NHS
Oxfordshire
Clinical Commissioning Group

# COVID-19 *Restart, Recover, Renew* NHS Update for Oxfordshire Health and Wellbeing Board

A letter from Sir Simon Stevens, Chief Executive - NHS England / Improvement (NHSE/I) and Amanda Prichard - Chief Operating Officer (NHSE/I) received on 31 July outlined the expectations for the third phase of the NHS response to COVID-19. It stated:

*Following discussion with patients' groups, national clinical and stakeholder organisations, and feedback from our seven regional 'virtual' frontline leadership meetings last week, we are setting out NHS priorities for this third phase. Our shared focus is on:*

A. *Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter*
B. *Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.*
C. *Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.*

There was also an incentive letter which looks to provide funding for over achievement against acute activity targets or reduce funding where these targets are not met. Before this letter, work was already underway within the NHS to restart services that had been paused during the initial part of the COVID-19 pandemic. This paper takes the Health & Wellbeing Board through our planning response to phase three to date and looking forward.

## 1. (A) Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

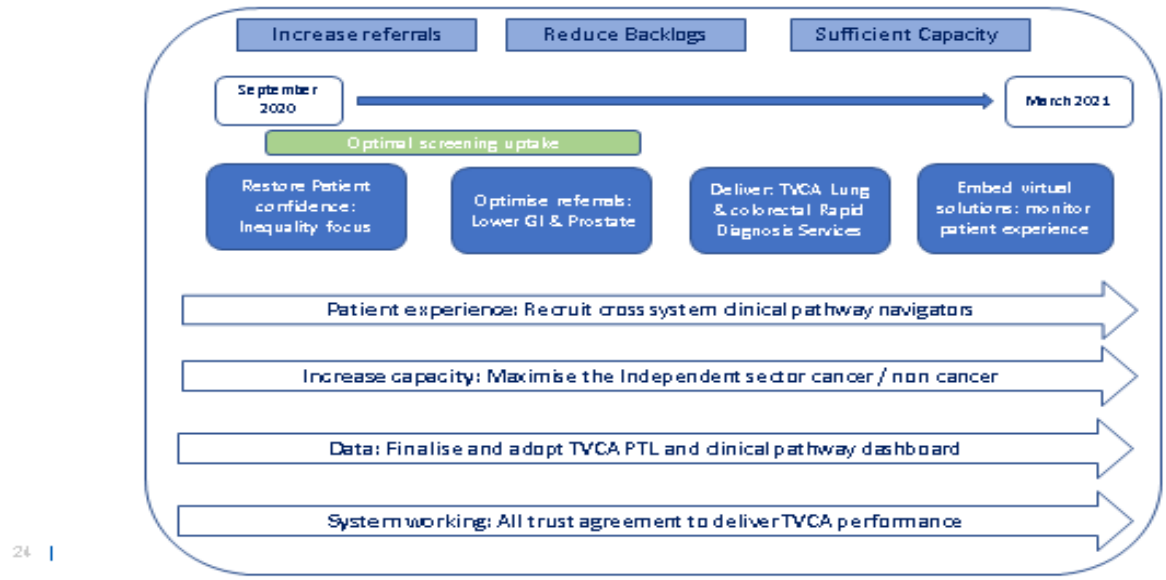
### 1.1. Cancer - Restore full operation of all cancer services:

Thames Valley Cancer Alliance (TVCA) has been leading in assuring the full return of cancer services. There has been both a drop in numbers of patients presenting with suspected cancer diagnosis and also the ability to treat patients in pathways through PPE, social distancing, sickness and range of compounding factors. TVCA has developed a programme of high impact interventions to restore cancer services as shown in the diagram overleaf.

There is evidence of progress in recovery of cancer services in the numbers below and more detail is included in the appendices of the Integrated Performance Report.

