NHS
South West
Clinical Senate

Clinical Senate Council Review Feedback
Senate Council Meeting – 21st May 2020

Operating framework for urgent and planned services in hospital settings during COVID-19

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At the request of the South West Regional Medical and Nursing Directors the South West Clinical Senate were asked to review the recently published national guidance for hospitals to support the NHS to maintain provision for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. The Senate's discussion was focussed around the following questions:

What are the perceived issues in implementing this guidance?

what approaches could be adopted to address these issues?

Careful Planning, Scheduling and Organisation

NHS South West Clinical Senate

Key issues

- The guidance is focused on hospital services and does not address the specific challenges of restoring services in other settings, which will reduce the burden on hospitals.
- 14 day isolation of patients and household contacts prior to attending hospital is unworkable for multiple reasons and introduces inequities in access for significant cohorts of the population for whom this would be impossible, including those with protected characteristics.
- The proposed approach is intended to minimize the risk of transmission of COVID 19 but does not consider the inherent health risks in further delays to the assessment or treatment of other conditions.

Approaches to adopt

- The prerequisites for safely reestablishing services are a comprehensive test, track and isolate approach, the development of point of care testing (see staff and patient testing) and universal IPC.
- Commission similar guidance on the restoration of services in community settings and for diagnostic interventions.
- Commission the rapid development of a pathway specific risk stratification framework to help assess the relative risks of transmission of COVID 19 and continuing to delay assessment or treatment.
- Commission a framework for the prioritization of service recovery.
- Clear messaging for patients and staff on new processes and reasoning around decisions to treat, delay and risk, is essential.

Careful Planning, Scheduling and Organisation

NHS South West Clinical Senate

Key issues

- A more planned approach to urgent care can reduce risk.
- Response from patients to remote clinics via video or telephone has been positive.
- Services will need to be designed to eliminate queues.
- The pace of implementation of the guidance will need to reflect the R value in the population served. This may have particular relevance in areas with traditionally a high level of visitors
- The interpretation of “clinically necessary” face to face services is variable.
- This guidance is not specific enough to address the challenges for many diagnostic interventions which are reduced in capacity such as diagnostic imaging endoscopy and lung function, which will be key to the restoration of other services.

Approaches to adopt

- Maximise the use of hot clinics and direct admissions to take a more planned approach to the delivery of urgent care.
- Engage with service users regarding their experience of using virtual clinics and its acceptability with a view to rapid extension.
- Ensure clear and up to date communication with ambulance providers about changing access to services.
- Commission further work to develop a framework to help guide the decision on when there is a clinical necessity for the contact to be face to face.

Scientifically guided approach to testing staff and patients

NHS South West Clinical Senate

Key issues

- The most effective approach to allow restoration of services would be a comprehensive test, track and isolate service in the community and point of care testing.
- The testing and isolation strategies need to be aligned to ensure patients are not required to break isolation to access tests.
- The approach to staff testing is unclear along with its impact on required rotations of staff.
- A more nuanced approach to patient testing, including serology and antigen testing, could significantly reduce the requirements for long periods of isolation.
- All patients testing positive in hospitals should be subject to contact tracing.
- The requirement to re-swab patients between days 5-7 will cause confusion as to whether the patient should continue to be treated as amber if the first swab on admission is negative.

Approaches to adopt

- Prioritise the development of a comprehensive test, track and isolate service and point of care testing.
- Ensure the quality control of all testing locations is comparable to allow the portability of test results across providers.
- Seek further guidance regarding the management of patients up to day 7 of admission and the re-swabbing requirement.

Excellence in Infection Prevention and Control

NHS South West Clinical Senate

Key issues

- Implementation of social distancing in hospitals is not currently taking place and will require fundamental redesign of some services and locations.
- Guidance on PPE needs to be aligned across professional bodies and PHE and across settings.
- Excellent IPC, including the appropriate use of PPE, social distancing and cohorting of staff (Division of staff between COVID and non-COVID services) will reduce the efficiency of the provision of care and ability of the workforce to meet service targets due to the extra time it takes to adhere to the correct processes.
- The cohorting of patients into green, amber and red especially for small specialties will significantly reduce the bed capacity, potential non-compliance with mixed-sex accommodation and could have nursing staff caring for clinical conditions they do not have the skills for.

Approaches to adopt

- Provide all staff with further education/guidance on their responsibility to practice and demonstrate social distancing in health settings when PPE not being used.
- Review the the provision of staff spaces to ensure they allow the maintenance of social distancing.
- As far as possible harmonise visiting “rules” across providers to simplify the messaging and increase compliance.
- Begin modelling now the likely longer term impact on clinical pathways and RTTs.
- Commission specific guidance to cover diagnostic procedures.
- Request a review of the guidance on cohorting of patients .
- Clear messaging on PPE in ‘green’ areas.
- Clear messaging to ensure patients know what to expect from redesigned services will be crucial

Rigorous monitoring and surveillance

NHS South West Clinical Senate

Key issues

- Excess deaths in the South West are increased despite the impact of COVID 19 being significantly lower than other regions
- Antibody testing, whilst not inferring anything about protection will help to understand the behaviour of the virus in a population, including those working in care settings

Approaches to adopt

- Commission studies in the South West to explore the non COVID 19 related impacts on health.
- Provide and facilitate swift antibody testing for all staff.

Focus on continuous improvement

NHS South West Clinical Senate

Key issues

- The South West AHSN has already begun to support the Cornwall health system in embedding continuous improvement
- NICE have developed rapid guidance around patient safety and staff protection (links at end of document).

