

Covid-19 update for NEL OSCs

- One CCG/ the Integrated Care System
- Covid-19
- Managing the emergency – recovery and winter
- Patient and public involvement, insight and communications

ONEL JHOSC 15 Dec 2020

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One CCG and the Integrated Care System (ICS)

- In October all [seven NE London CCGs passed the vote on our proposals](#) to form a new North East London CCG on 1 April 2021, with strengthened local partnerships. Merger approved by NHS&I subject to submission of a constitution and appointments to all statutory Governing Body roles
 - System focus on supporting frontline staff to deliver improved health and care outcomes, influence specialised commissioning and be efficient
 - Population-focused integrated care partnerships (ICPs): Barking and Dagenham, Havering and Redbridge (BHR); Waltham Forest, Tower Hamlets and Newham; City of London and Hackney will join up services and increase transparency for residents.
 - Vast majority of health and care delivery will continue to be delivered in partnership with local populations at a local place and borough level.
- We are delighted to have been designated the North East London Integrated Care System from 1 December 2020

Covid-19

Overview



- North east London has come out of a [national lockdown](#) into [tier 2 restrictions](#)
- Slower rise in cases compared to wave one; but rates in outer north east London are high, causing significant pressure on the NHS.
- From 5 November 2020 NHS Emergency Preparedness, Resilience and Response (EPRR) incident level moved back from Level 3 (regional) to **Level 4** (national) control. Lockdown effects may be reduced compared to wave one as the restrictions were less severe. Greatest concern now is staff shortages due to infections and self-isolation (but there are new staff testing regimes being rolled out) and the wish to continue other services.
- We are promoting the national campaign to encourage **pregnant women** to 'Help Us To Help You' as there are concerns women are reticent about engaging with maternity teams. Visiting restrictions have been challenging. They are closely monitored and subject to change, but currently across ONEL, birth partners are allowed at all stages of labour and can visit the postnatal ward. (with appropriate PPE). Visitors are restricted to birth partners due to infection control measures.
- Reopening expanded capacity of **critical care beds**.
- Exploring a range of **community-based schemes** e.g. frailty services, discharge, community end-of-life care services and enhanced health in care homes which

Co-ordination



- NEL Directors of Public Health now have significantly more detailed information regarding cases, infection rates, geographical data etc and meet weekly to discuss and manage case data, outbreaks
- Summary data is now consolidated on government [websites](#) as is [testing data](#)
- We have stepped back up the NEL incident control centre to 8am to 8pm seven days a week
- A system chief execs group has started meeting again weekly to oversee matters within the health system – including local authority representation.

Testing



- NEL PCR swab test capacity is around 2,000 tests a day. This is expected to increase over the next few weeks with additional testing machines coming on stream.
- Positive swab test levels (infection rate) remains at 3-5%.
- Did not attend (or did not return) test rate is c18%.
- BHRUT is one of 34 national sites testing the roll out of **non-symptomatic testing of patient facing staff** using lateral flow swab tests and has so far offered test kits to 5,591 staff. All other trusts across NE London are now in the process of rolling out lateral flow swab test kits to their staff. Planning has started to scope out the approach to roll out lateral flow swab test kits for patient facing staff in primary care and community pharmacy, whilst waiting for further announcements from NHSE&I about when this group of staff will receive their test kits.
- Working with Directors of Public Health to identify groups of the population who could benefit from the roll out of lateral flow swab test kits as part of the government's **mass testing programme**.
- Working with Trusts to enable patients who are **residents in supported living and extra care settings to receive a PCR swab test on discharge from hospital**, in the same way that residents in care homes do.
- **BHRUT has now received their new Abbot testing machine**. This will significantly increase their testing capacity and reduce their reliance on the Royal London lab.

Care homes & Home Care Providers



- Joint co-ordination by NEL Care Homes and Home Care Domiciliary Oversight Group (Two subgroups – Communications and Digital). [London](#) and local resources provide guidance.
- Funding agreed (and work ongoing) to improve digital resources in care homes including connecting up records; remote monitoring; ipads etc.
- Clinical leads for care homes and regular virtual ward rounds
- Distributed Pulse Oximeters
- NHS 111 StarLine (which enables fast access to clinical advice) rolled out to home care providers as well as care homes so that there is equity in approach
- Working with care homes to translate [national guidance](#) to local advice on relatives/friends visiting. Local authority public health and social care teams will provide assessment on the suitability of different visiting regimes
- As at 16 November
 - 80% of residents have had a flu immunisation (20% not immunised or not known).
 - Only 28% of directly employed staff have had a flu immunisation
- Isolation facilities for Covid+ patient discharge to care homes are operational