As of 30/08 across Buckinghamshire, Oxfordshire & Berkshire West (BOB):

- 2WW referrals were at 84% to baseline having dropped well below 50% during April
- Total number of patients on the PTL across the TV area decreased by 1.4% on previous week
- 7.5% (527) have breached and waited over 62 days; the largest proportion by tumour site was Lower GI (162) downward trajectory
- Surgical activities carried out by BOB trusts have increased from 73 w/e 05/07 to 99 w/e 30/08, 36% increase
- There has been a 59% decrease of patients waiting over 104 days across BOB at 30/08 compared to 03/07




**1.2. Recover the maximum elective activity possible between now and winter:**

***Reopening Routine Outpatient referrals***

Since late April NHS providers have been asked to make plans to reopen all routine referrals for GPs. Oxford University Hospitals (OUH) NHS Foundation Trust continued to receive two week wait cancer referrals and all other urgent referrals throughout the COVID-19 pandemic. The Trust paused routine referrals to focus on the COVID-19 response, in line with national guidance from NHS England & NHS Improvement (NHSE&I), and are now working to resume this activity. As of 10 September, all OUH specialties have re-opened to routine referrals from GPs except in the following challenged specialties: Maxillofacial (Oral and Maxillofacial Surgery),ENT, Ophthalmology , Gynaecology (General and Endometriosis) , Clinical Neurophysiology, Bariatrics.

The Trust had significant waiting times in these challenged specialties before the COVID-19 pandemic and demand for these services currently exceeds available capacity at OUH. NHS providers across BOB are working closely with the OUH and we are working with our independent sector partners so patients can be seen as soon as possible.

Across BOB there is an Acute Collaboration Work Stream which meets fortnightly and is CEO chaired. It includes all provider Chief Operating Officers and commissioners. It has task and finish groups working in each challenged specialty and each of these has specific CCG allocated programme resource. Clinicians across BOB are working together to design solutions.

OUH and OCCG are holding a programme of webinars with GP colleagues to discuss issues and maintain open and timely communication between primary and secondary care. OUH has made progress over recent weeks to re-open more services to receive routine referrals but recognise there is more work still to be done within the Trust and with our BOB ICS partners. Patient leaflets have been developed to support GPs in discussion around seeking alternate providers.

Further actions being taken includes:

- Maximising the use of peripheral clinic capacity because updated Infection Prevention and Control guidance has reduced the number of patients who can be seen safely in hospital outpatient clinics, due to the need to maintain safe social distancing in light of COVID-19
- Planning for running outpatient clinics 7 days per week in some specialties

- Increasing the use of independent sector outpatient capacity for challenged specialties
- Increasing the number of patients who can have 'virtual' appointments eg video consultations, telephone appointments etc
- Working closely with partners across BOB ICS to identify capacity in neighbouring acute hospitals

***Returning diagnostic, outpatient, day case and inpatient care to pre COVID levels***

Phase 3 guidance sets out the activity levels, for acute elective services, which the NHS are expected to achieve.

- Elective inpatient (overnight, day case and outpatient procedures) to achieve 80% of last year's activity in September and 90% by October
- Outpatient -100% of last year's activity for 1st and follow up
- Diagnostics – 90% of last year's activity for MRI, CT and endoscopy, rising to 100% in October

The return to full capacity faces many challenges. Infection Prevention and Control (IPC) guidelines compliance constrains MRI, CT and ultrasound capacity at 80% of previous levels for example. Pre-pandemic levels of capacity will be supported by the use of independent sector capacity, a mobile MRI, and HSE funded mobile CT scanner and use of community hospital space to create supplementary capacity for ultrasound. For outpatients and elective similar challenges exist.

OUH will be compliant overall for electives and diagnostics with some monthly fluctuations. The challenge in compliance lies with outpatients where OUH may have greater difficulty in reaching 100% return. In addition, patients waiting over 52 weeks have been steadily rising since March. Current forecasts shows a significant increase from OUH latest figure of c1,354 52 week waits despite major efforts including weekend working and insourcing.

**1.3. Restore Service delivery in primary and community services**

***Primary care***

In line with national guidance, GP practices introduced a total telephone triage system during the pandemic. Appointments were provided to patients using telephone and online tools to reduce the need for people to attend the practice in person where there is no clinical need for them to do so. This approach reduces the risk of COVID-19 transmission. OCCG provided support to GPs to enable greater levels of telephone and online working both in practice and from home.

