**Derbyshire Community Health Services NHS Foundation Trust**

**COVID-19 Service Delivery Plan**

**Version 1.1 (06/04/2020)**

This document will be reviewed and update regularly

**Document Owners**

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# BACKGROUND

Coronavirus is a type of virus. As a group of viruses, coronaviruses are common across the world. Typical symptoms of coronavirus include fever, shortness of breath and a cough that may progress to severe pneumonia causing shortness of breath and breathing difficulties.

COVID-19 is a new coronavirus that was identified in Wuhan City, China in December 2019, following investigation of a cluster of cases. **COVID-19 is not airborne; it is droplet and fomite transmitted.** Transmission is thought to occur mainly through respiratory droplets generated by coughing and sneezing and through contact with contaminated surfaces.

It is a high consequence infectious disease for the population due to its rapid spread and the lack of population immunity in the absence of effective drugs or a vaccine. The control of the disease will rely upon effective infection prevention and control measures, including transmission-based precautions (droplet and contact precaution) and isolation of potential infected patients. Appropriate cleaning and decontamination of the environment is also essential in preventing the spread of the virus. It is essential for all staff to practice good hand hygiene as per **Derbyshire Community Health Services NHS Foundation Trust COVID-19 Assessment & Management Plan**

As a consequence of this virus being identified as a pandemic DCHS has had to very quickly mobilise to deciding which clinical services are to be prioritised for provision, utilising the circulated NHSE/I Guidance

**COVID-19 Prioritisation within Community Health Services (19 March 2020)** (Appendix 1)

# AIM & OBJECTIVES

**During the period of the emergency response, DCHS’ overall objective is to preserve life, maintain safe services and safeguard patients and staff.**

The aim of this document is to provide operational guidance to staff in relation to managing clinical caseloads during the COVID-19 pandemic period, whilst maintaining patient safety.

The objectives are: -

* To ensure that the Trust has a local service delivery response based on clinical prioritisation that is in keeping with the latest guidance from NHSE/I (Appendix 1)
* To ensure that as part of the wider health and social care system, the Trust is able to support the reduction in required admission to acute services and is able to expedite discharge from acute services to maintain capacity for those most seriously affected by COVID-19
* To ensure all non-urgent referrals received from primary care are managed by operational services, so that prioritisation of the referral can take place once the COVID-19 emergency response is over.

The principles followed in decision making are:

* On-going case load review to ensure proactive discharge of patients
* Promotion and focus on self-care/self-management
* Engaging families and carers in undertaking appropriate interventions
* Maximising the use of non-face to face consultations using available technology and
* Undertaking home visits and clinic attendance only when **ABSOULTLEY** clinically necessary.

To be noted, where services both clinical and non-clinical are not prioritised, staff from these areas will be redeployed into areas of need.

This document should be read in conjunction with **Derbyshire Community Health Services NHS Foundation Trust COVID-19 Assessment & Management Plan** which gives specific information about infection prevention and control requirements.

# Health, Wellbeing and Inclusion Division

Health Wellbeing and Inclusion (HWI) reviewed the COVID-19 Prioritisation within Community Services national document and also service lines agreed locally in the absence of central direction in order to release capacity within the Division and to support operational services across DCHS