Covid vaccines

- First Covid-19 vaccine is now in the UK. But we don't expect vaccines to be widely available until 2021. We can't use vaccines until they are approved by the Medicines and Healthcare Regulatory Agency but we are prepared with partners
 - Finalising governance, modelling, processes and systems; public communications etc
 - Challenges around storage and distribution (e.g. storage at v low temperatures)
 - A trained and available workforce needed if we are to continue other NHS services, especially if this coincides with a further Covid surge. Many staff will come from primary care, but the DHSC has consulted on legislation to allow a wider group of staff, including physios and paramedics to become vaccinators (with training/supervision)
- The Joint Committee on Vaccination and Immunisation published [interim guidance on the likely priority groups](#) to be reviewed depending on the efficacy of vaccines on different age/risk groups, any safety issues etc. Proposed first cohorts based on age:
 - older adults' resident in a care home and care home workers and all those 80 years of age and over and health and social care workers
 - all those 75 years of age and over and those 70 years of age and over
 - all those 65 years of age and over and high-risk adults under 65 years of age
- Given the likely priority groups, we need primary/ community services/ community pharmacies to work together offering roving vaccine delivery services in people's homes or care homes. We will arrange large scale sites for population within 30-40 mins on public transport; and at least one community site in each borough.

Recovery and winter

We have published our [Phase 3 Plan](#)

This was described at previous JHOSC and focused on reducing inequalities; increasing mental health services; supporting our workforce; and recovering maximum elective activity including surgery, cancer, diagnostics etc.

Acute & emergency care



New ways of providing emergency care will reduce waiting times, support social distancing in waiting rooms, reduce the need for travel and enable patients to access the right care earlier. Services are being rolled out in advance of winter.

- [111 First](#) – People who need urgent, but not life-threatening, care are asked to contact NHS 111 before going to A&E. NHS 111 can book appointments at an A&E if needed. This will reduce waiting times and support social distancing in waiting rooms.
 - GPs are open for phone, online, video and face-to-face appointments
 - If people make their own way to A&E, they will be seen but may be directed to an alternative service depending on their clinical need. Those needing emergency treatment will be prioritised.
- A same day emergency service for patients with priority conditions (e.g. pneumonia, blood clots, and falls) offers access to specialist advice and clinics within 24 hours.
- BHRUT has opened an Emergency Decision Unit at Queen's to help improve flow across hospitals . Run by the emergency care team it helps quick decision-making for patients who need additional tests and treatment whilst in the emergency department, and is a more comfortable environment
- [Temporary overnight closure of the paediatric Emergency Dept, King George Hospital](#)
- One stop shop service for people with minor injuries introduced in BHR. Patients call NHS 111 and will receive a video consultation with a GP. If required, a same-day test appointment will be booked and a consecutive appointment at an urgent treatment centre, so the GP can review the test results and arrange treatment without delay
- 11 • | New Paediatric Assessment Unit at WX will provide emergency care for referrals from GPs and community consultants into consultant-led, bookable appointments.