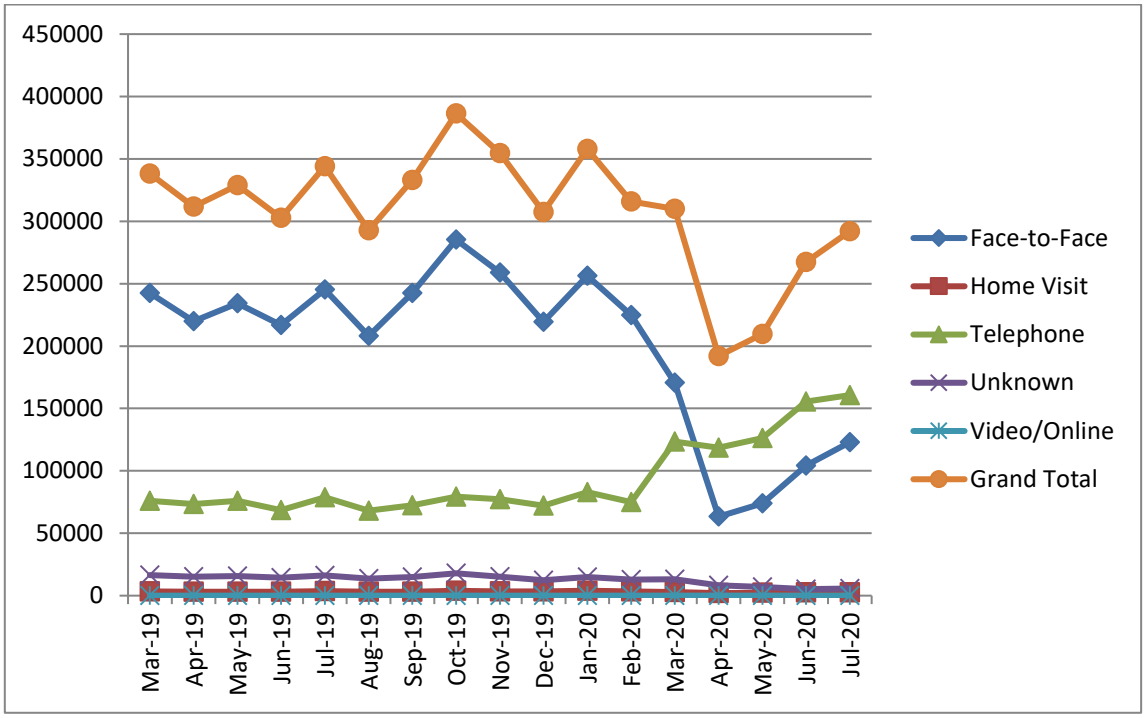
Face to face appointments did not stop; patients were seen face to face where clinically appropriate; in practice, at home or in one of the COVID-19 clinics.

At the height of wave 1 of the pandemic, there was a significant drop in face to face appointments due to the new way of working to keep patients and staff safe. There were concerns that patients with potentially serious conditions were not coming forwards.

The 'Help Us Help You' campaign sought to assure patients that General Practice was 'safe' for patients and staff and that people should not wait but access care when they need it encourage patients to access health care when then needed it.

Since May, the number of appointments in General Practice has steadily increased each month. The graph1 below shows the different types of appointment in General Practice each month since March 2019. The total number of appointments (Grand Total) in March 2020 was c310,000 and the number for July 2020 c300,000.

[1] NHS Digital data illustrating the number of monthly appointments (and mode of appointment) delivered by General Practice in Oxfordshire.




Total triage continues to operate in line with national guidance. Face to face appointments are available and good progress is being made to restore services to patients. Work is underway to address the backlog where some services were paused and real efforts are being made to utilise the benefits and learning gained through some of our COVID response work.

