

North East London NHS service changes in response to the Covid-19 Pandemic

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Contents

Introduction.....	1
Assurance process	2
Service changes: Hospital-based	3
Service changes: Community, primary care and mental health.....	8

Introduction

To combat the threat of Covid we have had to create more capacity in our health system (for instance by converting planned care wards into Covid wards); reduce cross-infections (for instance by separating Covid patients from non-Covid patients either physically in buildings, or by operating services online); redeploy our workforce (often from planned care to Covid wards) and make difficult decisions about services across the whole NHS (for example by suspending some services).

We have introduced a range of changes to how patients access services across North East London (Barking and Dagenham, Havering, Redbridge, Tower Hamlets, Newham, Waltham Forest, Hackney and the City of London). These have helped us make the best use of our hospitals, buildings and staff; and have ensured that patients are treated in a setting that minimises risk to exposure of the virus.

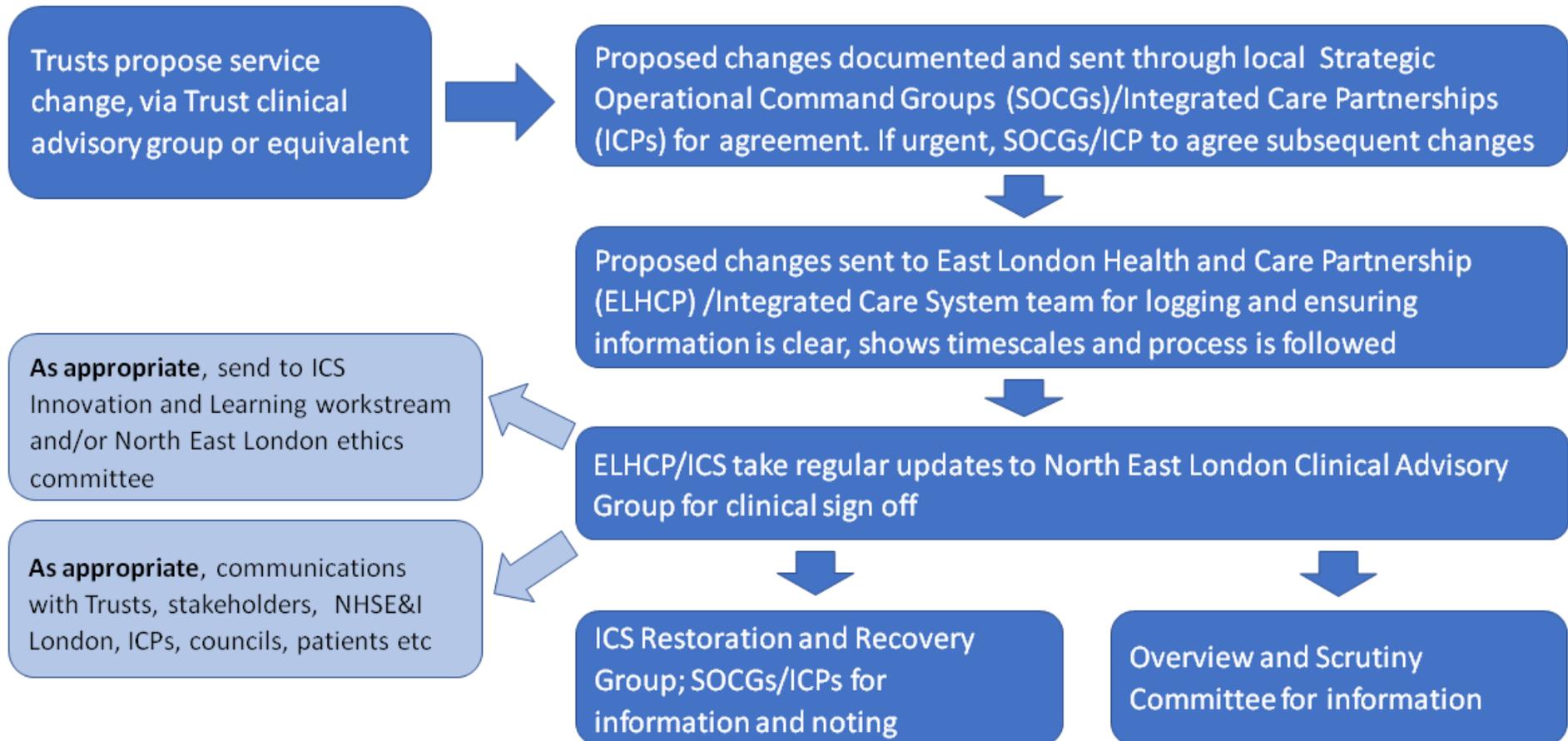
Many of these changes have been made as a direct result of national guidance/directives from NHSE&I, which is managing the response to the pandemic. Nevertheless, the implementation of all service changes has been agreed through local system decision-making and/or NEL programmes. An overview of changes is presented to the Clinical Senate.

