Homerton University Hospital NHS Foundation Trust

This document provides an update on changes to the Trust's level of service provision across its acute and community services as a consequence of the current pressures brought about by Covid-19. The intention is to identify the material changes to the level of service offered that have taken place compared to what the position was at the beginning of December rather than a detailed service by service summary.

For context, as at 6th January the Trust had 202 patients with a laboratory confirmed case of Covid admitted compared to a figure of 34 on 1st December 2020. This has contributed to increasing the Trust's ITU capacity from a core bed base of 12 to a current bed base of 25 beds, as well as an increased adult general and acute bed base of 246 up to a current bed base of 330 beds.

If there are any specific queries regarding the individual services then these should be sent directly to mark.logan3@nhs.net who will ensure these queries are reviewed and responded to in a timely manner. This will also serve to protect the time of the service leads during this significantly busy period.

Unplanned and Emergency care services

The Trust continues to deliver the vast majority of its unplanned and emergency care services as normal e.g. the Emergency Department, Homerton Ambulatory Medicine Unit, Maternity and Neonatal services, etc., and Community based services such as the Integrated Independence Team. Additionally services such as Paradoc and the GP Out of Hours continue to operate and should be accessed as normal.

The one significant exception to this relates to the provision of inpatient paediatric emergency care. On 23rd December a decision was made, in agreement with Barts Health, to transfer our paediatric inpatient service to the Royal London until further notice, and in line with the arrangements that were in place during the first wave of the pandemic. The Children's Emergency Area in the Emergency Department will operate as normal and a 24/7 Paediatric Observation Area has been created to enable the observation of children for a short period of time with the aim to discharge home.

Additionally, a number of system-wide support pathways and services have been developed to support people in the community, the details of which can be found in Appendix A.

Elective Acute services

Referrals and Advice & Guidance services

As with the first wave of COVID in March 2020 it is requested GPs make use of the A&G services in the first instance before generating referrals to identify both patients who can be managed within primary care and those who are clinical urgent and need to be prioritised in available capacity.

For suspected cancer pathways please make all referrals as normal.

As with the first wave all e-RS directory of services for urgent pathways (e.g. EPAU, Rapid Access Chest Pain Clinic, Fracture Clinic, etc.) have remained directly bookable i.e. GPs can book patients in to specific slots, but all others have been restricted. This will still allow all referrals to be received by the trust but they will join an ASI list where they will be vetted for clinical priority and the Trust will schedule specific appointments or place on a waiting list as opposed to the appointment being directly booked by GPs.

Cancer surgery

We will be running a daily Cancer day case list in theatres that should enable us to maintain service provision for these patients. We are currently unable to provide overnight inpatient elective work for Cancer patients due to bed pressure linked to COVID. We have begun Colorectal Cancer surgery at the London Independent Hospital for those who require an inpatient stay post-surgery. There are ongoing discussions with the Independent Sector (IS) to create additional capacity for other tumour sites that is expected to be concluded shortly.

Non-cancer elective surgery

Our elective non-cancer patients have been risk stratified using the Royal College of Surgeons priority rating. At present we are only able to use capacity for those that are both clinically urgent P2 patients and day case procedures. We will also continue with capacity for Surgical Termination of Pregnancy (STOP) patients.

Endoscopy

Our endoscopy capacity is currently limited to one all day list per weekday. This capacity is being prioritised for suspected cancers, clinically urgent patients and inpatients. We are still offering all tests undertaken in endoscopy including bowel cancer screening.

We have requested additional IS capacity to support the ongoing requirements of pathways within endoscopy.

We have closed our direct access services within endoscopy and would ask that if you have a clinical concern for a patient that you refer them into the relevant e-RS directory of service where the referral will be assessed by our clinicians and prioritised on clinical need.

Outpatients

We have taken the decision to continue running our outpatient service where possible but will continue to make maximum use of virtual appointment models of delivery. As staff are required for internal redeployment to support clinical duties there will be individual areas that see reductions in capacity but this will be done through careful risk stratification to ensure our cancer and urgent pathways are prioritised in the capacity available. With regard to therapies, due to redeployment the services are prioritising urgent and open caseloads referrals in to the array of services, but does continue to accept referrals.

Imaging

We advise to only send urgent patients for x-ray, especially if they are in a vulnerable group. Please ensure any MRI and ultrasound referrals follow the locally agreed pathways.

DEXA imaging has been temporarily suspended. Patients with existing appointments will have these deferred.

We will continue to provide a normal imaging service for suspected cancer patients; please ensure clinical details are adequate to ensure these patients are easily recognised by the booking/vetting team.

Other Direct Access services

At present, other direct access services e.g. Echo, Phlebotomy at the Homerton and John Scott sites, etc. continue to operate, but may be subject to change.