There are a number of competing pressures that are challenging primary care including

- Infection Prevention and Control measures to ensure COVID secure environments
- Scale of work for the flu vaccination programme
- Continued workforce resilience – proportion of vulnerable practice staff
- Balance of backlog and present / future requirements

Support mechanisms and approaches are being put into place to mitigate some of these pressures and challenges. OCCG are working together with GP practices and providers to plan and prepare for any future surge and the increases in activity that is expected this winter. Three community based clinics will provide COVID-19 care supported by a visiting service for those unable to travel – one clinic will be located in the north (Banbury), one in the south (Wallingford) and one in Oxford.

There is a strong system approach to flu, support for risk stratification and vulnerable patient identification with good cross working with local authority partners

GPs and NHS providers continue to care for patients affected by COVID-19 and this includes rehabilitation for those who were worst affected.

***Community services***

Oxford Health NHS Foundation Trust (OHFT) has a three phased approach to restoration of its community services; phase one is complete and included an estates review which looked at safe use of space, capacity and the priority of estate for face to face clinical work (for example, allowing services to return in a safe manner to community hospitals and other community-based premises). Phase one also re-purposed estate for the priority areas of service delivery and reviewed the use of use of digital / remote versus face to face consultations / clinics.

Phase two is almost complete and includes operating services in a ‘new normal’ (use of PPE, digital etc); communication of changes to services to patients; review of demand and

capacity for each service and review of backlog of appointments and capacity to deliver going forward.

For phase three of the restoration programme, which is underway, OHFT's community services will refresh their transformation plans to align with a strategic development and improvement programme. This will address long-standing staffing and quality issues, such as addressing any outstanding recommendations from the previous CQC review, and continue the positive learning from its COVID-19 response, as well as continuing to work with partners to develop and implement the ambitions and objectives of the Oxfordshire health and care system, in line with the NHS Long Term Plan.

Alongside this, OHFT will continue to embrace its digital offer to patients and build on service user feedback; increase face to face consultations / therapy adhering to safe practice guidance; plan for a surge in referrals; clear the backlog of patients waiting for appointments and assessments; support its staff with their health and wellbeing and plan for a possible second wave of the pandemic.

***Discharge to Assess***

There are requirements to deliver a Discharge to assess services and continue to deliver on the national Hospital discharge requirements. These have all been fully enacted in Oxfordshire with the Discharge to assess rolling out county wide in October. Please refer to the winter plan attached for more detail.

***Continuing Health Care (CHC)***

Oxfordshire CHC returned to business as usual from 01 September together with a plan for recovery for the backlog of assessments. Oxfordshire continued to check-list for CHC eligibility through the COVID 19 emergency in partnership with Oxfordshire County Council (OCC) so our volume of backlog has been partially contained. We have plans to use established sessional staff to manage this waiting list. Resources have been identified to benefit from existing knowledge of and integration into OHFT/OCC processes. There is a recovery plan in place to commence re-check listing & assessments for those in care homes and also for those that were discharged from hospital between 19/3/20-31/08/20. OCCG is working closely with OCC to support this CHC restoration. Oxfordshire Director of Adult Services is the joint county urgent care lead and has been supportive of expediting and transforming CHC assessments. There are considerable financial pressures to be understood including costs of the additional assessors. These are being quantified.

***Expand or improve mental health services and services for people with learning disability or autism***

OHFT's Mental Health, Learning Disability & Autism Services Directorate maintained its services throughout the past six months but some were delivered in very different ways. Similar to community services staff from the directorate were redeployed to critical service areas in order to aid the response to COVID-19. Most emergency and urgent patients were seen face to face and all urgent Care Services remained open including the Safe Havens[2] in Oxford and Banbury although these moved to a virtual offer. Safe Havens are continuing to offer telephone and digital consultations as well as garden group sessions (dependent on weather) to accommodate social distancing and are continuing to explore alternative options as winter approaches.

