



HIOW NHS Response to Covid-19

Briefing for HIOW Overview and Scrutiny Committees/Panels

1. Introduction

The NHS response, as part of the Hampshire and Isle of Wight Local Resilience Forum response to Covid-19 has required unprecedented and rapid change in the way services are prioritised and delivered. As a result, a number of temporary service changes have been made across Hampshire and the Isle of Wight that in more normal times would have involved seeking the views of local people, key stakeholders and brought to the Overview and Scrutiny Committees/Panels before implementation.

This briefing paper sets out the Hampshire and Isle of Wight Local Resilience Forum response and the health element of this; the impact to date of Covid-19; the changes to services made by the local NHS and the successes of some of these; details of the Help Us Help You campaign and the health restoration and recovery work including seeking the views of key stakeholders and local people.

2. Hampshire and Isle of Wight Local Resilience Forum response

Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. The Strategic Coordination Group (SCG) operates within the nationally agreed concept of LRFs.

The SCG enables a coordinated strategic response to emergencies, such as the Covid-19 Pandemic. The role of the SCG is to capture and agree the most reasonable worst-case scenario and plan to mitigate this.

The agreed mitigation focuses on sharing information to achieve the following five main objectives:

1. Preventing the Spread of Infection
2. Maintaining Critical Services
3. Protecting the most Vulnerable
4. Maintaining Public Order and Confidence
5. Recovering to New Normal

Key highlights of the health element of the HIOW LRF response to date include:

- Taking a co-ordinated approach to work together across multiple agencies and build relationships with other key players
- Being instrumental in HIOW LRFs approach to Covid-19 and have been represented across the different cells

- Leading locally on a number of different workstreams including testing, providing media response and support to other agencies throughout this time
- Sharing national advice and resources from the Department of Health and Social Care and NHS England/Improvement with other organisations. Likewise health receives national updates via LRF channels to enrich the picture of the situation
- Contributing to data and analysis to aid the collective understanding of the situation
- Seeking support if and when needed, for example with some PPE such as gowns
- Encouraging social distancing supported by multiple other agencies, including police, Forestry Commission and HM Coastguards who patrol hotspots
- Supporting the protection of the most vulnerable in our community, including care homes, homeless and individuals shielding
- Contributing to updates for key stakeholders, including MPs and local councillors.

3. HIOW NHS response to Covid-19

The NHS across HIOW has been working with our Local Resilience Forum to provide a co-ordinated system response to the pandemic.

The developing HIOW Integrated Care System works in four Integrated Care Partnerships which consist of health and social care organisations and a range of partners working together in a geographical area – Portsmouth and South East Hampshire, Southampton and South West Hampshire, North and Mid Hampshire, and the Isle of Wight.

The Partnerships have led the delivery of the NHS response to Covid-19 at local level and made a number of temporary changes to NHS services. The majority of the recent service changes were implemented in direct response to requirements of national guidance (Appendix One) with a smaller number made locally to enable the NHS to focus on the response to the major incident.

All changes across the Hampshire and Isle of Wight system have fallen into one of the criteria below:

- Change in method of access
- Change in location of service
- Reduction in service
- Suspension of service
- Increase in service.

Changes determined locally were done so for the following range of reasons:

- Embed social distancing
- Manage staffing pressures
- Increase (bed) capacity
- Support flow / discharge
- Manage demand
- Prepare for redeployment of staff to other roles
- Protect staff and patients.

4. Impact of Covid-19 on Hampshire and the Isle of Wight

Up to 21 June, 2020 there have been 304,331 lab-confirmed cases in the UK with 42,632 Covid-19 associated UK deaths. The numbers of confirmed cases and deaths across Hampshire and the Isle of Wight have been as below:

- Total lab-confirmed cases and rates by unitary authority area:
 - Hampshire 3,383 (245.8 rate)
 - Southampton 612 (242.1 rate)
 - Portsmouth 324 (150.6 rate)
 - Isle of Wight 202 (142.7 rate)*(Rates per 100,000 resident population) Source: [Public Health England Data](#))*
- Number of deaths as reported by Trusts:
 - Hampshire Hospitals NHS Foundation Trust – 159
 - Isle of Wight NHS Trust – 39
 - Portsmouth Hospitals NHS Trust – 229
 - Solent NHS Trust – 2
 - Southern Health NHS Foundation Trust – 17
 - University Hospital Southampton NHS Foundation Trust – 194*Source: [NHS England Data](#) up to 5pm 20 June (announced 21 June, 2020)*

Across HIOW staff sickness has averaged 9% in April and 6.5% in May with 4% and 3.4% respectively related to Covid-19. We have provided support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support in place for all staff groups. This support will be provided on an ongoing basis to support the impact on staff from responding to the incident.

We have also successfully supported 444 returners to work in both health and social care along with 990 second and third year students to work on the frontline.

5. Service benefits from the response to Covid-19

Whilst the changes were made in response to a national major incident there have been a number that have resulted in a better service or experiences for patients and local people. Highlights of these include:

- Partners working together in the Integrated Care Partnerships to increase acute and community bed capacity in a range of settings
- Improving hospital discharge processes with people only staying in hospital when they clinically needed to with delayed transfers of care significantly reduced
- Introducing telephone and video consultations for primary care and outpatient appointments
- A significant reduction in the number of inappropriate Emergency Department attendances
- A significant increase in NHS 111 contacts (both by telephone and online) with patients being advised on self-care or directed to the most clinically appropriate service
- Working far more closely with local authorities and the voluntary sector to provide support to those advised to shield
- An acceleration on working in partnership with a range of partners with organisations and leads focussing on a clear, common purpose
- Using digital solutions to link acute, community and primary care clinicians to effectively support patients at home

- Introducing telemedicine in a number of care homes so patients can be seen virtually in their own home and only taken to hospital if clinically needed
- All HIOW GP practices now using the NHS App which enables patients to access a range of services including booking appointments, checking symptoms and ordering repeat prescriptions.

In addition Covid-19 has positively helped to accelerate bringing together the different parts of the health and social care system which we have been trying to achieve for a number of years. This has helped to progress our work to deliver more joined up care across organisational boundaries, bring together teams across primary, community, mental health, acute and social care to deliver the Long Term Plan, and working with our partners to make faster progress on prevention, improving health and reducing inequalities.

6. Temporary service changes made

During March and April temporary service changes were made across HIOW in primary care, acute care, community care and mental health. These changes are detailed in a spreadsheet (Appendix Two) and include:

Service area	Service changes
Primary Care	<ul style="list-style-type: none"> • GP practices working together within Primary Care Networks to establish hot and cold sites including a number of hot hubs and service specific sites • All GP practices implementing eConsult and the NHS app • Increasing the use of telephone and video consultations • All patients triaged remotely with face to face appointments arranged as required • Providing the majority of prescriptions electronically with paper prescriptions being the exception • Identifying shielding and vulnerable patients and providing ongoing care plans and support • Reducing routine activity including health checks, routine smears, annual reviews i.e. diabetic, respiratory, routine blood tests, travel vaccinations, face to face routine consultations and medication reviews • Aligning Primary Care Networks and GP practices with care homes to reduce duplication, footfall and increase continuity of care (patients still retain the right of choice of GP practice) • Suspension of all non urgent specialist dental services • Reducing face to face and increasing telephone and video consultations with homeless patients including providing mobile phones to support this
Acute Care	<ul style="list-style-type: none"> • Providing additional acute bed capacity to use if required at a number of hospital sites • Suspending all elective activity and investigations including diagnostic testing and pathology • Suspending all inpatient unit visiting unless in certain situations such as end of life • Enhancing acute therapies teams skills with respiratory physiotherapy training across the wider teams
Community Care	<ul style="list-style-type: none"> • Increasing community bed capacity to use if required in a range of settings • Suspending all inpatient unit visiting unless in certain situations such as end of life

	<ul style="list-style-type: none"> • Suspending stroke six month follow up assessments • Changing appointments from face to face to telephone and video consultations where appropriate • Suspending group education and group work with some groups meeting virtually where possible • Suspending all routine appointments and investigations including diagnostic testing and pathology • Implementing telehealth and remote monitoring to support patients to be cared for at home • Increasing nursing homes pro-active support provision
Mental Health	<ul style="list-style-type: none"> • Suspending all inpatient unit visiting • Suspending annual health checks for those with learning disabilities • Changing inpatient services to provide isolation wards within units • Increasing specialist capacity within NHS 111 with safe haven and crisis support services available • Implementing telephone and video consultations in services as appropriate • Proactively contacting and supporting current patients • Delaying non urgent referrals • Allocating Beechwood Ward at Parklands Hospital, Basingstoke to a Covid-19 ward for mental health patients requiring physical care for the virus
Urgent Care	<ul style="list-style-type: none"> • Implementing a NHS 111 Covid-19 response service both by phone and online • Increasing capacity within NHS 111 • Implementing Emergency Department diverts (diverting patients to the most appropriate service for their need) • Directly admitting patients to appropriate wards rather than all being directly conveyed through Emergency Departments • Implementing telephone and video consultations for urgent Rapid Assessments • South Central Ambulance Trust NHS 111 call handlers trained to handle 999 calls • 999 capacity available due to a decline in activity used to support the patient transport service
Children and young people	<ul style="list-style-type: none"> • Increasing Child and Adolescent Mental Health services specialist capacity within NHS 111 • Suspending non urgent appointments • Implementing telephone and video consultations for urgent appointments for paediatric services, including mental health services, with face to face appointments provided if clinically required • Identifying shielding and vulnerable patients and providing ongoing care plans and support • Limiting health visiting to critical services only with telephone and video consultations with face to face appointments provided if clinically required • School nursing reduced to critical services only or suspended with school aged vaccinations postponed • Child health clinics, community group baby clinics and group work has been suspended with some groups meeting virtually where possible • Solent East COAST team in partnership with NHS 111 has moved to

	telephone, support, advice and guidance service only rather than face to face
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There have also been some specific temporary changes made in the systems including:

Systems	Change
Portsmouth and South East Hampshire	<ul style="list-style-type: none"> • Moving the Grange Birthing Unit in Petersfield to a different floor in the hospital • Relocation of the mental health psychiatric liaison service from Queen Alexandra Hospital to St James Hospital • Temporary closure of Urgent Care Centre and Cosham Park House Emergency Department Redirection Service • Increasing the patient acuity accepted in Minor Injuries Units/Urgent Treatment Centres • Extending the operational hours for Gosport War Memorial Hospital's Minor Injuries Unit from 20.00hr to 23.59hr • Relocating some 0-19 service clinics (Antenatal / Child clinics) Queen Alexandra Hospital to the Children's Development Centre at Battenburg • Changing walk-in chest x-rays and blood tests at Queen Alexandra Hospital to appointment services • Temporary relocation of Community Heart Failure and Integrated Community Team services from Waterlooville Health Centre to Denmead and Havant Health Centre
North and Mid Hampshire	<ul style="list-style-type: none"> • Hampshire Hospitals NHS Foundation Trust centralising emergency surgery to Royal Hampshire County Hospital, Winchester – emergency surgery has now resumed at Basingstoke hospital • Minor Injuries Unit at Andover War Memorial Hospital closed • Cancer services relocated to private facilities where possible • Hampshire Hospitals NHS Foundation Trust suspending home births – partially due to lack of demand
Southampton and South West Hampshire	<ul style="list-style-type: none"> • The Lighthouse, a mental health service run with partnership between Southern Health NHS Foundation Trust and Solent Mind, changed to a virtual crisis lounge • Urgent outpatient appointments relocated from Southampton Hospital to Southampton Independent Sector Treatment Centre at the Royal South Hants Hospital or the Nuffield Hospital • Cancer services relocated to private facilities where possible
Isle of Wight	<ul style="list-style-type: none"> • Suspension of public access defibrillation network implementation programme

7. Changes to NHS England and NHS Improvement commissioned services

NHS England and NHS Improvement South East commissions a number of local services and has implemented changes in direct response to national guidance. These include:

- **Pharmacy services**

The CCGs across HIOW are in close contact with the Local Pharmaceutical Committee and NHS England and NHS Improvement to provide support to pharmacies where we can.

Locally, pharmacies have seen a significant increase in demand. This is partly due to an increase in prescriptions, higher staff absence rates and social distancing measures.

CCGs have provided guidance to GP surgeries with regards to not extending the duration of supply on repeat prescriptions and to not issue prescriptions too early, to help manage workload and supply. The CCGs have also communicated with the community pharmacies who provide supervised consumption of methadone and end of life drugs to keep them updated about changes to usual policy due to Covid-19.

The CCGs and local authorities have worked together and with voluntary groups to help deliver medicines to the most vulnerable patients.

In line with a nationally agreed standard operating procedure, pharmacies have been allowed to “work behind closed doors” for up to two and a half hours a day. This has been in order to allow time to catch up and clean. However, this should not be between 10am-12pm and 2pm-4pm for most pharmacies or between 10am-12pm and 2pm-6pm for 100 hour pharmacies. This was to help give a consistent message about pharmacy opening times to the public. If pharmacies chose to work behind closed doors they were required to put a sign on the door giving information on how to contact the pharmacy if urgent help was needed.

- **Dentistry services**

From 25 March during the Covid-19 pandemic all routine NHS and private dentistry was suspended. Patients who had scheduled appointments were contacted by their dental practice. NHS England and NHS Improvement worked with the dental profession to put in place urgent dental care hubs to provide urgent and emergency dental care to both NHS and private patients.

Revised guidance has seen the resumption of some dental care services from 8 June. The dates on which dental practices will reopen and what services they provide will vary by individual practice according to measures they are able to put in place to ensure the safety of both patients and practice staff. This include ensuring that infection control procedures and social distancing requirements are in place, that practice staff have appropriate PPE and that this has been fit tested and staff are available to work at the practice following risk assessments.

If a patient needs dental treatment they should contact their dental practice. All practices can offer telephone advice, prescribe medication to help to relieve pain or treat an infection and refer patients to an urgent dental care hub as needed following an assessment. Some practices may be able to offer additional services on a face-to-face basis from their site.

If people do not have a regular NHS dentist they can search for a local dentist on the NHS website at www.nhs.uk. In the evening and at weekends patients can contact NHS 111 who will provide advice and direct patients to an out of hours service if necessary.

- **Optometry services**

High street optometry practices have been providing urgent and essential eye care. Patients have been advised to contact their usual optician, if they have one, for further advice with a telephone or face to face appointment arranged if needed.

Similar to dentists, national guidance has now been issued and opticians will be determining when it will be safe to reopen for routine appointments having considered requirements such as PPE (personal protective equipment), staffing and social distancing requirements.

- **Immunisation and screening services**

All immunisation programmes apart from shingles and school aged immunisations continued though with some changes to delivery for example, prioritising high risk patients. There was a national and regional media campaign to encourage people to attend for screening and immunisation appointments. A summary of some key points regarding screening and immunisation programmes is below:

- Immunisations delivered in schools were put on hold when schools closed. NHS England and NHS Improvement are currently working with providers to restore those programmes as soon as possible using schools or community venues with Covid-19 safety measures in place
- Cervical screening invitation times were extended and invitations have started to be sent. GP practices were advised either to reschedule women who had already had an invitation or to screen them if practical
- Antenatal and newborn screening continued as normal with some minor pathway adaptations for safety purposes. There was some disruption to audiology services for babies referred from newborn hearing screening but these are in the process of restarting
- Breast screening has continued to screen high risk women and to continue with assessment of women already in the pathway
- Diabetic Eye Screening has been impacted by lack of access to primary and community venues and hospital eye services are not yet receiving non urgent referrals. Programmes are screening high risk and pregnant women.