Whipps Cross

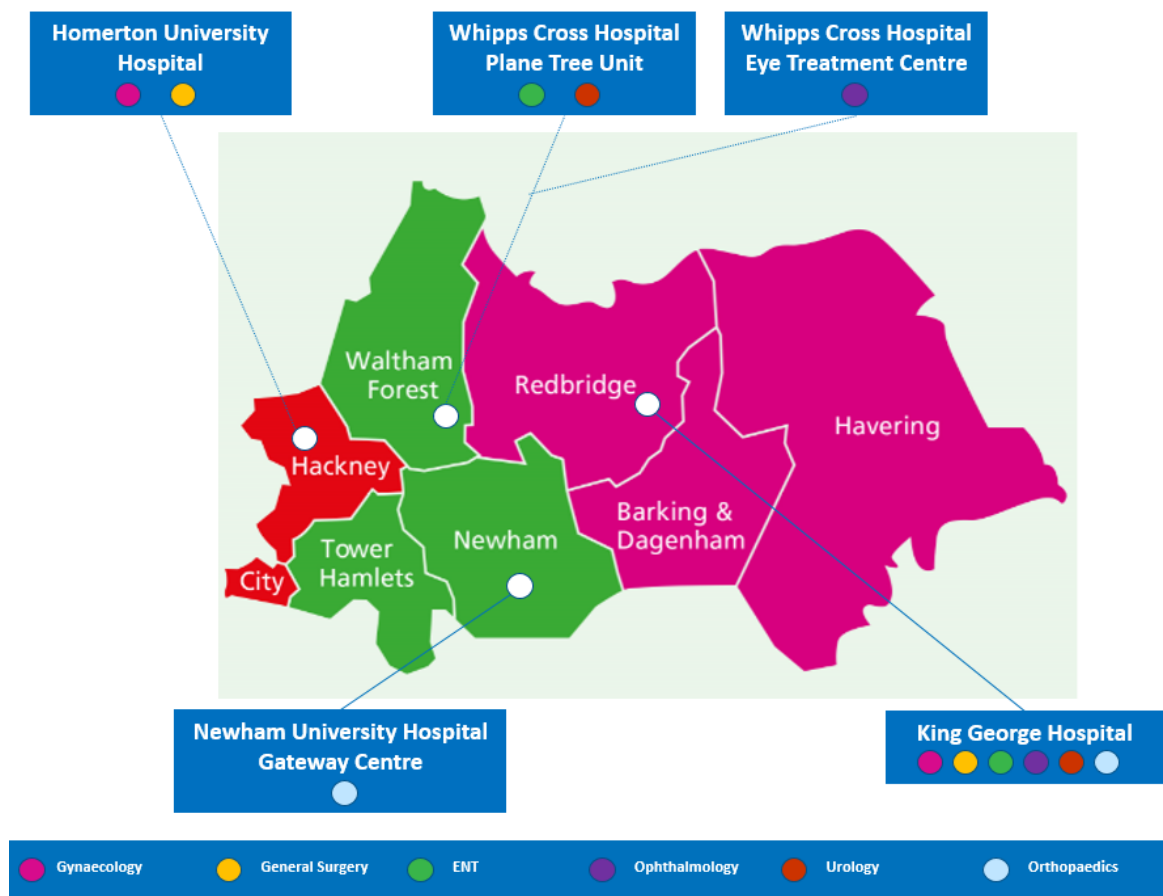


- WX will deliver the same core services as today, including A&E, maternity, children's services and a range of surgery; but with more same day emergency care; doubling of diagnostic capacity; increase in theatre capacity; more day case operations and more 'virtual' outpatients appointments.
- Hospital size from 91,000m² to 77,000m² but an increase in clinical space from 50% to around 70% with better clinical adjacencies. 17% single rooms increased to at least 50%.
- Department of Health and Social Care has agreed progress to the Outline Business Case stage and are providing funding to further develop plans
- Health and Care Services Strategy reviewed by clinicians in the light of Covid. This has reinforced the direction of travel and confidence in the strategy (eg. more 'virtual' outpatient appts). Clinical brief being developed
- Hospital design ideas and plans for the whole site will inform an outline planning application in early 2021.
- The demolition of disused buildings on the site of the former nurses' accommodation (the preferred way forward for the location of the new hospital) is due to begin in coming months.
- Looking further ahead – OBC due to be finalised in the first half of 2021; then a full business case in 2021/22; and construction due to start in Autumn 2022.

Elective care

- Widespread use of weekend and evening lists and targeted use of independents
- Every effort made to ensure patients attend for surgery
- Fast-track surgical hubs are boosting the amount of planned surgery that can be carried out; helping patients get routine procedures sooner. Patients will be treated by surgeons who perform the same type of surgery day in, day out which will help deliver better patient outcomes.

The hubs are being established in phases, in Covid-secure environments – to minimise the risk of infection. There will be two dedicated hubs for each of six specialties that account for around half of the east London elective backlog.



Outpatients & Diagnostics



Infection control and prevention requirements mean we cannot recover 100% of pre-Covid activity whilst in the emergency. The aim is for 90%.

Outpatient transformation is being driven through the three local integrated care partnerships.

- Around 70-80% of appointments are now being provided virtually
- Positive progress on Patient Initiated Follow Ups (where patients choose the right time to book a follow up appointment (if at all), rather than be given a standard appointment at a standard length of time from their original procedure/care).
- Increasing the number of clinics in community estates to minimise the number of people attending one reception and waiting room
- Routine use of weekend and evening sessions to spread activity across the week

Diagnostics

- A virtual north east London acute alliance imaging and diagnostics hub has been established to ensure the highest quality restoration of services. The hub will share expertise and cross cover; and standardise approaches to clinical prioritisation, clinical harm reviews, performance monitoring and staffing
- Increasing capacity in Computerised Tomography (CT), Magnetic Resonance Imaging (MRI) and endoscopy

Primary and integrated care



Primary care focus has been on flu and preparing for Covid vaccines; ensuring patients continue to use their primary care services and patients feel safe and supported

Huge range of developments continue across North East London including:

- Increase Multi-Disciplinary Teams
- New carers support services to support wellbeing at home
- Home monitoring services e.g. oxygen, blood pressure
- Expanding integrated discharge hubs – providing rehabilitation services in the community, supporting timely and appropriate hospital discharge for patients who are medically fit.
- ‘Long Covid’ services will build on existing community services and MDTs, with specialist follow up clinics/GP advice and guidance services, bolstered by a community-based Single Point Of Access led by Allied Health Professionals, to co-ordinate a multi-disciplinary approach (from 14 Dec)

