

17 July 2020

Via email

Dear colleague,

System response to Covid-19: SWL NHS changes to services made in response to the pandemic.

Over the last few months, there have been a number of temporary changes to health and care services in South West London that have been put in place to respond to the demands and challenges created by the pandemic. I know that you appreciate how difficult the pandemic has been for all involved and we are hugely grateful to all of our staff and partner agencies who have worked so hard to deliver services for residents and patients.

As we move into the second phase of our pandemic response, our priority is to ensure that the safety of our residents, patients, staff, carers and volunteers remains at the forefront of everything we do. This will shape our planning for the future of health and care services in South West London. The numbers of patients requiring specialist care for Covid-related illness and presenting to services with suspected Covid symptoms have reduced but we know we will be managing Covid-related illness for some time to come and we need to be prepared for further peaks in demand for services.

I wanted to write to you to give you an overview of the changes made rapidly to health services in South West London during these first few months to ensure the welfare of our patients and staff. We are aware that you may have been briefed on local changes by our partners including NHS trusts but we felt that it was important that we give you an overview of changes alongside our plans to safely restart the NHS. I have enclosed with this letter an overview of the current service changes that have been made in response to Covid. As we continue to manage this incident and the recovery of services with patient and staff safety our top priority, we need to maintain a flexible approach to rapid decision-making. Whilst the urgency of these changes did not allow for formal discussion, we would be happy to explain any detail behind our thinking as we are committed to bringing local stakeholders with us through these challenging times.

Decisions on these changes were made through our South West London Incident Control Room and Gold Command and overseen by our senior clinicians to ensure that the impact on patient care was comprehensively considered. London wide changes have also been made through a clinical risk-based review by the London Clinical Advisory Group before being endorsed and implemented. We are keen to have the opportunity to explain any detail behind our thinking as we are committed to bringing local stakeholders with us through this challenging time.

Working to safely restart the NHS in South West London

The NHS continues to be in a Level 4 National Incident and across the country health and care systems have been asked by NHS England to fully retain our Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the continuing uncertainty and ongoing need.

We are now in a position to be able to restart some urgent elective procedures, prioritised by clinical need for, initially, only the most urgent patients. This will happen over the next few weeks for the most urgent cases across all medical and surgical specialities.

In order to follow national guidance on infection prevention and control, we have put in place new arrangements to maximise physical distancing and to provide the safest possible access to care in health and care settings. This applies where we care for patients who have tested positive for coronavirus or who may have symptoms of coronavirus, and where patients are being treated for urgent planned care. This may mean some health and care services are temporarily being delivered in a different location to usual,

but we are very aware of the need to consider patients' ability to travel safely and access services close to home. This may also mean patients with a non-urgent condition could have to wait longer than usual. We are doing all we can to ensure that all South West London residents have the care they need in a timely and sustainable way. A collaborative and consistent system approach across South West London will be helpful to make sure that we are being equitable and supporting the health and wellbeing of all South West London residents.

Over the next few weeks, we will continue to develop our South West London plan to manage the next phase of our response - recovery and urgently bringing back to the NHS our non-covid patients. It is important that our patients feel able to safely access our services, particularly when they are concerned about attending hospital settings. We are working closely with the clinicians and hospital colleagues across South West London, to identify the groups of patients who need to be prioritised for treatment. But we also need to continue to be able to respond to the ongoing incident. We are working closely with clinical and operational colleagues from across our NHS hospitals to plan how to support this approach across different locations and with the right staff and training.

Central to our South West London Health and Care Partnership has always been our commitment to work together to address the health inequalities that exist across our boroughs. This pandemic has brought this even more sharply into focus alongside the impact of the pandemic on both people's physical and mental health. The publication of the Public Health England rapid review has confirmed what we already knew; that Black, Asian and minority ethnic groups and those living in areas of greater deprivation are being disproportionately affected by the coronavirus pandemic, and ethnicity is a risk factor. There is much more work to do to understand the key drivers of these disparities and also the psychological impact of the pandemic on our populations. We will look closely to learn from these findings and broader experiences to make sure we can support our citizens in the best way possible.