8. Help Us Help You campaign

During the response period NHS activity for non Covid-19 related conditions dropped including the number of people attending Emergency Departments, contacting their GP and attending routine appointments where these have been going ahead.

This was seen across the country and in response NHS England launched the national Help Us Help You campaign to promote NHS services and encourage people to use them when they need help, advice or treatment.

We have been supporting this locally, with input from our Local Resilience Forum partners, and have been seeing a steady increase in NHS activity. We are also using the campaign as an opportunity to promote the range of urgent care services available locally and when to use each one appropriately.

9. Regional lockdowns and potential second wave planning

As part of the national response R numbers are being published for each regional area. This may result in local lockdown arrangements if a regional R number starts to increase. If this happens across HIOW then Covid-19 temporary service changes may be retained or reintroduced if they have been changed.

Work has also been ongoing to plan for a potential second wave of Covid-19. This planning takes into account the restoration and recovery work and winter. This includes considering issues such as PPE (personal protective equipment) requirements, staffing and social distancing requirements.

10. Moving to the new normal

There will be distinct phases as the NHS moves to a 'new normal'. The initial phases are:

- **Restoration phase**
Restarting non-urgent, critical services that were paused during the response. This is a national requirement with clear guidance (Appendix Three) around which services need to be restarted and when. It is anticipated that further national requirements will follow.
- **Recovery phase**
The temporary service changes made include the acceleration of service transformation that were being developed pre-Covid-19 and changes that have potentially led to better outcomes and/or experience for local people. As such work will be undertaken to review the service changes made to ensure services are not simply restored to pre-Covid-19 arrangements but developed for the future. This review will need to include a number of key lines of enquiry including:
 - Has the change impacted on the way patient care is delivered or received?
 - Has the change reduced the number of people seeking help or getting care and has this been appropriate?
 - Has the change delivered efficiencies, and was this a key drive for making it?
 - Who has or could be affected?
 - Has any engagement taken place with patients and staff prior to the change being enacted or previous engagement activities which offer relevant insights? If so, what?
 - Has this change improved the outcomes or experience for patients?
 - Has this change increased or created inequalities? If so, has an Equality Impact Assessment (EIA) been completed?

Whilst the restoration and recovery work has started this is balanced with ensuring that we are able to respond to a potential second spike of Covid-19. This will include ensuring that plans to restart postponed NHS activity takes this into account. Likewise, the restoration and recovery work will need to take into account Covid-19 guidance as it is issued such as potential social distancing requirements within buildings such as hospitals and GP practices.

11. Restoration and recovery principles

All of the NHS partners across HIOW have agreed that the following guiding principles will be used to shape our restoration and recovery plans.

- **Safety:** Patient and staff safety is paramount. Our restoration plans will be founded on the identification and mitigation of risk
- **Outcomes:** Our purpose is to maximise outcomes for local people. This means ensuring we identify and care for patients requiring time-critical treatment which, if not provided immediately, will lead to patient harm
- **Preparedness:** We will at all times retain sufficient aggregate capacity across HIOW to respond to demand related to Covid-19 and time-critical care
- **Strategic:** We will ensure, where possible, our approaches are in line with our strategic ambitions as set out in the HIOW Strategic Delivery Plan
- **Subsidiarity:** Individual organisations and Integrated Care Partnerships (and care system footprints where relevant) will lead the development and delivery of plans for restoring services guided by a common set of principles
- **Commonality:** All partners in HIOW are committed to alignment and ensuring a common approach

- Forward-looking: We will lock-in beneficial changes and not restore by default to pre-Covid service models.

12. Seeking the views of local communities

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this the engagement will align to the phased approach but recognise that the different systems may have different requirements at any one time and the engagement approach needs to be adaptive whilst also aligned to enable common themes across areas to be identified and wider pieces of work supported.

There may be some proposed changes that will require further bespoke NHS led engagement activity and/or formal consultation to meet the needs of the five tests of service change. This may include temporary service changes which require more detailed engagement, such as outpatient digital appointments, or new projects, such as NHS 111 First.

In addition, NHS England is determining if there are opportunities to carry out engagement programmes on a regional footprint for common temporary service changes, for example the changes in access to primary care services. These will be taken into account in the HIOW approach as and when they are developed.

13. Next steps

The HIOW Overview and Scrutiny Committees/Panels are asked to advise how they would like to monitor service changes and the recovery plans as they are developed and implemented over the next 18 months.

14. Recommendation

The Committee is asked to note this briefing and consider the next steps outlined in section 13.

Appendices

The following appendices accompany this briefing paper:

- **Appendix One**
Letter from Sir Simon Stevens, NHS Chief Executive, dated 17 March 2020: Important and Urgent – Next steps on NHS response to Covid-19
- **Appendix Two**
Hampshire and Isle of Wight Covid-19 temporary service changes spreadsheet
- **Appendix Three**
Letter from Sir Simon Stevens, NHS Chief Executive, dated 29 April 2020: Important – For Action – Second phase of NHS response to Covid-19



To:

Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services

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Copy to:

Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums
Chairs of ICSs and STPs
NHS Regional Directors
NHS 111 providers

17 March 2020

Dear Colleague,

IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19

Thank you for your extensive work to date to prepare for this rapidly increasing pandemic, following the NHS declaration of a Level 4 National Incident on 30 January.

Last night the Government announced additional measures to seek to reduce the spread across the country. It is essential these measures succeed. However as the outbreak intensifies over the coming days and weeks, the evidence from other countries and the advice from SAGE and the Chief Medical Officer is that at the peak of the outbreak the NHS will still come under intense pressure.

This letter therefore sets out important actions we are now asking every part of the NHS to put in place to redirect staff and resources, building on multiple actions already in train. These will:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support.
- Support staff, and maximise their availability.

- Play our part in the wider population measures newly announced by Government.
- Stress-test operational readiness.
- Remove routine burdens, so as to facilitate the above.

Please therefore now enact the following measures:

1. Free-up the maximum possible inpatient and critical care capacity

The operational aim is to expand critical care capacity to the maximum; free up 30,000 (or more) of the English NHS's 100,000 general and acute beds from the actions identified in a) and b) below; and supplement them with all available additional capacity as per c) below. To that end, trusts are asked now to:

- a) Assume that you will need to postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months. However you also have full local discretion to wind down elective activity over the next 30 days as you see best, so as to free up staff for refresher training, beds for COVID patients, and theatres/recovery facilities for adaptation work. Emergency admissions, cancer treatment and other clinically urgent care should continue unaffected. In the interim, providers should continue to use all available capacity for elective operations including the independent sector, before COVID constraints curtail such work. This could free up 12,000-15,000 hospital beds across England.
- b) Urgently discharge all hospital inpatients who are medically fit to leave. Community health providers must take immediate full responsibility for urgent discharge of all eligible patients identified by acute providers on a discharge list. For those needing social care, emergency legislation before Parliament this week will ensure that eligibility assessments do not delay discharge. New government funding for these discharge packages and to support the supply and resilience of out-of-hospital care more broadly is being made available. (See section 6f of this letter). Trusts and CCGs will need to work with local authority partners to ensure that additional capacity is appropriately commissioned. This could potentially free up to 15,000 acute beds currently occupied by patients awaiting discharge or with lengths of stay over 21 days.
- c) Nationally we are now in the process of block-buying capacity in independent hospitals. This should be completed within a fortnight. Their staff and facilities will then be flexibly available to you for urgent surgery, as well as for repurposing their beds, operating theatres and recovery facilities to provide respiratory support for COVID-19 patients. As soon as we have the detailed capacity map of what will be available in each part of the country we will share that with you via Regional Directors. NHS trusts and foundation trusts should

free up their own private pay beds where they exist. In addition, community health providers and social care providers are asked to free up community hospital and intermediate care beds that could be used flexibly within the next fortnight. These measures together could free up to 10,000 beds.

2. Prepare for, and respond to, large numbers of inpatients requiring respiratory support

Emerging international and UK data on COVID-19 patients suggests that a significant proportion who are hospitalised require respiratory support, particularly mechanical ventilation and to a lesser extent non-invasive ventilation.

- a) Work is well in hand nationally to secure a step change in oxygen supply and distribution to hospitals. Locally, hospital estates teams have now reported on their internal oxygen piping, pumping and bedside availability. All trusts able to enhance these capabilities across their estate are asked to do so immediately, and you will be fully reimbursed accordingly. The goal is to have as many beds, critical care bays, theatre and recovery areas able to administer oxygen as possible.
- b) National procurement for assisted respiratory support capacity, particularly mechanical ventilation, is also well under way in conjunction with the Department of Health and Social Care. In addition, the Government is working with the manufacturing sector to bring new manufacturers online. These devices will be made available to the NHS across England, Wales, Scotland and Northern Ireland according to need. Mark Brandreth, chief executive of Agnes Jones and Robert Hunt foundation trust is now supporting this work.
- c) In respect of PPE, the DHSC procurement team reports that nationally there is currently adequate national supply in line with PHE recommended usage, and the pandemic influenza stockpile has now been released to us. However locally distribution issues are being reported. Michael Wilson, chief executive of SASH, is now helping resolve this on behalf of the NHS. In addition if you experience problems there is now a dedicated line for you: 0800 915 9964 / 0191 283 6543 / Email: supplydisruptionservice@nhsbsa.nhs.uk.
- d) A far wider range of staff than usual will be involved in directly supporting patients with respiratory needs. Refresher training for all clinical and patient-facing staff must therefore be provided within the next fortnight. A cross-specialty clinical group supported by the Royal Colleges is producing guidance to ensure learning from experience here and abroad is rapidly shared across the UK. This will include: a short education package for the entire NHS workforce; a service guide, including for anaesthetics and critical care; COVID-19 clinical management guides in collaboration with NICE.

- e) Segregate all patients with respiratory problems (including presumed COVID-19 patients). Segregation should initially be between those with respiratory illness and other cases. Then once test results are known, positive cases should be cohort-nursed in bays or wards.
- f) Mental Health, Learning Disability and Autism providers must plan for COVID-19 patients at all inpatient settings. You need to identify areas where COVID-19 patients requiring urgent admission could be most effectively isolated and cared for (for example single rooms, ensuite, or mental health wards on acute sites). Case by case reviews will be required where any patient is unable to follow advice on containment and isolation. Staff should undergo refresher training on physical health care, vital signs and the deteriorating patient, so they are clear about triggers for transfer to acute inpatient care if indicated.

3. Support our staff, and maximise staff availability

- a) The NHS will support staff to stay well and at work. Please ensure you have enhanced health and wellbeing support for our frontline staff at what is going to be a very difficult time.
- b) As extra coronavirus testing capability comes on line we are also asking Public Health England as a matter of urgency to establish NHS targeted staff testing for symptomatic staff who would otherwise need to self-isolate for 7 days. For those staff affected by PHE's 14 day household isolation policy, staff should - on an entirely voluntary basis - be offered the alternative option of staying in NHS-reimbursed hotel accommodation while they continue to work. Sarah-Jane Marsh, chief executive of Birmingham Women's and Children's foundation trust is now supporting this work.
- c) For staff members at increased risk according to PHE's guidance (including pregnant women), if necessary, NHS organisations should make adjustments to enable staff to stay well and at work wherever possible. Adjustments may include working remotely or moving to a lower risk area. Further guidance will be made available and the Royal College of Obstetrics and Gynaecology will provide further guidance about pregnant women.
- d) For otherwise healthy staff who are at higher risk of severe illness from COVID-19 required by PHE's guidance to work from home, please consider how they can support the provision of telephone-based or digital / video-based consultations and advice for outpatients, 111, and primary care. For non-clinical staff, please consider how they can continue to contribute remotely. Further guidance will be made available

- e) The GMC, NMC and other professional regulators are also writing to clinicians who have relinquished their licence to practice within the past three years to see whether they would be willing to return to help in some capacity.
- f) Urgent work is also underway led by chief nursing officer Ruth May, NHS chief people officer Prerana Issar and Health Education England, the relevant regulators and universities to deploy medical and nursing students, and clinical academics. They are finalising this scheme in the next week.
- g) All appropriate registered Nurses, Midwives and AHP's currently in non-patient facing roles will be asked to support direct clinical practice in the NHS in the next few weeks, following appropriate local induction and support. Clinically qualified staff at NHSE/I are now being redeployed to frontline clinical practice.
- h) The four UK chief medical officers, the national medical director, the Academy of Medical Royal Colleges and the GMC have written to all UK doctors stressing that it will be appropriate and necessary for clinicians to work beyond their usual disciplinary boundaries and specialisms under these difficult circumstances, and they will support individuals who do so. (see https://www.aomrc.org.uk/wp-content/uploads/2020/03/0320_letter_supporting_doctors_in_COVID-19.pdf) Equivalent considerations apply for nurses, AHPs and other registered health professionals.

4. Support the wider population measures newly announced by Government

Measures announced last night are detailed at:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

- a) Ministry of Housing, Communities and Local Government (MHCLG) and local authorities in conjunction with their Local Resilience Forums (LRFs) have lead responsibility for overseeing support for older and vulnerable people who are going to be 'shielded' at home over the coming months. Community health services and voluntary organisations should engage with LRFs on how best to do this.
- b) A number of these individuals would be expected to have routine or urgent GP, diagnostic or outpatient appointments over the coming months. Providers should roll out remote consultations using video, telephone, email and text message services for this group as a priority and extend to cover all important routine activity as soon as possible, amongst others. David Probert, chief

executive of Moorfields foundation trust, is now leading a taskforce to support acute providers rapidly stand up these capabilities, with NHSX leading on primary care. Face-to-face appointments should only take place when absolutely necessary.

- c) For patients in the highest risk groups, the NHS will be identifying and contacting them over the coming week. They are likely to need enhanced support from their general practices, with whom they are by definition already in regular contact. GP services should agree locally which sites should manage essential face-to-face assessments. Further advice on this is being developed jointly with PHE and will be available this week.
- d) As part of the overall 'social distancing' strategy to protect staff and patients, the public should be asked to greatly limit visitors to patients, and to consider other ways of keeping in touch such as phone calls.

5. Stress-test your operational readiness

- a) All providers should check their business continuity plans and review the latest guidance and standard operating procedures (SOP), which can be found at <https://www.england.nhs.uk/coronavirus/>.
- b) Trust Incident Management Teams – which must now be in place in all organisations - should receive and cascade guidance and information, including CAS Alerts. It is critical that we have accurate response to data requests and daily sitrep data to track the spread of the virus and our collective response, so please ensure you have sufficient administrative capacity allocated to support these tasks.
- c) For urgent patient safety communications, primary care providers will be contacted through the Central Alerting System (CAS). Please register to receive CAS alerts directly from the MHRA: <https://www.cas.mhra.gov.uk/Register.aspx>.
- d) This week we are undertaking a system-wide stress-testing exercise which you are asked to participate in. It takes the form of a series of short sessions spread over four days from today. Each day will represent a consecutive week in the response to the outbreak, starting at 'week six' into the modelled epidemic. We would strongly encourage all Hospital Incident Management Teams with wider system engagement (including with primary care and local government representation) to take part.

