-10
Ear Infections/Problems	6,645	6,205	-7	3,695	215	-94
Blood Pressure	7,045	5,700	-19	5,120	3,320	-35
Hearing Problems/Loss	7,650	5,785	-24	5,245	1,180	-78
Developmental Problems	3,875	3,430	-11	4,485	2,640	-41
Leg Ulcer	4,595	4,750	3	4,430	3,805	-14
Structural/Functional Impairment	4,600	4,395	-4	2,910	790	-73
Blood Disorders	3,885	3,570	-8	3,595	3,325	-8
Cancer	3,415	3,300	-3	3,620	3,045	-16
Other Congenital Conditions	4,060	3,770	-7	3,945	2,900	-26
Accident/Trauma	3,840	3,700	-4	2,950	1,250	-58
Ophthalmic Problems	3,925	4,400	12	3,935	2,840	-28
Bowel Problems	2,460	2,935	19	2,810	2,195	-22
Minor Surgery	3,215	2,755	-14	1,575	430	-73
Psychological Conditions	2,335	2,485	6	2,090	1,100	-47
Over 75 Assessment	1,050	2,235	113	2,005	2,530	26
Complex Social Factors	2,005	1,990	-1	1,665	1,435	-14
Tuberculosis	2,820	2,030	-28	1,320	785	-41
Smoking Cessation	1,320	1,175	-11	1,765	780	-56
Post-operative Care	2,295	1,935	-16	1,410	500	-65
Maternal Mood Problems	1,600	1,585	-1	1,600	1,480	-8
Parkinson Disease	2,480	1,800	-27	1,270	1,305	3

Table 5: Number of referrals by referral reason continued

	Mar-19	Mar-20	March % change	Apr-19	Apr-20	April % Change
Deep Vein Thrombosis	1,285	1,425	11	825	730	-12
Vascular Problems	1,375	1,735	26	955	265	-72
Lymphoedema Management	830	1,025	23	850	455	-46
Multiple Complex Communication Difficulties	1,300	1,150	-12	335	235	-30
Neonatal Abstinence Syndrome	845	875	4	825	815	-1
Cognitive Problems	890	860	-3	655	510	-22
Chronic Allergy/Immunological Problem	385	465	21	460	340	-26
Renal Problems	240	195	-19	930	915	-2
Sleep Problems	540	485	-10	310	155	-50
Personal Hygiene	270	395	46	420	660	57
Epilepsy	675	285	-58	360	235	-35
Bereavement	275	295	7	350	480	37
Metabolic/Endocrine Disorders	300	260	-13	205	200	-2
Eating Disorder	215	120	-44	350	145	-59
Head Injury	180	150	-17	140	130	-7
Gastrostomy Management/Care	135	100	-26	160	95	-41
Vomiting/Nausea	115	150	30	105	105	0
Dizziness/Balance Problems	165	170	3	60	25	-58
Stoma Care	100	140	40	120	90	-25
Chronic Fatigue Syndrome	95	130	37	90	25	-72
Diarrhoea and Vomiting	90	130	44	100	60	-40
Failure to Thrive	25	25	0	110	25	-77
Condition(s) Requiring Respite Care	25	50	100	40	30	-25
Genetic Disorders	35	35	0	60	25	-58
Substance Misuse	30	35	17	35	70	100
Cleft Palate	0	15		20	10	-50
Dental Care/Problems	40	0	-100	25	0	-100
Cerebral Palsy	15	10	-33	0	10	
Care of the Next Infant (CONI) Pathway	5	0	-100	0	15	
Low Muscle Tone	5	5	0	0	5	
Laryngectomy	10	0	-100	10	5	-50
Alopecia	5	0	-100	0	0	
Colostomy Care	0	0		5	0	-100
Downs Syndrome	0	0		0	0	
Eustachian Tube Dysfunction	0	0		0	0	
Trismus/Restricted Mouth Opening	0	0		0	0	

Concluding remarks

We find that COVID-19 has likely reduced the total number of care contacts across all contact mediums and activities. The use of non-face to face appointment mediums has increased during the periods of national lockdown which is expected due to social distancing. Attended initial consultations have reduced higher in percentage terms than attended follow-up consultations, this may be partially explained by a reduction of patient referrals to community health services.