We are now restarting services, focusing on those patients who have the most urgent need. But to do so safely, following national guidance on infection prevention and control, we need to keep many changes in place, and indeed to make more changes. Restarting services safely whilst Covid is still a threat is significantly more difficult to do than suspending them if we are to prevent cross-infections and protect staff and patients. This may mean some patients receiving treatment in different ways and in different places than would have previously been

the case. It will also mean that patients with a non-urgent condition may have to wait longer than usual, especially given the backlog we are now facing. We also need to be prepared for a second Covid wave and any associated increase in patient numbers; rising staff sickness and the need for more shielding etc. We will need to rapidly change our plans if we have to manage a second peak.

We are doing all we can to ensure residents are provided with the care they need in a timely and equitable manner. Through our patient groups, surveys, meetings with community, faith and other organisations and through the insight gained by our partners in local authorities, we are gathering information about any challenges and issues in the system that we need to address.

Assurance process



N.B. The table below provides a **summary of movements/suspensions of services and changes in care pathways** for scrutiny.

The information **does not generally include minor changes** e.g. services moving from one part of the building to another; nor does it generally include information about services that continued to run 'as normal'.

The table also doesn't tend to include a **huge range of new developments; and other beneficial changes in working practices**. For instance: greater collaboration with the social care sector (which took on a much more proactive model of care); the greater and more rapid sharing of information between partner organisations and social care; more streamlined assessment processes (for instance both to provide care in the community and to reduce length of stays in hospital for non-Covid patients); increased support to care homes; support provided to homeless people etc. More information is available at www.eastlondonhcp.nhs.uk/ourplans/

Service changes: Hospital-based

Service	Change	Reasons for change	Are the changes still in place?
Cancer	<p>Two week wait referral criteria has been modified to ensure robust risk stratification of suspected cancer. Majority of two week wait referrals conducted virtually or by phone.</p> <p>Cancer referrals triaged to see if a phone appointment (followed by diagnostics if necessary) or an appointment at a later date would be most appropriate.</p> <p>Booked outpatient appointments moved to telephone appointment.</p> <p>Follow-up appointments vetted by consultants with phone calls offered if urgent.</p> <p>A number of diagnostic services have been suspended except for urgent suspected cancer.</p> <ul style="list-style-type: none"> At BHRUT most chemotherapy moved to Spire Hartwood and urgent surgical cases admitted to Spire in urology, breast, gynaecology, maxillofacial and dermatology. Upper and lower GI surgery (and 	<ul style="list-style-type: none"> The changes are in line with national and regional guidance following advice from Clinical Tumour Group leads and signed off by the London Clinical Advisory Group to better manage patient risk Risk stratified patients to treat most urgent cases Reduced footfall in hospital to reduce spread of infection for very immune-compromised patients. 	<ul style="list-style-type: none"> Most changes are still in place However, a number of diagnostics are being restarted in June for prioritised patient cohorts At Barts, all cancer work is being repatriated in stages from w/c 22 June; all bowel cancer screening will recommence in July; and a lower threshold will be introduced for what is considered urgent cases.