6. Remove routine burdens

To free you up to devote maximum operational effort to COVID readiness and response, we are now taking the following steps nationally:

- a) Cancelling all routine CQC inspections, effective immediately.
- b) Working with Government to ensure that the emergency legislation being introduced in Parliament this week provides us with wide staffing and regulatory flexibility as it pertains to the health and social care sector.
- c) Reviewing and where appropriate temporarily suspending certain requirements on GP practices and community pharmacists. Income will be protected if other routine contracted work has to be substituted. We will issue guidance on this, which will also cover other parts of the NHS.
- d) Deferring publication of the NHS People Plan and the Clinical Review of Standards recommendations to later this year. Deferring publication of the NHS Long Term Plan Implementation Framework to the Autumn, and recommending you do the same for your local plans.
- e) Moving to block contract payments 'on account' for all NHS trusts and foundation trusts for an initial period of 1 April to 31 July 2020, with suspension of the usual PBR national tariff payment architecture and associated administrative/ transactional processes.
- f) Additional funding to cover your extra costs of responding to the coronavirus emergency. Specific financial guidance on how to estimate, report against, and be reimbursed for these costs is being issued this week. The Chancellor of the Exchequer committed in Parliament last week that *"Whatever extra resources our NHS needs to cope with coronavirus – it will get."* So financial constraints must not and will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.

COVID-19 presents the NHS with arguably the greatest challenge it has faced since its creation. Our health service - through our skilled and dedicated staff - is renowned for the professional, flexible and resilient way that it responds to adversity. Please accept our sincere thanks for your leadership, and that of your staff, in what is going to be a highly challenging period.

This is a time when the entire NHS will benefit from pulling together in a nationally coordinated effort. But this is going to be a fast-moving situation requiring agile

responses. If there are things you spot that you think we all should be doing differently, please let us know personally. And within the national framework, do also use your discretion to do the right thing in your particular circumstances. You will have our backing in doing so.

With best wishes,

A handwritten signature in black ink, appearing to read 'Sir Simon Stevens'.

Sir Simon Stevens
NHS Chief Executive

A handwritten signature in black ink, appearing to read 'A. Pritchard'.

Amanda Pritchard
NHS Chief Operating Officer

ANNEX: CORONAVIRUS COST REIMBURSEMENT

This guidance sets out the amended financial arrangements for the NHS for the period between 1 April and 31 July. These changes will enable the NHS and partner organisations (including Local Authorities and the Independent Sector) to respond to COVID-19. We will continue to revise this guidance to reflect operational changes and feedback from the service as the response develops.

We will shortly be making a payment on account to all acute and ambulance providers to cover the costs of COVID-19-related work done so far this year, with final costs for the current financial year being confirmed as part of the year end processes. This initial payment will be based on information already submitted by providers. Future payments will be based on further cost submissions.

All NHS providers and commissioners must carefully record the costs incurred in responding to the outbreak and will be required to report actual costs incurred on a monthly basis. Accurate record keeping during this time is crucial - record keeping must meet the requirements of external audit, and public and Parliamentary scrutiny.

To support reimbursement and track expenditure we will in due course be asking all relevant organisations to provide best estimates of expected costs from now until the expected end of the peak outbreak. We will provide further guidance with relevant assumptions in order to support you in making these estimates.

REVENUE COSTS

Contractual payments and provider reimbursement

We are suspending the operational planning process for 2020/21.

We will provide all NHS providers a guaranteed minimum level of income reflecting the current cost base on the following basis:

- a) Commissioners should agree block contracts with the NHS providers with whom they have a contract (NHS Trusts, Foundation Trusts, Mental Health, Community and Ambulance trusts) to cover the period 1 April to 31 July. This should provide a guaranteed monthly payment. For CCGs the value of this payment will be calculated nationally for each CCG/provider relationship. This figure will be based on the average monthly expenditure implied by the provider figures in the M9 Agreement of Balances return plus an uplift that allows for the impact of inflation (including pay uplifts and CNST) but excluding the tariff efficiency factor. It will not include activity growth. For mental health trusts the uplift will include an additional sum consistent with

delivering the Mental Health Investment Standard. The monthly payment should include CQUIN and assume 100% delivery.

- b) Trusts should suspend invoicing for non-contracted activity for the period 1 April to 31 July. A sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner. Providers should continue to record all activity including NCAs in SUS in the normal way.
- c) A national top-up payment will be provided to providers to reflect the difference between the actual costs and income guaranteed by steps 1 and 2 where the expected cost base (which will be calculated as the average monthly expenditure over the period November to January uplifted for inflation) is higher. The Financial Recovery Fund and associated rules will be suspended during this period. The top-up payment will take into account individual provider CNST contributions compared to that funded in the allowance for cost inflation.

We will provide these numbers to Commissioners and Providers on Monday 23 March.

Providers should claim for additional costs where the block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19. These reasonable costs should include:

- a) Evidenced increases in staffing costs compared to the baseline period associated with dealing with increased total activity.
- b) Increases in temporary staffing to cover increased levels of sickness absence or to deal with other caring responsibilities (e.g. to look after other family members).
- c) Payments for bank or sub-contractor staff to ensure all sickness absence is covered consistent with Government's announced policy and public health advice which aren't otherwise covered under normal practice; and
- d) Additional costs of dealing with COVID-19 activity. For example: the costs of running NHS111 assessment pods; increases in the volumes required or prices of equipment to deal with the response to the virus which aren't offset by reductions elsewhere; extra costs of decontamination and transport for the ambulance service; higher testing volumes in acute-based laboratories; and community-based swabbing services.

Claims should be made on a monthly basis, alongside regular monthly financial reports. This should provide sufficient funds for providers to deliver a break-even

position through the period and will provide the basis against which we will monitor financial performance.

We will monitor the impact of any changes in income levels from non-NHS services, in particular from local authorities. Providers should escalate to regional teams as appropriate.

The payments made by commissioners under block contract arrangements should not be revised to reflect any short falls in normal contractual performance during this period. The majority of NHS acute providers are already exempt from the majority of contract sanctions; for the duration of the outbreak until further notice any remaining contract sanctions for all NHS provider groups are to be suspended.

It is important that providers and commissioners pay promptly during this time, so that cash flow for NHS and non-NHS suppliers of goods and services does not become a barrier to service provision.

The arrangements described above should mean there is minimal requirement for interim working capital support during this period. Providers that believe they require supplementary working capital support should follow the normal procedure to access such support.

Funding for commissioners

Commissioner allocations for 2020/21 have already been notified as part of operational planning and will not be changed. However, in assessing individual commissioner financial positions and affordability we will take into account:

- a) The impact of the block contracting approach set out above including both the cost of removing the tariff efficiency factor and the benefit of excluding activity growth from the calculation.
- b) Expected reductions in investments for service developments
 - the temporary arrangements for non-contracted activity, transferring funding to make sure that lead commissioners have adequate funds to pay providers; and
 - the costs of additional service commitments as described below for example for out of hours provision, additional NHS111 investment, purchase of step-down beds and provision of rapid discharge/ additional social care capacity.
- c) We will also be reviewing planned transformation initiatives, and where we consider that these will not be able to proceed during the coronavirus emergency we will reflect this in the distribution of transformation funding.

- d) In addition, a number of NHS commissioners are dependent on additional central support to fully cover their expenditure. NHSE/I will calculate a central top up payment on broadly the same basis as FRF to cover the difference between allocations as set out above and expected costs.

Financial Governance

The maintenance of financial control and stewardship of public funds will remain critical during the NHS response to COVID-19. Chief Executives, Accountable Officers and Boards must continue to comply with their legal responsibilities and have regard to their duties as set out in Managing Public Money and other related guidance. Any financial mismanagement during this period will be dealt with in exactly the same way as at any other time.

We recommend that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust. Naturally, all organisations should test the resilience of their finance functions and business continuity plans to make sure that the most important elements (running payroll, paying suppliers, core reporting) can continue even with significant staff absences. We are also asking you to consider the resilience of your fraud prevention arrangements.

As normal financial arrangements have been suspended, no new revenue business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Where costs have already been committed or contractual commitments entered into, providers should agree an approach with NHSE/I as above.

Normal consultancy approval and agency reporting requirements must be maintained during this period.

SPECIFIC ADDITIONAL FUNDING CONSIDERATIONS

Purchase of enhanced discharge support services

CCGs will be asked to work with their local authority partners to commission additional out-of-hospital care and support capacity, in particular to facilitate step down of patients from secondary care and so free up acute beds. These are expected to be a blend of care home beds, hospices, and home-care support.

Detailed operational guidance for the procurement and management of these beds will be issued separately including more detailed finance guidance. To make sure that funding decisions do not restrict the pace of discharges, additional resources will be provided to pay for the community bed or a package of care post-discharge for any

patient that needs it. New guidance will also ensure that eligibility assessments do not delay new care packages being put in place. We will continue to review this approach and will ask CCGs and local authorities to move to standard commissioning and funding routes once the impact of Covid-19 sufficiently diminishes – you should plan therefore on the basis of an average length of care package.

Additional funding will be provided based on monthly cost returns from CCGs.

Specialised services

As described above, Specialised Services contracts will follow the same principles as CCG commissioned activity, and block values will be based on the average 2019/20 expenditure up to month 9, with an uplift to recognise the impact of pay uplifts and other cost increases.

Arrangements for pass through Drugs and Devices costs will continue to operate as currently on a cost and volume basis, to ensure that providers do not face any financial consequences of any increases in activity or cost.

Specialised providers will be required to respond to the most serious cases of COVID-19 through the provision of High Consequence Infectious Disease units, Extracorporeal Membrane Oxygenation services and other specialised care functions. Any specific investments and costs incurred by these units are being coordinated through the National Highly Specialised team.

NHS 111

NHS 111 has been commissioned nationally to provide a dedicated Covid-19 response service. This service will continue to be contracted for and funded nationally. In addition, having reviewed the pressures on the wider NHS 111 service additional funding will be released from NHSE/I via lead commissioners, who will then make necessary arrangements for payment to NHS 111 providers.

General Practice

The key principle is that from 1 April we free up practices to prioritise workload according to what is necessary to prepare for and manage the outbreak, and therefore guarantee that income will be protected if other routine contracted work has to be substituted. This does not prevent us from continuing to measure activities (for example those undertaken with QOF) but it ceases to put 2020/21 income at risk for performance.

We will make sure that funding does not influence clinical decision making by ensuring that all GP practices in 2020/21 continue to be paid at rates that assume they would

have continued to perform at the same levels from the beginning of the outbreak as they had done previously, including for the purposes of QoF, DES and LES payments.

CCGs should plan to make payments on this basis. NHSE/I will reimburse any additional costs as part of our wider finance agreement on Covid-19.

Out of Hours Provision

CCGs have been asked to procure additional GP out of hours provision in order to provide home-based care for any patients that have tested positive for coronavirus in the community. CCGs will be reimbursed for the additional costs incurred in delivering this service through the allocations process. CCGs will be required to submit a monthly return of additional cost incurred which will provide the basis of additional payments. To keep the administrative burden to a minimum, where a CCG has contracted for this service on behalf of itself and others, reimbursement will be directed through the lead CCG.

Community Pharmacy

Where required, CCGs will be reimbursed for the following:

- a) An NHS Urgent Medicines Supply Service for patients whose General Practice is closed.
- b) A Medicines Delivery Service to support Covid-19 positive and vulnerable patients self-isolating at home.
- c) Payments to contractors who are required to close due to Covid-19 related reasons.

Optometry and dental

For the time being we expect that funding for dentistry and optometry will continue in line with existing contractual arrangements using assumptions rolled over from 2019/20 where required. We will keep this under review and address any issues as they arise.

Third and Independent Sector Providers

Details of reimbursement for any additional services to be procured from the third sector or from independent sector organisations will be issued in due course.

CAPITAL COSTS

NHSE/I will shortly issue indicative capital allocations for 2020/21. Additional capital expenditure will be required to support our response to the virus in a number of areas, including purchase of pods, capital modifications to existing estate, purchasing of ventilators and other medical equipment, and IT assets to enable smarter working including remote consultations. In a number of cases NHSE/I may bulk-purchase assets to secure the necessary resource as quickly as possible. However, this will not always be practical or desirable, so below are the arrangements for providers and commissioners to access capital in relation to the COVID-19 response. The key criteria against which we will assess claims are:

- a) The proposed expenditure must be clearly linked to delivery of our COVID-19 response;
NHS
- b) In the case of asset purchases, the asset must be capable of being delivered within the expected duration of the outbreak; and
- c) In the case of modifications to estate, the works must be capable of being completed within the expected duration of the outbreak.

Commissioner capital

We anticipate that individual claims for capital expenditure by commissioners will fall within the delegated budgetary limits for NHSE/I of £10m. Any requests for capital expenditure by commissioners including any assets being purchased on behalf of general practice should be relayed to NHSE/I regional teams for assessment with the national team, following which the required capital allocation will be issued.

Provider capital

We anticipate that individual claims for capital expenditure by providers will fall within the delegated budgetary limits for trusts of £15m. Any requests for capital expenditure by providers should be relayed to NHSE/I regional team for rapid assessment with the national team to enable swift decision making and disbursement of cash where appropriate. PDC charges will not be levied on any funding supplied in connection with COVID-19.

Summary

Group	Service line	Funding method
Revenue costs		
All NHS organisations	Contracting basis	All providers to move to block contract,
	Self-isolation of workers	To be directly reimbursed as required
	Increased staff costs in the event of sick or carer's leave	To be directly reimbursed as required
	Other additional operating costs	Reasonable costs to be reimbursed
Acute providers	Pod provision	Initial on-account payment based on submissions received so far Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
	Laboratory costs	To be directly reimbursed as required
CCGs	Purchase of step-down beds	Final 19/20 payment based on cost submissions Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
	Out of Hours (primary care) capacity increase	Additional allocations to be paid to CCGs to pass on to providers
Specialised services	Patient admissions	To be funded through block contractual payments
	Drugs costs	Payments for drugs not included in tariff will continue in the normal way
Ambulance providers	Additional PPE and cleaning	Initial on-account payment based on submissions received so far Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
Community	Swabbing services	Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions

Group	Service line	Funding method
NHS 111	National CRS function	Costs to be reimbursed nationally
	Additional local 111 funding	Additional allocations to be paid via CCGs where agreed
Capital costs		
Acute providers	Equipment and estate modification as required	PDC allocation from DHSC to provider trust
CCGs (including primary care)	Equipment as required	NHS England allocation to CCGs funded via DHSC mandate adjustment

Mental Health Services

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Mental Health & Learning Disability	Inpatient Services	Increase in service	Changes to our inpatient services in order to create capacity for a mental health isolation ward. Afton ward (10 beds, older people's functional mental illness ward) is now the adult and older adult isolation ward. Osborne ward is therefore now accepting both adult and older adult mental health admissions for people who do not require isolation. All visiting has been suspended in inpatient units. Providing inpatients with technology to enable them to maintain contact with loved ones, and to provide activities.	Social distancing	National guidance
IOW	Mental Health & Learning Disability	Inpatient Services	Increase in service	Changes to our inpatient services in order to create capacity for a mental health isolation ward. Afton ward (10 beds, older people's functional mental illness ward) is now the adult and older adult isolation ward. Osborne ward is therefore now accepting both adult and older adult mental health admissions for people who do not require isolation. All visiting has been suspended in inpatient units. Providing inpatients with technology to enable them to maintain contact with loved ones, and to provide activities.	Social distancing	Local decision
IOW	Mental Health & Learning Disability	LD Healthchecks	Service suspension	Discussions taken place with NHS Region as it is inappropriate to be bringing in LD patients the majority of which are shielded for F2F health checks. There is also further review on the constitution of an LD AHC.	Social distancing	National guidance