1. Service lines stopped over and above national guidance include the following:
* Epidemiology – service are maintaining a waiting list for when services can resume
* Diabetes education – service contacting staff part way through courses and asking them to self-educate using their handbook, patient will be directed to access information on Diabetes UK website
* Health Psychology - Pain Management Programme
* Vasectomy
* Cervical Cytology
* Deep implant contraception
1. Pre Birth and 0-5 service (Health Visiting )
* Statutory child protection meetings now moved from face to face to virtual case conferences by DCHS
* Service will continue to support Section 47 and Section 17 Children in Need plans by either face to face, phone or text
* High priority visits will continue face to face for vulnerable children, safeguarding visits, all new birth visits, high risk antenatal visits including high risk Mothers and Babies, and low risk antenatal care is offered via telephone triage line.
* Children’s Single Point of Access will be extended supported by Health Visitors and School Nurses
* Staff not required to support the above priorities are being redeployed via the central redeployment office
1. School Nursing
* Safeguarding to be undertaken via digital signposting
* Staffing to be reviewed in light of school closures, staff not required to support the above priorities are being redeployed via the central redeployment office
1. Contraception and Sexual Health Advice
* Routine appointments stopped, will continue to see urgent cases only
* Patients will be signposted via telephone triage for most appropriate clinical care
* Patients already within the service will be contacted and triaged
* All peripheral and Saturday clinics closed
* Website reviewed and updated with all necessary clinic and contact details
* Process for emergency contraception reviewed. Will continue to see patients in the hubs for emergency coil fitting and PDG process amended
* Local SARC centres have reviewed capacity and will continue to see people who disclose sexual assault
* Pelvic pain and heavy bleeding services reviewed and will work closely with local pharmacies and shops and local A&E departments
* Oral contraception will be issues when necessary following a telephone consultation or patients will be signposted to SH:24 where supplies will be increased from 3 month to 6 months
* Needlestick injury / HIV exposure - service continuing to triage by telephone and will offer appointment as appropriate
* STI and HIV testing – patients to be signposted to online testing and appointment offered if required. Click and collect services suspended
* Results management – to continue. Patients signposted via text to SXT
* Microscopy – this will continue via the hubs
* CBL/inform will continue with booked appointments following triage. All non-urgent appointments are being cancelled to free capacity for urgent cases
* Reviewed staffing to either maintain services Monday – Friday, or be redeployed via the central redeployment office
* Telephone calls to support Care Homes
* Training and events – training for C-Card and sexual health network have been postponed
1. Weight Management and Obesity Services Tier 2&3
* Services have been reviewed with new referrals being declined
* Will maintain a virtual and digital support for existing caseload
* Stopped taking new referrals for behavioural interventions
1. Health Psychology including Health Psychology Oncology
* Maintain support for palliative and end of life care
* Non-essential and routine support is being offered via telephone or stopped
* New referrals will be managed as non-essential unless otherwise clinically indicated
1. General Practice Services reviewed in order to support the National COVID-19 response from Primary Care
* Strategic Development work (Including PCN development) on hold under after the National COVID-19 response
* Referrals for 2 week cancer wait continue as well as seeing patients with cancer related symptoms
* New patient reviews suspended but any new patients into a care home will have telephone review
* Over 75 health checks reviewed if clinically necessary by telephone
* Routine medical reviews deferred for 3 months
* Frailty reviews undertaken based on clinical judgment
* Local care home support to continue with virtual ward rounds
* All local audit and local assurance activities substantially reduced or ceased
* All requests for appointments are triaged , an appointment given on where clinically necessary
* Linking into PCN work on red, blue and green hubs

# Planned Care and Specialist Services

Planned Care and Specialist Services (PCSS) reviewed the COVID-19 Prioritisation within Community Services national document. PCSS are looking to support other operational divisions where services may have stopped or been substantially reduced.

1. Children and Young People’s Services
* Review undertaken in Speech and Language Therapy services, to maintain skeleton service to meet clinical priority need
* Paediatric Orthotic clinics stopped
1. Orthotic
* All Orthotic clinics stopped, with the exception of patients with high risk to their skin integrity
1. Podiatric Surgery
* Elective Podiatric surgery has stopped
* To continue to work in partnership with Stockport and Chesterfield Royal Acute Hospitals regarding Podiatric surgery to continue at Buxton Hospital
* All referrals will be triaged
* Post-surgery follow up to continue (this activity will reduce)
1. Podiatry
* To continue to see patients with diabetes and work in partnership with Integrated Community Services where shared care is in place
* All outpatient and domiciliary appointments cancelled
* All outpatient and domiciliary appointments cancelled, with the exception of below
* Will continue to see high risk patients (including diabetes)  and work in partnership with Integrated Community Services where shared care is in place
* Will continue nail surgery where there is a history of repeated infection
* Working with acutes to support transfer of MDT Diabetic footcare patients into community
1. Specialist Services – Heart failure, Continence, Tissue viability, TB, Parkinson’s, Respiratory/COPD, Stroke, MS, MND, Falls, Lymphedema, Diabetes
* Where appropriate telephone consultation and follow up in place across the specialities to review all patients
* Home visits only undertaken following urgent GP/new patient or rapid response required
* Utilising the MDT to support patients
* Medium and lower priority work stopped
* High risk patients will continue to be seen by Speech and Language Therapists
1. Musculoskeletal Service (MSK)
* All assessment now completed over the telephone with clinic attendance only when there is a specific clinical need
* Commenced virtual consultations
* Looking to support General Practice
1. Urgent Treatment Centres
* Staffing escalation in place in order to support the delivery of service from all 4 units