	<p>some breast cases initially) admitted to independent sector coordinated by UCLH</p> <ul style="list-style-type: none"> At Barts Health routine cystoscopy, endoscopy and bowel cancer screening suspended. All elective surgery moved to independent sector, apart from lung and breast surgery at St Barts. 		
Maternity	<p>Intrapartum service maintained in obstetric and midwifery units.</p> <p>Antenatal education sessions suspended or switched to virtual; low risk women booking in births by phone. Some obstetrics clinics and postnatal visits moved to phone call.</p> <p>Home births were generally temporarily suspended for two weeks in April (except in Tower Hamlets).</p> <ul style="list-style-type: none"> At Barts Health maternity helplines were established; some screening services were modified and face-to-face midwifery antenatal services were maintained in line with national guidance. 	<ul style="list-style-type: none"> In line with national guidance on infection prevention Enabled redeployment of staff to maintain safe staffing levels Managed reduced workforce due to cases of Covid and shielding staff Managed and supported anxieties of women and their families Home births were suspended to reduce pressure on LAS if complications arose at home. 	<ul style="list-style-type: none"> Some services restarting face-to-face appointments (e.g. antenatal bookings) Home births have now been resumed Screening is being reinstated.
<p>Outpatients</p> <p>Dental services</p> <p>Long Term Conditions</p> <p>Diagnostics</p> <p>For example anti coagulation; bowel screening; fertility treatment; dietetics;</p>	<p>Suspended all non-essential visits to hospital.</p> <p>All routine outpatient activity that could be switched, moved to consultation by video or phone in March.</p> <p>Most routine diagnostics suspended.</p> <p>Dental services suspended for all but emergency cases.</p> <p>Emergency cases (e.g. community stroke team) continued, with urgent cases triaged and managed on</p>	<ul style="list-style-type: none"> In line with national guidance on infection control Virtual appointments and movement of appointments to Covid-free sites reduce the likelihood of cross-infection Provided ability to redeploy 	<p>Many virtual services will continue as they are the best method of preventing cross infection.</p> <p>Face-to-face services are being re-introduced where necessary when we have the facilities configured to minimise the spread of infection and it is safe to do so.</p> <p>Diagnostic services are restarting in a</p>

<p>pain clinic; community gynaecology; sexual health; dermatology; endoscopy; continence service; leg ulcer clinics; cardiac physiology; TB clinics; phlebotomy; audiology; sleep studies; GI physiology; urodynamics; echo scans; rheumatology; pulmonary rehabilitation; clinical health psychology; diabetes services; cardiology</p>	<p>an individual basis.</p> <ul style="list-style-type: none"> • Services developed alternative delivery methods e.g.: <ul style="list-style-type: none"> ➢ Postal service (e.g. for hearing aids) ➢ Virtual appointments ➢ Home appointments (e.g. continence service) ➢ Increased community provision (e.g. phlebotomy and anti-coagulation service in BHR) • Blood testing was suspended at BHRUT except for maternity and oncology. Some BHRUT outpatient appointments, endoscopy and infusions (e.g. rheumatology; dermatology; gastro and neurology) moved to independent sector • Community phlebotomy services made available to Barts Health and systems put in place to supply medication direct to patient homes following virtual consultation or review. 	<p>staff and capacity for when staff became infected with Covid or were shielding</p> <ul style="list-style-type: none"> • Built capacity for Covid patients • Staff focusing on high priority cases • In line with national 'stay at home' guidance. 	<p>phased way for prioritised patients. Appointments not completed during the pandemic peak are being triaged.</p> <ul style="list-style-type: none"> • At Homerton, the fertility service is restarting end of June and the diabetes centre is re-opening for the most urgent cohort of patients • At BHRUT some endoscopy restarted 1 June; orthopaedic trauma brought back from NEL Treatment Centre to Queen's from mid-June and starting to bring back outpatient clinics at KGH.
<p>Therapies For example Musculoskeletal conditions (MSK); women's health; hand therapy; occupational therapy; speech and language therapies; cardiac rehab; physiotherapy</p>	<p>For most therapies, caseloads were prioritised, with only urgent appointments maintained – and wherever possible these have been delivered remotely. Other appointments suspended or carried out virtually.</p> <ul style="list-style-type: none"> • Regional neuro-rehab unit inpatient unit remained open • Stroke rehabilitation suspended at BHRUT. 	<ul style="list-style-type: none"> • In line with national guidance on infection control. Virtual appointments reduce the likelihood of cross-infection • Provided staffing capacity for Covid patients • Provided staffing capacity to cover for infected staff and those shielding • Provided building capacity for Covid patients • Staff focusing on high priority cases • In line with national 'stay at 	<p>Key cohorts of patients are being prioritised for face-to-face consultations e.g. those with:</p> <ul style="list-style-type: none"> • Unclear, potentially serious issue from initial virtual consultation • Significant and worsening impact on function and pain • Anxiety, co-morbidities or other factors affecting their ability to use virtual consultations • Requirements that cannot be resolved virtually e.g. ultrasound-guided injections • Stroke rehabilitation restarting at KGH in July.