IOW	Mental Health & Learning Disability	MH - Community services	Change in pathway	Essential community health services have continued with appropriate risk assessments to support return to new business	Improve discharge coordination and efficiency	Local decision
IOW	Mental Health & Learning Disability	MH - Crisis provision	Change in access method	All MH Providers have 24/7 access to Mental Health Services either through established SPA and/or the 24/7 Mental Health Triage Service in NHS 111. Crisis hub is established and operational.	Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - Crisis provision	Change in pathway	All Regions have either a Safe Haven or extended wellbeing offer to support out of hours Crisis support. Crisis and Urgent apps done remotely. Teams have capacity and working through waiting list to manage list size to increase available capacity. Manage routine appointments to prevent backlog of cases.	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - BAME patients and staff	Increase in service	Targeted support for BAME is under discussion in MH with action underway from Workforce corporately	Responsive to emerging need	National guidance
IOW	Mental Health & Learning Disability	MH - service demands	Increase in service	Discussions with local providers and NHSE on modelling and expectations of demand and capacity for services. Working with commissioners around MHIS	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - psychological support	Increase in service	IoW NHS Trust has a full programme to support Key NHS staff. They have been supporting key services with Support for staff for during and post pandemic. CCG has commissioned online resource for support and self guided help.	Response based on need	National guidance

IOW	Mental Health & Learning Disability	MH Care (Education) and Treatment Reviews	Change in access method	Digital resources including virtual clinics and attend anywhere being used across services where appropriate to do so. Reviews should continue using online and digital approaches	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Mental Health & Learning Disability	MH - Children and Young People	Change in access method	Currently in place. CYP are working across the integrated division and with third sector partners. Currently in discussion with the commissioners to develop further. Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school	Needs based assessment improve capacity Improve discharge coordination and efficiency	Local decision based on national guidance
IOW	Mental Health & Learning Disability	MH - For existing patients	Change in access method	For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding. Services across MH are exploring how this information could be sourced , addressing and ensuring equality and need	Infection prevention	National guidance
Solent	Mental Health & Learning Disability	Adult Mental Health Community Service	Change in access method	Reducing face to face contacts and carrying out services remotely based on risk assessments	Remote working of staff / social distancing	National guidance
Solent	Mental Health & Learning Disability	Learning Disabilities Service	Change in access method, change in pathway	Reducing Face to face contacts with staff working remotely from home. 1) Delaying non-urgent referrals 2) Reducing direct patient contact 3) Supporting home working	Remote working of staff / social distancing	National guidance

Solent	Mental Health & Learning Disability	Talking Change/ IAPT services	Change in access method	Reducing face to face contacts and increasing remote working within the IAPT service. Administrators to work from home with reception closed. Very little change to service	Remote working of staff / social distancing	National guidance
Solent	Mental Health & Learning Disability	Adult Mental Health Recovery Team	Reduction in service	Partial reduction to service in Community AMH, Learning disability, IAPT and SMS- Reducing F2F contacts. For OOH service - Medics will come out for urgent psychiatric needs. Partial restriction to service from 27/03/2020 - Out of hours inpatient care - medics to come out for urgent psychiatric needs only. Safe remote plans including remote prescribing to be put in place. Non urgent medical reviews, medication adjustment, administrative work and other non-urgent care will be delayed until the daytime staff return. Urgent medical reviews, including requests for section 52 assessments will remain face to face with staff provided appropriate PPE where required.	Remote working of staff / social distancing	National guidance
Solent	Mental Health & Learning Disability	Jubilee House	Change in pathway	In order to simplify systems/processes and the overall management of the workforce Solent (Adults Portsmouth Service Line) to take back the management of patients in East wing of Jubilee House by Friday 3rd April.	Health risk	Local decision
Solent	Mental Health & Learning Disability	Secure Care	Increase in service	Due to the unprecedented and emergent challenges due to Covid 19 our Pan Hampshire 136 Partners Secure Care UK are offering to undertake additional activity in response to sudden challenges.	Health risks	Local decision
Solent	Mental Health & Learning Disability	Mental Health PICU Service	Reduction in service	Partial restriction to service, reviewing seclusions remotely as required.	Remote working of staff / social distancing	

Solent	Mental Health & Learning Disability	Access to Communication Team	Reduction in service; change in access method	Reduction in face to face availability and reduced access.	Remote working of staff / social distancing	
Solent	Mental Health & Learning Disability	Autism Assessment Service	Change in access method	Partial reduction to service from early April 2020 -will not be booking face-to-face appointments.	Social distancing	National guidance
SHFT	Inpatient Services	Inpatient Wards	Increase in service	Additional capacity established for 136 Suite at Elmleigh	Increase capacity	
SHFT	Inpatient Services	Inpatient Wards	Change in service	Mental health inpatient wards temporary change to no section 17 leave and no family visits	Social distancing	
SHFT	Mental Health & Learning Disabilities	Psychiatric Liaison	Change of location of services	Psychiatric Liaison has been relocated away from EDs across Hampshire	Social distancing	
SHFT	Mental Health & Learning Disabilities	Beechwood House	Change in service provision	Beechwood ward (mental health ward for older people at Parklands Hospital) will temporarily become a ward for adult/older people with mental health issues who require physical health care for COVID-19. It will operate in this capacity as an 18 bedded ward from Monday 6 April 2020.	Increased bed capacity	National guidance
SHFT	Mental Health & Learning Disabilities	Community LD Teams	Change in service provision	This service has moved to a central referral point.	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	Eating Disorder Service, April House	Change in method of access	Face to face clinics and groups changed to telephone support	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	IAPT (Improving Access to Psychological Therapies) Services	Change in method of access	Face to face sessions have been cancelled and replaced with virtual consultations/appointments.	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	Lighthouse Service	Change in method of access	The Lighthouse (run in partnership with Solent Mind) will temporarily run as a 'virtual' crisis lounge, as the premises in Shirley are too small to maintain safe social distancing.	Social distancing	Local decision

SHFT	Mental Health & Learning Disabilities	OPMH – community services	Change in method of access	face to face reviews replaced with video/tel. memory matters groups. Urgent clinical visits only. Dr clinics stopped clinics. Face to face CPAs replaced with telephone meetings	Social distancing	National guidance
SHFT	Mental Health & Learning Disabilities	Psychology Services	Change in method of access	Both acute and crisis teams have stopped ISP (Integral Somatic Psychology) group interventions for adult mental health inpatients, due to the risks posed by patients from the ward accessing ISP. In replacement, patients are being offering interventions via telephone and via Visionable.	Social distancing	National guidance
SHFT	Mental Health	Eating Disorders	Reduction in service	Southern health temporarily reduced face to face clinics and support groups for eating disorders to telephone support	Social distancing	National guidance
SHFT	Mental Health	Psychological	Reduction in service	Southern health temporarily changed face to face clinics and support groups for psychological services to 'zoom' support	Social distancing	National guidance
SHFT	Mental Health	Older Peoples' Mental Health	Reduction in service; change in method of access	OPMH face to face reviews temporarily reduced (only for high risk patients) other activity replaced with telephone / video support	Social distancing	National guidance
SHFT	Mental Health	ECT	Reduction in service; change in method of access	Mental health ECT service centralised to Parklands, day therapy service postponed, home visits replaced with telephone/video calls	Social distancing	National guidance
SHFT	Mental Health	EIP	Reduction in service; change in method of access	Mental health EIP service temporarily postponed face to face physical health reviews, home visits replaced with telephone/video calls, face to Face only for High Risk Patients	Social distancing	National guidance
SHFT	Mental Health	Community Services	Change in method of access	Mental health community teams temporarily reduced use of face to face services and working remotely via visionable	Social distancing	National guidance

SHFT	Mental Health	Crisis and Home Treatment	Reduction in service; change in method of access	Mental health crisis and home treatment service day therapy temporarily reduced use of face to face services (only for High Risk patients) and working remotely via visionable / telephone support	Social distancing	National guidance
Sussex Partnership	CAMHS	CAMHS	Increase in service	CAMHS 24/7 Telephone helpline linked to NHS 111 for children and young people who need emotional support mobilised	Social distancing	National guidance
PSEH	Site Changes	Mental Health Psych Liaison	Change in service location	Temporary relocation of mental health psych liaison service from QAH to Turner Centre, St James Hospital	Social distancing	Local decision

Urgent & Emergency Care and Acute Services

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Ambulance Service	Conveyance Pathway	Increase in service	Pathway for direct admission into Acute Medical Ward and new referral pathways for Paediatrics agreed, rather than direct conveyance to ED	Social distancing	National guidance
IOW	Ambulance Service	Defib Network	Increase in service	Cessation of public access defib network implementation	Social distancing	Local decision
IOW	Medical	Cardiology (inc investigations)	Service suspension	Cardiac Investigation Unit. Urgent appointments only (including rapid access and pacemakers) Telephone or face to face where absolutely necessary Urgent Echo and 24 hour tapes only	Social distancing	National guidance
IOW	Medical	Care of the Elderly - respiratory	Change in pathway	Urgent appointments only Telephone or face to face where absolutely necessary		Local decision
IOW	Medical	Respiratory	Reduction in service change in access method	Urgent appointments only (including cancer fast track) Telephone or face to face where absolutely necessary		National guidance
IOW	Medical	Rheumatology – Diabetes Centre	Change in pathway	Urgent appointments only. Telephone or face to face where absolutely necessary Helpline available for prescriptions/advice Urgent infusions only	Improve capacity Improve discharge coordination and efficiency	National guidance
UHS	Urgent Care	Minor Injury and illness	Increase in service	Minor injury and illness moved from SGH to the Urgent Treatment Centre (RSH)	Responsive to emerging need	National guidance

SCAS	IUC	CAS	Increase in service	New COVID-19 Clinical Assessment Service has been commissioned and mobilised.	Improve capacity Improve discharge coordination and efficiency	National guidance
SCAS	IUC	Covid Response Service	Increase in service	New COVID Response Service (CRS) has been commissioned to take traiged 111 callers through the NHS 111 Online Tool thus populating the CCAS queue.	Capacity	National guidance
HHFT	Emergency Services	Emergency Surgery	Change of location of services	Emergency Surgery centralised to RHCH	Improve capacity Improve discharge coordination and efficiency	National guidance
HHFT	Emergency Services	MIU at AWMH	Suspension of service	Andover War Memorial Hospital (AWMH) Minor Injuries Unit closed to move staff to ED	Staffing pressures	Local decision based on national guidance
SHFT	Community Services	Stroke Assessment 6mth F/U	Reduction in service	This service has stopped in line with national guidance.		National guidance
SHFT	Site Changes	Inpatient Physical Health	Change in access method	Therapy model changes to 20% staffing - reducing therapy, CHC work suspended	Remote working of staff / social distancing	National guidance
SHFT	Site Changes	RAU at Petersfield & Lymington	Change in access method, change in pathway	RAU: Gosport and Petersfield: stopped all routine consultations, only triaging urgent referrals.	Remote working of staff / social distancing	National guidance

SHFT	Site Changes	Additional Beds: Petersfield, Romsey, Lymington, Gosport	Change in access method	Additional beds on Anstey Ward, Lymington New Forest Hospital, Ford Ward, Romsey Hospital, Gosport War Memorial Hospital and Petersfield Hospital.	Remote working of staff / social distancing	National guidance
PSEH	Community Services	Urgent Care	Suspension of service	Temporary closure of Urgent Care Centre and Cosham Park House ED Redirection Service	Remote working of staff / social distancing	National guidance
PSEH	Urgent Care	Voluntary Sector	Change in pathway	St Johns Ambulance 'hub' established temporarily on QA site to see minor injury and minor ailments patients overnight	Health risk	Local decision
PHT	Urgent Care	Rapid Assessment Unit	Increase in service	Temporarily postponed face to face clinics in Rapid Assessment Unit with move to video and telephone support	Health risks	Local decision
PHT	Site Changes	Inpatient Wards	Reduction in service	Temporary increase in bedded capacity at Spinnaker, Jubilee and Brooker wards - St James' Hospital	Remote working of staff / social distancing	
PHT	Urgent care	Minor Injuries	Reduction in service; change in access method	Temporarily redirect minor injury patients from QA ED to GWMH MIU, Petersfield MIU, St Marys UTC between the hours of 0800 and 2345	Remote working of staff / social distancing	
PHT	Urgent care	MIU/UTC	Change in access method	Increase in patient acuity accepted in MIUs/UTCs by review of the Directory of Service and increasing conditions accepted	Social distancing	National guidance
PHT	Urgent care	Minor Injuries Unit	Increase in service	Temporary extension of operational hours for GWMH MIU from 2000 to 2359	Increase capacity	
PHT	urgent care	Rapid Assessment Unit	Change in service	Temporarily postponed face to face clinics in Rapid Assessment Unit with move to video and telephone support	Redeployment of staff	
SCAS	Urgent Care	Call handling	Change of location of services	111 call handlers have been trained to do 999 calls	Social distancing	

SCAS	Urgent Care	Capacity	increase in service	999 spare capacity has been used to support PTS	Increased bed capacity	National guidance
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Primary Care services

Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
General Medical Services	Routine and Urgent Care	Change in method of access and change in location	GP Hot and cold sites, numerous locations Moving to hot and cold sites across East Central and West PCNs. To minimise the risk of exposure to patients by splitting locations in to appropriate Covid categories. Patients will be seen face to face by clinicians across PCN area rather than own GP surgeries.	Social distancing	National guidance
General Medical Services	Homeless Healthcare	Change in method of access and change in location	Partial restriction to service with reduced face to face care by increasing remote consultation and telephone triage. Face to face appointments only where required. Access to mobile phones is being mitigated by the provision of some phones to the most vulnerable individuals.	Social distancing	Local decision
General Medical Services	Gosport Practices	Suspension of service	GP routine appointments in Gosport: including health checks, routine smears, annual reviews (ie diabetic, respiratory, routine blood tests, travel vaccinations, face to face routine consultations/medication reviews) are cancelled	Social distancing	National guidance
General Medical Services	Red Hubs	Change in pathway / change in location	Operationalise 5 primary care red hubs across FG & SE Hants Forest Surgery, Bordon Waterlooville HC Forton Medical Centre, Gosport Highlands surgery , West Fareham Westlands surgery, East Fareham	Social distancing	Local decision

General Medical Services	Red Hubs across Portsmouth	Change in pathway / change in location	Operationalise 5 primary care red hubs across Portsmouth Wooton Street Practice Kingston Crescent Surgery Eastney Health Centre Milton Park Practice (St Marys Campus) Stubbington Avenue Waverley Road Derby Road Lake Road HC	Social distancing	National guidance
General Medical Services	Routine and Urgent Care	Change in access method	All patients triaged remotely - significant change in the way people access and receive general practice	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	Digital Econsult	Change in access method	Provision of e-consult deployed across all sites	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	Digital - video	Change in access method	Provision of video consultations deployed across all sites	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance

General Medical Services	Prescribing	Change in access method	Electronic prescribing - paper prescriptions are now the exception	Social distancing	National guidance
General Medical Services	Routine and Urgent Care	Change in pathway	Shielded patients - identification process; flagging patient records remotely	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	Hot/cold Sites	Change in service location	Hot/cold sites; people having to travel to access GP services	Social distancing, improve capacity Improve discharge coordination and efficiency	Local decision based on national guidance
General Medical Services	Infection & Prevention	Change in access method	Infection control - people being seen in alternative locations - e.g. cars, waiting in cars	Social distancing, improve capacity Improve discharge coordination and efficiency	National guidance
General Medical Services	LTC management	Supension of service	Services have been prioritised e.g. LTC management and routine checks reduced (many patients are shielded), therefore activity reporting stopped - QoF etc.	Managing demand	National guidance

