

# Covid-19 response and restart of NHS services

September 2020

This report updates HOSC on Covid-19 related issues following the paper discussed at the 22 July 2020 meeting.

## 1 Current position on Covid-19 patients

The numbers of patients needing hospital treatment for Covid-19 has continued to reduce. At the time of writing this report (1 Sept 2020) there was a total of ten Covid-19 positive patients in beds across the four acute hospitals in Kent and Medway. New admissions for Covid-19 are low, often zero across the four trusts on any given day.

The impact of Covid-19 on the people of Kent and Medway is a tragedy. Whilst there has been a downward trend in the number of infections and deaths, Covid-19 has not gone away and the NHS is continuing to provide treatment for Covid-19 patients and plan for possible increases in infection rates. 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 also continues to be a key partner on the Kent Resilience Forum response for Covid-19 and is actively involved in the recovery cells of the KRF.

## 2 Recovery of NHS services

The NHS has now restarted the services that were put on hold as a result of the pandemic, such as non-urgent surgery and diagnostics. Patients who had their care postponed are now having appointments rescheduled and new patients are able to access the treatment they need. As noted in the previous report to HOSC, our restart work will be phased and prioritised.

**Emergency activity** is now back to near pre-covid levels, having fallen by 45% during the height of the pandemic. Restart plans are focussed on ensuring urgent care patients are seen in the most appropriate place and work is underway for the Kent and Medway roll out of improvements to NHS 111 which will allow direct booking of patients into a range of urgent care services including Urgent Treatment Centres and Emergency Departments.

**Cancer services** have been making good progress. Chemotherapy and Radiotherapy services are in place. Activity across all cancer treatments had previously been planned to return to pre-COVID levels by September, however is now anticipated by the end of October 2020.

For June 2020 the Kent and Medway performance against the 62 Day target (patients beginning treatment within 62 days of initial referral) was 80.7%. Whilst this is below the 85% standard, it is joint top nationally.

Two week wait performance (patients having first appointment within two weeks of a GP referral) was 96.3% for June, which is compliant with the national standard. Two week cancer referrals have now recovered to >75% of pre-pandemic levels.



**Elective treatments** (non-urgent planned treatments) have a target to recover to 90% of pre-pandemic levels of activity by end of October 2020 and 100% by March 2021. Good progress is being made recognising that requirements of running Covid-secure services (social distancing, increased cleaning etc) have reduced capacity and more work is needed to reassure patients being offered rescheduled appointments.

**Independent sector hospitals** will continue to be used to support recovery and reduction of waiting lists. As discussed at HOSC in July, the use of private hospitals is a positive and important part of recovery. It has now been confirmed that central funding for using independent sector hospitals will continue to be available until March 2021.

### **10 high impact changes for primary and community care**

Kent and Medway is refreshing its primary and community care strategy to embed the beneficial changes from the Covid-19 response, support the restoration of services in line with national priorities and set out a vision for how primary and community care will be delivered in the future.

As part of the strategy, we have developed the following 10 high impact changes to transform primary and community care. They have been coproduced by Integrated Care System (ICS) and Integrated Care Partnership (ICP) groups and are underpinned by the National Voice's principles 'Nothing about us without us'. We believe they will maximise resources to deliver the best outcomes for patients and staff.

1. Address health inequalities faced by BAME and vulnerable groups through improved risk stratification & proactive care
2. Expand the flu vaccination programme to population groups at risk of Covid-19
3. Expand the Covid-19 testing programme for health and social staff as well as vulnerable groups.
4. Enable digital first primary and community of care through the consistent provision and use of digital equipment & software across providers
5. Expand provision of digital equipment & software to care homes to support digital patient consultations & communication across providers
6. Use the National Voice's 'Nothing about us without us' to underpin communications and engagement with patients regarding the restart of services
7. Take a system approach to managing waiting lists in the restart of services
8. Increase the provision pulse oximeters to vulnerable groups to improve patient safety
9. Streamline and expand Advice & Guidance service to support patient referrals
10. Ensure consistent supply of PPE for staff working across primary and community care

### **Supporting BAME and vulnerable groups through improved risk stratification and proactive care**

Linked to point one in the ten high impact changes shown above, local GPs and other clinicians are developing plans to provide more support to BAME and other vulnerable groups.

