

Derbyshire COVID-19 Restoration Plan - Summary

What is happening now?

Joined Up Care Derbyshire has a plan for how it will begin to restore health and care services, now that the initial peak of pressure from the COVID-19 pandemic has subsided.

This plan will deliver the national programme for restoring treatment capacity that was paused while the number of Covid-19 patients was rising so sharply.

In Derbyshire we made provisions for a significant increase in beds to treat a surge of patients with respiratory illnesses resulting from COVID-19. These patients required additional oxygen support and sometimes ventilation. There was an increase in patients requiring these beds, but thankfully we did not reach the upper limits of the beds we had available. Demand for this type of care is now falling so we have beds available to be used for other types of treatment.

During May and June, we are restoring some of these services. It is important to note that essential services have continued throughout the COVID-19 response, including Accident and Emergency work and urgent cancer care. Essential services remain open as usual and patients should continue to access them via their GP, A&E department or by calling 999 where there is a threat to life.

What is happening now?

Some of the steps we are taking to restore services include:

- Identifying the most clinically urgent cancer patients for surgery, including use of the independent sector
- Restoring chemotherapy and radiotherapy services back to full capacity by the middle of June, with considerations of patients who remain advised to continue to shield or choose to defer treatment
- Reviewing all surgery lists, prioritising patients and reintroducing surgery and outpatients services incrementally, with all urgent pre-pandemic diagnostics completed by mid-June.
- GP referrals to hospitals beginning to return to pre-pandemic levels over time, while continuing to focus on high-risk and shielded patients.
- Continue to maintain increased community services capacity to support discharges, support care homes and predominantly support young patients and those patients with respiratory conditions, learning disabilities
- Seeking to understand the potential mental health impact of the pandemic, while making permanent the new 24/7 mental health helpline, providing ongoing support for high risk and urgent patients and developing a specific suicide-prevention plan
- Continued segregation of infected and non-infected patients across all services
- Understanding the impact on screening and vaccination/immunisation programmes and promoting these in line with national guidance
- Running virtual outpatient appointments as the default and enabling remaining 11 GP practices to become digitally enabled for online consultations
- Restoring cardiology services in hospitals and at home
- Continuing to review postponement of home birth services

Do you have any other considerations to take into account?

We will keep a constant check on the development of the pandemic locally and nationally and will remain fully prepared to go back to full COVID-19 provision if this is required, in line with national and regional guidance. As we restore our services we need to ensure that:

- We protect the long-term welfare of our staff to be able to be able to treat the numbers of extra patients. Our staff have been absolutely fantastic in their response to the pandemic, and affected in many different ways by COVID-19. These include being directly infected and being ill, having suspected symptoms so having to self-isolate, being among the shielded groups so having to isolate, being unable to work due to individual risk assessments of their ethnicity or vulnerability status, conflicts with childcare provision

and work, burn out and trauma from the very challenging work they have had to undertake and the environments in which they have had to perform, and other reasons. In addition, our staff have worked tirelessly for many weeks to keep services running, so we must ensure that they can rest appropriately. We must help our staff recover before we take too many steps forward in recovering our services.

- Our stocks of Personal Protective Equipment (PPE) are able to match service provision to ensure services can commence and continue safely to protect staff and patients
- We want to support patients to continue to use services in a different way. We have seen reductions of more than 50% in our accident and emergency departments and while some of this may have been patients who perhaps might have been best to come to A&E but were deterred, we expect also that many patients with minor injuries or illness have decided not to attend A&E and either use an alternative service of self-care, which is a message we have been trying to send to the public for many years.
- we have the appropriate equipment to carry out operations, at a time when the entire NHS is aiming to cater for a backlog of surgery. Access to anaesthetics gas and certain drugs might limit how many operations we can perform.
- We start to understand the greater impact of the pandemic on the population, both for routine care and where there might be the potential for greater complications due to patients being treated later than would normally have happened.
- We understand the knock on implications for different sectors and services within health and social care, not least the secondary impact of operations on primary and community care services. While the NHS is seeing a reduction in demand, colleagues in social care across children's and adults services are still responding to first COVID-19 peak

What have we learned?

First and foremost we recognise the pain and suffering caused from the COVID-19 pandemic and the impact it has had on our local population including our staff. Whilst recognising this, the pandemic has also enabled us to improve the way we work together and how services are delivered. We are committed to maintaining those changes where they have been of benefit for people and staff across Derbyshire.

Examples of these benefits include:

- Greater use of digital technology and innovative solutions to care and wellbeing service, including significant increase in virtual outpatient and General Practice appointments. In our hospitals we have gone from 4% of contact being made 'virtually', to around 60%. This rises to more than 80% in some services.
- 85% of GP consultations have been carried out remotely, with a significant expansion of video consultations with care home residents and group consultations with patients living with long-term conditions. In the first week of May there were 2134 video consultations.
- In just 4 weeks our GPs have managed 1500 patients suspected to have been infected with COVID-19 in newly created 'red hubs'. This has enabled safe management of the entire general practice population.
- An increased level of community support to enable hospital discharges, with a 33% increase over and above normal winter levels in community beds (Pathway 2 and Pathway 3)
- Increased consultant advice for GPs, meaning that referrals can be more streamlined
- The launch of a Cancer App to support people and their wellbeing, with 10,000 page views prior to being fully promoted.
- The implementation of a Mental Health Support Line, receiving an average of 60 contacts per day, supporting people in lockdown and resulting in reduced demand on NHS111 calls.

What will happen in the future?

Our response and approach will be even more crucial as we plan for the longer term as we know we will need to continue adapting to the pandemic and living with this. The need for patients to access COVID-19 related health and care services will continue for at least the next 12 months, or until a vaccine can be made available. This means the longer-term health impacts of COVID-19 may present additional demands on services for months and even years.