General Medical Services	Routine and Urgent Care	Change in access method	General practice moved from face to face consultations to total triage model in line with national guidance	Social distancing, remote working of staff, social distancing	National guidance
General Medical Services	Routine and Urgent Care	Change in location of service	Gosport primary care temporary site consolidation to support workforce resilience for patients with non-covid symptoms (Green sites) for necessary primary care ie baby imms, leg dressings. Planning commenced 19/3/20 and operational from Mon 6/4/2020. Primary care staffing shared amongst the practices to support f2f at Rowner – Baby imms, Solent View - triage, GMC – bloods and nursing. Other sites reduced to admin functions – Bridgemary, Brockhurst, Bury Road, Stoke Road, Waterside, Brune	Social distancing	National guidance
General Medical Services	Routine and Urgent Care	Suspension of service	Southern Health ceased temporarily all routine appointments including health checks, routine smears, annual reviews i.e. diabetic, respiratory, routine blood tests, travel vaccinations, face to face routine consultations/medication reviews in line with national guidance	Remote working of staff / social distancing	National guidance

General Medical Services	Gosport Practices	Change in location of service and suspension of services	Gosport primary care temporary site consolidation to support workforce resilience for patients with non-covid symptoms (Green sites) for necessary primary care ie baby imms, leg dressings. Planning commenced 19/3/20 and operational from Mon 6/4/2020. Primary care staffing shared amongst the practices to support face to face at Rowner – Baby imms, Solent View - triage, GMC – bloods and nursing. Other sites reduced to admin functions – Bridgemary, Brockhurst, Bury Road, Stoke Road, Waterside, Brune	Social distancing	Local decision
General Medical Services	Routine Care	Suspension in service	Acute trusts focusing on urgent care therefore electronic referrals for routine care may be suspended	Social distancing	Local decision
General Medical Services	Enhanced Services screening and immunisations	Suspension of services and change in location	Reduction in face to face and potential change in location	Remote working of staff / social distancing	National guidance
General Medical Services	LD healthchecks	Change in access pathway, suspension of services	Reduction in face to face appointments may mean LD healthchecks are not competed. Consider what can be captured using remote technology and prior to the reintroduction of f2f	Remote working of staff / social distancing	National guidance
General Medical Services	NHS 111	Increase in service , change in pathway	Expansion of NHS 111 – establishment nationally of COVID-19 Clinical Assessment Service to triage and assess patients with symptoms of COVID-19. Direct booking of patients requiring assessment by primary care into GP Practice workflow	Increased virtual triage and assessment of patients with suspected COVID-19; Decreased demand on practices	National guidance

General Medical Services	Routine and Urgent Care	Change to pathway	Move to total triage system, initially assessed either by phone or online and where appropriate, given advice, managed remotely and/or ongoing monitoring by video consultation or other remote monitoring technology. Face to face assessments where required, provided at hot or cold site or as a home visit	As above – supports the safety of both patients and staff	National guidance
General Medical Services	Face to Face Services	Changes of location	Practices are either designated as 'hot sites' or may operate zoning where hot and cold workflow is separated across a geographically area. Patients may have to travel further to access care.	As above – supports the safety of both patients and staff	National Guidance
General Medical Services	Routine and Urgent Care	Changes of location.	Consolidation plans have been agreed across Primary Care Networks as agreed by CCG. Small number of branch sites temporarily closed which are kept under regular review.	General Practice resilience; supports continued provision of care	National Guidance
General Medical Services	Vulnerable Patients	Change in access method	Focus shielded patients and those who are vulnerable, and these have agreed care plans in place and are receiving the care and support they need. Strong links with Local Authority, voluntary sector and community networks to provide help and support with shopping, prescriptions and health and wellbeing.	Ensures people at highest risk from COVID-19 are safe and receive the care and support they need	National guidance
General Medical Services	Routine Care	Suspension of service	Temporary suspension of some general practice activity in line with national guidance.	capacity	National guidance

General Medical Services	Care Homes	Increase to service provision	PCNs and practices to align with care homes to reduce duplication, footfall and increase continuity of care, patients still retain the right of choice of general practice. Provision of weekly virtual MDT review with each care home abd provision of care and support, remotely or face to face. Personalised care plans to be agreed and in pace for all residents. Provision of pharmacy and medication support	Greater support to care homes and high risk patients. Education and training to care home staff and greater continuity of care	National guidance
Specialist Dental Services	Domiciliary service	Suspension of service	Suspended routine care and dental care on a domiciliary basis reduced to emergency care only to minimise contacts.	Social distancing	National guidance
Specialist Dental Services	Conscious sedation and GA services	Suspension of service	Suspended dental care under conscious sedation to minimise GA's on patients who may be in prodromal stage of Covid-19. All routine GA sedation services have been cancelled.	Social distancing	Local decision
Specialist Dental Services	Specialist dental care	Suspension of service	Cessation of all non-urgent dental care. Will only see patients with urgent dental care needs. Will defer all new patient referrals and telephone triage all patients providing advice where appropriate.	Social distancing	National guidance
Primary care	General practice	Change in pathway	Across Fareham, Gosport and South East Hants the Out of Hours and GP Extended Access site provision has been rationalised to align to hot and cold provision within primary care Green site - Portchester Health Centre Red site - Waterlooville Health Centre Red site - Forton Medical Centre, Gosport	Separate facilities for COVID suspected patients, and alignment to in hours primary care provision	National guidance

Community Services and Care Homes

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Acute	Acute Therapies (Physio/SLT/OT)	Increase in service	Continuing to provide acute therapies input and further training carried out across wider team on respiratory physiotherapy to enhance skill set.	Social distancing	National guidance
IOW	Community Services	Podiatry	Increase in service	Moved to provision of life critical services only – continuing to provide urgent podiatry assessment and management and diabetic foot clinic . Teleconsultation being used where possible to further shield patients.	Social distancing	Local decision
IOW	Community Services	Orthotics and Prosthetics	Service suspension	Moved to provision of life critical services only. Team supporting manufacture of PPE and also continuing to provide New Amputees support (including discharge support) and O&P Emergency repairs or provision.	Social distancing	National guidance
IOW	Community Services	Community Rehabilitation (inc. Neuro Rehab and Community Rehab Bedded care)	Change in pathway	Moved to provision of life critical services only – Continuing to provide telephone or on line consultations where necessary whilst capacity available (will be utilised to support discharge once pressure rises) Use of teleconsultation continues across service e.g. Teleswallowing for SLT. Provision continues in bedded care settings and review of flow continues to ensure continued capacity to support acute pressure throughout period of increased demand.	Change in elective services	Local decision

IOW	Community Services	Community Nursing	Reduction in service; change in access method	Moved to provision of life critical services only including but not limited to Insulin dependent diabetics, EOL palliative care, urgent catheter care, urgent medicines management, support for immunosuppressed Patients, urgent bladder & bowel care, IV Antibiotic Management . Ongoing work also includes reviews of all caseloads and care plans, additional training provision to carers and Care Homes to administer low level support to residents, implementation of telehealth and remote monitoring for patients where suitable and daily review of any deferred work.	Staffing pressures	National guidance
IOW	Community Services	Community Therapies (Physio/SLT/OT/MSK/Dietetics)	Change in pathway	Moved to provision of life critical services only – Continuing to provide telephone or on line consultations where necessary whilst capacity available (some of resource will be utilised to support discharge once pressure rises) . Urgent spinal MSK triage and urgent dietetics assessment & management continue where required.	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Site Changes	Community Unit	Increase in service	Move of Community Unit which provides step down bed backed care supporting patients rehabilitation and confidence on discharge from hospital. Moved from St Marys site into community (Ryde Health and Well Being Centre).	Responsive to emerging need	National guidance
Solent	Community Services	Pulmonary Rehab Service	Increase in service	Cessation - Pulmonary group closed. Staff redeployed to other services. Cancelling all 1:1 pulmonary Rehabilitation assessment in Face to face setting.	Improve capacity Improve discharge coordination and efficiency	National guidance

Solent	Community Services	Podiatry Routine and Remote Care	Increase in service	Tip Toe service has ceased in full. Podiatry service - ceased walk in provision, moved to remote triaging and consultations. Domiciliary visits will be carried out on a risk based approach.	Social distancing	National guidance
Solent	Community Services	Respiratory Hub	Suspension of service	Long term conditions Hub Respiratory. Cessation of service. LTC nurse to work with home oxygen team.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Community Services	Speech and Language Therapy Service	Change in access method ; reduction in service	Stopping non-urgent referrals & outpatient activity. Team are prioritising those at risk. All activity in to nursing homes stopped but staff will support with telephone and virtual consultations.	Social distancing	Local decision based on national guidance
Solent	Community Services	Specialist Palliative Care Service	Reduction in service	Partial restriction to service with early palliative care clinic stopped.	Unknown	National guidance
Solent	Community Services	Stoma Care	Change in access method	Partial reduction to service with home visits for pre-op cancer patients carried out. Admin to contact patients prior to visit re Covid screening questions. Support UHS inpatients emergency pre and post ops to support discharge ASAP. Telephone consultation provided for all patients following discharge from UHS for initial 6-8 wks after surgery. Staff working remotely and carrying out video consultations where practical.	Remote working of staff / social distancing	National guidance

Solent	Community Services	Cardiac Service	Change in access method, change in pathway	Cessation - Cardiac Rehab 3 (CR3) F2F appointments ceased. Patients will be called by service once a week at the time they would normally be attending rehab to make sure they are well, discuss concerns and to provide support. GPSI clinics and CR2 to continue based on patient choice. CR2 can have telephone assessment and home visit should it be required.	Remote working of staff / social distancing	National guidance
Solent	Community Services	Bladder and Bowel Service	Change in access method	Cessation of service - All Bladder and bowel non essential services have ceased during the Covid-19 period. For those with complex needs, contact numbers will be provided. Southampton: Patients will be phoned in order to carryout assessments and reviews.	Remote working of staff / social distancing	National guidance
Solent	Community Services	Tissue Viability Team	Reduction in service	Vulnerable patients identified and clinic appointments cancelled. Home visits arranged for clusters of patients in the localities across the city. No further visits to nursing homes to reduce risk of cross infection. TVNs will carry out tele consultations and share photographs via email.	Remote working of staff / social distancing	National guidance
Solent	Community Services	Spasticity Services	Change in pathway	Cancelling all clinic appointment for Spasticity and Botox clinic during the Coronavirus Pandemic for those patients on caseload and waiting list - all clinic sessions closed.	Health risk	Local decision

Solent	Community Services	Diabetes Adult Specialist Nursing	Increase in service	Ceased delivery of DESMOND programme (with exclusion of activity within pilot LTC Hub) from 18/03/2020. Partial cessation and partial restriction to service from 27/03/2020 - Cancelling all group education sessions and non essential F2F consultations. The diabetes service will have team mobile for UHS diabetes service to refer patients to Solent diabetes service who are requiring discharge from UHS following a 'live event related to diabetes'. The diabetes service will assess and provide intervention to manage the patient within UHS and then follow up within the community setting.	Health risks	Local decision
Solent	Community Services	Admiral Nursing Memory café	Reduction in service	Closed memory café due to high risk patients.	Remote working of staff / social distancing	
Solent	Community Services	Harry Sotnick House	Reduction in service; change in access method	Provision of an additional 20 beds. The Portsmouth system (PCC/Solent) have been requested to open 20 additional beds within Harry Sotnick House. Solent have been asked to provide 5 RN's to support the additional bedded capacity	Remote working of staff / social distancing	
Solent	Community Services	Community Neuro Rehab and Assessments	Change in access method	Western Community Hospital service. Partial reduction of service. Closed all non essential services. Closed VRS with immediate effect. Selected services will provide telephone consultations rather than F2F.	Social distancing	National guidance
Solent	Community Services	Tuberculosis Service	Increase in service	Partial restriction to service - Increasing remote consultation and telephone triage.	Increase capacity	

Solent	Community Services	Community Nursing	Change in service	Closure of night OOH service from 20/03/2020 - Patients will be advised of self-care process. Partial reduction of service - Identify vulnerable patients with RAG rating of Red/High on caseload. Arrange home visits for treatment based on Red RAG rating. Reduced visits to care homes to prevent spread of disease. Nursing Team are supporting care homes to deliver non-complex wound care through training and observation and then follow up support through phone/virtual consultation. Fortnightly reviews of care plans to take place.	Reduction due to capacity	
Solent	Sexual Health	HIV services	Change of location of services	Changing face to face consultations to telephone consultations. Consultants to identify stable patients that can have their bloods postponed for up to 6 months. A text message will be sent to patients advising that their face to face appointment will be changed to a telephone appointment.	Social distancing	
Solent	Sexual Health	Termination of pregnancies	Change in access method/change in location	Continue with telephone triage and treatment where required. If no contra-indications – treatment for EMA will be postponed. Those with contra-indications or over 10 weeks gestation will be seen after telephone consultation. No BPAS staff running out of Andover at this time, so clients who need to be seen will be seen in either Southampton or Basingstoke.	Increased bed capacity	National guidance
Solent	Sexual Health	Level 3 promotion service	Change in access method	Ceased delivering group work with 1:1's completed over the phone. schools have closed but SHP are picking up vulnerable clients and continuing 121s via phone.	Social distancing	National guidance

Solent	Sexual Health	Level 3 Outreach service	Change in access method	Outreach nurses will no longer be delivering services in to schools and colleges. They will complete telephone triage before visiting anyone in their homes.	Social distancing	National guidance
Solent	Sexual Health	Level 3 Psychosexual counselling Service	Change in method of access	Therapists self-isolating if in vulnerable groups. Conducting therapeutic consultations by phone and/or video. Ceasing new assessments for psychosex clients in line with national guidance, thereby pausing new referrals. This will be 5 members of staff in total	Social distancing	National guidance
Solent	Sexual Health	Level 3 Spoke Clinics - various locations	Change in method of access	Phased closure of spokes clinics depending on staffing levels, assessed daily. Reduced activity into clinics in line with national guidance from BASHH and FSRH by changing all initial appointments to phone calls where patient is assessed and only patients meeting the national urgent criteria are invited into clinic. Patients with symptom of COVID-19, COVID-19 positive or symptomatic household members are unable to attend clinic for up to 14 days. If patients require treatment that cannot be postponed, will be reviewed by a doctor to assess clinical risk of delaying treatment by 14/7. Closure of 3 hour clinics at Royal South Hants hospital on Saturdays.	Social distancing	Local decision
Solent	Sexual Health	Service Treatment by Post	Change in method of access	Patients requiring treatment for Chlamydia, herpes or emergency contraception who are self-isolating, will be contacted by a doctor who will complete a full telephone consultation including risk assessment for under 18's and vulnerable adults and prescribe medication for the patient.	Social distancing	National guidance

Solent	Sexual Health	Level 3 Remote Patient Consultation	Change in method of access	IOW Local authority / Public Health funded service. All patients will now have an initial consultation via the phone either with a nurse or a doctor to reduce the amount of patient attending face to face appointments. The walk in model has ceased – all clients have to be invited into service- i.e. only if absolutely necessary	Social distancing	National guidance
Solent	Sexual Health	HIV services	Reduction in service	Changing face to face consultations to telephone consultations. Consultants to identify stable patients that can have their bloods postponed for up to 6 months. A text message will be sent to patients advising that their face to face appointment will be changed to a telephone appointment.	Social distancing	National guidance
Solent	Site changes	Assessment to Intervention	Reduction in service	Partial restriction. Change in management for A&E team to manage routine referrals differently- GP colleagues to be asked to delay non urgent referrals to wait until after the Covid 19 pandemic. Referrals will be more robustly screened and declined where it is felt assessments can wait. Telephone contact wherever possible rather than face to face, even for assessments. Will offer a route into services for GP's to ask questions or seek specialist advice without the need for patient assessment.	Remote working of staff / social distancing	National guidance
Solent	Site changes	MSK, Podiatry, GP Surgery, Tissue Viability - Southampton Services	Reduction in service; change in method of access	Adelaide Health Centre - Services will be temporarily displaced from the site: Southampton CCG services. Partial reduction of services - to facilitate increase in bed capacity in response to Covid-19.	Increase bed capacity and social distancing	National guidance

