

NEL services developments

ONEL JHOSC

14 September 2021

Background: Our response to Covid



- Hospitals, urgent care, primary care and other services have been (and continue to be) under huge pressure due to the pandemic.
- Across NEL we have continued to work in partnership, and across organisational boundaries to rapidly respond to the impact of Covid-19.
- Across all of our services, we will need to remain flexible to any changing circumstances. We are also planning for our longer-term services, reviewing our Long Term Plan from Autumn 2019 and what has changed since.
- Our review of temporary Covid changes includes consideration of those which may be beneficial to keep, those which could be returned to pre-pandemic arrangements, and any new services or developments that need to be made to support clinical priorities and population health need across NEL.

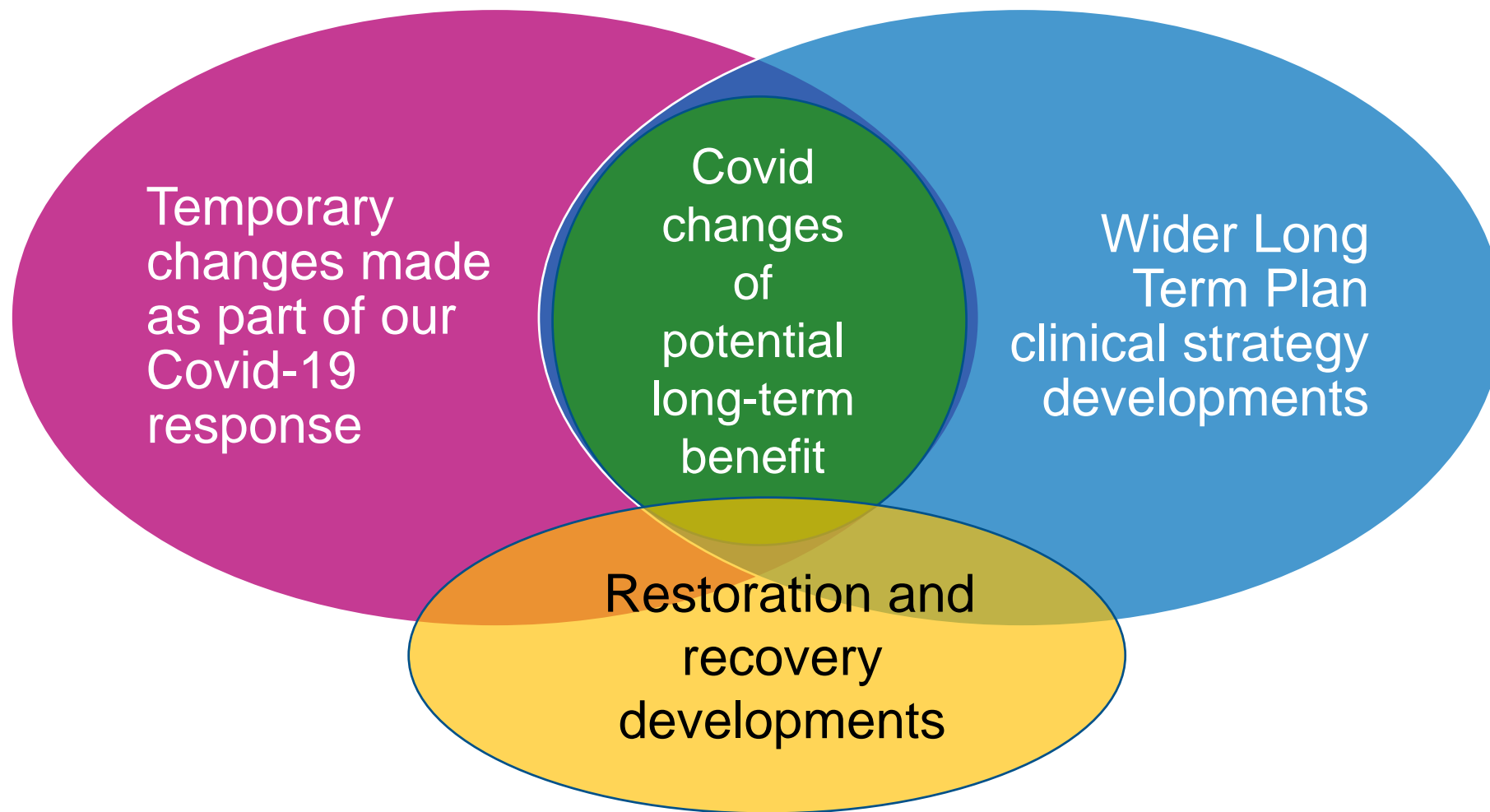
Operational priorities

Temporary service changes and potential improvements are centred around our top operational priorities as described in our Operational Planning Report 2021/22 which can be found in our [Governing Body papers](#)