We want this to be a collaborative approach with planning grounded in national guidance, the experiences and reflections of our health and care staff, our patients and public, and our local leaders. We are mapping and learning from the views of citizens and staff across our partnership – working closely with our health and care partners across the NHS, local authorities, Healthwatches and the voluntary sector. As we progress our recovery programme we will continue to communicate and engage with our communities to understand the impact of these necessary and urgent changes. We know this will be a challenge as we are still responding to the incident and we need to work at speed, however, we have confidence in our joint ability to rise to the challenge and to make sure the innovations and great work, that has saved lives in South West London, are built into our future.

As we develop our recovery plan, we may propose that some of the changes outlined in this letter should be made permanent, in which case we would obviously come at the earliest stage to discuss this with you and take your advice on a case by case basis.

In the meantime, I hope the detail outlined in this letter is helpful. I am keen to make sure you are fully aware of the actions we have taken across our health and care partnership during this difficult time. We would be more than happy to attend a virtual meeting to describe our approach in more detail and to answer any concerns and queries from the committee.

Please do let me know if you have any questions or if a phone call or virtual meeting would be helpful.

With very best wishes,

Yours sincerely,

Sarah Blow

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Dr Andrew Murray

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System response to Covid-19: SWL NHS changes to services made in response to the pandemic.

July 2020

Introduction:

The coronavirus pandemic has posed an unprecedented challenge to the NHS and healthcare systems around the world. In South West London, our focus has been to increase and protect the provision of high quality frontline acute and critical care services for patients with the most severe complications arising from the infection, at the same time as ensuring the safety and protection of non-coronavirus patients.

We have followed national and regional standards and guidelines and the safety of our patients, their families and our staff has been our top priority. The NHS continues to be in a Level 4 National Incident and across the country health and care systems have been asked by NHS England to fully retain our Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the continuing uncertainty and ongoing need.

Most service change in South West London was made following the receipt of national guidance during March 2020, however in addition there were changes agreed at the London Clinical Advisory Group and at a local level. The following table summarises these changes. The detailed national guidance can be found at <https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/>. These guides focus on achieving a balance based on the clinical risks of delivering business as usual services weighed against the risk of infection from bringing patients into healthcare settings. You will see below that there has been a significant shift away from face to face appointments towards digital and telephone approaches, as well as a risk based approach to providing diagnostics and testing during the height of the pandemic.

The South West London Clinical Cell, made-up of our most senior clinicians from each of our NHS organisations in South West London was established in March 2020 and reviewed service changes to ensure the impact on local patient care has been considered. The Clinical Cell has been working with clinicians across SWL to ensure that changes to services made in response to coronavirus are reviewed and considered in our recovery plan discussions. The cell agreed a set of principles and considerations to ensure that services are restarted only where that can be done so safely. The Recovery Board will oversee the restart of services, informed by the Clinical Leadership Group and the core recovery work programmes.

Service changes

Risk assessments to support our staff	<p>Risk assessments are undertaken for all NHS staff with a particular focus and priority on those who may be most affected by the pandemic for example those from a Black, Asian or minority ethnic (BAME) background, older staff, pregnant staff or those with a long term or chronic condition.</p> <p>We are continuing to learn about the disproportionate affect that the coronavirus pandemic has had on people of Black, Asian and minority ethnic (BAME) backgrounds. It is important that we continue to sensitively discuss and understand our staff's circumstances to ensure we are aware of the risks and are giving the right level of support.</p>
Redeployment of staff	<p>As this outbreak has progressed, the system has needed and continues to be agile in terms of redeploying staff to where there is highest need. This has included mutual aid arrangements between organisations and services to ensure patients and services with the greatest need are prioritised. South West London staff supported the Nightingale Hospital for London, providing clinical and managerial support to the centre.</p>

South West London GP practices

All GP practices in South West London are operating a telephone triage and online consultation service model to reduce risk of transmission in GP surgeries. Patients who need to be seen by their GP following these initial assessments can attend in person if this is clinically assessed as necessary and if patients are happy to do so. Infection control guidelines are followed closely to protect staff and any patients attending their GP practice.

An estimated 80% of GP appointments are now being carried out over the phone or on video conferencing.