# Integrated Community Services

Integrated Community Services (ICS) reviewed the COVID-19 Prioritisation within Community Services national document in order to release capacity within the Division. They are looking to utilise non-clinical staff from other areas within their workforce upon completion of newly revised competency training. The services that were recommended to be stopped ceased with immediate effect and the following actions have taken place.

1. Inpatient rehabilitation wards
* 2x COVID-19 wards identified with a total of 45 beds, and are fully operational as of 1April 2020 with staffing contingency level 1
* All remaining wards to uplift to maximum bed capacity
* All wards working towards revised contingency staffing levels
* All areas to ensure Senior Leadership across 7 days including Therapy services and Matrons providing weekend direct support
* ACP cover prioritised to ensure consistent input
* Senior medical cover arranged from retired and existing general practitioners
* Patient flow and discharge planning prioritised as per COVD-19 Hospital Discharge Service Requirement 19 March 2020
1. Community Nursing Services
* Robust caseload management in order to continue with agreed national clinical priorities, including complex wound management, diabetic foot care, urgent catheter care, end of life care / palliative care, rehabilitation for activities of daily living visits where options for self-management and/or alternative support have been exhausted, insulin administration, low-molecular weight heparin injections, medication prompts, complex wounds, bowel care, disconnection of chemotherapy, patients at high risk of falls and IV therapy.
* Working across other Directorates in order to maximise resources including Tissue Viability services for complex wound management and specialist Continence Nurses supporting the community nursing teams directly
* Reviewed and reduced medium and low rehabilitation within Therapy Services
* Continue to monitor attendance at wound clinics/hubs and prioritise provision based upon attendance and clinical need working closely with Primary Care red and green hubs for treating COVID-19 positive patients
* Looking to support the development of Hubs within PCNs
* Consideration to the development of red and green Community teams as capacity, demand and resources allow
* Prioritising complex discharges from acute hospital services
* Utilising all resources available where services have been suspended including CHC staff
* Community Matrons supporting complex patients within their own caseload and the District Nursing caseloads
* Working closely with Social Care colleagues in order to reduce duplication and continue to support patients remaining within their own homes
1. OPAT Services
* Responding flexibly in OPAT teams to expedite discharge and prevent hospital admissions

# Management of Referrals and Waiting Lists

Given the current situation, where appropriate, in accordance with the clinical prioritisation, all referrals into services will be triaged, and only those assessed as being essential will be seen and treated.

Choose and Book, and other referral mechanisms will remain open to referrals. However, to limit referrals where possible, messages will put onto these systems to advise referrers that only urgent referrals are being seen at this time due to the pandemic.

Following triage

* referrals which should be referred straight onto another service/providers will continue (i.e. MSK referral into secondary care). This is to ensure that patients sit on the most appropriate service/providers waiting list to be managed in accordance with their own processes.
* Referrals  deemed as not meeting the clinical prioritisation criteria, and therefore non-essential will not be seen or treated. These patients will be contacted to be informed that they cannot be seen at this time due to the pandemic, and will be placed onto a ‘hold’ waiting list. The referrer, if not the patient will be informed of the outcome of the referral and will not need to re-refer to the Service.
* Referrals that do not meet normal service criteria (pre-COVID-19) will continue to be rejected as they would have done normally
* Referrals assessed as being urgent will be seen and treated, however where possible patients will be managed virtually if clinically appropriate.

It is recognised that continued acceptance of referrals, but application of the COVID-19 clinical prioritisation will result in significant number of patients being placed on a “hold” waiting list. The Trust Information and Performance team will work with services to ensure that any hold waiting lists developed during this time will be addressed when we are no longer responding to the current pandemic.