- Detailed performance recovery plan in place, with numbers of patients waiting over 62 and 104 days+ continuing to reduce. 97% of patients on patient list proceeding as normal. Continuing to explore and use mutual aid to prepare for surge in covid cases and green, covid-protected zones in place to keep cancer services safe.
- Screening
 - Sending out bowel invitations at 191% of the pre-Covid rate to clear the backlog.
 - 100% of GP practices are taking cervical samples as services are fully restored. Samples received in the lab are 106% of pre-Covid numbers.
 - Work continues to restore breast screening to pre-covid levels, with a strong focus on BAME communities and people with learning disabilities.
- Diagnosis
 - Opening of Mile End Early Diagnostic Centre planned this month, which will increase endoscopy and ultrasound capacity. Ultrasound already running and has seen over 750 patients between opening in August and the end of October .
 - Endoscopy services reducing backlog, with around 4,000 patients in October
- Patient and public communications
 - Working with local partners to reduce inequalities in access to services

- The flu vaccination programme is in full swing in order to achieve our aim to vaccinate 75% of 'at-risk' population groups and people over 65.
- Innovative models of service delivery such as drive through/ doorstep programmes. Six online events arranged to mythbust concerns of pregnant women, children aged 2-3 and people with long term conditions – promoted by partners, community and faith leaders. Also offering to attend existing groups (e.g. Somali Women's Group) with clinicians that are reflective of the community we are talking to.
- Key focus on health and social inequalities. BAME audiences are also key targets in social/digital ads going live this week, and outdoor placements around places of worship and early years settings.
- Community and spiritual leaders have been filming videos in a variety of languages e.g. Cantonese, Polish, Somali, Bengali, Gujarati, Filipino, Tamil and Hindi. The videos and other information and resources on flu are [here](#)
- Our 'Refusal rate' is one of the highest in London (and the country); this may be because some communities have low trust in Government-led programmes; conspiracy or cultural beliefs; historic bad experiences etc
- Nevertheless, our 'Uptake rate' is currently above last year's performance at this point in time and we are second only to SW London for Over 65s (58.7%) and under 65 at risk groups (28.2%). But our performance for pregnant women and 12&3 year olds is lower than the rest of London.

Homelessness



In 'Wave 1' ELHCP worked with the GLA and Health London Partnership (HLP) on the 'everybody in' campaign to step up a number of hotels to prevent infection and spread by ensuring homeless people had access to health care services.

- Commissioned ELFT, NELFT and the Partnership of East London Operatives (PELC) to provide community outreach nursing services in homeless hotels; offering triage and health checks; supported clients to e.g. register with a GP, access mental health and drug and alcohol services. A dedicated Covid-care hotel was set up in Newham to monitor homeless symptomatic patients.

In 'Wave 2' the GLA is negotiating additional national funding to top up existing funds to commission a Covid-care facility in London for symptomatic homeless patients.

- Continue to provide accommodation and support in GLA-funded hotels . A new triage hub service has been set up in Hackney providing a daytime central point where outreach teams can direct those newer to the streets for intensive support to help end their rough sleeping. As of 1st Nov, all GLA hotels in NEL, (except the Ibis Leyton) were closed. It is likely that more hotels will be stood up when needed.
 - The Government is providing [further winter funding for protecting rough sleepers](#). This would help identify and support vulnerable and extremely clinically vulnerable group; long term rough sleepers who have previously refused accommodation and or engaged with services; as well as provide health and care for Covid+ people.
 - The Home Office has commissioned seven temporary Asylum Seekers hotels in NEL (two in BHR) hosting approximately 450-500 clients. CCGs provide health input at these sites.
- 18 | A number of clients have very high complex needs with the associated trauma.

Mental health



Mental health and wellbeing support for staff:

- ELHCP has successfully bid for funding to build on our offer to provide mental health and wellbeing support to NHS and social care staff. The support will be easily accessible, culturally sensitive and provide a real time listening ear and fast-tracked referrals to services
- Staff support will also focus on providing outreach via BAME networks and developing health and social wellbeing champions to engage with our BAME colleagues to provide support that is culturally aligned and sensitive.

Children and Young People (CYP) mental health crisis and inpatient pathways:

- [North Central East London \(NCEL\) Children and Adolescent Mental Health Service Collaborative](#), a partnership of CAMHS providers has secured funding as part of a London effort to strengthen CAMHS crisis and home treatment team responses into EDs to March 21. This increases:
 - ✓ staffing rotas at peak times (incl weekends) across assertive outreach, crisis response and home treatment teams, including where CAMHS staff are embedded in Emergency Departments.
 - ✓ capacity for clinical input into bed management and offer a greater range of options and alternatives to admission when a child or young person presents in crisis.

Accessing mental health services:

- NELFT is piloting an integrated crisis and assessment hub over winter, at Goodmayes, to divert patients facing a mental health emergency but who do not need immediate physical health support
- Continue to monitor access to therapeutic care for adult and CYP as we recover to meet our long term plan deliverables. Covid plans are in place to ensure services are accessible and face to face appointments are offered where clinically warranted.
- Sent reminders to local people of our local mental health support services for both adults and children, including contact details and crisis lines.