This work is closely linked to and supporting the work being done by the Public Health teams at Kent County Council and Medway Council. We have identified six strands to the work that could make a significant difference to the excess risks faced by people from these groups:

1. Collection of robust population and patient level data of ethnicity
2. Culturally competent health information regarding Covid-19 with regards to avoiding infection, excess risks and the need to modify those risks



3. Occupational risk assessment and appropriate protection for those working in health & social care as well as public transport, taxi drivers, retail workers etc. Focused and culturally competent to ensure reach within BAME communities
4. Risk modification for those at highest risk: obesity, diabetes & hypertension
5. Close monitoring of patients who contract Covid-19 and are deemed high risk for hospital admission, ITU admission, ventilation & death
6. Post Covid mental and physical health rehabilitation offered to those who survive Covid-19

The ten high impact changes and priorities for supporting BAME and other vulnerable groups were discussed at the CCG's August Governing Body meeting and are being progressed through the Covid-19 Restart programme.

### Central funding for urgent care improvements

Kent and Medway received £8.4m as part of Government funding announced in August 2020.

Trust	Award	Projects
Maidstone And Tunbridge Wells NHS Trust	£2,817,000	<ul style="list-style-type: none"> <li>• Building work to convert office space to a paediatric emergency department;</li> <li>• IT systems to improve bookings systems and seven day working;</li> <li>• Opening a winter escalation ward and increasing capacity of the SDEC service at Tunbridge Wells;</li> <li>• Improvements to oxygen infrastructure pipework;</li> <li>• A new sub-station to provide power requirements for increased capacity in A&amp;E.</li> </ul>
Dartford And Gravesham NHS Trust	£2,553,000	<ul style="list-style-type: none"> <li>• Major Emergency Floor reconfiguration to meet demands of a 'covid winter'.</li> <li>• An upgrade of the mental health assessment room in A&amp;E.</li> <li>• A 6-bedded modular unit to treat surgical emergencies.</li> </ul>
Kent Community Health NHS Foundation Trust	£1,500,000	<ul style="list-style-type: none"> <li>• Improvements at Sevenoaks, Folkestone and Deal urgent treatment centres to meet social distancing and cleaning requirements and increase capacity by 30%.</li> </ul>
Medway NHS Foundation Trust	£857,000	<ul style="list-style-type: none"> <li>• A new sub-station to provide power requirements for increased capacity in A&amp;E.</li> </ul>
Kent and Medway STP	£750,000	<ul style="list-style-type: none"> <li>• To support <i>111 First</i> deployment across Kent and Medway and extend direct booking and e-triage being used in east Kent urgent treatment centres</li> </ul>
<b>Total</b>	<b>£8,477,000</b>	

East Kent hospitals also have improvement work underway at the emergency departments, intensive care and other urgent care services. A separate paper to HOSC provides more details.



### 3 Lockdown patient and staff experience surveys

During lockdown Kent and Medway CCG ran a range of surveys and engagement activities to gather the experiences of patients and staff. The reports from the survey have now been published on the CCG website and circulated to partners.

Over 3,000 people responded, including; 2,100 responses to an online patient survey, interviews with community and voluntary sector representatives, and nearly 700 NHS staff surveyed.

Summary of findings:

- Patient's reported high levels of satisfaction with changes to services during lockdown, including the use of phone and online appointments, being seen at a different location or by a different professional than they normally see.
- Whilst there was strong support for the continued use of telephone and online appointments there was a clear message from both patients and staff that services must respect that it's not always suitable for everyone including people with communication difficulties, or those without access to technology - the most vulnerable groups should not be disadvantaged further. Staff also highlighted the clinical need to see some people in a face to face environment – particularly those who were frail and had complex needs.
- Concerns were raised by patients and staff that information provided about the pandemic was overwhelming and hard to follow. Information for people shielding from the virus was noted as particularly confusing.
- Collaboration and agile working across teams, and across the system was a positive theme from staff and partners in the local authorities and voluntary and community sector. Staff told us that barriers between organisations had been lifted and that teams had worked well together.

The feedback will be used to support the NHS to make decisions about restarting services whilst the coronavirus is still present and to plan for the future improvement of services. The full reports on the surveys are published on the Kent and Medway CCG website at:

[www.kentandmedwayccg.nhs.uk/your-health/coronavirus/patient-experience-covid19](http://www.kentandmedwayccg.nhs.uk/your-health/coronavirus/patient-experience-covid19)

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