Solent	Site changes	Heart Failure Service	Reduction in service; change in method of access	Partial restriction - discontinue full service - Priority patients to continue to be seen for home visits. Each visit will be risk assessed as no PPE available. In addition can provide telephone support.		National guidance
Solent	Site changes	Home Oxygen Service	Reduction in service; change in method of access	Continue service in full as a priority. Routine activity ceased and focus on priorities. Reviews can occur both face to face and telephone.	Priority service review	National guidance
SHFT	Community Services	Rehabilitation	Change in method of access	Essential for discharge: The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Respiratory Services	Reduction in service; change in method of access	Routine appointments and routine home oxygen assessments cancelled, urgent o2 assessments continue. Spirometry and pulmonary function tests (PFT): This service has now ceased.	Social distancing	National guidance
SHFT	Community Services	Parkinson's Routine clinic	Increase in service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Blood Testing (Routine)	Change in service location	This service has stopped in line with national guidance.		Local decision
SHFT	Community Services	MS	Reduction in service	Reduced service continues with NHCCG - telephone service remains available for patients or professionals with queries.	Social distancing	Local decision
SHFT	Community Services	Vitamin B12 injections	Reduction in service	The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Heart Failure	Suspension of service	Face to face routine work cancelled.	Social distancing	National guidance
SHFT	Community Services	Wound Therapy Dressings	Reduction in service	The service has reduced in frequency based on national guidelines.		National guidance

SHFT	Community Services	Dietetic Clinics	Suspension of service	This service has stopped in line with national guidance. DESMOND patient group education stopped and nurses supporting care homes and ICTs with insulin administration.		National guidance
SHFT	Community Services	Diabetes Services	Reduction in service and change of access method	The diabetes service has moved to a single team across all sites to maintain a safe service. Group education is cancelled and the team are working on videos and webinars to replace this. The team is also updating its procedures regarding diabetes specialist nurses visiting people at home.	Social distancing	National guidance
SHFT	Community Services	Wound Clinics - routine	Suspension of service	This service has stopped in line with national guidance however self-care packs in relation to wound care will be given to all care home. Pressure Ulcer Panels: This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Continence Assessment	Suspension of service	This service, including urology and stoma, has stopped in line with national guidance.		National guidance
SHFT	Community Services	Nephrostomy	Reduction in service	Urinary tubes/bags care: The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Depot Injections	Reduction in service	For Prostag, Denusomab, Epoetin and Zoladex: The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Catheter Care	Reduction in service	The service has reduced in frequency based on national guidelines. PICC lines (peripherally inserted central catheter): The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Community Nursing	Reduction in service	Including Twilight and EPCT, P&SE: Reduced training, leg clinics stopped, caseload regularly reviewed.		local decision
SHFT	Community Services	Wheelchair Services	Reduction in service	The service has partially stopped, urgent work is continuing but routine has stopped.		National guidance

SHFT	Community Services	Continuing Health Care (NH Placements)	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Falls Assessment Clinics and Classes	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Medicine Or Dressing Deliveries	Suspension of service	This service has stopped in line with national guidance:		National guidance
SHFT	Community Services	Nursing Home Provision	Increase in service	Provision has increased	Support staffing pressures	National guidance
SHFT	Community Services	Pulmonary Rehabilitation	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	QA Inreach	Increase in service; change in pathway	New discharge to assess process implemented, skeleton team working from QA rest in LAP at Fareham Reach	Support discharge	National guidance
SHFT	Community Services	Bowel care	Reduction in service	The service has reduced in frequency based on national guidelines.		National guidance
SHFT	Community Services	Leg Clinics	Suspension of service	Southern Health temporarily ceased leg clinics	Social distancing	National guidance
SHFT	Community Services	Falls	Reduction in service	Southern Health temporary reduction in service capacity for balance and safety classes and chronic condition management	Social distancing	National guidance
SHFT	Community Services	Community Diabetes	Suspension of service	Community diabetes DESMOND patient group education temporarily postponed	Social distancing	National guidance
SHFT	Community Services	Home Oxygen	Suspension of service	Routine appointments and routine home oxygen assessments temporarily postponed	Social distancing	National guidance
SHFT	Nursing Homes	Nursing Home Group Sessions	Suspension of service	Southern Health temporarily cease nursing home Forums/group sessions. Ceased intense and focused support to small number of Homes to broaden reach	Social distancing	National guidance

SHFT	Site Changes	Community Services	Change in location	Temporary relocation of Community HF and ICT services from Waterloo Health Centre to Denmead and Havant Health Centre	Increase capacity	Local decision
NDPP	Community Services	Diabetes Prevention	Suspension of service	National Diabetes Prevention Programme temporarily paused until a digital model can be mobilised	Social distancing	National guidance
PSEH	Community Services	Nursing Homes	Increase in service	Temporary additional bedded capacity purchased in Wellington Vale, Greenbanks, Denmead Grange and Peel House Nursing / Rest homes	Increase capacity	Local decision
PSEH	Community Services	Nursing Homes	Increase in service	Temporarily re-open Woodcot Nursing home	Increase capacity	Local decision
PSEH	Community services	Community beds	Increase in service	Temporarily increase community bedded sites at Petersfield Community Hospital and Gosport War Memorial Hospital	Increase capacity	Local decision

Networked Care Services

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Diagnostics	Diagnostic Imaging	Increase in service	Urgent/Cancer & Emergency Only	Social distancing	National guidance
IOW	Diagnostics	Phlebotomy	Increase in service	Urgent GP walk in Only Phlebotomy Ryde clinic- closed	Social distancing	Local decision
IOW	Diagnostics	Pathology	Service suspension	Urgent/Cancer & Emergency Only	Social distancing	National guidance
IOW	Diagnostics	Outpatient Services	Change in pathway	Urgent/Cancer & Emergency Only	Staffing pressure	Local decision
IOW	Diagnostics	Pathology	Reduction in service	Pathology St Mary's Hospital - Emergency Only		National guidance
IOW	Medical	Asthma & Allergy Services	Change in pathway	Relocated to GP surgery due to repurposing of normal location for urgent care. Reduced outpatient service, telephone clinics taking place instead of face to face clinics. Only carrying out emergency Xolair and immunotherapy interventions	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Medical	Dermatology (Crocker Street)	Increase in service	Urgent appointments only Telephone or face to face where absolutely necessary	Responsive to emerging need	National guidance
IOW	Medical	Diabetes and Endocrinology - Diabetes Centre	Increase in service	Urgent Appointments only Telephone or face to face where absolutely necessary Foot clinic still taking place	Improve capacity Improve discharge coordination and efficiency	National guidance

IOW	Medical	Gastroenterology – Respiratory department (or Endoscopy)	Increase in service	Urgent appointments only (including appropriate endoscopies) Telephone or face to face where absolutely necessary		National guidance
IOW	Medical	Multiple Sclerosis – Diabetes Centre	Reduction in service change in access method	Urgent appointments only Telephone or face to face where absolutely necessary Disease modifying therapies taking place	Improve capacity Improve discharge coordination and efficiency	National guidance
IOW	Medical	Neurology – Respiratory department	Reduction in service change in access method	Urgent appointments only Telephone or face to face where absolutely necessary		Local decision based on national guidance
IOW	Medical	Osteoporosis – Respiratory department	Reduction in service change in access method	Urgent appointments only Telephone or face to face where absolutely necessary Urgent Infusions only		National guidance
IOW	Medical	Parkinsons	Change in access method	Urgent appointments only. Telephone or face to face where absolutely necessary Any patients who require support or advice can call the Parkinson Nurse Patient link with the neurologist regarding medication issues as GP's continuing to refer to Parkinsons Nurse for this	Remote working of staff / social distancing	National guidance
IOW	Medical	Rheumatology – Diabetes Centre	Change in access method, change in pathway	Urgent appointments only. Telephone or face to face where absolutely necessary Helpline available for prescriptions/advice Urgent infusions only	Remote working of staff / social distancing	National guidance

IOW	Surgical	Gynaecology	Change in access method	Routine face to face appointments ceased or switched to phone appointments if possible. Hysteroscopy, colposcopy and cancer outpatients continuing if in RCOG guidance.	Remote working of staff / social distancing	National guidance
IOW	Surgical	ENT Services	reduction in service change in access method	Reduced outpatient service, telephone clinics taking place instead of face to face clinics. Only carrying out emergency and selected cancer interventions.	Remote working of staff / social distancing	National guidance
IOW	Surgical	Maxillofacial	Change in pathway	Reduced outpatient service, telephone clinics taking place instead of face to face clinics. Only carrying out emergency and selected cancer interventions.	Health risk	Local decision
IOW	Surgical	Chronic Pain	Increase in service	Reduced outpatient service, telephone/ virtual clinics taking place instead of face to face clinics. No new patients being seen and all interventions have been cancelled.	Health risks	Local decision
IOW	Surgical	General Surgery	Reduction in service	Telephone and video link assessment appointments being undertaken as deemed appropriate by relevant clinician. Small percentage of Cancer Fast Track Surgery on a case per case basis. Ceased Endoscopy and Gastroscopy interventions and all other inpatient/daycase surgery.	Remote working of staff / social distancing	National guidance
IOW	Surgical	Orthopaedic Surgery	Reduction in service; change In access method	Urgent Trauma Surgery being undertaken as necessary, Fracture clinic appointments when deemed urgent undertaken face to face. Telephone assessments in place. All other non emergency Orthopaedic surgery has ceased.	Remote working of staff / social distancing	National guidance
IOW	Surgical	PAAU (Pre-assessment and Admission Unit)	Change in access method	Cancer Fast Track patient pre-assessments being undertaken as deemed clinically appropriate by admitting surgeon. Anaesthetic reviews as required for said patients. .	Social distancing	National guidance

IOW	Surgical	Urology	Increase in service	Telephone and video link assessment appointments being undertaken as deemed appropriate by relevant clinician. Small percentage of Cancer Fast Track Surgery on a case per case basis. Ceased Cystoscopy and straight to test interventions and all other inpatient/daycase surgery.	Increase capacity	
IOW	Surgical	Ophthalmology	Change in service	Telephone and video link assessment appointments being undertaken as deemed appropriate by relevant clinician. Urgent outpatients seen face to face following consultant triage. Emergency patients being seen as referred from ED. No elective surgery being undertaken. Sight-saving emergency surgery continuing. Macular injections continuing for high risk patients.	Social distancing	
UHS	Outpatients	Outpatients	Change of location of services	Outpatient services moved from f2f to telephone/video call	Social distancing	
UHS	Outpatients	Outpatients & Diagnostics	Change of Location	Services moved off site, Spire Southampton ISTC at RSH,Nuffield	Increased bed capacity	National guidance
UHS	Surgery	Elective Surgery	Change of Location	Services moved off site, Spire Southampton ISTC at RSH,Nuffield	Social distancing	National guidance
UHS	Inpatients	Inpatient Care	Change of Location	Services moved off site, ISTC at RSH,Nuffield	Social distancing	National guidance
UHS	Cancer	Cancer services	Change in method of access	Chemotherapy and day treatments provided from private facilities were possible	Social distancing	National guidance
UHS	Elective Surgery	Elective Surgery	Change in method of access	All elective surgery has been paused at SGH	Social distancing	Local decision

UHS	Outpatients	Face to face	Change in method of access	All face to face outpatient appointments have been paused at SGH	Social distancing	National guidance
UHS	Elective Surgery	Elective Surgery	Change in method of access	All elective surgery has been paused at Lymington	Social distancing	National guidance
HHFT	Maternity	Maternity Home Births	Reduction in service		Staffing pressure	National guidance
HHFT	Cancer Services	Haematology/Oncology	Reduction in service	Haematology / Oncology moved from BNHH and RHCH to Private Facility (Sarum Road, BMI)	Reduction of risk of infection for vulnerable patients	National guidance
HHFT	Cancer Services	Pseudomyxoma	Reduction in service; change in method of access	Pseudomyxoma moved to Wellington, London – 2 prioritised cases	Reduction of risk of infection for vulnerable patients	National guidance
HHFT	Cancer Services	Urgent and Cancer surgery	Reduction in service; change in method of access	Urgent and Cancer surgery managed through prioritisation panel and facilitated at DTC (BNHH) / Hampshire Clinic, BMI	Reduction of risk of infection for vulnerable patients and staffing pressures	National guidance
HHFT	Cancer Services	Breast Surgery	Reduction in service; change in method of access	Breast surgery from BNHH and RHCH moved to Sarum Rd (BMI)	Reduction of risk of infection for vulnerable patients	National guidance

Solent	Community services	MSK	Change in method of access	Partial reduction in services reduced face to face work - telephone triage and telephone appointments will be utilised. MSK and pain group work reduced. MSK diagnostics (via Inhealth) ceasing all non urgent diagnostic tests.		National guidance
Solent	Community services	Vasectomy procedures	Reduction in service; change in method of access	Vasectomy Service provided by Marie Stopes International within the IOWT - Vasectomy procedures have ceased from 24.03.2020. GPs will not forward referrals during the Covid-19 period	Social distancing	National guidance
Solent	Community services	Vasectomy procedures	Increase in service	Vasectomy Service, various locations including GP vasectomy providers / Southampton CCG service - Vasectomy procedures have ceased from 24.03.2020. GPs will not forward referrals during the Covid-19 period	Social distancing	National guidance
SHFT	Community Services	DEXA bone scanning	Change in service location	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Diagnostics (Outpatient Routine)	Suspension of service	This service, i.e. 24 hour tapes, plain film x-ray, MRI, CT, ultra-scan, has stopped in line with national guidance.		National guidance
SHFT	Community Services	Endoscopy (Routine)	Suspension of service	This service has stopped in line with national guidance.		National guidance
SHFT	Community Services	Electro-Convulsive Therapy	Reduction in service	ECT has had to be reduced due to availability of Acute Trust staff and have moved to providing in Acute theatres for high risk patients	Staffing pressures	

SHFT	Community Services	Ultrasound Routine Appointments	Service suspension	These, including guided injections, have now stopped:	Prepare for redeployment of staff	Local decision to stop services - national guidance was to prioritise
SHFT	Community Services	Medical Outpatient Depts	Service suspension	This service, i.e. respiratory, cardiology, medical, ENT, has stopped in line with national guidance.		National guidance
SHFT	MSK	Orthopaedic Choice	Service suspension	This service, except urgent triage, has stopped in line with national guidance.		National guidance
SHFT	MSK	Outpatient Services (particularly MSK & Podiatry)	Change in discharge process	Patients who are cancelling and not wishing to reschedule are discharged on SOS (self-referral of symptoms) so that they can self-refer back into the service at any point over the next 12 months.	Social distancing	National guidance
SHFT	MSK	All MSK	Change in method of access	MSK services are currently only providing a telephone service and this is predominantly triage, advice and discharge.	Social distancing	National guidance
SHFT	Site Changes	Gastro Services Lymington	Service suspension	This service is now closed.	Social distancing	
SHFT	Site Changes	Rheumatology Services Lymington	Service suspension	This service is now closed.	Social distancing	
SHFT	Site Changes	MRI's Routine	Exclusion criteria for patient cohort	This service is being cancelled for those over 70 years old at Lymington	Social distancing	
PSEH	Community Services	MSK	Change in access method	Community MSK services temporarily providing telephone and triages service and postponing face to face activity	Social distancing	National guidance