Increased joint working is developing and delivering an integrated primary and secondary care offer, bringing in additional national investment, and reducing out of area placements

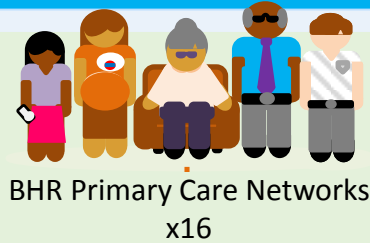
Inequalities



Progress in each of the three agreed health inequalities priorities for NEL:

1. **Inequalities analysis:** Produced data identifying groups at higher risk of Covid hospitalisation and death in NEL. Sharing timely data on who is testing positive to Covid (by age, gender, ethnicity and location) to support the epidemic response.
 2. **Economic recovery and the anchor system approach:** Developing a set of principles to be included in an Anchor Charter for NEL, which focuses on the opportunities to reduce inequalities and support local economic recovery in our roles around employment and skills, procurement, buildings and land, and climate action. Sept and Nov events both attended by more than 80 people.
 3. **Epidemic response:** Supporting discussions around advice and support for clinically vulnerable groups, and supporting primary care to protect vulnerable patients. Working in partnership with local organisations on the work they are doing to reduce health inequalities in light of Covid to enable progress and shared learning across NEL. Sharing information including barriers to self-isolation, contact tracing and vaccinations.
- We are supporting a range of other work to reduce inequalities across NEL and which include delivery against the eight national priorities. We are also engaging with the London Health Equity Group on action to reduce health inequalities at the regional level.

BHR Inequalities programme of work – plan on a page



Inequalities work at a PCN Level

Focussed work at a Primary Care Network footprint level to ensure that services are tailored to meet the needs of local people; they will work with Borough Partnerships to ensure that local people are linked in to support for the wider determinants of health

Focused, partnership led streams of inequalities work over the next 6-8 months

| Key area | Ambition | Lead |
|---|--|---|
| Obesity | Particularly focus on early years including childbirth, with a view to embedding prevention | LBBD: Usman Khan Rebecca Nunn |
| Creating a prevention framework for community based care (including shielding) | Work with leads (community and primary care) to embed in Community Based Care Plans with PCNs, a consistent offer to support residents, including for example, those who were shielding which embeds prevention and seeks to address the wider determinants of health. | LBH: Mark Ansell |
| Communications and key messaging | Ensure that we embed as a partnership better messaging around health promotion behaviour, particularly focusing on those for whom English is not their first language / who are harder to reach | LBR: Louise Dibsdaill |
| Mental health support around the life course | Targeted mental health support, particularly around education and schools, and working adults | NELFT: Caroline O'Donnell Harjit Bansal |

Work of the BHR Borough Partnerships

Borough Partnerships will focus on health and care services for their respective populations with a particular focus on linking with and addressing the wider determinants of health, for example, housing, poverty, health literacy, to reduce inequity in each Borough

BHR Transformation Boards

Transformation Boards focus on ensuring that pathways across each area are inclusive and accessible to all, with a view to ensuring that

Training programmes

Focussed equality and diversity training programmes

BHR Academy

Ambition to ensure to continue to build an inclusive workforce with opportunities for all

Sustainable development

Behaviour change methodology to embed improvements locally

Anchor Organisations

Local Organisations to focus on creating more stable local economies and creating jobs for local people

NEL inequalities programme

NEL level programme of work to address inequalities and COVID-19, as part of a wider strategy around embedding health equity across the ICS

BHR SYSTEM (80%)

NEL (20%)

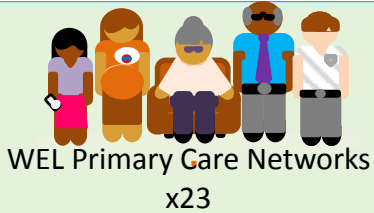
Borough Partnerships x3

BHR Transformation Boards

BHR ICP

NEL ICS

Tackling inequalities in Newham, Tower Hamlets, and Waltham Forest



Our borough partnerships consider the inequalities impacts of every services we provide as well as focusing on addressing, the wider determinants of health, including housing, poverty and health literacy, to reduce inequity in each Borough. Our PCNs deliver care and support to those with the greatest needs and at most adverse risk from inequalities.

Newham

Tower Hamlets

Waltham Forest

Our three borough partnerships

COVID has had a disproportionate impact on the BAME population, highlighting pre-existing inequalities within Newham. The Health and Wellbeing Board is now leading borough-wide work on redressing these inequalities

Increasing digital access to services whilst continuing to provide support to individuals without digital technology at home

Delivering more care closer to home, reducing both the cost and time needed to travel to services

By focussing on initiatives that improve residents access to services and make it easier to receive advice from a broader range of health professionals Waltham Forest is working to reduce inequalities across the borough.

