

Briefing to HOSC Chair

Reopening Outpatients services

HOSC will be aware that before the COVID19 pandemic Oxfordshire had challenges on waiting times for some key outpatient and surgery areas. The COVID19 pandemic has resulted in a pause in non-urgent activity and then some real challenges in returning to prior service levels. In reopening services to routine care, patient safety is at the forefront of plans and each service area is reviewing the practicalities of reopening in view of constraints such as the need to social distance, availability of workforce, PPE and in some cases drugs and medicines. Activity levels are most challenged where these need to be undertaken in a face to face way. There has been considerable progress in using virtual consultations and telephone consultation but this still leaves lower levels of service than we would want to offer to patients. We have a growing risk in relation to the numbers of patients waiting over 52 weeks to complete their treatment. Whilst this will not include any urgent or cancer condition this is clearly not good for patients.

Most specialties are opening for new GP referrals but for some areas we are looking at local review of the outpatient request (triage) and then potentially needing to ask patients to use providers with lower waits out of county or in the independent sector. This will be true for most of Gynaecology and for hips in Orthopaedics. Some specialties mean a patient is even more likely to present risk of infection as they require an aerosol generating procedure. These higher risk specialties will take longer for us to find alternate solutions and to return to full opening. In some areas, and supported by a nationally contracted approach, we are looking for collaborative solutions with independent providers to bring in additional capacity, so for example work has been done at the Cherwell Hospitals (Ramsay Horton), the Manor Hospital and The New Foscote. There will be a combination of bringing more services in and where essential asking patients to travel to differing locations to get swifter care. We continue to work on solutions and will update HOSC at the next meeting.

There are very extensive clinical harm review processes in place to review patients experiencing longer waits and the CCG and OUHFT are developing webinars and support to GPs to assist in managing patients optimally in the right setting.

Minor Injury and First Aid Units

Bicester FAU – returned to full opening on Monday 25.05.20.

MIUs (Abingdon, Henley, Witney) – returned to full opening on Monday 18.05.20.

Chipping Norton First Aid Unit – suspension remains in place due to staffing and safety issues. We are aiming to reopen from the middle of August

Wallingford FAU – Suspension remains in place due to staffing and safety issues.

The COVID recovery process has changed the way people access these services in their reopened mode. To provide a COVID19 safe environment and minimise waits, patients are encouraged to ring 111 to obtain a specific appointment slot.

Patients who turn up without an appointment are triaged outside and asked to wait in their vehicles until it is time to be seen. Therefore we are working to a, phone before you go model to minimise waiting and offer appointment slots and moving away from a walk-in style service.