In all that we do we will focus on reducing inequalities e.g. by restoring services inclusively; mitigating against digital exclusion; ensuring datasets are complete and timely; and accelerating preventative programmes which proactively engage those at greatest risk of poor health outcomes

1. Supporting the health and wellbeing of staff, and improving recruitment and retention
2. Continuing to meet the needs of patients with Covid-19
3. Maximising elective activity and transforming delivery
4. Restoring full operation of all cancer services
5. Expand and improve services for people with a learning disability and/or autism
6. Deliver improvements in maternity care
7. Restoring and increasing access to primary care services
8. Implementing population health management and personalised care approaches
9. Transforming community services and improving discharge
10. NHS111 as the primary route to urgent care and timely admission to hospital from emergency departments.

Service developments



Temporary changes made as part of our Covid-19 response



A list of temporary service changes made in response to the pandemic is updated periodically through our local operational planning groups, reviewed by our Clinical Advisory Group and published on our [website](#). E.g.:

- Vaccination hubs – some hubs continue; changes expected Sept as part of booster
- Temporary closure of overnight paediatric Emergency Department at KGH in order to reallocate Clover ward to critical care – **now reopened**. All inpatient paediatric care was (and continues to be) carried out at Queen's; an inpatient ward at KGH is planned to reopen later in the year. Paediatric inpatient units and Whipps Cross and Newham closed – **reopened**
- Some cancer surgery transferred to independent sector – continues, but also now restarted in trusts
- Community nursing curtailed – **restarted**
- Medium and low priority services curtailed e.g. some rehabilitation and therapies – **generally restarted**
- At BHRUT:
 - Closed midwifery-led birthing centre at Queen's – **reopened** (closed 3-13 Sept to enable critical care building works)
 - **Undertaking all routine, cancer and urgent diagnostic endoscopies** (operating at both KGH and QH)
 - Orthopaedic trauma back from the North-East London Treatment Centre – **now at Queen's Hospital**
 - Infusions that were located in the Independent Sector during the first two Covid peaks have **returned to Trust sites**.
 - All BHRUT **patients can have blood tests in our hospitals**. Pilot of model of community phlebotomy with primary care and NELFT now underway across BHR

Recovery

Recovery was the focus of the system-wide presentation to JHOSCs in June. As well as restarting previous services we are adding additional capacity and services (these are also generally highlighted in the list of temporary changes on our [website](#)):

- Planning for local public campaign to support identification of **cancers**
- We are increasing **outpatient** capacity by e.g.:
 - Maximising existing community provision including single points of access for multiple specialties such as cardiology, dermatology, colorectal, MSK, gastroenterology etc
 - Using Patient Initiated Follow Up (PIFU) – where patients choose to have a follow up when it is convenient and useful for them, rather than at a set pathway time chosen by clinicians.
- Working on the backlog of **elective activity**. We continue to use independent sector capacity to address elective backlogs. BHRUT has met the planning guidance elective recovery activity in Apr, May and June and achieved 85% activity in July (compared to pre-pandemic levels). People waiting 52 weeks or more have reduced from 1,938 in April to 1,188 in July. To help reduce waiting lists we are:
 - Creating four speciality high volume, low complexity (HVLC) surgical hubs at Homerton, King George, Newham and Whipps Cross focused on the six priority specialties
 - Creating ‘hub’ capacity for pain at Mile End hospital and for paediatric dentistry at the Royal London
 - Using mutual aid to transfer patients.

Covid-19 changes of potential longer term development examples

- **New models of community and primary care.** Examples: home pulse oximetry – review practices and looking at improved models
 - **Changes to accessing GP services** – we are returning primary care appointments to pre-pandemic levels but maintaining choice of access.
 - Working with local authorities to review **discharge to access** pathway which has freed up acute beds and enabled medically fit patients back into the community.
 - **Transforming community services and improving hospital discharge.** Delivering improvements in the average length of stay, focusing on stays of over 21 days.
- Additional **nursing and care home beds** – potential for continuation
- Extended **intensive rehabilitation service** – potential for extension
- **Stroke rehabilitation** now at Meadow Court (Goodmayes). Potential to move Queen's rehab onto the same site and redesign pathway to implement national stroke pathway
- Planned **surgery pre-assessment** at Goodmayes – potential to remain.