Community services

At present, all the Trust's community sites remain open (including John Scott which is also hosting a vaccination centre) and the majority of community-based services are continuing to provide the same level of service as they were at the beginning of December, despite a number of services having some staff redeployed. However, across a number of services the way in which services are delivered are being reviewed with a view to moving, where appropriate, activity to a non-face to face method of delivery.

With regard to the services where there have been significant changes to service provision or referral acceptance criteria, the details of these are below.

Homerton Transitional Neuro-rehabilitation Unit (HTNRU)

It has been agreed with C&H CCG that the service is to be suspended from 1st January 2020 until 31st March 2021 in order to release staff to cover an escalation acute inpatient ward.

Locomotor services

The service continues to accept all referrals, however, wait times have lengthened for both urgent and routine referrals as a consequence of staff absence and redeployment. The position is currently under review as further redeployment of resources to support the acute site is likely which would in the first instance impact on the routine referral wait times.

ACERS

Whilst the service is still accepting all referrals, the service is triaging all referrals and only booking urgent referrals. All other referrals will be placed on a waiting list. Group sessions are also no longer taking place face to face due to the closure of gyms, although arrangements are being made to undertake some virtual group sessions. Additionally, the service is not seeing patients who are

shielding face to face, the level of Cardiac Pulmonary clinics has been reduced, whilst the Cardiac Rehabilitation service aims to continue with some provision.

ACRT

The service continues to accept all referrals, although it should be noted that priority is being given to urgent and existing caseload patients. Therefore, it is anticipated that the wait times for routine referrals will further increase, and this is due to staff redeployment and also increased staff absence.

Sexual Health services

Temporary closure of the Leadenhall and Ivy Clinic sites (the John Scott clinics also remain closed) along with the suspension of weekend and evening clinics. This is due to enable staff redeployment but also some increased staff absence.

For all other services, referrals should continue to be made as normal in line with existing referral criteria.

With regard to the Adult Community Nursing Service, GPs are requested to ensure the utilisation of the Rapid palliative response team is maximised during this period.

Conclusion

Taking the above in to account, it is likely that wait times for routine appointments on none urgent procedures will lengthen, but the Trust will aim to mitigate against this as far as is practical, and as with the elective recovery following the first wave of the pandemic, it will strive to re-start/increase its elective activities as soon as it is practical to do so.

It is important to note that the above reflects the position at the time of writing; however, given the rapidly evolving position across the system further changes to service provision may need to be implemented at short notice. The Trust will endeavour to advise its key partners of any further changes in service provision as soon as is practical via further structured updates.

It is also important to note that any decisions to reduce the level of service provision are not taken lightly and the Trust would like to take this opportunity to thank all partners for their on-going understanding and support during this difficult period. The Trust also recognises the additional burden being placed on colleagues in Primary Care and other health and social care services across the system.

15th January 2021

Homerton University Hospital NHS Foundation Trust

Appendix A – System clinical pathways to support people in the community

System clinical pathways to support people in the community

In order to reduce pressure on the hospital system, we have identified a set of clinical pathways for common conditions to support people in the community. These will be provided by primary care with support from specialist teams. They can support admission avoidance or expedite discharge.– The following describes what is in place or being developed:

COPD	ACERs provide a remote monitoring service for people with COPD and asthma who present with covid. They offer twice daily monitoring and will take over the care of these patients. This is a 7 day service and they take referrals from LAS, primary care and hospital teams. They can support patients in the community, in hospital and post discharge. They currently review all admissions to hospital of C+H patients. This has been publicised to primary care and urgent care partners
Heart Failure	Discussions underway with heart failure team: -Agreed pathway and one stop clinic for heart failure patients put in place in w/c 4th Jan -Primary care education session being set up in Jan to support better primary care management -Community IV diuretics service in place for admission avoidance and expediting discharge- this has been publicised to partners. This may be extended from 5 days / week to 7 days / week.
Infection, dehydration and reduced oral intake	These patients can be supported in the community by primary care, with support from community and domiciliary agencies to support with oral hydration. Guidance being developed for primary care. Community nursing reviewing use of slow release drips in people's homes.
Glycaemic control for people with diabetes	Set up a fast- track advice line for GPs, provided by the diabetes specialist nurses. This will support better management of patients in primary care. This includes for patients that are post-covid, post discharge following dexamethasone. This has been publicised to primary care. Advice and guidance continues to be in place for non-urgent queries.
End of life and frailty	Updated C+H end of life guidance for primary care which describes how patients can be supported in the community and how to access medicines and specialist support 24/7. The rapid response services for end of life are in place delivered by community nursing and Marie Curie. The can be used as admission avoidance or to support discharge – we have re-publicised these services to primary care and urgent care partners. Further work underway with LAS to increase uptake of these services and reduce conveyances.