A new 24/7 freephone mental health crisis support line was introduced for children, young people and adults at the beginning of April; the services received over 1000 calls in the first seven weeks, and a total of 2650 to date. With support from Oxfordshire Mind, the support line operated during the pandemic to provide people with specialist mental health care as NHS 111 was receiving an increasing number of COVID-19 related calls. The round-the-clock helpline has made it quicker and easier for people in Oxfordshire to get the right advice they need for their mental health and wellbeing. It is operational 24 hours a day, seven days

[2] These services are a specialised safe haven offering an out of hours safe space for people experiencing mental health crisis.

a week. Like NHS 111, people call when they need to find out when and where to get help and to access support from mental health professionals. This service has continued and work is underway with commissioners and the NHS111 and 999 provider (SCAS) to develop a sustainable solution supporting emergency services and the public. OHFT's mental health, learning disability & Autism services have significantly increased the use of technology to support assessment and treatments and have ongoing evaluation of this. OHFT have found that our digital offers have improved completion of treatments and reduced missed appointments. It is recognised that this is not the preferred mode of access for all service users and face to face offers have been resumed where possible.

Services are currently focussed on phase three restoration. Activity levels for services overall are back to the usual range with some teams now beginning to see a surge in demand. Where demand had reduced clinicians saw more patients so in many services, routine waits have started to reduce through the increased productivity of using digital solutions.

OHFT have, with system partners, evaluated progress and are resetting plans to deliver the Mental Health Transformation programme to ensure the Long Term Plan priorities are delivered in Oxfordshire.

There are some risks in terms of

- Backlogs in some areas such as psychological therapies, memory clinics, adult eating disorders
- Increases in acuity in a range of areas
- children returning to school and the impact on referrals and the unknown impact of isolation and lockdown of children and young people
- Increased demand which is most likely to increase the numbers and acuity for children and young people with eating disorders requiring admission
- Impacts on availability of estate from social isolation factors
- The backlog for the memory clinic will have been affecting the rates of dementia diagnosis in primary care and the COVID 19 precautions in primary care services will have affected access to routine health checks for people with a serious mental illness and also those with a Learning disability.

## 2. (B) Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

Winter plan – The Oxfordshire system (OUH, OHFT, OCCG, SCAS and Oxfordshire County Council) have developed an integrated approach, which will maintain the flow of patients across the system, Delivery will be supported by a range of initiatives e.g. 111 First and Home First, optimising flu vaccination uptake among health and social care staff and using remote monitoring/virtual consultations. This will support improved flow for emergency and urgent clinical admissions, allowing elective capacity to be maintained. Please refer to the winter plan attached for more detail.

## 3. (C) Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

### Workforce

The NHS People Plan has been published by NHSE and a range of actions are in train across BOB to support this delivery and the current plan on a page is attached at Appendix 1. All Oxfordshire organisations are participants in this work and taking plans forward at a local level.

**Inequalities**

The third phase NHS response letter emphasises that in *'opening up'* we need to open up in a way that reduces unmet need and tackles inequalities. The Oxfordshire System Recovery Framework is built around service recovery priorities, priority populations and recovery principles. This work will not only address the standing up of critical service delivery but partnership and multi-agency approaches to addressing inequalities. Key areas of focus include vulnerable health groups, older people, Black, Asian and minority ethnic (BAME) groups, homeless and transitory people.

Health and local authority partners are working together to confirm a place level approach to addressing inequalities and related variation in health outcome addressing points such as core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from black and Asian communities.

We are designing pathways of care to maximise digital enablement and inclusion will be delivered through the Integrated Care Partnership key workstreams (Urgent and Emergency Care, Planned Care, Mental Health LD and Autism, Primary Care and Community Services Integration, Social Care and vulnerable groups). Each workstream will need to set out how and where we are focussing our efforts to address variations in outcome and to address inequalities this will relate to protected characteristics and social and economic conditions.

The 2020 JSNA focusses on the 10 most deprived Wards in Oxfordshire; we are developing targeted approaches and projects specific to those wards and to target the most vulnerable groups across all of Oxfordshire. This balance of cohort focus alongside thematic clinical areas will ensure maximum focus, impact and benefit to those areas of inequality, vulnerability and varied health outcome.

Metrics will be developed as a part of the overall approach.