Workstreams being progressed within Borough Partnerships focusing on reducing inequalities:

- **Collecting ethnicity data** to know who we are treating and how we are performing in treating them
- Supporting those without **digital access** to ensure equal opportunities to access services and local health info
- Continued engagement with families to **co-produce services** to meet their needs and ensure they are made aware of any service changes which impact them
- Reviewing **how residents access services** to ensure that no one is unable to access help when they need it
- Prioritise those individuals who would have been **most disadvantaged during COVID**
- **Reduce the gap in diagnosis** for vulnerable groups for conditions such as asthma

WEL

Within WEL we have developed an **equalities framework** that enables us to **identify the equalities benefits** of our plans as well as to **mitigate against any unintended consequences** that could widen or exacerbate existing inequalities further. Through the development of the framework, we created the concept of an 'Inequality Statement' to help identify and **define the specific inequalities that exist within WEL population data sets**. We are now working to embed this within our commissioning cycle to ensure that combatting inequities is at the centre of all we do.

NEL
ICS

The NEL inequalities programme works to **address inequalities as part of a wider strategy for embedding health equity** across the ICS. This is delivered through workstreams such as the **NEL Inequalities Insight Group** which develops and assess intelligence and insight with the aim of understanding and **predicting inequalities** across the NEL population. In addition, the **Anchor Institutions** public health workstream supports **job creation** for local people and fosters more **stable local economies**.

Patient and public involvement, insight and communications

Patient insights



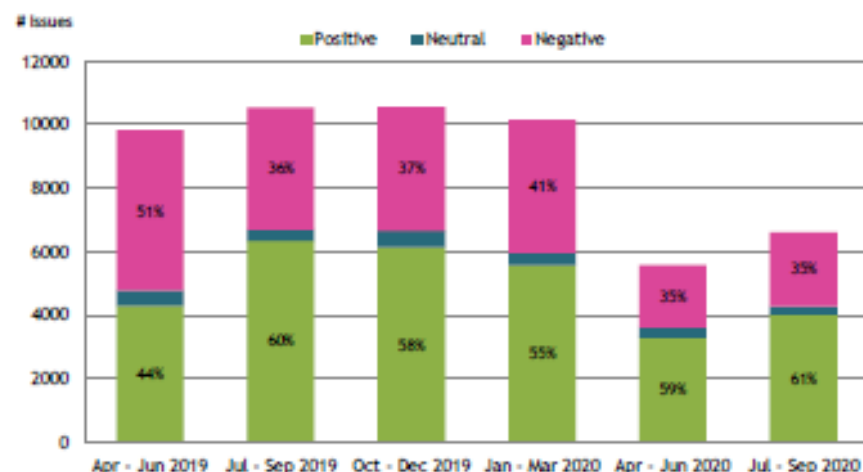
- First stage of our work with all NEL Healthwatch to review recent surveys is complete. Over 60,000 patient comments from more than 16,000 people have been collated which will provide us with detailed insight into patient views; in real time – so we can act on intelligence quickly and with precision.
- We continue to build the database; and we are integrating its use into the commissioning and quality cycles.
- Three initial reports focus on services for equality groups; emergency and urgent services; and GP services, particularly looking at the effects of Covid:
 - Positive experiences across most services during Covid, but with the worst experiences in mental health, maternity; for carers and people with disabilities
 - Overall satisfaction with urgent and emergency care has remained high during Covid; less so with maternity and bladder/bowel services. People's perception of access dropped between April and June, but has risen again.
 - The use of total triage, online booking systems, the availability of video conferencing and other remote consultations seems to be increasing access and satisfaction overall, but it would be good to specify when patients may get a call back; and more information is required to help patients have confidence in the new pathways. The benefits of these systems for the majority, needs to translate into improved services for those who are not digitally connected

Sample insights

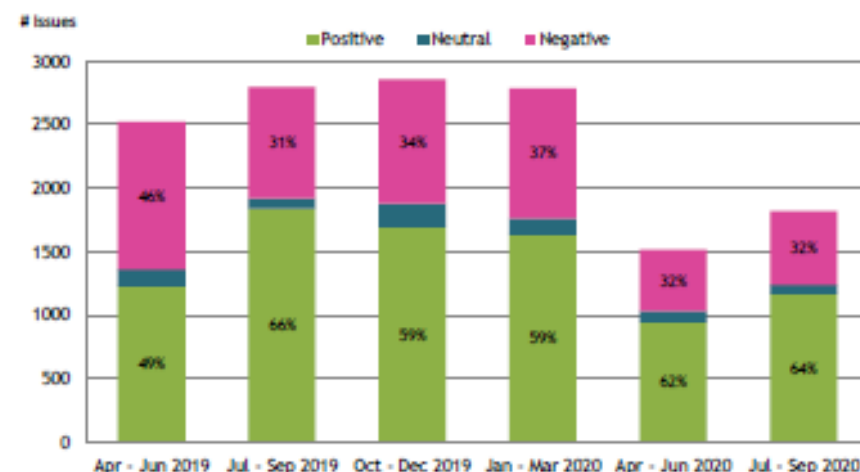
4. On the whole, how do people feel about Health and Care services?



