

System response to Covid-19: NCL temporary service changes made in response to the pandemic June 2020 (updated 29 June)

Introduction

The Covid-19 (also known as coronavirus) pandemic poses an unprecedented challenge to the NHS and healthcare systems around the world. In North Central London, we have taken action to make sure the NHS is able to provide care to patients who are admitted to hospital because of coronavirus, and also to ensure patients with other urgent health problems get the treatment they need. We have followed national and regional standards and guidelines and the safety of our patients, their families and our staff is our top priority.

We have introduced some temporary changes to how patients may access hospital care across North Central London (in Barnet, Camden, Enfield, Haringey and Islington). This helps us make the best use of our hospitals and staff and ensures that patients are treated in a setting that minimises risk to exposure to the virus.

To ensure all patients can continue to receive the care they need, we have physically separated care for patients who are being treated for Covid-19 related-illness, and those who have other health and care needs, as much as possible. To do this we have temporarily changed some locations where care is provided.

An NCL Clinical Advisory Group (CAG) was established at the start of April 2020 by the NCL Gold team, to provide a local forum to ensure temporary service changes due to Covid-19 are considered in terms of clinical impact, potential unintended consequences, which need to be mitigated and that decisions are appropriately enacted and communicated. The NCL CAG is an interface between the London Region CAG regarding clinical services that may impact NCL and vice versa. The membership of the NCL CAG is comprised of medical directors from the majority of statutory NHS providers in NCL including primary, community and secondary care as well as nursing representatives from community and secondary care hospitals.

The NCL CAG provides robust assurance about the clinical service change decisions that are being taken and provides a clear and transparent audit trail of the rationale for the decision to effect a clinical service change. The group also has a role providing a formal clinical review of the temporary service changes made to ensure clinical oversight of the operational transition into the post-pandemic phase.

The list of temporary service changes in NCL is set out in the table below.

Temporary service changes made	Clinical rational for change	Is the change still in place?
<p>Trauma: To create additional intensive care unit (ICU) surge capacity some hospitals transferred patients presenting at ED and requiring trauma inpatient or complex surgery admissions were transferred the Royal National Orthopaedic Hospital (RNOH).</p>	<p>Creating additional ICU surge capacity in District General Hospitals within NCL and as RNOH does not have an A&E department so had the ability to physically separate Covid and non-Covid patient care</p>	<p>No the change was reverted when a proportion of ICU beds in response to the surge were stepped down – trauma patients will now be cared within their presenting Trust unless a more specialist service is required from RNOH</p>
<p>Outpatients: In line with the national guidance, non-essential outpatient appointments have been stood down. Virtual/ digital mechanisms have been used where possible.</p>	<p>Available capacity focussed on urgent and high priority patients. Virtual consultations for non face to face assessment ensure a more safe approach to delivering care Reduces footfall in hospitals and reduces risk of spread of infection</p>	<p>Yes – required to maintain patient and staff safety, enable social distancing and ensure capacity focussed on managing patients with greatest need.</p>
<p>Cardiac services: Maintaining a 24/7 emergency service for patients within the Cardiac Network through developing a hub model to ensure patients in need of emergency cardiac surgery receive care in a timely manner.</p>	<p>St Bartholomew’s Hospital acting as ‘Hub’ ensure that patients in need of emergency cardiac surgery matched to units with the capacity to treat them, given that many will have reduced capacity due to critical care pressures and staff absence caused by Covid-19 All cardiac surgical units continue to provide their usual services but if unable St Bartholomew’s and Harefield Hospitals, not having emergency departments on site, will be able to maintain a cardiac surgical response to emergencies. These two hospitals are the only ones managing patients with acute aortic dissection.</p>	<p>Yes</p>

