

North East London NHS service changes in response to the Covid19 Pandemic – update as of 13 January 2021

Following an earlier submission on service changes in June 2020, ICP system operational command groups (SOCGs) have been asked to routinely report any significant Covid-related NHS service changes to ELHCP. This is the latest position.

Significant service changes are being captured across NEL to support stakeholder management, reports to the NEL Clinical Advisory Group and to NHSE as required. These are service changes that would normally warrant engagement or consultation i.e. more significant changes including any closures and consolidations.

Service change updates from the ICP SOCGs (13 Jan 21) – supported at NEL CAG on 13 January 2021

Service	Change	Reason for Change	Are the changes still in place
BHR			
1. BHRUT acute beds	Freed up more acute bed capacity by working with partners to discharge medically fit patients into the community e.g. stroke rehabilitation to Meadow Court (reported 3/12)	Availability of acute bed capacity	Yes
2. BHRUT elective activity	Postponed all 'non-life-and-limb' elective procedures at our two Trust sites and redesignated inpatient capacity across sites. Started relocating of time-critical surgery (including cancer) to private capacity. Urgent face to face and some virtual outpatient activity continuing. (reported 17/12)	Support the redeployment of resources to increase capacity for critical care and high acuity inpatients, infection prevention and control	Yes
3. Covid vaccination programme from 14/12	Establishment of NEL vaccination service, primary care	Deliver covid vaccinations	Yes

(This is NEL-wide)	<p>hubs, care home roll out, developing mass vaccination programme</p> <p>Hub opened at Queen's; hub opening shortly at King George, to support care homeworkers, LAS, home care and other frontline workers as well as BHRUT staff. At 20 Jan, vaccinated almost 10,000</p>		
4. Extension of community and primary care including rapid response, CMC, hot hubs etc (reported 30/12)	<p>Including:</p> <ul style="list-style-type: none"> • Additional step down nursing home beds • Discharge to assess • Additional designated care home setting (Havering and Redbridge) • Planned intensive rehabilitation service capacity • Enhance hospital discharge capacity. 	To support discharge	Yes, and planned extension
5. NELFT – proposals for service changes (approach agreed 17/12)	<p>Surge plans for service changes to meet increasing demands. In particular risk stratification of community referrals. Consequence of higher waiting times and adding to backlog.</p>	To support higher risk patients and discharges	Yes
6. BHRUT critical care (reported 4/1)	<p>Additional critical care capacity – increased capacity from 35 beds to 82</p>	To support covid activity	Yes
7. BHRUT birthing centre (to be reported 7/1)	<p>Temporary closure of the midwifery led birthing centre at</p>	To redeploy staff	Yes

	Queen's . Remainder of department, including the Labour ward, is operating normally.		
8. BHRUT paediatrics	Temporary closure of overnight paediatric ED at KGH (9pm to 9am) - impact of Covid has meant no specialist children's doctors on duty at the hospital at night. Children needing further assessment and admission are transferred to Queen's. Monitored daily.	Covid and staffing capacity	Yes
City & Hackney			
9. Homerton acute Transitional Neuro-rehabilitation Unit	Beds at Mary Seacole closed	To enable staff to be redeployed to cover acute inpatient beds	Yes
10. Homerton Paediatric Inpatient Unit	With the exception of short-term observation admissions, paediatric patients requiring admission will be transferred to the Royal London hospital	To enable creation of additional adult G&A inpatient beds	Yes
11. Homerton Non-cancer elective surgery and non-urgent endoscopy	All lists cancelled	To reduce pressure on inpatients beds, ITU beds, and to enable staff to be redeployed.	Yes
12. Homerton colorectal cancer surgery	Suspension of service and utilisation of independent sector	Inability to access ITU capacity and ring-fenced ward beds post-operatively because of COVID pressures in both areas	Yes
13. Homerton Stroke Unit	Transfer of stroke patients to the Regional neuro-rehabilitation unit.	To enable creation of additional adult G&A inpatient beds	Yes
14. Covid vaccination programme from 14/12 (This is NEL-wide)	Establishment of NEL vaccination service, primary care hubs, care home roll out,	Deliver covid vaccinations	Yes