GP practices, working in their Primary Care Networks, are also working to establish where possible separate entrances for those patients with possible respiratory symptoms of coronavirus, and those who are attending for other health needs.

- **Croydon**
Every practice within Croydon has aimed to have both coronavirus and non-coronavirus areas for their patients. Where this has not been possible, GPs have worked within the nine Primary Care Networks within the borough so that patients can be seen at neighbouring practices when necessary. GPs continue to visit patients at home.
- **Merton**
Merton has two hub sites to manage coronavirus patients; one in the East and one in the West. Individual practices continue to manage non-coronavirus patients.
- **Kingston**
Kingston has one site to manage coronavirus patients at Hawks Road Clinic, all other practices refer their potential coronavirus patients there. Hawks Road Clinic also provides a drive through oxygen saturation monitoring service. In addition, the borough has two paramedic home visit cars for urgent primary care needs – one car dedicated to coronavirus patients, the other for non-coronavirus patients. All patients are triaged over the phone first before the best course of action is decided on an individual basis.
- **Richmond**
Richmond has one site to manage coronavirus patients at Hampton Wick surgery, all other practices refer their potential coronavirus patients there. Hampton Wick also provides a drive through oxygen saturation monitoring service. In addition, the borough has two paramedic home visit cars for urgent primary care needs – one car dedicated to coronavirus patients, the other for non-coronavirus patients. All patients are triaged over the phone first before the best course of action is decided on an individual basis.
- **Sutton**
Every practice within Sutton has continued to see all patients, including for home visits when necessary. Practices have aimed to zone their workforce and premises to separate coronavirus symptomatic patients from non-symptomatic patients. A Rapid Acute Home Visiting Service supports practices by visiting acutely unwell patients across the borough. The four Primary Care Network Clinical Directors have led the development of Primary Care Networks Community Response Teams, with members from across the local health, care and voluntary sectors; to ensure delivery of integrated multi-disciplinary support to Sutton's residents. This includes a focus on care homes and ensuring support to the shielded population.

	<ul style="list-style-type: none"> Wandsworth Most practices in Wandsworth have aimed to have both coronavirus and non-coronavirus areas for their patients. Where this has not been possible, GPs have worked within the nine Primary Care Networks within the borough so that patients can be seen at neighbouring practices when necessary. GP out of hours' services have seen a significant reduction in the number of patients attending their centres. Currently two centres are seeing patients face to face at St George's Hospital and St Helier. Staff released from other centres have been redeployed onto phone and video consultation or on to home visiting. The GP out of Hours services has also been commissioned to deliver a Coronavirus Clinical Assessment Service, as part of the pandemic response providing telephone clinical support to people with coronavirus symptoms who are managing their condition at home.
Urgent and Emergency Care	<p>The number of people presenting at Accident and Emergency (A&E) services and Urgent Treatment Centres (UTC) across South West London dropped significantly during March and April 2020, with a particularly large drop in the number of people presenting with minor illnesses or injuries. Currently, the number of people presenting with major illness or injuries is nearly at pre-coronavirus levels, however the number of patients presenting with minor illnesses or injuries remains relatively low.</p> <p>On Monday 30 March 2020, the decision was made to temporarily close the Urgent Treatment Centre at Queen Mary's Hospital, Roehampton. New NHS guidance required all walk-in patients with respiratory problems to be segregated, but regrettably the infrastructure at the UTC does not support this, either physically or in terms of effective staffing cover.</p> <p>This decision is under regular review. The temporary closure allowed for the redeployment of staff to support the Emergency Department at St George's. All other UTCs in South West London continued to offer limited services, with appropriate coronavirus precautions in place, however they too have seen a dramatic reduction in the number of patients attending.</p> <p>All A&E Departments across South West London have reconfigured during this time to enable the separation of coronavirus symptomatic patients from non-coronavirus patients. In addition, the need to maintain social distancing in waiting rooms has reduced the number of patients able to wait at any one time. This has led to a range of changes in the way patients are signposted from the front door. For instance, all patients presenting to the Emergency Department at St George's and Kingston Hospital are now met at the door by a member of the nursing team, and directed to the appropriate part of the hospital, so reducing the risk of Coronavirus infection for patients needing urgent and emergency care.</p> <p>Patients at Croydon now experience an Integrated "See, Triage and Treat" service whereby a senior clinician supports front door triage nurses to prevent patients attending the main Emergency Department unless necessary.</p> <p>The Stroke Unit at St Helier was temporarily relocated to Epsom to enable the consolidation of staff and equipment aimed at providing a safer and more consistent service in the light of the numbers of clinical staff that have need to be in isolation during the outbreak. This change is being kept under review and will form part of the considerations of the Recovery Programme.</p> <p>Local changes to urgent walk in services have also taken place in Kingston where the Early Pregnancy Unit and the Eye Unit no longer accommodate walk-in patients but have instigated a telephone number and clinical triage for patients requiring their</p>

