

NHS Response to Covid-19

Leicester City Council Health and Wellbeing Scrutiny Commission

23rd June 2020

Responding to the outbreak: planning

- LLR NHS established an Incident Management Team (IMT) in early March
- Covid-19 declared a major incident nationally on 24 March and LLR NHS IMT fully integrated within Local Resilience Forum (LRF) Major Incident Plan with other agencies: led by Leicestershire Police
- LLR NHS Strategic Control Group provides overall strategic management of the incident and Health Economy Tactical Control Group delivers the operational response via a number of tactical cells covering key areas of work/response to the incident
- Local daily Sitrep reporting and tactical cell updates established with any escalations needed flagged
 - University Hospitals Leicester and Leicester Partnership Trust
 - ITU/HDU and other bed capacity
 - Workforce absences/impact and resilience/wellbeing
 - PPE availability/supplies
 - Primary care capacity/service levels
 - Deaths, suspected and confirmed cases of Covid
 - Care home & community resilience and well-being

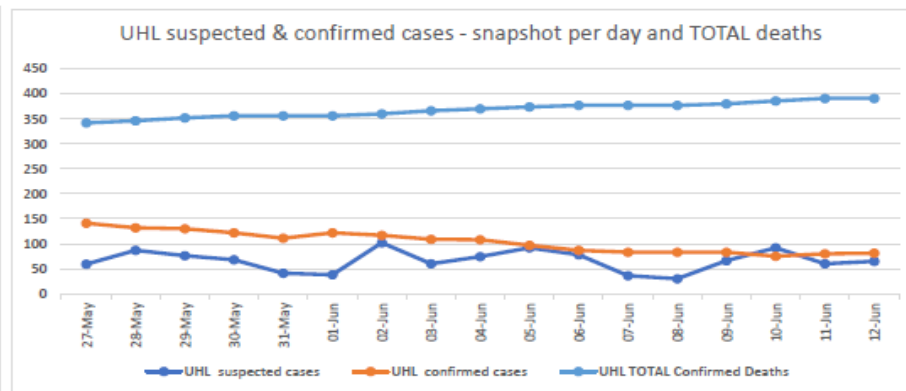
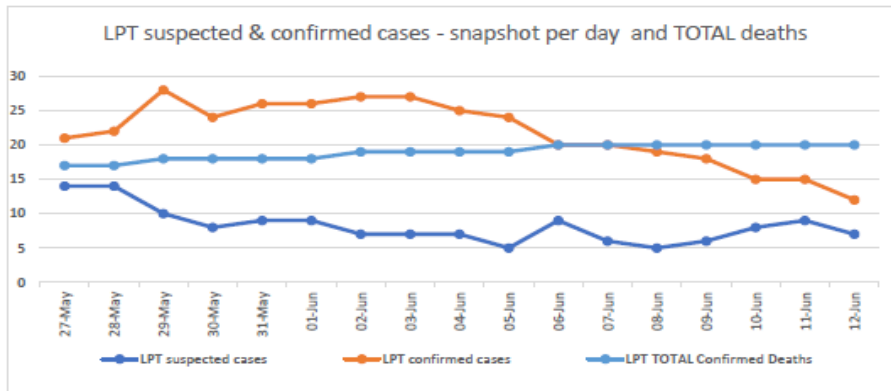
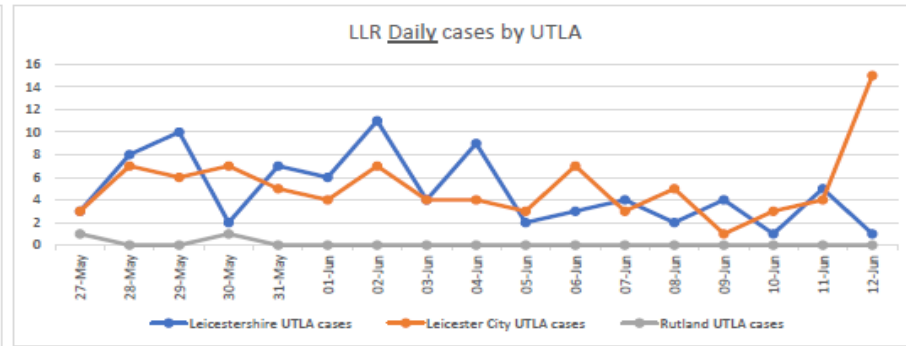
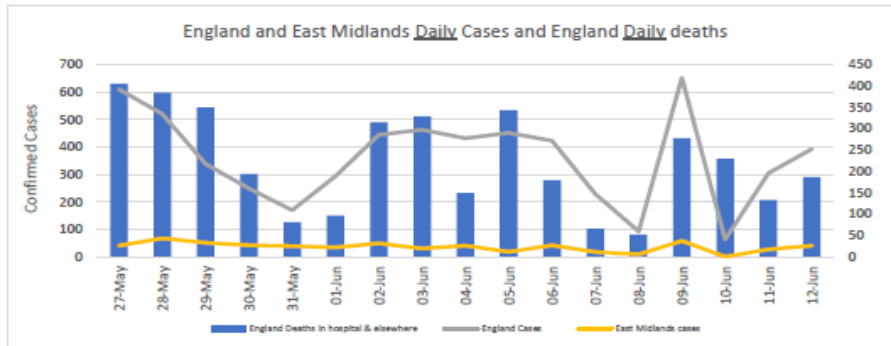
Responding to the outbreak: actions