Examples of work underway in Oxfordshire;

- Holistic health and LA approach to cardiovascular disease in deprived wards often with large BAME communities
- Work underway to restart NHS Health checks in these wards with deeper community engagement
- Focus on hypertension, atrial fibrillation and high cholesterol, integrating new projects with existing programmes including making every contact count and home monitoring
- Used full range of levers; data / population health management, health levers, education, environment, community champions

***Key learning across the system***

The devastating impact of COVID-19 has represented a challenge to our communities and across our services on a scale of which we have never seen before in our lifetime. However it has highlighted the incredible value we add when we work flexibly across health, local government, business, and the voluntary, primary and community sector. This is especially the case when we join up preventative and capacity-building services with demand-led acute services in order to reduce the demand on acute services and, more importantly, to improve outcomes for Oxfordshire residents. This is the most important piece of learning for the system and work continues through the recovery stage to build upon this. Below outlines some of the other key learning points during COVID-19 from across health and care:

***Teams at the OHFT and OUH have led the way, at a national level, in the roll-out of new digital services:*** Patients were able to continue to access services during the COVID-19 lockdown without having to attend hospital, by using video consultations. Before the pandemic, very few departments at OUH were using technology to conduct remote consultations with patients. But since its launch in the middle of March 2020 (until 6 September) 17,278 such consultations have been carried out using the Attend Anywhere (AA) platform, allowing clinical teams - from cancer to paediatrics, from haemophilia to antenatal care - to continue delivering vital services to patients. Similarly OHFT were able to

roll out digital consultations rapidly; as one of only seven mental health Global Digital Exemplar trusts, clinicians were already embracing digital innovation and had already started to trial digital consultations with patients. When COVID-19 hit, OHFT were therefore able to respond rapidly – in January nearly all consultations were in person (only 14% remote, 86% face to face), whereas now the majority are remote (53% remote versus 47% face to face) - remote includes phone, digital, email. This allows OHFT to continue to offer important therapy to patients, but to do so in a way that is as safely distanced as possible for patients and staff. OHFT has now surpassed 60,000 online consultations; it is believed OHFT has achieved the highest number of digital consultations in the country.

***Collaboration on research:*** OUH, in collaboration with its academic partners, have led trials that are helping to shape the optimal treatment of COVID-19 throughout the world; and through the Jenner Institute OUH have supported the development of a vaccine that might stop its future spread.

***Supporting BAME communities:*** as it became apparent that people from BAME communities were being more adversely affected by COVID-19 the NHS and local authorities further developed relationships and worked with community and religious leaders to raise awareness of staying safe during COVID-19; information was developed and distributed to support the Muslim community; primary care social prescribers focused on BAME needs and translation services available; this was also supported by Healthwatch reaching out to community links and providing community support.

***Data sharing / Health Information Exchange (HIE):*** HIE was launched; the system presents clinicians with information about their individual patients from both OUHT patient record and the Primary Care patient record. The view is live, which means the most up to date information is available to support direct patient care. For example, following discharge from hospital, GPs have direct access to test results from hospital rather than waiting for them to be sent. The tool also provides access to the Digital Care Plan and is accessible to GPs working in the COVID-19 clinics. The system has been in the planning for two years, it took 13 days of dedicated collaborative effort from a multi-disciplinary, cross-organisational team during the early days of the pandemic to make it available.

***Multi-disciplinary team / organisational approach:*** for example there was a coordinated primary, acute and community care response across Oxfordshire to deliver COVID-19 clinics and a home visiting service to support people with coronavirus in the community. This rapid response brought together the people and resources of the Oxfordshire GP practices, Primary Care Networks, GP federations, acute and community teams from OHFT and OUH, supported by OCCG, Oxfordshire County Council and other partners, into one co-ordinated team effort.

***Primary Care responded rapidly during COVID-19:*** including moving to remote working, digital consultations, hot hubs and additional support for care homes. Responses advanced quickly and effectively as a result of joined up partnership working across health and care providers and commissioners.

***Partnership working across primary care providers and with community services and acute providers has been a key feature of the response:*** This along with some of the operational ways of working represent significant and in some cases transformational shifts in primary care. Embedding these benefits will contribute towards realisation of the ambitions within the Long Term Plan.