	<p>services. These changes bring Kingston in line with other South West London Trusts that moved to telephone triage before the coronavirus outbreak.</p> <p>Temporary arrangements for people requiring an urgent or emergency eye appointment following trauma or accidental injury were consolidated at the Moorfields City Road site, St George's and Croydon Hospitals, with the establishment of a clinical support line to other hospitals that would normally be covered by Moorfields staff. These arrangements will be reviewed as the recovery process goes forward.</p> <p>"Hot" Clinics aimed at rapidly seeing and treating patients with a view to discharge back into the community have been established in some specialities such as neurology services where risks associated with delays to diagnosis and treatment outweigh the risk associated with Coronavirus infection.</p>
Intensive Care	<p>ITU capacity in all the SWL hospitals was increased fourfold as were the number of hospital beds capable of delivering oxygen therapy to patients. Additional ventilators and kidney dialysis machines were also procured. The demand for this level of ITU has now thankfully fallen, however the system is looking at how to maintain a higher level of ITU surge capacity in preparation of any upswing in the number of cases that may come as part of any potential future wave of infections.</p>
Outpatient clinics	<p>All outpatient appointments were risk assessed during March 2020, and patients either deferred where considered safe to do so, offered a virtual consultation (video and telephone) or where necessary seen face to face. Each clinical speciality received specific national guidance to support them in determining how to manage this risk assessment process, informed by the Royal Colleges to ensure a wide level of clinical consensus. Within South West London, speciality clinicians also worked between the different hospitals to agree how to implement these changes locally. Two examples of these changes are:</p> <ul style="list-style-type: none"> • All patients requiring a cardiology outpatient appointment at St George's were phoned by a senior clinician and triaged prior to being offered a face to face appointment. Clinicians have reported that this has been successful in managing patients effectively: some patients have been enabled to return to GP care with a management plan without needing to be seen and some have received reassurance and no longer need an appointment. Where patients still need a face to face appointment, they have been risk assessed and where possible deferred, with a regular review to ensure that their condition is not worsening in the meantime. As part of the Planned Care Recovery work-stream, a plan to see deferred patients is being developed based on clinical need and prioritisation. • In contrast, paediatric outpatients have not been cancelled or delayed, but where possible have been carried out over the phone or by video link. Clinicians report that this has been an effective way of delivering services during this time, but remain concerned at the level of DNAs, even when phone appointments have been offered.
Imaging and Diagnostics	<p>Imaging Services such as X-Ray and MRI Scanning were put onto an emergency footing at the beginning of March with national guidance recommending all non-urgent activity be deferred for at least three months. At the same time, due to the heightened risk of spreading the virus, endoscopy services were also stood down for all but the most urgent cases, and similarly other diagnostic services such as CT scanning were put on an emergency footing with a focus on treating patients at high risk of cancer or diagnosing coronavirus.</p>

