

Clinical Senate Council Review Feedback

Senate Council Meeting – 21st May 2020

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

At the request of the South West Region Medical and Nursing Directors of the South West Clinical Senate were asked to review the recently published national guidance 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

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 introduces inequities in access for significant cohorts of the population for whom this would be impossible.
- the proposed approach is intended to minimize the risk of transmission of covid but does not consider the inherent health risk in further delays to the assessment or treatment of other conditions.

Approaches to adopt

- Commission similar guidance on the restoration of services in community settings
- Commission the rapid development of a pathway specific risk stratification framework to help assess the relative risks of transmission of Covid and continuing to delay assessment or treatment
- Prioritise comprehensive test, track and isolate approach and the development of point of care testing (see staff and patient testing)

Careful Planning, Scheduling and Organisation

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
- The interpretation of “clinically necessary” face to face services is variable

Approaches to adopt

- Maximise use of hot clinics and direct admissions
- Ensure clear and up to date communication with ambulance providers
- Commission further work to develop a framework to help guide the decision on which services need to be face to face.

Scientifically guided approach to testing staff and patients

Key points

- 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
- All patients testing positive in hospitals should be subject to contact tracing

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

Excellence in Infection Prevention and Control

Key points

- Implementation of social distancing in hospitals will require fundamental redesign of some services
- Clear messaging to ensure patients know what to expect from redesigned services will be crucial
- Excellent IPC, including the appropriate use of PPE, social distancing and cohorting of staff will reduce the efficiency of the provision of care
- Guidance is not specific enough to address the challenges for many diagnostic interventions such as endoscopy, lung function

Approaches to adopt

- Review the provision of staff spaces to ensure they allow the maintenance of social distancing
- All staff to model social distancing in health settings when PPE not being used
- Begin modelling now the likely longer term impact on clinical pathways and RTTs
- Commission specific guidance to cover diagnostic procedures

Rigorous monitoring and surveillance

Key points

- Excess deaths in the South West are increased despite the impact of Covid being significant lower than other regions

Approaches to adopt

- Commission studies in the South West to explore the no covid related impacts on health

Focus on continuous improvement

Key points

- 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

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 Director	Specialty Medicine	Yeovil District Hospital	Somerset
Katie	Cross	Consultant General Surgeon	Emergency Med / Surgery	Northern Devon Healthcare Trust	Devon
Peter	Davis	Consultant Paediatric Intensivist	Specialist Surgery	University Hospitals Bristol NHS Foundation Trust	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	Lysus	Deputy CEO of the SW AHSN.	SWAHSN	SWAHSN	SW
Dawn	Morrall	Clinical Lead - Better Births - Maternity Transformation Gloucestershire (shared with	Maternity Clinical Network Improvement Lead	Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire
Michelle	Mullan	Consultant Breast Surgeon	Surgery	NBT	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 and WASHN Maternal and Neonatal Clinical Lead	Maternity Network Lead	Maternity	SW
Mark	Stone	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	Citizens' Assembly	Healthwatch Plymouth	Cornwall
Peter	Buttle	Healthwatch Wiltshire	Citizens' 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.



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.](#)