



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 is 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