Covid-19 changes of potential longer term development examples

- **Rapid Diagnosis Centre** – For faster diagnosis of patients with vague symptoms/signs of cancer. Operating at Queen's and KGH (addition to the Royal London centre – opened in 2019)
- Developing plans which would also allow **elective care** to be protected at around 80% of business as usual and recruiting additional **critical care** staffing/ increasing critical care capacity to provide greater resilience for the system
- Implementation of national review of **diagnostic services** which requires an increase in diagnostic capacity and a new model of provision - Community Diagnostic Hubs (CDHs) which will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units.
 - To aid recovery we plan to increase diagnostic capacity at Barking Community Hospital, including MRI and CT scanning and an extra ultrasound room and extra phlebotomy chair; Extended hour for echocardiograms and a mobile ophthalmology unit . Weekend endoscopy sessions are now running at King George Hospital
 - Each Integrated Care System will now work up more detailed proposals for a longer term plan and these will then be shared for patient and stakeholder involvement
- **Sexual Health services** continue to run from Barking Community Hospital (BCH) – looking to expand delivery of services moving forward, with the 'hub' remaining at BCH and re-establishing some 'spokes' at Loxford Polyclinic, Hainault Health Centre and Queen's Hospital.

Wider Long Term Plan clinical strategy developments



- **Barts Health NHS Trust Clinical Strategy.** Prior to the pandemic Barts Health NHS Trust developed a proposed surgical strategy for the development of centres of excellence for surgery across Whipps Cross, Newham, St Bartholomew's, Royal London and Mile End Hospitals. BH was keen for patients and residents to have their say and had started an extensive engagement exercise which has been paused during the pandemic and recovery.

To support the recovery the Trust has worked more closely with BHRUT to align with system partners plans and timelines and we are working closely together on the development of High Volume and Low Complexity hubs to support the recovery of elective services

- Deliver neurosurgery for NEL from two sites (Barts Health and BHRUT joint work)
- NHSE requirement to consolidate vascular surgery
- Delivery of [Ockenden Report](#) essential and immediate actions, including:
 - Board oversight from the ICS/CCG Chief Nurse Diane Jones.
 - Perinatal quality surveillance model fully implemented.
 - Local Maternity System demand and capacity review through Birthrate plus tool (electronic acuity dashboard commissioned by Trusts).
- Develop inpatient psychiatric services
- Consider future location of NEL children's cancer services.

Current developments – Hospitals

- **Barking, Havering and Redbridge University Hospitals NHS Trust Clinical Strategy**

Before the pandemic, BHRUT developed a draft clinical strategy – this plan sets out how high-quality services are delivered to meet the needs of local communities now and in the future. The Trust is now in the process of refreshing the strategy which was paused when the pandemic struck.

BHRUT is keen for patients and residents to have their say and developed a public survey as one way of receiving feedback. Also working closely with Borough Partnerships to help shape the input to the clinical strategy. A draft will be ready towards the end of this year.

In the meantime, a new paediatric assessment unit has opened at Queen's.

- **Whipps Cross Hospital redevelopment**

Barts Health NHS Trust has been discussing plans for the hospital and the wider site with public, patients and staff in a series of public meetings and an online survey with 1,152 responses. Planning applications have been submitted and Waltham Forest Council, as the local planning authority, will undertake a statutory consultation on the proposals. See here for more information:

www.bartshealth.nhs.uk/future-whipps or contact futurewhipps.bartshealth@nhs.net

Current developments – Community

- **St George's, Hornchurch.** Redevelopment. To create a health and wellbeing centre including outpatient-based services, GP services and space for local voluntary and community groups, with a focus on care for older people. Will be a base for a joint team of health and social care professionals. An outline business case (including clinical case for change) is expected shortly. Engagement is taking place, with more expected after the OBC sets out more detail of the proposals. Work to start in 2022. More services in the community will also enable nearby Queen's Hospital to dedicate more clinical space to urgent and emergency care.
- **Renal services.** Provision in NEL is managed by Barts at Queen's, King George Hospital, Royal London, Whipps Cross and Newham. [Plan to reprovide some services](#) away from acute hospitals (benefitting from increased infection control) into more community-based locations (meaning services would be closer to homes). Eg. Whipps Cross stations could be at two community locations. Queen's stations could be located at St George's. Mile End could be developed for training home dialysis.
 - Ideas discussed with Renal Patient Forum and being discussed with staff. Looking to get Renal Patient Forum input to co-design letter and survey to go to all Whipps Cross and Queen's patients. Patient champions at each unit to promote engagement with the survey. Survey results to be drawn together with existing data (such as from National Patient Reported Environment Measures) to articulate key factors for assessing options and proposals.

Next steps

- As we come together as an ICS, the organisations in NEL will continue to work together to support Covid recovery with a focus on population health, tackling inequalities and transforming care
- As part of a new strategic approach to developing our clinical services, we will be working with local authority public health leads to review population health needs and patient flows across NEL flowing from the significant developments in housing and the transport infrastructure
- We will capitalise on the innovations we have seen thrive during our pandemic response, and work closer as a system to meet the needs of our local population now and in the future.