PSEH	Elective	MSK	Change in access method	Introduction of MSK app for use by patients presenting to primary care	Social distancing	National guidance
PSEH	Diagnostics	Endoscopy	Increase in service	Temporary increase in service provision for endoscopy at CareUK	Increase capacity	
PSEH	Independant sector	Elective	Suspension of service	Temporary cessation of private activity at SPIRE in line with NHS IS contract		National guidance
PHT	Outpatients	Outpatient Appointments	Change in access method	New outpatient appointments to be conducted in QA temporarily by telephone for renal patients	Social distancing	National guidance
PHT	Diagnostics	Chest X-ray	Change in access method	Temporarily move from walk in chest x-ray provision at QA to booked appointment only	Social distancing	National guidance
PHT	Diagnostics	Endoscopy	Reduction in service	Temporary reduction in number of endoscopy suites at QAH from 6 to 2	Social distancing	National guidance
PHT	Maternity Services	Maternity Services	Change in location	Temporarily relocate maternity service from Grange ward to Willow Ward – Petersfield Hospital	Increase capacity	Local decision
PHT	Diagnostics	Phlebotomy	Suspension of service and change in access method	Temporary closure of walk in Phlebotomy service at QA – booked appointments for patients with acute requirements and increase in service provision in community hubs for routine blood taking	Increase capacity	National guidance
PHT	Surgery	Elective surgery	Increase capacity	Temporary change in use of capacity at St Marys Treatment Centre to convert elective area to 44 step down beds	Increase capacity	Local decision
PHT	Surgery	Elective	Suspension of service and change in access method	Routine elective work temporarily stood down including outpatients, diagnostics and procedures – moved to virtual model where possible at specialty level		

PHT	Surgery	Gastro	Change in pathway	GPs asked to use A&G for Gastro patients with lower risk patients being managed in primary care with management plan following clinical triage		
PHT	Cancer Services	2WW Gastro	Change in pathway	All 2ww and urgent Gastro patients being contacted by phone temporarily to make appropriate clinical plan	Social distancing	
PHT	Surgery	ENT	Reduction in service	Only emergency and cancer care routinely being provided temporarily for ENT patients with extended advice and guidance service being offered for routine requests	Social distancing	
PHT	Surgery	Gastrology	Change in pathway	GPs asked to use A&G for Gastro patients with lower risk patients being managed in primary care with management plan following clinical triage	Social distancing	National guidance

Children and Young People

Provider	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
IOW	Paediatric Services	Change in access method and reduction of service	Telephone & Video Link Assessment appointments being undertaken as deemed appropriate by relevant clinician. Shielded children being supported at home. No non urgent face to face appointments. Provision of 8:00-24:00, 7/7 urgent care in paediatric footprint.	Social distancing	National guidance
IOW	0-19 Services - Health Visiting, CHIS & School Nursing	Reduction in service	Moved to provision of life critical services only – continuing to provide duty helpdesk with phone and online consultation taking place to ensure continued support for families, safeguarding, birth visits and CHIS birth notifications in liaison with GP Practices, 6-8 week infant visits and immunisation continuing .	Staffing pressures / social distancing	Local decision
IOW	Children's Therapies (OT/Physio/SLT)	Reduction in service	Moved to provision of life critical services only – Continuing to provide telephone or on line consultations where necessary to support families, Paediatric ward discharge facilitation, Urgent assessment & Reviews (Inpatient & Community), and Urgent Paediatric Mental Health	Staffing pressures / social distancing	National guidance
Solent	Paediatric Therapies Services	Change in access method and reduction of service	Thornhill & Adelaide Health Centre - reduced service to 0-19 Service (Antenatal / Child clinics) - Reduction in face to face contacts. Telephone consultations offered as alternative.	Social distancing	National guidance

Solent	Antenatal/ Child Clinics	Reduction in service; change in access method; change in location	Reduced service to 0-19 Service (Antenatal / Child clinics) with reduction in face to face contacts. Plan to move some clinics from the QA Hospital to the Children's Development Centre at Battenburg	Social distancing	National guidance
Solent	Children and Families Service	Change in access method; reduction to service	Providing as much business as usual as possible using digital options/skype/phone etc. alongside face to face interventions where clinically indicated.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Health Visiting	Reduction in service; change in access method	Partial restrictions with increase in telephone contacts and use of technology to provide services remotely.	Remote working of staff / social distancing	National guidance
Solent	School Nursing	Suspension of service	School nursing service and school aged immunisations . Service cessation due to school closures. SAI are currently postponed whilst schools have closed and will be resumed post COVID response incorporating plans for catch up programmes.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Community Nursing Service	Reduction in service	Reduced service - All essential face to face clinical activity and interventions for children on CCN caseload or referred from PHT – will be assessed case by case and considered for either home visit or clinic appointment.		National guidance

Solent	CAMHS Psychiatry Jigsaw	Change in access and suspension of service	CAMHS care, eating disorders and behavioural resource services. Reduced CAMHS appointments with telephone consultations taking place. Duty cover will still be in place to escalate any young people that become unwell whilst waiting. Urgent care will still be offered. Stopping routine referrals.	Improve capacity Improve discharge coordination and efficiency	National guidance
Solent	Community Paediatric Medical Service	Reduction in service; change in access method; change in pathway	St James Hospital/Battenburg Clinic service - partial reduction of service - face to face clinical appointments for neurodevelopment/neurodisability (ND) will only be where clinically indicated for immediate management of clinical care. Telephone or skype consultations to be provided where possible. New referral criteria remains as at present, however, waiting lists managed according to RAG rating criteria. 8 EHCP assessments to be carried out by telephone and based on RAG priority cases. All review LAC and adoption appointments to be carried out by telephone.	Reduction due to capacity	Local decision based on national guidance
Solent	Coast	Suspension of service	Solent East COAST team in Partnership with NHS 111: temporary move to telephone, support, advice and guidance service only rather than face to face.	Social distancing	National guidance
SHFT	Child Health Clinics	Suspension of service	Child health clinics, community group baby clinics and group work have been suspended and staff have been redeployed (The ChatHealth service is open as usual). School Nursing has stopped and health visiting services are reduced.	Remote working of staff / social distancing	National guidance
SHFT	Maternity and Health Visiting	Reduction in service	A number of appointments and assessments have now been temporarily postponed; including booking appointments which are undertaken via phone	Remote working of staff / social distancing	National guidance

Homelessness

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
Local authorities	Housing allocations	Housing provision to prevent and reduce homelessness	Increase in service	Government 'everyone in' directive' meant HIOW local authorities sourcing c500 units of accommodation temporary accommodation to enable people self-isolate and move off the streets	Social distancing	National guidance
Local authorities	Housing advice	Housing advice to prevent and reduce new homelessness cases	Increase in service	Less face-to-face, more contact online/phone	Social distancing	Local decision
Support Providers	Housing / health advice	Visiting support, street outreach services, appointments to sustain people in accommodation & meet health & support needs	Service suspension	Less face-to-face, more contact online/phone	Social distancing	National guidance
Registered Providers	Housing allocations	Day to day letting of properties on hold / minimised	Change in pathway	Lettings only taking place when necessary re health, risk	Physical distancing	Local decision
Hostel providers	Housing allocations	Reduction in capacity where people normally share rooms	Reduction in service	Shared rooms now single occupancy	Physical distancing	National guidance
Hostel providers	Health & wellbeing	Allocation of washing facilities & management of food provision to reduce number of people sharing	Change in pathway	Designated washing and dining areas in hostels for residents	Improve capacity Improve discharge coordination and efficiency	National guidance
Acute Hospitals	Hospital discharge	Discharge hubs	Increase in service	Acute staff informed of need for communications with local authorities, hostel and support providers to plan safe and effective discharge	Responsive to emerging need	National guidance

Primary Care	Homeless health	Bespoke service offers in Portsmouth, Southampton & Winchester. Inconsistent across HIOW.	Increase in service	Partial restriction to service with reduced face to face care by increasing remote consultation and telephone triage. Face to face appointments only where required. Access to mobile phones is being mitigated by the provision of some phones to the most vulnerable individuals. Meant less access to health services.	Improve capacity Improve discharge coordination and efficiency	National guidance
Acute Hospitals	Hospital triage	Assessment of people experiencing homelessness on arrival at ED	Increase in service	Acute staff informed of need for communications with local authorities, hostel and support providers to ensure people not told to self-isolate when not achievable.	Physical distancing	National guidance
Primary Care	Find & test	COVID19 testing	Increase in service	Provision of testing in hostels where people displaying COVID19 symptoms - new service	Improve capacity Improve discharge coordination and efficiency	National guidance
Southern / Solent	Mental health	Community offer being directed into hostels and temporary accommodation where required	Increase in service	Supporting individuals to maintain accommodation offer / placement	Health, recovery & safety	Local decision based on national guidance
Inclusion	Substance misuse	Community offer being directed into hostels and temporary accommodation where required	Increase in service	Supporting individuals to maintain accommodation offer / placement	Health, recovery & safety	National guidance
Day Centres	Day services	Provision of accessible drop in food, wellbeing, training, accommodation finding services across HIOW	Change in access method	Closure of services, reduction in face to face health interventions, support and food provision	Remote working of staff / social distancing	National guidance

Discharge

Provider	Service Category	Impacted Service	Type of Change	Detail of Change	Rationale	Directive
HCC	Community Services	In-Reach	Increase in service	In-reach across all acute settings withdrawn from hospital and working from Single Point of Access	Social distancing	National guidance
Hampshire multi-agency	Community Services	All community services	Increase in service	Single Point of Access: Multi-agency and multi-disciplinary team in place to drive discharge out of hospital using Discharge to Assess approach. New processes and SOP in place.	Social distancing	Local decision
Hampshire multi-agency	Acute	All community services	Service suspension	Change in referral process from acute into community via the single point of access	Social distancing	National guidance
HCC	Acute	Social work teams	Change in pathway	Hospital social work teams no longer working from acute sites, referrals via the single point of access	Social distancing	Local decision
Hampshire multi-agency	Community Services	All community services	Change in access method	SharePoint site accessible by all health and social care partners to enable sharing of patient data and oversight of delivery service	Support discharge	National guidance
Hampshire multi-agency	Community Services	All community services	Change in pathway	Discharge tracker database created to support management of patients through the discharge process, accessible by all organisations	Improve capacity Improve discharge coordination and efficiency	National guidance
Hampshire multi-agency	Acute	All community services	Increase in service	Referral form created for Single Point of Access referrals	Responsive to emerging need	National guidance
Hampshire multi-agency	Community Services	All community services	Increase in service	Suspension of funding panels - arrangements in place between HCC and CCG for funding under Covid	Improve capacity Improve discharge coordination and efficiency	National guidance

HCC	Nursing Homes	Reablement	Increase in service	In-house reablement bed capacity redirected to Single Point of Access	Support discharge	National guidance
Hampshire multi-agency	Nursing Homes	Nursing home provision	Increase in service	Continued winter provision where available and sourced extra capacity via CCGs	Improve capacity Improve discharge coordination and efficiency	National guidance
Hampshire multi-agency	Community Services	All community services	Change of location	Cross organisational executive lead appointed in each system to lead Single Point of Access model	Support discharge	Local decision based on national guidance
Hampshire multi-agency	Community Services	All community services	Change in access method	Interim leadership and management structure, roles and responsibilities for Single Point of Access	Support discharge	National guidance
Hampshire multi-agency	Acute	All community services	Change in access method	Twice daily virtual Single Point of Access Multi-disciplinary Team meetings enabling communication between acutes and community services	Remote working of staff / social distancing	National guidance
HCC	Community Services	Reablement	Change in access method, change in pathway	Key triage staff only accessing reablement hub	Remote working of staff / social distancing	National guidance
Hampshire multi-agency	Community Services	All community services	Change in access method	Single Point of Access operational 7 days per week 8am - 5pm	Remote working of staff / social distancing	National guidance
Hampshire multi-agency	Community Services	Community therapies	Increase in service	Therapy and physio in place 7 days per week	Remote working of staff / social distancing	National guidance

HCC	Community Services	All community services	Change in pathway	Equipment store working 7 days per week	Health risk	Local decision
CHC	Community Services	Continuing health care	Increase in service	Continuing health care staff transferred to discharge to access activity and providers	Health risks	Local decision
CHC	Community Services	Continuing health care	Reduction in service	Continuing health care assessments stood down	Remote working of staff / social distancing	
Hampshire multi-agency	Community Services	All community services	Reduction in service; change In access method	Additional bed capacity commissioned in Hotels	Remote working of staff / social distancing	
Hampshire multi-agency	Community Services	All community services	Change in access method	New process for referrals into interim hotel beds	Social distancing	National guidance
Hampshire multi-agency	Community Services	All community services	Increase in service	New homeless referral process	Increase capacity	
IOW	Community Services	Discharge out of Hospital	Change in service	Single Point of Access: Multi-agency and multi-disciplinary integrated team in place to drive discharge out of hospital using Discharge to Assess approach.	Hospital flow	
IOW	Community Services	Community Rapid Response	Change of location of services	Service will continue but with focus on non-COVID19 patients to support admission avoidance in conjunction with Primary Care. Also implemented use of Telehealth and remote monitoring.	Social distancing	
Solent	Community Services	Community Independence Service	Reduction in service	Stopped all non-essential activity - admission avoidance and early discharge support provided. Patient caseloads put on hold.	Increased bed capacity	National guidance
SHFT	Community Services	HC - fast track provision assessments	Reduction in service	The service has reduced in frequency based on national guidelines.	Social distancing	National guidance

SHFT	Community Services	Crisis and Home Treatment Team	Suspension of service	Day therapy stopped, contacts via video and telephone.	Social distancing	National guidance
SHFT	Community Services	ICT Admission and Palliative Care	Change in method of access	Increase ICT admission avoidance and Palliative Care	Social distancing	National guidance



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*From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard*

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

29 April 2020

Dear Colleague,

IMPORTANT - FOR ACTION - SECOND PHASE OF NHS RESPONSE TO COVID19

We are writing to thank you and your teams for everything you have achieved and are doing in securing the remarkable NHS response to the greatest global health emergency in our history.

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Then in the light of the latest SAGE advice and Government decisions, on 17th March we wrote to initiate what has been the fastest and most far reaching repurposing of NHS services, staffing and capacity in our 72-year history.