	developing mass vaccination programme		
15. Extension of community and primary care including rapid response, CMC, hot hubs etc.	<p>Including:</p> <ul style="list-style-type: none"> • Additional step down nursing home beds • Discharge to assess • Additional designated care home setting • Home pulse oximetry service <p>Enhance hospital discharge capacity.</p>	To support discharge	Yes, and planned extension
TNW (Tower Hamlets, Newham, Waltham Forest)			
16. Newham and Whipps Cross Paediatric Inpatient Units	Paediatric patients requiring admission will be transferred to the Royal London hospital	To enable creation of additional adult G&A inpatient beds and support staffing capacity	Yes
17. LAS flows to Newham and Whipps Cross	Changed to Royal London Hospital plus independent sector (for ambulant trauma where a 3-day isolation period can be completed, cancer and P2 surgery)	To provide a flow of critically ill and injured patients direct to RLH, supporting G&A capacity at Newham and Whipps Cross. Fracture NOF pathway to be centralised at WX.	Yes
18. Wheelchair, prosthetics and orthotics service	Cease service except the prioritising of pressure ulcer management (Newham service only) and consider link to acute vascular services re amputation and supporting discharge	Staffing capacity released will be moved to support mass vaccination programmes, to support existing out-of-hospital services, and to support ED avoidance and rapid discharge in support of acute partners.	Yes (to be reviewed by SOCG by end of January)
19. Barts Health hospital hubs and NHS Covid-19 Vaccination Centre, Newham	Establish hospital hubs for vaccinating health and care staff at The Royal London, Whipps Cross, Newham and St	Contribute to delivery of national NHS vaccination programme	Yes

	Bartholomew's, plus extra facility for mass vaccination of the public in temporary premises at the Excel centre		
20. Barts Health elective activity	Postpone all planned routine elective activity; redesignate inpatient capacity across sites; relocate some surgery to the independent sector.	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Yes
21. Barts Health Outpatient clinics	Cease service with the exception of post-surgical high risk review case e.g. diabetic foot	As above	As above
22. Barts Health Podiatry and podiatric surgery	Cease service with the exception of high risk vascular / diabetic and also non-diabetic corrective procedures such as bunion service	As above	As above
23. Community nursing	Clinical prioritisation of urgent needs/rapid response/supported discharge, including EOL and reduce regular review work through appropriate risk management.	As above	As above
24. Specialist nursing for specific conditions	Cease routine QOF associated activities while continuing to clinical prioritise urgent needs and increase use of telemedicine. A number of routine reviews to continue such as respiratory reviews for known frequent exacerbations and CVD based annual review. Ceasing of education course and clinics for diabetes and cardiac	As above	As above

	rehab. Continence services to be provided to all over 70s at home and other seen if no symptoms present.		
25. Rehabilitation services	Cease service elements of low and medium priority with prioritisation of urgent needs. Review options of virtual rehab and prioritise respiratory physiotherapy and tele-swallowing for speech and language therapy.	As above	As above
26. Neuro-rehab	Cease service elements of medium and low priority with prioritisation of urgent care needs such as early supported stroke discharge	As above	As above
27. Therapy interventions	Prioritisation needed for urgent care cases, with the continuation for high risk if aspiration pneumonia /early supported stroke service and dietetics support for significant malnutrition	As above	As above
28. Weight Management	Stop behavioural interventions. Triage for Tier 3 programme for those with associated co-morbidities and look to remote support	As above	As above
29. Contraception	Cease service with the exception of urgent work only for terminations, contraception, GUM and HIV treatment.	As above	As above
30. MSK	Majority of rehab work stopped.	As above	As above

	Prioritisation of emergency and urgent MSK conditions which require secondary care services and continuation of rehab for recent elective surgery, fractures and those with complex needs.		
31. Continuing care packages	Move CHC cases to CCG teams where possible with DSTs and reviews suspended	As above	As above
32. Adult Safeguarding	Continue case management but not SARS	As above	As above
33. Covid vaccination programme from 14/12 (This is NEL-wide)	Establishment of NEL vaccination service, primary care hubs, care home roll out, developing mass vaccination programme	Deliver covid vaccinations	Yes
34. Extension of community and primary care including rapid response, CMC, hot hubs etc.	<p>Including:</p> <ul style="list-style-type: none"> • Additional step down nursing home beds • Discharge to assess • Additional designated care home setting • Home pulse oximetry service <p>Enhance hospital discharge capacity.</p>	To support discharge	Yes, and planned extension