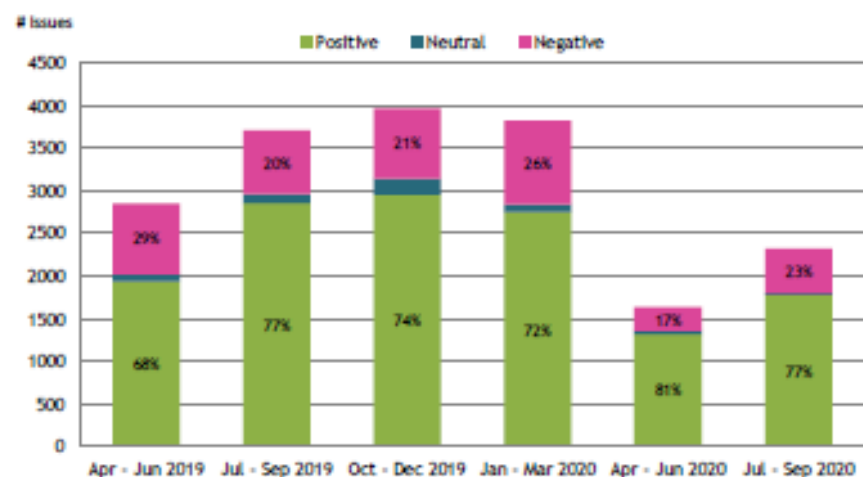
4.1 How do people feel about services overall?



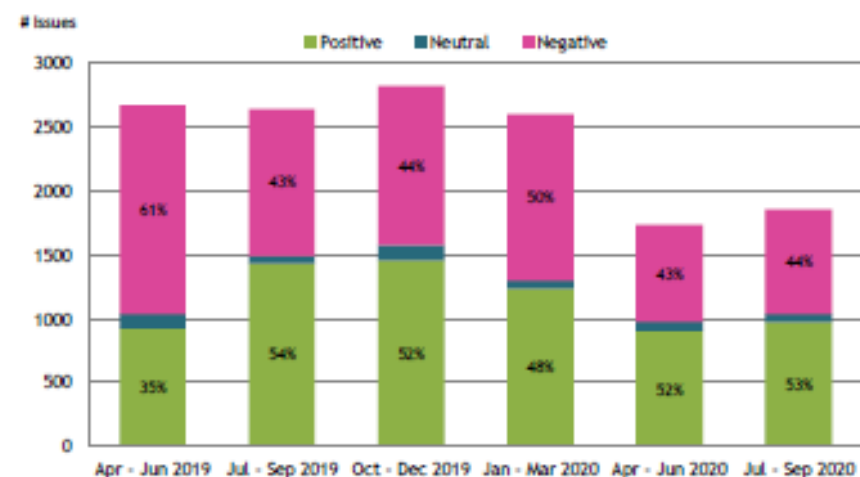
4.2 How well informed, involved and supported do people feel?



4.3 How do people feel about general quality and empathy?



4.4 How do people feel about access to services?



Sample insights



The bigger picture

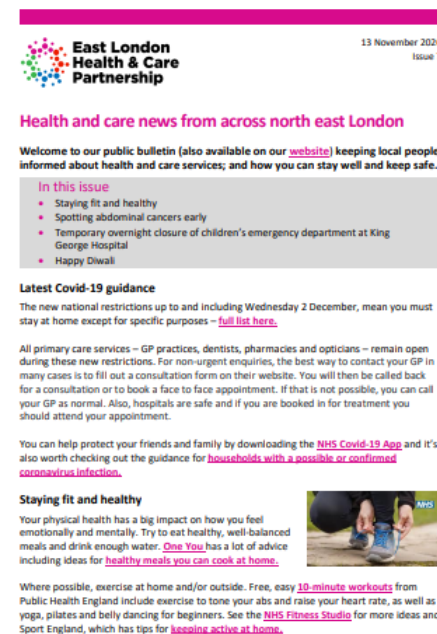
Comparison: Apr 2019- Feb 2020 to Mar-Oct 2020