Approaches to adopt

- The AHSNs in the South West are well placed to capture learning and support local learning systems to test rapid innovation.
- The Citizen's Assembly can be utilised to explore a patient and public perspective and learning from this.

Attendance

Firstname	Surname	Job Title	Council Role	Area	STP
Marion	Andrews-Evans	Executive Nurse	Clinical Strategy	Gloucestershire CCG	Gloucestershire
Mary	Backhouse	GP	GP	North Somerset CCG	BNSSG
Sharon	Brown	Consultant Radiologist and Clinical	Specialty Medicine	Yeovil District Hospital	Somerset
Katie	Cross	Consultant General Surgeon	Emergency Med / Surgery	Trust	Devon
Peter	Davis	Consultant Paediatric Intensivist	Specialist Surgery	University Hospitals Bristol NHS	BNSSG
David	Halpin	Consultant Physician and Honorary Professor	Deputy Chair	Royal Devon and Exeter Hospital	Devon
Rhys	Hancock	Clinical Lead	Ambulance	South Western Ambulance Service NHS FT	SW
Neil (Andrew)	Hopper	Consultant Vascular Surgeon	Specialty Surgery	Royal Cornwall Hospitals Trust	Cornwall
Jane	Jacobi	Implementation Facilitator, NICE Field Team	Co-opted / Invited	NICE	SW
Paul	Johnson	Clinical lead	STP Lead (New Devon)	SD & Torbay STP	Devon
Nicholas (Nick)	Kennedy	Consultant Anaesthetist and Intensivist	Speciality Medicine	Taunton and Somerset NHS Trust	Somerset
Arvind	Kumar	Consultant	Care of the Elderly	Weston Area Health NHS Trust	BNSSG
Benedict (Ben)	Lankester	Consultant Trauma and Orthopaedic Surgeon and Clinical Director	Specialty Surgery	Yeovil District Hospital	Somerset
Dan	Lyus	Deputy CEO of the SW AHSN.	SWAHSN	SWAHSN	SW
Jane	Mitchell	Professional Lead for Physiotheraphy	Physiotheraphy	Cornwall Partnership Foundation Trust	Cornwall
Dawn	Morrall	Clinical Lead - Better Births - Maternity Transformation Gloucestershire (shared with Ann Remmers)	Maternity Clinical Network Improvement Lead	Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire
Michelle	Mullan	Consultant Breast Surgeon	Oncology	c/o Bristol Breast Care Centre, Southmead Hospital, Bristol	BNSSG
Ian	Orpen	Clinical Lead	STP Lead (BSW)	BSW STP	BSW
Joanna	Parker	CA Chair	CA Chair	Healthwatch South Gloucestershire	BNSSG
Anita	Pearson	Clinical Lead CYP Partnerships Directorate	CCG Clinical lead	NEW Devon CCG Clinical lead	Devon
Sally	Pearson	Senate Chair	Chair	SW Clinical Senate	SW
Maggie	Rae	Consultant in Health Care	Public Health England	Public Health England	SW
Amelia	Randle	Clinical Lead SWAG Cancer Alliance and GP	Cancer Alliance Lead	Somerset CCG	Somerset
Ann	Remmers	Maternity and Children's Clinical Director	Maternity Network Lead	Maternity	SW
Mark	Stone	Pharmacist Consultant/Devon LPC Project Lead:Vice Chair of the East Cornwall Primary Care Network	Pharmacy	Devon Local Pharmaceutical Committee and Tamar Valley Health Practices	Devon
Andrew	Tometzki	Consultant Paediatric Cardiologist	Speciality Medicine	University Hospital Bristol NHS Trust	BNSSG
Miles	Wagstaff	Consultant Paediatrician, Neonatologist	Children	Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Hospitals NHS Foundation Trust
Paul	Winterbottom	Consultant Psychiatrist	Mental Health	2gether NHS Foundation Trust	Gloucestershire
Nick	Pennell	Healthwatch Plymouth	Cititzens' Assembly	Healthwatch Plymouth	Cornwall
Peter	Buttle	Healthwatch Wiltshire	Cititzens' Assembly	Healthwatch Wiltshire	BSW

- 24 joined meeting
- 5 submitted comments as unable to join (in grey)

Additional Info

https://www.nice.org.uk/covid-19 includes NICE rapid evidence summaries and published range of rapid guidelines relating to managing symptoms and complications, managing conditions that increase risk and providing services during the pandemic.

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The following are published rapid guidelines to date:

Managing symptoms and complications

Acute kidney injury in hospital - NG175
Acute myocardial injury - NG171
Antibiotics for pneumonia in adults in hospital - NG173
Critical care in adults - NG159
Managing suspected or confirmed pneumonia in adults in the community - NG165
Managing symptoms (including at the end of life) in the community - NG163.

Managing conditions that increase risk

Children and young people who are immunocompromised - NG174
Chronic kidney disease - NG176
Community-based care of patients with chronic obstructive pulmonary disease (COPD) - NG168
Cystic fibrosis - NG170
Dermatological conditions treated with drugs affecting the immune response - NG169
Gastrointestinal and liver conditions treated with drugs affecting the immune response - NG172
Interstitial lung disease - NG177
Rheumatological autoimmune, inflammatory and metabolic bone disorders - NG167
Severe asthma - NG166.

Providing services during the pandemic

Delivery of radiotherapy - NG162
Delivery of systemic anticancer treatments - NG161
Dialysis service delivery - NG160
Haematopoietic stem cell transplantation - NG164.