Primary care continues to manage the delivery of both COVID-19 and non COVID-19 services. Like other providers there is a backlog of patient care that needs to be managed and met. There are common areas of learning and approach where primary care is looking to continue and develop further, these include but are not limited to

- Further development of multidisciplinary integrated care teams – this is a proven mechanism for maximising workforce for delivery of patient care. There a number of services where MDT working will yield benefits
- Communication with and advice for patients

- Digital capabilities and further enhancements
- Digital access enhancements that support demand and patient access
- Remote working capabilities for clinical and non-clinical staff – workforce boost
- Total triage
- Greater levels of preventative and proactive support to targeted patient groups
- Continue to operate safely and effectively with less bureaucracy
- Improvements to Care Home infrastructure and support
- Maintain levels of Clinical leadership and involvement

***Public engagement around changes made during COVID-19***

The COVID-19 pandemic has fundamentally changed the way we provide health and care in the county and indeed the country. In response to the pandemic health and care organisations have made rapid changes to how services are accessed and delivered in order to protect patients, staff and the wider community from the virus.

We need to use this as a lens to restart those services that were paused at the start of the pandemic, recover and renew services and engage the public about the future of services following rapid implementation of new ways of working.

Prior to the onset of the COVID-19 pandemic the NHS locally was already looking at how it addressed the following challenges and opportunities:

- Rising demand for services
- Changing demographics including population rise and older population
- Workforce challenges
- Financial pressures
- People living with multiple long term conditions
- Health inequalities
- Old and poor quality estate
- New technology advances
- Emerging new models of care

So that we can understand the impact of the pandemic and the changes, to the way services are delivered, for our residents we are proposing to seek feedback from local people in Oxfordshire around the following themes to inform plans going forward:

- Non face-to-face services: accessing care using technology such as video, telephone, apps and emails. We are aware of some of the barriers and need to understand how to mitigate these.
- Community services: organisations working together to promote independence and deliver care in people's homes and communities.
- Keeping People Safe: delivering services differently to prevent the spread of infections.
- Reducing health inequalities: improving health for vulnerable groups and people living in deprived areas.

Following this engagement programme; the information and ideas gathered will feed into our understanding of the experience of patients, their enthusiasm for change and the impact on their health and wellbeing. It will also inform future plans for services and any requirement to undertake formal consultation.

We are currently undertaking a mapping exercise to look at what patients have already told us about their experience of using services during COVID-19 and the impact of the way services were delivered during the lockdown phase of the pandemic. This will inform the engagement and identify any gaps to investigate further.

OCCG has worked with two co-production champion from the County Council's network of champions to develop the engagement which will:

- Support the NHS in understanding the views of residents (including those with poor health outcomes and from BAME groups), and other stakeholders on their views of healthcare services in the future
- Enable the NHS to co-design options for our approach to healthcare including location of services in dialogue with patients and stakeholders (including staff)
- Ensure the NHS in Oxfordshire is adhering to a process for redesigning services that is in line with best practice and legal requirements

We recognise that our approach to how we undertake this process needs to take into account the impact of COVID-19 on how we can engage with our population and stakeholders. However, this does not mean we cannot undertake meaningful engagement.

We will use the following ways to engage:

- Online engagement survey to help us understand resident's views on changes that have been made during COVID-19.
- Online engagement survey to help us understand our staff's (across all Oxfordshire health and care organisations) views on changes that have been made during COVID-19.
- Engagement toolkit – to support small community groups, families, town and parish councils, Patient Participation Groups etc to hold their own discussions and then feedback to us.
- Outreach work supported by the engagement toolkit via the CCG's equality and access team; community hubs, faith leaders and through the third sector.
- Online workshops and Focus Groups
- Telephone interviews
- Engagement with the newly developed workstreams of the Oxfordshire Whole System Recovery programme of work

Below outlines the timeline for the above engagement work:

| September | October | November | December |
|---|---|---|---|
| Mapping of patient experience of services during COVID-19 | Launch engagement (w/c 5 October) | | Produce engagement Report |
| Development of engagement plan and materials | Engagement | | |

## Appendix 1 Workforce plan across BOB