	<p>Importantly, the independent sector hospitals in South West London have provided access to diagnostics such as endoscopy for cancer diagnosis and urgent non-coronavirus related conditions.</p> <p>In May, we saw the reestablishment of walk-in X-ray services for non-coronavirus patients referred by GPs, however other diagnostic pathways are subject of a recovery process aimed at working through the backlogs of patients in a clinically risk assessed manner.</p> <p>Routine pathology services were largely unaffected by the coronavirus outbreak; however, it was necessary to reduce the number of routine tests, particularly blood tests, that are normally carried out to monitor long term conditions, again based on a clinically risk assessed approach. Of note, South West London worked closely with GPs and phlebotomy providers to ensure that patients taking warfarin (anticoagulation medicine to prevent stroke) could safely have their bloods taken. Following national guidance, the time between appointments was extended where possible, and at St George's and St Helier, clinic sites were moved to prevent patients meeting potentially infected people.</p> <p>Home visits for phlebotomy were extended for shielding patients, and in the cases of a particularly vulnerable group of patients requiring a drug for severe osteoporosis, a home visiting service to administer injections was also stood up.</p>
<p>Cancer Services</p>	<p>Providing safe Cancer Services has been a priority throughout the coronavirus outbreak. In South West London an Emergency Cancer Surgery Hub was stood up at the Royal Marsden Hospital supported by Independent sector providers such as Parkside Hospital based in Wimbledon. This hub provided a coronavirus free surgical environment that was safer for vulnerable patients requiring life-saving surgery. This helped us to ensure that urgent cancer patients continued to receive treatment.</p> <p>As cancer patients are considered some of the most clinically vulnerable, risk assessments have taken place between clinicians and patients to determine whether treatment should continue during the coronavirus outbreak. Some patients requiring ongoing radiotherapy and chemotherapy have had their treatment deferred, with services now restarting for the clinically high risk cohort first.</p> <p>A safety net approach to cancer referrals was put in place, with all primary care providers supported to risk assess patients with symptoms suggestive of cancer. For instance, as access to endoscopy has been severely constrained during the outbreak, primary care instigated FIT (Faecal Immunochemical Testing), which detects small amounts of blood in faeces) for all patients with symptoms suggestive of bowel cancer. This has allowed for a risk-based approach to referral to take place, minimising the exposure of patients to hospital environments for those less likely to have cancer.</p> <p>Screening programmes such as breast, bowel and cervical screening were suspended during the pandemic and are in the process of being restarted, with a catch-up plan being developed.</p>
<p>Planned Surgery</p>	<p>All non-urgent planned surgery ceased on Monday 6 April 2020 to free up hospital beds and resources to manage the number of patients with coronavirus related illnesses in accordance with national restrictions on non-urgent elective operations during the initial surge and peak periods of the covid-19 pandemic.</p>

	<p>Recovery Plans underway within South West London are seeing the restoration of planned care surgery from early July 2020. Clinical teams are working through their lists of deferred patients, with priority given to patients with the highest clinical need.</p> <p>Independent sector support from the New Victoria Hospital, Parkside and Ashtead Hospitals was also secured, and South West London Elective Orthopaedic Centre (SWLEOC) based at Epsom Hospital is acting Trauma and Orthopaedic surgery hub during the recovery to help work through the numbers of patients waiting for this important surgery.</p>
Emergency Surgery	<p>Emergency surgery has continued throughout the pandemic. Many of these procedures require access to ITU following surgery, and so hospitals have worked hard to create separate non-covid wards and ITU capacity to keep these individuals who need lifesaving surgery safe.</p>
Maternity Services	<p>Elective caesarean sections were stopped at the Epsom Hospital site and the service transferred to St Helier. This is because there is only one operating theatre available at Epsom due to the need for all ventilators in other theatres being used for the increased capacity for intensive treatment units ITU. The maternity theatre at Epsom remains in place and is available for emergency caesarean sections only.</p> <p>There has been a temporary cessation of home birthing services at all four South West London acute hospitals. During the Coronavirus outbreak, the London Ambulance Service has been under considerable pressure, and a timely response to calls for transfer to the maternity unit in an emergency cannot always be guaranteed given competing demands. Midwifery staff numbers have been stretched due to many self-isolating at any one time and unprecedented clinical demands on the NHS have meant that hospitals were not able to accommodate sending two midwives to each home birth.</p>
Mental Health Crisis	<p>Finding an alternative way to manage mental health crisis during the outbreak has led to the development of two models of care in South West London which will now be evaluated and considered as part of the Recovery Programme:</p> <ul style="list-style-type: none"> • South West London and St George's Mental Health NHS Trust set up an innovative 24/7 mental health emergency department for patients in crisis. This 'phone-first' Emergency Department-style services is designed to support children and adults in the community who need urgent mental health care as an alternative and to relieve pressure on local A&E departments. This dedicated Mental Health Emergency Department supports anyone in crisis, who does not have serious physical health needs, with specialist care day and night. • The South London and Maudsley has been running a new emergency service to support patients who need urgent mental health care. The Mental Health Emergency Department is a dedicated crisis centre, based at Maudsley Outpatients and the Ladywell Unit, Lewisham, which serve as an alternative to acute hospital Emergency Departments. The centres enable patients to attend a dedicated Mental Health Emergency Service set up specifically for this purpose and reduces the need to attend acute hospitals. Children and young people as well as older adults will access the service through the 24-hour specialist crisis and response services.

