

Briefing note:

Southern Health's response to coronavirus epidemic: update 6

Introduction

As a result of the ongoing coronavirus epidemic, Southern Health (along with all other NHS organisations across the country) has had to adapt its healthcare services to protect patients, staff and local communities.

During these unique times, our aim has been to provide our local overview and scrutiny committees with regular updates on all those healthcare services where changes have been necessary as a result of the national crisis. We have either done this through Southern Health specific updates or through the system-wide updates which have been provided to the committees over the past year. This paper is the latest in a series of Southern Health specific updates.

Current position: overview

We are now in our third and most challenging national lockdown since the COVID-19 pandemic began.

Southern Health was one of a number of organisations which recently signed an open letter to the people of Hampshire and the Isle of Wight to ask for their ongoing support as the NHS works to do everything we can to treat people with COVID-19, whilst also providing the other healthcare services that people need every day, in addition to delivering the biggest vaccination programme ever seen in England. (Click [here](#) to read the letter).

Priorities

In terms of Southern Health's specific response during this latest wave of the pandemic, we have a number of priorities – based around patient risk and the goal of treating people without the need for a hospital admission wherever possible (keeping beds free for potential COVID-19 admissions). This is based on key learnings from the first wave of the pandemic.

For example, we are focusing on:

- urgent community response services,
- community nursing and therapies,
- mental health services (including italk)
- children's services (including childhood immunisations and safeguarding work).

We are also redeploying a large number of staff to the system-wide COVID-19 vaccination programme which is now in full swing, as well as supporting acute trust colleagues with additional staff for their critical care teams.

Unfortunately this does mean that we have to once again temporarily cease or reduce some of our non-urgent community and elective services, utilising technology whenever possible. These services – which are detailed in the next section - will return to normal as soon as this latest wave recedes.

OUR VALUES



Workforce

To support our frontline teams, we are undertaking additional recruitment activity (including the recruitment once again of volunteers). We are also fast-tracking training for redeployment purposes, we are incentivising part-time staff to increase their hours, and we are stepping up our health and wellbeing initiatives for our hard-working staff.

As a result of the vaccination roll-out, we have been able to administer the first COVID-19 vaccine to more than two thirds of our 6000+ workforce and this number continues to rapidly rise. We also continue to test our frontline staff on a regular basis to protect both them and our patients.

New Long-Covid Service

We are also part of a new service now available in Hampshire to support 'post-Covid' or 'long-Covid' patients and Covid-positive patients in the community. Six clinics now operate across Hampshire and the Isle of Wight.

Whilst this is certainly the most challenging period of the pandemic, there is much to be positive about with the successful introduction of the vaccination programme and with our ability to implement key learnings from the first wave of the pandemic, at pace, in order to manage this latest wave as effectively as possible.

Service Changes

During this latest wave of the pandemic, we have had to once again make a number of changes to our services to adapt to the fast-changing environment we continue to find ourselves in. These changes, which were agreed with commissioning colleagues, can be summarised as follows:

Community services

- We are continuing to review our caseloads, scaling back our routine work where it is clinically safe to do so.
- This enables us to support more patients who are discharged home, to release beds in the acute hospitals.
- Services which have been scaled back (i.e. we have reduced frequency of visits where appropriate or reduced face-to-face work and moved to video/telephone support where appropriate) include:
 - Non-urgent blood tests; palliative support visits to stable patients; chronic disease management; and leg clinics.
- Community services which we continue to maintain at normal levels include:
 - Daily insulin administration for high risk/vulnerable patients; end of life syringe drivers and stat doses; rocket drains (indwelling catheters designed to drain recurrent effusion from the chest); high risk diabetics; urgent referrals and assessments (care homes); O2 and respiratory services; continence care; bowel care; catheter care and blockages; Parkinson's disease services; Multiple sclerosis services; and falls service.

Inpatient services

- We have increased the number of beds in our physical health wards across our community hospitals, to support the pressures faced by the acute hospitals, whilst maintaining infection prevention and control measures.
- There are opportunities to expand this further if required and subject to staffing availability.

Elective treatments

- There is a temporary cessation (or reduction in frequency) of elective and routine outpatient services across our community hospital sites, using risk assessment and triage to ensure high risk patients continue to be seen. Some of this work has been in order to accommodate the creation of additional bed capacity as mentioned above. Services which have temporarily ceased include:
 - Rheumatology, routine endoscopy and DEXA (bone density) scans.
- There has also been a small reduction in non-urgent MRI and ultrasound scanning.
- There have been more significant reductions in musculoskeletal services, so that staff can redeploy to the vaccination programme – these include the temporary closure of orthopaedic choice, physio and MSK

podiatry for routine referrals. In these services and also in podiatry and pain services, only urgent referrals are currently being seen.

- Other services are continuing at this this current time, but are constantly under review (to enable the Trust to react at pace to the constantly changing COVID-19 situation).

Key Points

There are a number of key points to note about any temporary service changes:

- We have been (and continue) working with our staff, patients and carers across Hampshire to **ensure our local communities have access to our services**, especially those needing urgent or ongoing support.
- We have adapted our services to ensure we are able to **support our patients in different ways**, such as via telephone, text messaging or video calls. Crucially though, face-to-face contact with patients is still taking place where this is important to their safety.
- Where services and support groups have had to temporarily be suspended to prevent the risk of infection, **alternative arrangements** have been put in place to ensure people can still access care, advice and support.
- All **service change is carefully risk assessed** by the teams delivering the care, to ensure any adaptations are in the best interests of patients and are as temporary as possible. Any significant service changes are added to the Trust's central risk register and the Trust Board then makes informed decisions based upon the latest risk evidence and the mitigating factors that have been put in place by teams locally.
- Whilst it is true that the methods for delivering care may have temporarily changed, the **vast majority of the care we provide is still available for people to access** - and we have been working hard to share this message with our patients to avoid any unnecessary negative consequences of service change.

When?

Service changes are taking place with immediate effect, after consultation with our commissioners and services will return to usual as soon as capacity allows, as happened after the first wave in the summer last year.

Engagement Activity & Next Steps

We continue to work closely in partnership with our CCG colleagues and those across the local healthcare and social care system to agree and implement changes, as we continue to focus on our Covid19 response.

We are also working with our local teams to encourage them to once again share any necessary service adaptations with patients and carers as quickly as possible and to offer support and guidance.

Additionally, the Trust's communications team is working to share messages regularly on Southern Health's website and across our various social media channels.

Any questions?

If you have any questions, please contact Grant MacDonald (Southern Health's Chief Operating Officer) or Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: grant.macdonald@southernhealth.nhs.uk / heather.mitchell@southernhealth.nhs.uk.

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