- Increased capacity
 - Postponed non-urgent elective treatments/surgery
 - Created capacity within UHL hospitals and in community hospitals
 - Commissioned support from the independent sector
 - Increased discharge for medically fit patients: reduced length of stays
- Redesigned services to protect patients
 - Patient cohorts: Red and Blue Zones in LRI emergency department: streaming of Covid and non-covid patients
 - Reduced face to face consultation e.g. telephone triage in GP practices, Urgent Care centres
 - Online services and support for people: GP practices, LPT telemedicine services, acute outpatient appointments
 - Urgent care centres: reduced the number of sites, introduced telephone triage and created 'hot hubs' for walk – in patients including New Parks
 - Visiting restrictions: alternative approaches to staying in touch introduced

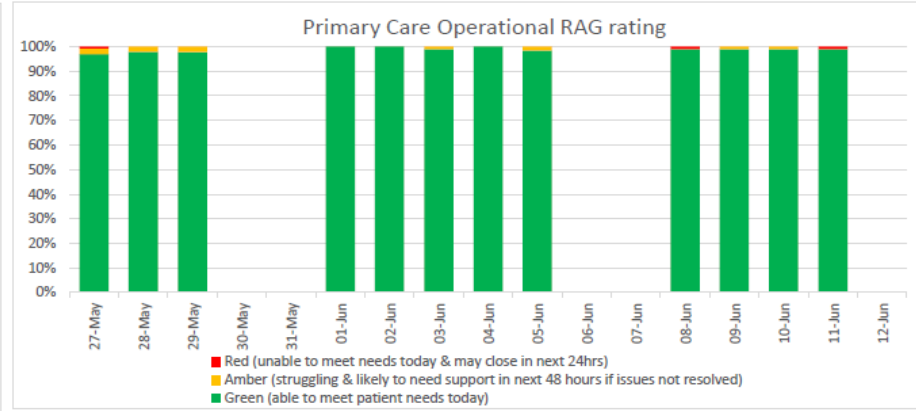
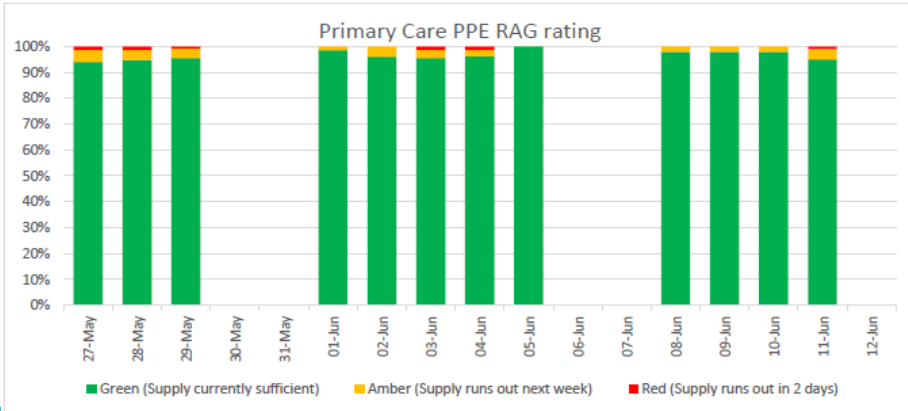
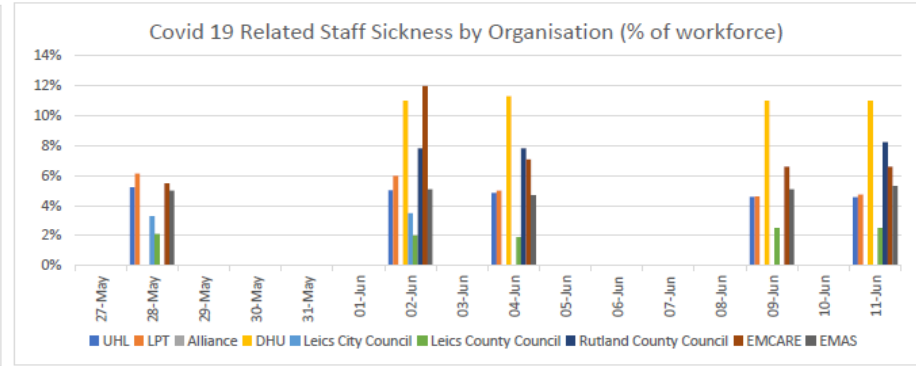
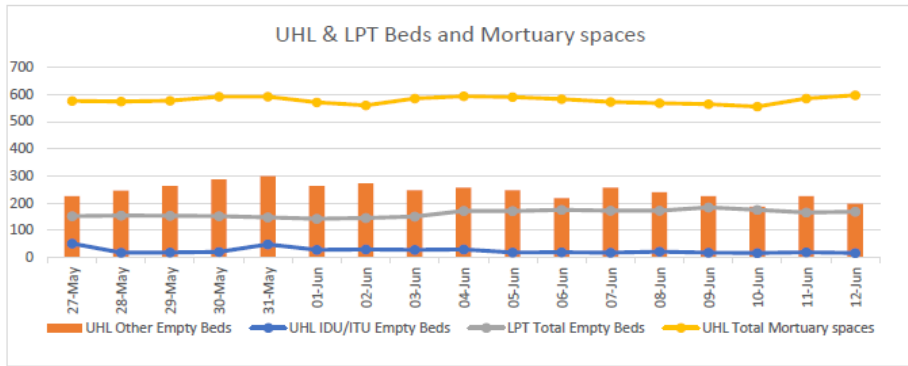
Response: examples