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<p>Specialist rehab services: The Neuro-Rehabilitation service at Royal Free London (RFL) has been suspended.</p>	<p>Staffing levels unable to support specialist rehab. Patients transferred to other units or receiving intensive rehab support at home/community settings</p>	<p>Yes</p>
<p>Stroke: The UCLH Hyperacute stroke unit has moved to the National Hospital for Neurology and Neurosurgery at Queen's Square.</p> <p>Acute stroke patients are being stepped-down to the community to access outpatient rehab and therapy services.</p> <p>LAS are piloting video consultations with consultants at the scene for suspected stroke patients.</p>	<p>Stroke patients moved to an alternative site due to the ability to separate COVID and non COVID patient care.</p> <p>Reduced risk of exposure to COVID for staff and patients.</p> <p>Video consultations allow quick transfer to the correct care setting.</p>	<p>Yes</p>
<p>Elective surgery: As per the national guidance, non-urgent surgery were stood down, with a focus on discharging all clinically appropriate patients.</p>	<p>Ensures that sufficient capacity in place to respond to COVID intensive care and general admissions.</p>	<p>NCL restarted Adult planned care activity in June, using a pan NCL clinical prioritisation criteria, to ensure those at highest clinical risk are prioritised for elective care in the first instance.</p>
<p>Long-term conditions: NCL dialysis patients requiring emergency hospital treatment will be diverted to the Renal Hub Hospital Site at Royal Free Hospital.</p>	<p>Ensures emergency patients with renal dialysis needs are diverted by LAS to the most appropriate setting care in the first instance and expedites treatment.</p>	<p>Yes</p>
<p>Suspected cancer: 2 week wait referrals criteria modified in line with regional and national guidance to ensure robust risk stratification of suspected cancer on the</p>	<p>In line with regional and national guidance some suspected cancer referral criteria has been modified to reflect additional risk stratification requirements.</p>	<p>Yes</p>

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<p>basis of clinical need, and the level of risk, both patient- and service-related.</p> <p>Cancer: The pilot vague symptoms pathway (part of a Multidisciplinary Diagnostic Centre at UCLH and North Middlesex) have been temporarily paused with new referrals being directed through the most appropriate suspected 2 week wait referral pathways.</p>	<p>Safety netting referral continues in primary care with greater importance given drop in presentations to GPs.</p> <p>Patients who would have previously been referred into the Vague Symptoms pathway will still be seen as per the normal 2 week wait guidelines.</p>	
<p>Cancer treatment: Cancer treatment hub sites have been set up. Surgery is prioritised using the NHSE framework and via a clinical prioritisation group.</p> <p>Chemotherapy has been prioritised, with all provision continuing with the exception of the lowest priority and some immuno-compromised patients.</p>	<p>Cancer Surgery centralised via ICS hubs and through a partnership between Alliances and the Independent Sector in line with emerging National Guidance. Clinical pathways tweaked (eg provision of diagnostics) following advice from Clinical Tumour Group leads and signed off by the London Clinical Advisory Group to better manage patient risk</p>	Yes
<p>Paediatrics: temporary consolidation of paediatric inpatient services at GOSH. Any child from across NCL requiring a hospital admission was transferred to GOSH.</p>	<p>To create additional ICU and surge capacity, general paediatric inpatient services were temporarily consolidated at Great Ormond Street Hospital. This also enabled us to care for paediatric patients in separate Covid and non-Covid areas. Achieved reduced risk of exposure to Covid for staff and patients.</p>	<p>8 June: i) UCLH re-opened limited specialist adolescent work ii) North Middlesex reopened its paediatric inpatient units.</p> <p>22 June: reopened general paediatric inpatient services at Whittington and Royal Free London (Hampstead site only) as well as the remaining paediatric inpatient service at UCLH</p>

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		Barnet Hospital paediatric general inpatient beds remain closed
<p>Paediatrics: UCLH haematology and oncology were relocated temporarily to GOSH.</p>	<p>To create additional ICU and surge capacity, paediatric inpatient services were temporarily consolidated at Great Ormond Street Hospital. This included the specialist haematology and oncology service for adolescents. Achieved reduced risk of exposure to Covid for staff and patients.</p>	<p>8 June: UCLH reopened their specialist adolescent haematology and oncology service and in-patient beds.</p>
<p>Paediatrics: Barnet and UCLH paediatric EDs closed and LAS redirection in place to ensure no conveyances to these sites.</p>	<p>To create additional ICU and surge capacity, paediatric inpatient services were temporarily consolidated at Great Ormond Street Hospital. As a result, Paediatric A&E services at UCLH and Barnet were closed to general paediatric attendances. This also enabled care for paediatric patients in separate Covid and non-Covid areas. Achieved reduced risk of exposure to Covid for staff and patients.</p>	<p>Yes</p>
<p>Paediatrics: Paediatric Oncology Shared Care Unit Children with cancer usually receive initial treatment at a principle treatment centre (PTC), with chemotherapy and other services delivered at local hubs known as paediatric oncology shared care units (POSCUs).</p>	<p>POSCU services are being centralised to create capacity for the COVID-19 response in these hospitals, and to minimise risk of infection.</p> <p>UCLH and GOSH jointly provide the PTC, with POSCUs located at Barnet Hospital, Whittington Health (WH), and the North Middlesex Hospital (NMUH).</p> <p>Children who are usually treated at Barnet hospital were transferred to receive care at Watford; Whittington Health and North Middlesex patients</p>	<p>Whittington and North Middlesex have now returned to pre-Covid arrangements, with appropriate adaptations to meet Infection Prevention Control Guidance.</p> <p>Alternative arrangements are still in place for the Barnet Hospital POSCU which has relocated to Watford General Hospital for children who need inpatient care with some activity including</p>