		home' guidance.	
Paediatrics	<p>Most outpatient and diagnostic services suspended or working virtually (with some remaining open for urgent referrals e.g. ENT).</p> <p>School-based therapy services suspended.</p> <p>Emergency and urgent surgical cases continued.</p> <ul style="list-style-type: none"> At BHRUT: Paediatric assessment at 'front door' of King George Hospital; patients who need further assessment/treatment/admission are transported to Queen's where paediatric inpatients are co-located. Clover ward reassigned for additional critical care capacity Homerton paediatric inpatient ward was temporarily closed, with admissions going to Royal London At Barts Health: Hospital@Home extended and paediatric intensive care unit (PICU) took some adult patients. 	<ul style="list-style-type: none"> In line with national guidance on infection control. Virtual appointments reduce the likelihood of cross-infection Provided staffing capacity for Covid patients Provided staffing capacity to cover for infected staff and those shielding Provided building capacity for Covid patients Staff focusing on high priority cases. 	<ul style="list-style-type: none"> Where virtual services are possible we will continue them as they are the best method of preventing cross infection Hospital-based outpatients have begun to reopen based on clinical need, safeguarding and vulnerability Homerton inpatient ward reopened in May Clover ward remains as critical care capacity Barts Health PICU now reverted back to paediatrics.
Planned surgery	<p>Suspended most planned surgery except for urgent cases e.g. cancer and fracture clinics.</p> <p>In line with national agreements, independent sector capacity at multiple sites has been made available to North East London Trusts until end of August (through national contract) to treat the highest priority NHS patients.</p> <ul style="list-style-type: none"> Some Barts Health 10 > weeks surgical abortions moved to BPAS in the independent sector. 	<ul style="list-style-type: none"> In line with national guidance on infection control Provided staffing capacity for Covid patients Provided staffing capacity to cover for infected staff and those shielding Provided building capacity for Covid patients Staff focusing on high priority cases. 	<ul style="list-style-type: none"> Risk assessments are being carried out to focus on highest risk patients Phased restarting of planned surgery at KGH from 17 June At Barts Health elective surgery restarted from 8 June with patients allocated according to clinical priority: the majority of specialties restarting in Trust hospitals, but there will be some use of independent sector facilities.

<p>Urgent and Emergency</p>	<p>Full emergency service maintained with Covid-protected space introduced for shielded/vulnerable patients.</p> <p>Expanded critical care capacity to cope with Covid patients.</p> <ul style="list-style-type: none"> • Barts Health, doubled critical care beds including opening 15/15 floors of RLH as dedicated Covid unit, and increased surge capacity • Closed minor injuries services at St Barts • BHRUT increased critical care beds five-fold • Orthopaedic trauma relocated from Queen's to the Independent Treatment Centre next to KGH • Some non-urgent walk-in services stopped e.g. Echo diagnostics. 	<ul style="list-style-type: none"> • In line with national guidance • Separated Covid (hot) and non-Covid (cold) patients (and therefore emergency and planned care patients) • Provided capacity for Covid patients and urgent non-Covid cases. 	<p>Critical care capacity still available to treat existing cases and in case of second wave of Covid.</p> <ul style="list-style-type: none"> • Moved orthopaedic trauma from KGH back to Queen's from mid-June to provide additional planned surgery capacity at KGH • Trusts working with NHS 111 to establish booked appointments.
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Service changes: Community, primary care and mental health