- Increased critical care capacity in UHL: from 50 to 150 and potential to create around 300 additional beds
- Patient cohorts/zoning: Temporary changes to LRI's Adult's and Children's Emergency Departments. Blue department - for patients **without** symptoms and Red Department - for patients **with** symptoms.
- A 70% increase in community hospital in-patient beds for step down and end of life care. Potential to increase community beds from 222 to around 350;
- Commissioned support from the Independent sector
- New Mental Health Urgent Care triage hub and Mental Health Central Access Point: 24 hour phone support for all members of the public
- GP practices: telephone triage service and option of online consultations
- 'Hot hubs' at Loughborough Urgent Care Centre, Oadby and New Parks health centre for Covid-19 symptomatic patients

Daily sitreps (to 12/6)



Daily Sitrep (to 12/6)



Second Phase response

- We remain at major incident level 4 (a national major incident) and our governance arrangements remain in place. NHS services will need to flex within the ongoing prevalence of Covid responding to alert levels and potential impact of lockdown easing over time. Work with Local authority outbreak plans. We continue to focus on preserving life.
- Nationally the NHS recovery priorities are to restore, recover and then reset services.
- Underpinning everything is Infection Prevention and Control(IPC) protecting patients and staff: preventing infection on NHS premises and implementing stringent national guidance on infection control/social distancing.
- Requirements on patients attending hospital/undergoing tests or procedures and new guidance on face masks for staff and face coverings for patients needs implementing. We will also be reviewing visiting restrictions in response to new guidance
- Tackling health inequalities: Review the emerging evidence of the impact of Covid-19, in particular on BAME communities, and the impact on people's mental health
- Data cell established to understand the impact of Covid-19 on services and inform decision on service priorities. Evidence of a fall in referrals for some services e.g. GP referrals, cancer and lower than normal levels of attendance at A&E

Action Plan

Infection Prevention and Control (IPC)

- Implementation of all new PHE guidance
- Applying social distancing
- Challenges for some NHS facilities e.g. Fielding Palmer Hospital, Lutterworth
- Safety of patients and staff paramount

PPE

- Supply challenges felt locally
- Logistical arrangements in place
- Daily monitoring of stocks in Trusts and primary care
- Escalation/mutual aid process in place

Action Plan

Testing

- Local testing centre in Birstall, supported by Mobile Testing Units (MTU): open to all members of the public who meet criteria (antigen test to determine if a person has Coronavirus)
- Whole care home testing introduced from 7/6: asymptomatic and symptomatic staff and patients
- Antibody testing (to determine if someone has had coronavirus) being rolled out in accordance with national guidance (inpatients and NHS staff first and developing arrangements/capacity to progressively extend to primary care (from 9/6) and other LRF staff. Current testing 400 staff per day and looking to increase capacity.
- All non-elective patients being tested at point of admission and looking at testing elective patients prior to hospital attendance

Supporting care homes and working with social care partners to ensure:

- safe discharge of patients to care homes takes place: testing prior to discharge
- Clinical lead for care homes
- Infection Protection Control training in place
- Supporting resilience in care homes