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	were treated at GOSH. GOSH opened inpatients beds and a new ward for day care chemotherapy from the 10 April.	planned reviews and outpatient chemotherapy at Chase Farm Hospital.
<p>Maternity: Homes births are suspended across NCL. Temporary closure of Edgware Birth Centre.</p> <p>Pre-natal scans and screening and elective caesareans are taking place off site with a private provider.</p>	<p>Requirement to redeploy staff across maternity services to maintain safe staffing levels</p> <p>Private provider sites are covid-free and therefore less risk of exposure to Covid</p>	<p>Partially - Limited home birth service reinstated from in May. Edgware Birth Centre will be reviewed at the end of August. Arrangements for LAS transfer agreed to ensure safety in emergency situations</p>
<p>Primary Care: Initial assessment by phone or online. Patients who are assessed as needing face to face appointment will be seen either at their normal practice (if no covid symptoms) or at a 'hot site' if they have symptoms. Home visits are available where required. Primary care pathology will carry out priority and essential testing only.</p>	<p>Ensures separation of patients with covid symptoms, reduces foot fall within practices and reduces the risk of exposure to Covid.</p>	<p>Yes</p>
<p>Community: Some routine services for low-risk patients have been paused in line with national guidance. Some services will be carried out via video/ phone rather than face to face</p> <p>Single Point of Access hubs (SPAs) operational 8am-8pm, 7 days a week in line with national guidance.</p>	<p>Enables increased capacity for community support to prevent admissions to hospital and manage more conditions in the community to reduce risk of exposure to Covid.</p> <p>Supports patient flow and discharge to assess pathways.</p>	<p>Yes, but working on the basis of pan NCL clinical prioritisation to restart some routine services for the most vulnerable.</p> <p>Yes, nationally mandated</p>

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<p>Walk In Centres: Edgware and Cricklewood Walk In Centres have closed. Walk In Centres recognised as a particular risk for exposure to COVID given inability to screen pre-arrival for COVID symptoms to enable segregation of patients.</p>	<p>There was significantly reduced activity levels at Edgware and Cricklewood, so staff were redeployed to support community services.</p> <p>Cricklewood was a planned closure for September 2020, informed by extensive public engagement, but due to reduced activity levels closure was brought forward to 27th March 20.</p>	<p>Partially</p>
<p>Mental Health Crisis: Clinical Assessment and Triage service established at St Pancras to divert mental health patients away from A&E departments</p>	<p>Minimises exposure to Covid from diverting patients away from physical health A&E departments. LAS divert for patients in crisis implemented to ensure that patients were taken straight to St Pancras for assessment and onward management.</p>	<p>Yes</p>
<p>Mental Health Community: A pan NCL new 24/7 crisis helpline has been set up, providing crisis assessment for patients in the community.</p>	<p>To support increased demand for crisis support and reduce the need to attend A&E to minimise risk of exposure to Covid.</p>	<p>Yes</p>
<p>Mental Health CAMHS: Two crisis/ triage bases 'hubs' for assessment of mental health in place. Crisis beds centralised at GOSH.</p>	<p>Ensured access across NCL and reduced the need for patients to attend A&E departments</p>	<p>Yes. Hubs still in place.</p> <p>From 22 June: Centralised crisis inpatient beds moved to Whittington Health.</p>
<p>Specialist eye care: As per the national guidance, Moorfields have cancelled all routine elective appointments.</p>	<p>Some routine work is being delivered by video consultation. Video triage has been set up for some emergency cases.</p> <p>Attend Anywhere online services allows patients to speak to a clinician and decide the safest action.</p>	<p>Yes. NCL will be restarting Adult planned care activity in June, prioritising high-risk patients for the first 4 weeks.</p>