<p>Mental Health Inpatient Services</p>	<p>In-patient mental health services have continued during the Coronavirus outbreak, with risk assessments being undertaken to ensure that patients are in the right place based on their needs and the coronavirus risks. Two specialist wards were temporarily closed at South West London and St George's Mental Health Trust:</p> <ul style="list-style-type: none"> • Wisteria (child eating disorder) ward (6 beds) • Corner House (child deaf) ward (6 beds) <p>On clinical assessment, it was felt that the patients in both of these wards would be safer at home during Coronavirus with appropriate support rather than remaining on the ward.</p> <p>The reopening of these wards is under active consideration and the plans will be reviewed by the London Clinical Advisory Group before permission is granted. When the wards reopen, it will be with appropriate social distancing and other infection control measures in place aimed at ensuring that these are safe environments for the patients.</p> <p>In addition, Lavender ward based at QMH Roehampton was also temporarily closed with patients moved to other wards or supported in their own homes during the outbreak.</p> <p>ECT (Electro-Convulsive Therapy) services were halted for new patients other than for life saving treatment, however existing patients have had their therapy completed during this time.</p>
<p>Community Mental Health Services</p>	<p>As with other services, mental health services were advised to undertake a risk assessment across their patient lists and move where possible to a telephone service with a specific risk assessment taking place prior to a face-to appointment. As the risk associated with coronavirus diminishes and staff return from isolation, these services are gradually returning to normal. However, learning from the delivery of virtual services will be evaluated with a view to understanding whether virtual delivery is a viable option for some patients in the future.</p> <p>The SWL CCG commissioned online Mental Health support for all children and young people in SW London through 'Kooth' service to enhance support during the pandemic.</p> <p>The IAPT (Improving Access to Psychological Therapies) service "Talk Wandsworth" hub building was closed during the outbreak and all services are currently being delivered remotely. This eliminates the risk of contracting coronavirus within the hub and allows the Trust to step down the security which had been needed at the building. Patients were contacted directly as part of this approach to identify how they would like to take their care forward. Again, evaluation of the effectiveness of remote delivery of IAPT services will be undertaken as part of the Recovery Programme to establish a safe service into the autumn and winter, as it seems there is potential to retain an element of telephone/digital delivery of IAPT services.</p>
<p>Learning Disabilities and autism services</p>	<p>National guidance on the delivery of learning disabilities and autism services has been followed by South West London Trusts. During March and April 2020 all patients were reviewed with providers developing dynamic risk registers. Patients were</p>

	<p>discharged home where possible, and where this was not possible, particularly vulnerable patients were managed in distinct cohorts to minimise the clinical risk.</p> <p>A 24/7 single point of access for patient and their carers was put in place and close working with the local authority and voluntary sector aimed to support patients and users to minimise the dangers of transmission of the virus balanced against the individual's needs.</p>
<p>Community rehabilitation</p>	<p>A proportion of patients recovering from coronavirus require inpatient rehabilitation, which has increased demand for community hospital beds.</p> <p>Additional rehabilitation beds have been provided at Queen Mary's Hospital in Roehampton, Teddington Memorial Hospital and the NHS Seacole Centre. The Seacole Centre is an innovative rehabilitation centre, established by Epsom and St Helier Trust and is the first of its kind in England. It provides rehabilitation for patients recovering from Coronavirus and also for other patients recovering from routine hospital treatment. This additional space creates capacity in nearby hospitals for those needing urgent and emergency treatment.</p>

