

Covid-19 response and restart of NHS services

1 Introduction

The NHS across Kent and Medway is working as one to respond to the pandemic and will continue to do so through the restart phase of work. The NHS is also a key partner on the Kent Resilience Forum response for Covid-19 and continues to be actively involved in the recovery cells of the KRF.

The impact of Covid-19 on the people of Kent and Medway is a tragedy. At the time of writing this report, deaths from Covid-19 were 1319 in Kent and 188 in Medway. This is the figure using ONS data published on 7 July for deaths in all settings including care homes. Whilst there has been a downward trend in the number of infections and deaths since May 2020 local people are still getting seriously ill and dying from Covid-19.

The number of people affected by Covid-19, in terms of physical and mental wellbeing, is also far greater than those who have needed hospital treatment and those who have sadly died.

- The isolation of lockdown and the impact of unemployment means we expect more people to need support from mental health services in the months ahead.
- The physical health of people who have been unable or unwilling to access NHS services during the April/May peak of the pandemic will have worsened.

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The local NHS is now focussed on three overarching issues:

- Ensuring there is sufficient capacity to care for people who continue to be infected with Covid-19
- Restart non-Covid-19 services
- Meet the increased demand across rehabilitation and mental health services for those affected by Covid-19 either directly or indirectly

In addressing all three of these areas we must consider the evidence of health inequalities and how specific groups within our local population have been disproportionately affected by the virus.

2 Recovery of NHS services – national priorities

On 29 April 2020, NHS England and NHS Improvement (NHSE/I) set out priority issues that the NHS needed to address as part of continuing to provide an effective response to the pandemic and restoring wider NHS services that were temporarily suspended or reduced whilst the April/May peak was managed.

There are 34 specific requirements across hospital, primary care, community and mental health services. The scope of the individual requirements varies considerably.

Key requirements include:

- Return urgent and routine referrals to secondary care to pre-Covid-19 levels
- Return urgent and time critical treatment to pre-Covid-19 levels
- Restart routine elective care services



- Catch-up on backlogs in screening programmes
- Introduce increased clinical support in care homes
- Establish open-access crisis services for mental health
- Maintain delivery of telephone/online consultations

Kent and Medway's NHS is progressing well against the requirements and there is intensive work across all parts of the NHS to restart services. Challenging areas at present include screening programmes where capacity for bowel screening is limited for clearing backlogs and refurbishment work is needed to make mobile breast screening units Covid-19 safe.

Cancer diagnostics have all restarted and work is underway to clear backlogs. Treatment for cancers including chemotherapy, radiotherapy and surgery are expected to be back to pre-covid levels by September 2020.

Care homes continue to receive extra clinical support. There are arrangements in place for 100% of all care homes that includes for each care home a weekly ward round, a named clinician, a named coordinator, a process for medication reviews and a process for anticipatory care plans. Further work is underway to improve digital solutions to giving care homes access to clinical advice through video and online consultations.

A summary of the 34 requirements is included as appendix 1 of this report.

3 Restarting services whilst Covid-19 is still circulating

Covid-19 has not gone away and two key areas of focus for the NHS are to:

- ensure we keep sufficient capacity across Kent and Medway to support those patients who continue to need specialist care to treat the virus
- be ready to respond if infection rates start to rise again.

If a second peak does happen we must tackle it without the same disruption to other services that occurred in preparing for and managing the April/May peak.

This does mean that clinical staff and beds will continue to be dedicated to Covid-19 care and therefore impacts on our ability to fully restore other services.

In addition to continuing to provide services for Covid-19 patient, like other employers and organisations, the NHS must implement a range of social distancing national requirement to help limit the spread of the virus and protect our staff and people visiting our services. The key requirements are:

- greater distancing between people in waiting areas, wards, communal space and offices
- more frequent and in-depth cleaning of sites

The impact of these requirements varies across different locations, with our older and smaller premises most affected. It reduces both the number of patients we can accommodate and the speed people can be seen; and therefore also impacts on our ability to fully restore services.

Covid-19 is likely to remain a health problem until an effective vaccine is developed and administered to a significant proportion of the population.



4 Potential timeline for full recovery

The restoration of all health services to pre-pandemic levels is complex and constrained by the issues noted above. It will take time and we must ask the people of Kent and Medway and HOSC to bear with us and work with us. Our restart work will be phased and prioritised but we expect it to take into 2021/22 to fully recover for all non-urgent services. The speed of the recovery will also critically depend on whether we see further peaks in infections; which is to a large extent dependent on how everyone living and working in Kent and Medway behaves in terms of respecting the rules on social distancing and maintaining good hygiene practices.

5 Maintaining benefits from new ways of working

Whilst the pandemic has had a terrible impact on so many people, we believe that a range of new ways of working which the NHS had to introduced in response to the pandemic have benefitted patients and our teams. Where this benefit can be maintained we will be looking to retain these new ways of working as normal practice in the future. The clearest example has been the rapid increase in the use of telephone and video consultations across primary, community, hospital and mental health services. Maintaining high levels of phone and video consultation are specific requirements set out in the national priorities for NHS recovery.

However, we recognise that telephone/video consultations will not be right for some people and some types of appointment. They would not replace the ability to see a clinician face to face but they are offering more convenience and flexibility for people and reducing the need for people to travel to healthcare settings.

With any plans for restart that may involve adopting new ways of working we will be considering patient and public engagement requirements to ensure the views of local people have shaped our plans.