| | Barking and Dagenham | City of London | Hackney | Havering | Newham | Redbridge | Tower Hamlets | Waltham Forest |
|-----------------------------|-----------------------|-------------------|-----------------------|-------------------|-----------------------|-------------------|-----------------------|-----------------------|
| Waiting for appointments | Improved | Improved | Improved | Improved slightly | Deteriorated slightly | Improved | Improved | Deteriorated slightly |
| Booking appointments | Improved | Improved | Improved | Improved slightly | Stayed the same | Improved | Improved slightly | Stayed the same |
| Admin issues | Improved | Insufficient data | Improved | Stayed the same | Deteriorated slightly | Improved | Stayed the same | Deteriorated |
| Telephone | Improved | Insufficient data | Improved | Improved | Improved slightly | Improved | Stayed the same | Deteriorated |
| Communication- reception | Improved | Improved | Improved slightly | Improved | Deteriorated | Improved slightly | Stayed the same | Deteriorated slightly |
| Online systems | Improved | Insufficient data | Improved | Improved slightly | Stayed the same | Improved | Improved | Improved slightly |
| Attitude of reception staff | Stayed the same | Insufficient data | Deteriorated slightly | Improved slightly | Deteriorated | Improved slightly | Stayed the same | Deteriorated slightly |
| Communication- med staff | Deteriorated | Improved | Stayed the same | Stayed the same | Stayed the same | Stayed the same | Stayed the same | Deteriorated slightly |
| Quality of treatment | Deteriorated slightly | Improved | Stayed the same | Stayed the same | Stayed the same | Stayed the same | Stayed the same | Stayed the same |
| Quality of nursing | Deteriorated slightly | Insufficient data | Improved slightly | Improved slightly | Stayed the same | Stayed the same | Deteriorated slightly | Improved slightly |
| Attitude of med staff | Stayed the same | Improved | Stayed the same | Stayed the same | Improved slightly | Stayed the same | Stayed the same | Improved slightly |
| User/ carer involvement | Improved slightly | Insufficient data | Deteriorated slightly | Stayed the same | Stayed the same | Stayed the same | Stayed the same | Deteriorated slightly |

Public communications

- The Integrated Care System partners continue to produce a [fortnightly public-facing bulletin](#) promoting a huge number of videos and other material in a variety of languages
- We are encouraging people to use NHS services if they need to – call their GP, attend hospital and community appointments, go to A&E for emergency care when they need it.
- Different campaigns target different specific groups e.g. Developed a video to show it is [safe to attend cancer services](#) in hospital sites, a video asking people to [come in for treatment](#) and [patient stories](#).
- But the core theme remains:

The NHS is open for anyone to seek help when needed. All hospitals and surgeries have measures in place so staff can continue to care for patients safely while the coronavirus remains a threat.



The screenshot shows the header of a public bulletin from the East London Health & Care Partnership, dated 13 November 2020, Issue 7. The title is 'Health and care news from across north east London'. The main text welcomes readers to the public bulletin, available on the website, and provides information about health and care services. A section titled 'In this issue' lists three items: 'Staying fit and healthy', 'Spotting abdominal cancers early', and 'Temporary overnight closure of children's emergency department at King George Hospital'. Below this, a section titled 'Latest Covid-19 guidance' explains the new national restrictions up to and including Wednesday 2 December, stating that people must stay at home except for specific purposes. It also mentions that primary care services (GP practices, dentists, pharmacies, and opticians) remain open during these restrictions. A final section encourages downloading the NHS Covid-19 App and checking the guidance for households with a possible or confirmed coronavirus infection. At the bottom, there is a section titled 'Staying fit and healthy' with a small image of a person exercising and a link to a 10-minute workout video.

East London
Health & Care
Partnership

13 November 2020
Issue 7

Health and care news from across north east London

Welcome to our public bulletin (also available on our [website](#)) keeping local people informed about health and care services; and how you can stay well and keep safe.

In this issue

- Staying fit and healthy
- Spotting abdominal cancers early
- Temporary overnight closure of children's emergency department at King George Hospital
- Happy Diwali

Latest Covid-19 guidance

The new national restrictions up to and including Wednesday 2 December, mean you must stay at home except for specific purposes – [full list here](#).

All primary care services – GP practices, dentists, pharmacies and opticians – remain open during these new restrictions. For non-urgent enquiries, the best way to contact your GP in many cases is to fill out a consultation form on their website. You will then be called back for a consultation or to book a face to face appointment. If that is not possible, you can call your GP as normal. Also, hospitals are safe and if you are booked in for treatment you should attend your appointment.

You can help protect your friends and family by downloading the [NHS Covid-19 App](#) and it's also worth checking out the guidance for [households with a possible or confirmed coronavirus infection](#).

Staying fit and healthy

Your physical health has a big impact on how you feel emotionally and mentally. Try to eat healthy, well-balanced meals and drink enough water. [One You](#) has a lot of advice including ideas for [healthy meals you can cook at home](#).

Where possible, exercise at home and/or outside. Free, easy [10 minute workouts](#) from Public Health England include exercise to tone your abs and raise your heart rate, as well as yoga, pilates and belly dancing for beginners. See the [NHS Fitness Studio](#) for more ideas and Sport England, which has tips for [keeping active at home](#).