Service	Change	Reasons for change	Are the changes still in place?
<p>Community services</p> <p>For example audiology; community rehabilitation; community gynaecology; continence service; children's therapies; dermatology; foot health; health visiting; minor eye conditions; locomotor services; lymphodema service; minor surgery service; ENT; IAPT; post-operative wound care; Hear to Help; diabetes; asthma; COPD; wheelchair services</p>	<p>Suspended some services for new referrals and routine testing e.g. lung function tests.</p> <p>Suspended or reduced face-to-face services based on a risk rating of patients and moved patients to virtual platforms where possible.</p> <p>Prioritised vulnerable patients; supporting end-of-life care and increased virtual bereavement services.</p> <p>Suspended school-based services.</p> <p>Created new online services e.g. carer support groups and IAPT.</p> <p>Improved discharge hubs to support discharge of patients from hospital.</p> <p>Increased bereavement services.</p> <ul style="list-style-type: none"> • ELFT created a team to support the health and wellbeing of homeless people • Barking Community Hospital walk-in centre using a booked appointments system • NELFT created 117 step-down beds at Goodmayes • NELFT phlebotomy service offered at reduced number of sites and via appointment-based access. 	<ul style="list-style-type: none"> • Enabled e.g. NELFT to redeploy 500 staff to help deliver critical care • Provided services virtually, reducing the need to visit hospital and helping people to 'Stay at Home'. 	<p>Virtual services will continue where appropriate.</p> <p>Phased restart of face-to-face services where necessary.</p> <p>Some school-based and children's services recommencing.</p> <ul style="list-style-type: none"> • District, community and specialist nursing at NELFT have returned to a near full service.
<p>Primary care</p>	<ul style="list-style-type: none"> • 24hr Covid pathway introduced. Initial assessment by phone or online. Patients who are needing face-to-face appointment are seen either at their normal practice or at a 'hot site' if they have symptoms • Hot hubs in each borough with hot and cold zones separate Covid and non-Covid patients • Accelerated proportion of GP practices that can accept 	<ul style="list-style-type: none"> • In line with national guidance on infection control – reduced likelihood of cross infection • Home visits ensured the most vulnerable were able to stay at home but still receive a service. 	<ul style="list-style-type: none"> • Virtual services will continue where appropriate • Phased restart of face-to-face services where necessary • Ensure Covid and non-Covid segregation in each

	<p>direct bookings from NHS 111</p> <ul style="list-style-type: none"> • Introduced 'virtual by default' model • Staff remote working and supported via online training • Enhanced use of Electronic Prescription Service and use of NHS App for ordering repeat prescriptions • Accelerated use of online patients' registration • Loaning of self-monitoring equipment for symptomatic patients • Increased use of text messaging for patients • Developed mutual aid plans to support neighbouring practices. 		<p>local system by June 20</p> <ul style="list-style-type: none"> • Implementation of interim Covid care home scheme by June 20 • Ensure NHSE General Practice Standard Operating Procedure Implementation by July 20 • Completion of risk assessments for staff by July 20 • Ensure implementation of Framework for enhanced health in care homes by October 20.
<p>Mental health services</p>	<p>Enhanced mental health crisis pathways e.g. 24/7 crisis telephone service and online IAPT service.</p> <p>Prioritising high risk and vulnerable patients.</p> <p>Established locality-based mental health hubs away from A&E.</p> <ul style="list-style-type: none"> • ELFT developed crisis cafes in Newham and Tower Hamlets to supplement existing services. 	<ul style="list-style-type: none"> • Enabled redeployment of staff to help deliver critical care • Provided services virtually, reducing the need to visit hospital and helping people to 'Stay at Home'. 	<p>Majority of mental health services are running a full service, but have reduced face-to-face contacts and have moved to a telephone, video call service.</p>