6 Informing and involving patient and the public in our restart programme

Making sure that we keep patients and the public informed about progress and involved in any services change that is proposed as part of the restart programme is important to us. The restart programme includes a dedicated communications and engagement workstream which will ensure:

- a broad and diverse range of stakeholders are informed about progress to restart services
- where changes are being considered there is active patient and public involvement in designing/reviewing those changes
- statutory requirements to engage and consult are met where required
- targeted communications and engagement campaigns are delivered to help local people continue to protect themselves and the NHS from Covid-19.

During June we ran public and staff surveys and conducted a series of interviews and discussions to capture experiences during the lockdown and peak of infections. We asked for feedback both on the experience of using NHS services during the pandemic and where people were unable to or chose not to use NHS services.

Over 2,100 people responded to our public survey and nearly 700 NHS staff responded to a separate survey. 45 focused interviews were also carried out. The feedback is being analysed during July and will be used to support the restart programme to:

- understand levels of support for the new ways of working such as telephone/online consultations



- plan communications campaigns and further engagement work with local people to help them protect themselves and support the NHS in restoring services safely and effectively
- identify way that we could better support local people if infection rates start to rise again.

7 Continuing to engage HOSC

We welcome HOSC's view on how frequently the committee would like to receive general updates on the NHS restart programme.

Where any restart plans are proposing permanent variations to how services are provided we will seek your advice on whether they are significant variations requiring public consultation and whether Kent HOSC or the Kent and Medway Joint HOSC is the appropriate committee to review the proposals.

We will share, through the HOSC chair/secretariat, stakeholder briefings and formal progress reports which are presented to the KMCCG Governing Body and local Trust Board meetings.

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SRO for Transforming Health and Social Care in Kent & Medway



Appendix 1 – progress against urgent/critical care priorities

Priority milestone	Service area
Regional cancer SROs must provide assurance that cancer surgery hubs are fully operational everywhere	Cancer
Referrals, diagnostics and treatment must be brought back to pre-pandemic levels ASAP to minimise potential harm, and to reduce the scale of the post-pandemic surge in demand.	All services
Create plan to support the increase in patients who have recovered from Covid and need ongoing community health support	Community based services
Make full use of available hospice care - K&M	Community based services
Extend testing capacity to include regular testing of asymptomatic NHS staff	Swabbing and Testing
Encourage GP practices to triage patients using online consultations and maintain current rates of remote appointments (85%)	Primary Care
As far as practicable, video or telephone appointments should be offered by default for all outpatient activity without a procedure. Ensure 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	All services
Maintain mutual aid working arrangements between LGAs and LRFs - discharge planning, flexible staffing.	Incident Control
Ensure obstetric units have appropriate staffing levels including anaesthetic cover	Maternity / Workforce
Ensure providers 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	Acute / Maternity / Workforce
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	Mental health and Learning Disability / Autism services
Proactively contact and support existing mental health service patients, especially those recently discharged from inpatient services	Mental health and Learning Disability / Autism services
Liaise with local partners to ensure referral routes for children and young people are understood to ensure they have access to mental health services	Mental health and Learning Disability / Autism services
Create plan 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	Mental health and Learning Disability / Autism services
PPE availability for all staff	PPE
Provide clear information on how to access primary care services and that patients are confident about making appointments (virtual or if appropriate, face-to-face)	Primary care
Complete work on implementing digital and video consultations, so that all patients and practices can benefit	Primary care
Stratify and proactively contact high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams	Primary care



Introduce a weekly virtual 'care home round' of residents needing clinical support	Primary care
Make two-week wait cancer, urgent and routine referrals to secondary care as normal, using 'advice and guidance' options where appropriate	Primary care
Catch-up on backlog of those already in an active screening pathway and reschedule deferred appointments	Screening and immunisations
Make screening services available for the recognised highest risk groups (as identified in individual screening programmes)	Screening and immunisations
Build a plan for each STP/ICS for the service type and activity volumes required beyond the end of June to inform discussions during May about independent sector contract extensions	Urgent and routine surgery and care
Work with systems to make judgement on, and plans for, further capacity for routine non-urgent elective care	Urgent and routine surgery and care
Strengthen 111 capacity and sustain appropriate ambulance services 'hear and treat' and see and treat' models. Increase availability of booked appointments and open up new secondary care dispositions, allowing patients to bypass ED's, where appropriate	Urgent care
Provide local support to the new national NHS communications campaign, encouraging those seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999	Comms
Provide urgent outpatient and diagnostic appointments at pre-Covid19 levels - K&M	Outpatients and diagnostics
Provide urgent and time-critical surgery and non-surgical procedures at pre-Covid 19 levels of capacity	Urgent and routine surgery and care
Stratify and proactively contact high risk patients to educate on specific symptoms/circumstance needing urgent hospital care, and ensure appropriate ongoing care plans are delivered	Shielded patients
Restart routine electives, where capacity is available, prioritising long waiters	Elective care
Ensure all NHS acute and community hospitals assess all admitted patients daily for discharge, against each of the Reasons to Reside; and ensure timely completion of a Hospital Discharge List, enabling the community Discharge Service to achieve safe and appropriate same day discharge	Discharging
Ensure there are: Daily reviews of all patients in a hospital bed on the Hospital Discharge List and Prompt and safe discharges	Discharging
Employers should complete the process of employment offers, induction and any necessary top-up training for all prospective 'returners' who have been notified to them.	Workforce
Ensure education material, training and appropriate PPE is available for the whole workforce, inc. non-clinical staff	Workforce