Action Plan

System Capacity

- Ensure capacity remains in place to respond quickly to increase in prevalence of Covid–19 and help clear backlog of elective non-covid referrals and treatments that were postponed
- Independent sector capacity retained and working closely with UHL: providing support for care/treatment including diagnostics, vascular surgery, bowel and breast screening

Supporting our staff

- Staff support: continued development of support for staff wellbeing through LLR multi – agency Health & Wellbeing Board: resources put in place and promoted to staff
- Continuous monitoring of impact on staff: staff too need confidence that they can work safely
- Specific actions being taken to support BAME staff: listening exercises, surveys , psychological support, Risk assessments for BAME staff. Need to consider the findings of the PHE report published 2nd June looking at inequalities and Covid–19

Second phase action plan

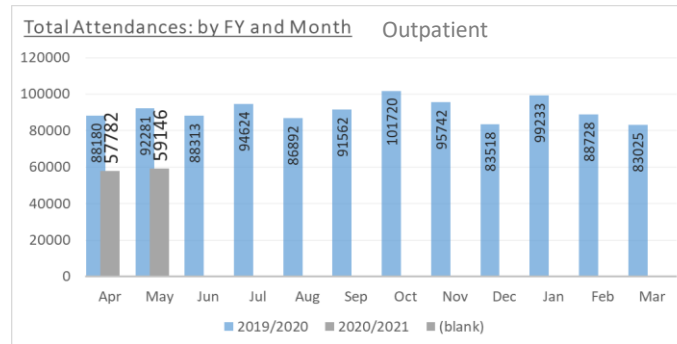
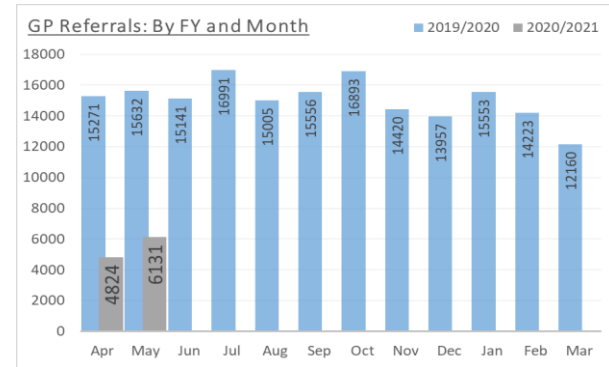
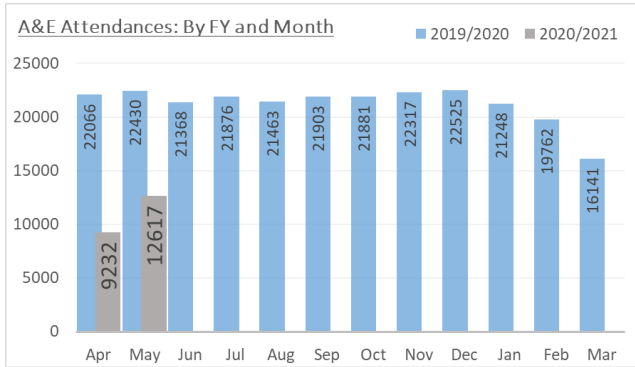
Service Recovery and Restoration

- Backlog of appointments for non-urgent and non-Covid related procedures and referrals:
- Priority areas:
 - Cancer
 - Cardiovascular disease, heart attacks and stroke
 - Maternity
 - Mental health, Learning Disability/Autism
 - Screening and immunisations
 - Community health services
 - Primary care

Review of temporary service changes

- Temporary service changes to be reviewed to determine if they should be retained or restored
- Presentation to JHOSC to agree baseline of service changes on 3rd July

Data Cell: impact of Covid-19



Public engagement

- Ensure public has confidence to use services: demonstrate action being taken to keep them safe
- Continue to champion and support vulnerable groups and communities to access healthcare services
- Continue to support public health messages on social distancing and hygiene
- Promote awareness of symptoms
- Promote awareness of testing and tracing
- Publicise changes to services and ensure public know how to access them.
- Gather insights: 1400 people have responded to our online survey about their experience of primary care services during Covid. Will help us to review services

In conclusion

- Acknowledge the distress for those people who have lost a loved one or friend
- Appreciate it has been a difficult time compounded by visiting restrictions which are being reviewed
- Staff have coped brilliantly in difficult circumstances – some have also lost colleagues – and we are grateful for their hard work and dedication
- Clap for carers was really appreciated
- Joint working within the NHS and between the NHS and other agencies in particular Social Care has been strengthened. Solutions to difficult issues were found quickly e.g. on discharge and care homes
- Need to retain what has worked well and build on this