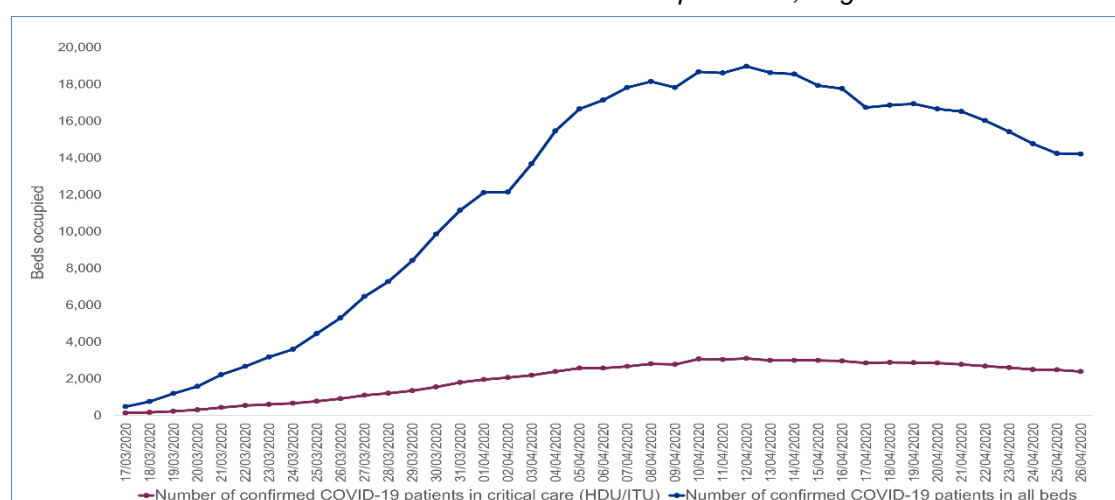
This has enabled us in the space of the past six weeks to go from looking after zero such patients to caring for 19,000 confirmed Covid19-positive inpatients per day, many of whom have needed rapidly expanded critical care support. Alongside this, the majority of patients the Health Service has continued to look after have been receiving care for other important health conditions. Despite real concern going in to the pandemic – following difficult international experience – every coronavirus patient needing hospital care, including ventilation, has been able to receive it.

This has largely been possible as a result of the unparalleled commitment and flexibility of NHS staff, combined with the public's 'social distancing' which remains in

place to cut the spread of the virus. We have also been greatly strengthened by over 10,000 returning health professionals; 27,000 student nurses, doctors and other health professionals starting their NHS careers early; 607,000 NHS volunteers; and the work of our partners in local government, social care, the military, the voluntary sector, hospices, and the private sector.

Sadly coronavirus looks set to be with the us for some time to come, so we will need continuing vigilance. We are, however, now coming through this peak of hospitalisations, as seen by the drop of nearly 5,000 in the daily number of confirmed Covid19-positive patients in hospitals across England over the past fortnight.

Patients with confirmed Covid19 in hospital beds, England



As the Prime Minister set out on Monday, we are therefore now entering the second phase in the NHS's response. We continue to be in a Level 4 National Incident with all the altered operating disciplines that requires. NHS organisations therefore need to fully retain their EPRR incident coordination functions given the uncertainty and ongoing need. The purpose of this letter is to set out the broad operating environment and approach that we will all be working within over the coming weeks.

Based on advice from SAGE, we still expect to be looking after several thousand **Covid19-positive patients**, though hopefully with continuing weekly decreases. This means:

- Ongoing and consistent application of PHE/NHS Infection Prevention and Control guidance in all NHS organisations, with appropriate cohorting of Covid/non-Covid patients
(<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>).
- In response to the global shortage, DHSC and the Cabinet Office together with BEIS (for UK manufacture) and DIT (for international suppliers) continue to expand the sourcing and procurement of HSE/PHE-recommended PPE for the NHS, social care and other affected sectors of the UK economy, but it is likely that current Covid-specific logistics and distribution arrangements will need to continue for the time being.

- Increased lab capacity now enables testing of all non-elective inpatients at point of admission, the introduction of pre-admission testing of all elective patients, testing prior to discharge to a care home, as well as expanded testing for staff. The corollary is the operational importance of fast turnaround times for test result reporting.

The pressure on many of **our staff** will remain unprecedented, and they will need enhanced and active support from their NHS employers to ensure their wellbeing and safety.

- Increased testing capacity means that we will now be able to extend the offer of regular testing to asymptomatic staff, guided by PHE and clinical advice. This approach is being piloted in a number of acute, community and mental health providers this week, which will inform further roll out from next week.
- As set out in our letter of 17th March, NHS organisations should continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area. Educational material, training and appropriate protection should be inclusive and accessible for our whole workforce, including our non-clinical colleagues such as cleaners and porters.
- Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are also being disproportionately affected by Covid19. Public Health England have been asked by DHSC to investigate this. In advance of their report and guidance, on a precautionary basis we recommend employers should risk-assess staff at potentially greater risk and make appropriate arrangements accordingly.
- Now more than ever a safety and learning culture is vital. All our staff should feel able to raise concerns safely. Local Freedom to Speak Up Guardians are able to provide guidance and support with this for any concerned member of staff. As we know, diverse and inclusive teams make better decisions, including in the Covid19 response.
- Employers are also asked to complete the process of employment offers, induction and any necessary top-up training within the next fortnight for all prospective 'returners' who have been notified to them.

We are going to see increased demand for Covid19 aftercare and support in **community health services, primary care, and mental health**. Community health services will need to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing health support. High priority actions for mental health providers in this next phase are set out in the Annex. General practice will need to continue to stratify and proactively contact their high-risk patients with ongoing care needs, including those in the 'shielding' cohort to ensure they are accessing needed care and are receiving their medications.

Given the scale of the challenges they face, we must also continue to partner with **local authorities** and Local Resilience Forums (LRFs) in providing mutual aid with our colleagues in **social care**, including care homes. This includes:

- Continuing to ensure that all patients safely and appropriately being discharged from hospital to a care home are first tested for Covid19; care homes can also check that these tests have been carried out.
- Under the direction of the LRF, local authority public health departments and CCG infection control nurses can help 'train the trainers' in care homes about PHE's recommended approach to infection prevention and control - particularly focusing on those care homes that lack the infrastructure of the bigger regional and national chains.
- To further support care homes, the NHS will bring forward from October to May 2020 the national roll out of key elements of the primary and community health service-led Enhanced Health in Care Homes service. Further detail will be set out shortly.
- Opportunities to support care homes should also be provided to younger health professional 'returnees' and public volunteers who have offered to help (subject to appropriate personal risk assessment, as described above).

As also seen in a number of other countries, **emergency activity** has sharply reduced in recent weeks. Last week emergency hospital admissions were at 63% of their level in the same week last year. This is likely due to a combination of: a) changed healthcare seeking behaviour by patients, b) reductions in the incidence of some health problems such as major trauma and road traffic accidents, c) clinical judgements about the balance of risk between care in different settings, and d) some NHS care being provided through alternative access routes (eg ambulance 'see and treat', online appointments).

There is therefore considerable uncertainty as to the timing and extent of the likely rebound in emergency demand. To the extent it happens, non-elective patients will potentially reoccupy tens of thousands of hospital beds which have not had to be used for that purpose over the past month or so.

This means we need to retain our demonstrated ability to quickly repurpose and **'surge' capacity** locally and regionally, should it be needed again. It will also be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line - including access to independent hospitals and Nightingale hospitals. The national Nightingale team will work with Regions and host trusts to develop and assure regional proposals for the potential ongoing availability and function of the Nightingale Hospitals. Independent hospitals and diagnostics should be used for the remainder of the current contract which runs to the end of June. Please also start now to build a plan for each STP/ICS for the service type and activity volumes that you think could be needed beyond the end of June, which can inform discussions during May about possible contract extensions with the independent sector.

Over the next six weeks and beyond we have the opportunity to begin to release and redeploy some of the treatment capacity that could have been needed while the number of Covid19 patients was rising so sharply.

This means we are now asking all NHS local systems and organisations working with regional colleagues fully to step up **non-Covid19 urgent services** as soon as possible over the next six weeks, including those set out in the Annex. This needs to be a safe restart with full attention to infection prevention and control as the guiding principle.

In addition, you should now work across local systems and with your regional teams over the next 10 days to make judgements on whether you have further capacity for at least some **routine non-urgent elective care**. Provisional plans will need to factor-in the availability of associated medicines, PPE, blood, consumables, equipment and other needed supplies. We will continue to provide new ventilators to trusts over the coming weeks so as to sustain critical care 'surge' capacity should it again be needed in future, while progressively returning operating theatres and recovery suites to their normal use.

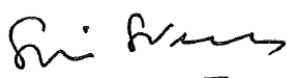
We should also take this opportunity to '**lock in**' **beneficial changes** that we've collectively brought about in recent weeks. This includes backing local initiative and flexibility; enhanced local system working; strong clinical leadership; flexible and remote working where appropriate; and rapid scaling of new technology-enabled service delivery options such as digital consultations.

In terms of wider action that will also be underway, DHSC will be designing and establishing its new 'Test, Track & Trace' service. The leadership and resourcing of local authority public health departments will be vital. Trusts and primary care networks should continue to support clinicians to enrol patients in the three major phase III clinical trials now underway across the NHS, initially testing ten potential Covid19 treatments. In addition, at least 112 Covid19 vaccines are currently in development globally. We also expect an expanded winter flu vaccination campaign alongside a school immunisation 'catch up programme'.

Looking forward, at the right time and following decision by Government, we will then need to move into the NHS's phase three 'recovery' period for the balance of the 2020/21 financial year, and we will write further at that point.

In the meantime, please accept our personal thanks and support for the extraordinary way in which you and your staff have risen to this unprecedented global health challenge.

With best wishes,



Simon Stevens
NHS Chief Executive



Amanda Pritchard
NHS Chief Operating Officer

ANNEX

ACTIONS RECOMMENDED FOR URGENT CLINICAL SERVICES OVER THE NEXT SIX WEEKS

Urgent and routine surgery and care

- Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and 'see and treat' models. Increase the availability of booked appointments and open up new secondary care dispositions (SDEC, hot specialty clinic, frailty services) that allow patients to bypass the emergency department altogether where clinically appropriate.
- Provide local support to the new national NHS communications campaign encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.
- Provide urgent outpatient and diagnostic appointments (including direct access diagnostics available to GPs) at pre-Covid19 levels.
- Ensure that urgent and time-critical surgery and non-surgical procedures can be provided at pre-Covid19 levels of capacity. The Royal College of Surgeons has produced helpful advice on surgical prioritisation available at: (<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf>)
- In the absence of face-to-face visits, primary and secondary care clinicians should stratify and proactively contact their high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.
- Solid organ transplant services should continue to operate in conjunction with the clinical guidance developed and published by NHS Blood and Transplant.
- Where additional capacity is available, restart routine electives, prioritising long waiters first. Make full use of all contracted independent sector hospital and diagnostic capacity.
- All NHS acute and community hospitals should ensure all admitted patients are assessed daily for discharge, against each of the Reasons to Reside; and that every patient who does not need to be in a hospital bed is included in a complete and timely Hospital Discharge List, to enable the community Discharge Service to achieve safe and appropriate same day discharge.

Cancer

- Providers have previously been asked to maintain access to essential cancer surgery and other treatment throughout the Covid19 pandemic, in line with guidance from the Academy of Medical Royal Colleges and the NHS (<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf> and <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0239-Specialty-guide-Essential-Cancer-surgery-and-coronavirus-v1-70420.pdf>). An exception has been where clinicians consider that for an individual patient the risk of the procedure at the current time outweighs the benefit to the patient.

- Local systems and Cancer Alliances must continue to identify ring-fenced diagnostic and surgical capacity for cancer, and providers must protect and deliver cancer surgery and cancer treatment by ensuring that cancer surgery hubs are fully operational. Full use should be made of the available contracted independent sector hospital and diagnostic capacity locally and regionally. Regional cancer SROs must now provide assurance that these arrangements are in place everywhere.
- Referrals, diagnostics (including direct access diagnostics available to GPs) and treatment must be brought back to pre-pandemic levels at the earliest opportunity to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand. Urgent action should be taken by hospitals to receive new two-week wait referrals and provide two-week wait outpatient and diagnostic appointments at pre-Covid19 levels in Covid19 protected hubs/environments.
- High priority BMT and CAR-T procedures should be able to continue, where critical care capacity is available.

Cardiovascular Disease, Heart Attacks and Stroke

- Hospitals to prioritise capacity for acute cardiac surgery, cardiology services for PCI and PPCI and interventional neuroradiology for mechanical thrombectomy.
- Secondary care to prioritise capacity for urgent arrhythmia services plus management of patients with severe heart failure and severe valve disease.
- Primary care clinicians to continue to identify and refer patients acutely to cardiac and stroke services which continue to operate throughout the Covid19 response.
- Hospitals to prioritise capacity for stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.

Maternity

- Providers to make direct and regular contact with all women receiving antenatal and postnatal care, explaining how to access maternity services for scheduled and unscheduled care, emphasising the importance of sharing any concerns so that the maternity team can advise and reassure women of the best and safest place to receive care.
- Ensure obstetric units have appropriate staffing levels including anaesthetic cover.

Primary Care

- Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.
- Complete work on implementing digital and video consultations, so that all patients and practices can benefit.
- Given the reduction of face-to-face visits, stratify and proactively contact their high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams. In

particular, proactively contact all those in the 'shielding' cohort of patients who are clinically extremely vulnerable to Covid19, ensure they know how to access care, are receiving their medications, and provide safe home visiting wherever clinically necessary.

- To further support care homes, the NHS will bring forward a package of support to care homes drawing on key components of the Enhanced Care in Care Homes service and delivered as a collaboration between community and general practice teams. This should include a weekly virtual 'care home round' of residents needing clinical support.
- Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate.
- Deliver as much routine and preventative work as can be provided safely including vaccinations immunisations, and screening.

Community Services

- Sustain the Hospital Discharge Service, working across secondary care and community providers in partnership with social care. Includes daily reviews of all patients in a hospital bed on the Hospital Discharge List; prompt and safe discharges when clinically and in line with infection control requirements with the planning of ongoing care needs arranged in people's own homes; and making full use of available hospice care.
- Prepare to support the increase in patients who have recovered from Covid and who having been discharged from hospital need ongoing community health support.
- Essential community health services must continue to be provided, with other services phased back in wherever local capacity is available. Prioritise home visits where there is a child safeguarding concern.

Mental Health and Learning Disability/ Autism services

- Establish all-age open access crisis services and helplines and promote them locally working with partners such as local authorities, voluntary and community sector and 111 services.
- For existing patients known to mental health services, continue to ensure they are contacted proactively and supported. This will continue to be particularly important for those who have been recently discharged from inpatient services and those who are shielding.
- Ensure that children and young people continue to have access to mental health services, liaising with your local partners to ensure referral routes are understood, particularly where children and young people are not at school.
- Prepare for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan.
- Annual health checks for people with a learning disability should continue to be completed.
- Ensure enhanced psychological support is available for all NHS staff who need it.
- Ensure that you continue to take account of inequalities in access to mental health services, and in particular the needs of BAME communities.

- Care (Education) and Treatment Reviews should continue, using online/digital approaches.

Screening and Immunisations

- Ensure as a first priority that screening services continue to be available for the recognised highest risk groups, as identified in individual screening programmes.
- Increase the delivery of diagnostic pathways (including endoscopy) to catch up with the backlog of those already in an active screening pathway, followed by the rescheduling of any deferred appointments.
- Antenatal and Newborn Screening Services must be maintained because this is a time critical service.
- Providers and commissioners must maintain good vaccine uptake and coverage of immunisations. It is also likely that the Autumn/Winter flu immunisation programme will be substantially expanded this year, subject to DHSC decision shortly.

Reduce the risk of cross-infection and support the safe switch-on of services by scaling up the use of technology-enabled care

- In response to Covid19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. 95% of practices now having video consultation capability live and the remaining few percent in the process of implementation or procurement of a solution. GP Practices should continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.
- Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this should be coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral if their primary care service can access specialist advice (usually via phone, video too).
- All NHS secondary care providers now have access to video consultation technology to deliver some clinical care without the need for in-person contact. As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure, and unless there are clinical or patient choice reasons to change to replace with in-person contact. Trusts should use remote appointments - including video consultations - as a default to triage their elective backlog. They should implement a 'patient initiated follow up' approach for suitable appointments - providing patients the means of self-accessing services if required.