

**North East London NHS temporary service changes in response to the Covid19 Pandemic – update as of August 2021**

Following an earlier submission on service changes in June 2020, ICP system operational command groups (SOCGs) have been asked to routinely report any significant Covid-related NHS service changes to NELHCP. These changes were updated in January 2021 and this is the latest position (August 21).

Significant service changes are being captured across NEL to support stakeholder management, reports to the NEL Clinical Advisory Group and to NHSE as required. These are service changes that would normally warrant engagement or consultation i.e. more significant changes including any closures and consolidations.

**Temporary COVID service change updates from the ICP SOCGs – reviewed by NEL CAG on 18 August 2021**

**Contents**

BHR (Barking and Dagenham, Havering and Redbridge).....	1
City & Hackney.....	9
TNW (Tower Hamlets, Newham, Waltham Forest).....	11

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
<b>BHR (Barking and Dagenham, Havering and Redbridge)</b>			
1. BHRUT acute beds	Freed up more acute bed capacity by working with partners to discharge medically fit patients into the community e.g. stroke rehabilitation to Meadow Court	Availability of acute bed capacity	A planned continued approach – a review is underway of the Discharge to Assess pathway (which is a key element of this) and impact on Local Authority providers of the service.

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
	(reported 3/12)		
2. BHRUT elective activity	Postponed all 'non-life-and-limb' elective procedures at our two Trust sites and redesignated inpatient capacity across sites. Started relocating of time-critical surgery (including cancer) to private capacity. Urgent face to face and some virtual outpatient activity continuing. (reported 17/12)	Support the redeployment of resources to increase capacity for critical care and high acuity inpatients, infection prevention and control	BHRUT is working on the backlog of elective activity and has met the planning guidance elective recovery activity in Apr, May and June and achieved 82% in July Vs 92% target. Undertaking all routine, cancer and urgent diagnostic endoscopies (operating at both KGH and QH) Orthopaedic trauma back from the North-East London Treatment Centre – now at Queen's Hospital Restarted routine face to face outpatient appointments, using all available BHRUT capacity; virtual appointments also still take place Some face-to-face outpatient activity has restarted from non-Trust sites (eg Barking, Harold Wood, Brentwood Community Hospital, where external capacity has been made available to support tackling the backlog. Decisions are yet to be made in terms of whether any of these changes are to be considered permanent – the priority is addressing waiting lists

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
			<p>Infusions that were located in the Independent Sector during the first two Covid peaks have returned to Trust sites (for rheumatology and iron infusions), with gastroenterology infusions moving temporarily to Barking Community Hospital while their pre-Covid accommodation within the endoscopy unit at Queen's Hospital remains unavailable due to IPC restrictions.</p> <p>All patients under our care can have blood tests in our hospitals including oncology, haematology and antenatal bloods; also children under 12. The blood test departments have relocated from the main atrium to outpatient teams 3 and 4 at Queen's and Cedar Centre at King George (these locations may change however will remain on site).</p> <p>Sexual Health services continue to run out of Barking Community Hospital – looking to expand delivery of services moving forward, with the 'hub' remaining at BCH and re-establishing</p>

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
			some 'spokes' at Loxford, Hainault and QH.
<p>3. Covid vaccination programme from 14/12</p> <p>(This is NEL-wide)</p>	<p>hubs, care home roll out, developing mass vaccination programme</p> <p>Hub opened at Queen's; hub opening shortly at King George, to support care homeworkers, LAS, home care and other frontline workers as well as BHRUT staff. At 20 Jan, vaccinated almost 10,000</p>	<p>Deliver covid vaccinations</p>	<p>Yes</p>

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
4. Extension of community and primary care including rapid response, CMC, hot hubs etc (reported 30/12)	Including: <ul style="list-style-type: none"> <li>• Additional step down nursing home beds</li> <li>• Discharge to assess</li> <li>• Additional designated care home setting (Havering and Redbridge)</li> <li>• Planned intensive rehabilitation service capacity</li> <li>• Enhance hospital discharge capacity.</li> </ul>	To support discharge	Yes, and planned extension
5. NELFT – proposals for service changes (approach agreed 17/12)	Surge plans for service changes to meet increasing demands. In particular risk stratification of community referrals. Consequence of higher waiting times and adding to backlog.	To support higher risk patients and discharges	Yes
6. BHRUT critical care (reported 4/1)	Additional critical care capacity – increased capacity from 35 beds to 82	To support covid activity	Yes
7. BHRUT birthing centre (to be reported 7/1)	<a href="#">Temporary closure of the midwifery led birthing centre at Queen's</a> . Remainder of department, including the Labour ward, is operating normally.	To redeploy staff	No. All services resumed; position as prior to the pandemic, including face to face clinics for booking in births, obstetrics and post natal visits, and ante-natal education sessions back up and running

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
			<p>However staff within the birth centre are often re-deployed due to increasing sickness and isolation, so the service in the Birthing Centre is not always open for women to deliver</p> <p>Antenatal services remain on ground floor of King George</p>
8. BHRUT paediatrics	<p><a href="#">Temporary closure of overnight paediatric ED at KGH (9pm to 9am)</a> - impact of Covid has meant no specialist children's doctors on duty at the hospital at night. Children needing further assessment and admission are transferred to Queen's.</p> <p>Monitored daily.</p>	Covid and staffing capacity	<p>KGH is now open 24/7 (from end of July 2021).</p> <p>Paediatric assessment continues at 'front door' of King George; patients needing further assessment/treatment/admission are transported to Queen's where paediatric inpatients are co-located until an inpatient unit returns to King George later in the year.</p> <p>The location will be different for now as Clover ward will continue to remain reassigned for additional critical care capacity for the time being. Plans are for a shared space with paediatric mental health</p> <p>Opened a new Paediatric Assessment Unit at Queen's.</p>

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
9. BHRUT Therapies	<p>Inpatient therapy - continuing to prioritise the sickest patients followed by the patients for immediate discharge, to ensure quality care and flow.</p> <p>Outpatient therapy: Redeployed therapists now return to their areas of speciality. Patients who can be seen virtually are still being assessed in that way and patients are being seen face to face whenever necessary. Waiting lists are running as per before Covid.</p> <p>Stroke rehab now located at Meadow Court (Goodmayes</p>	Covid and staffing capacity	Yes

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
	<p>site). Plans are to join the rehab beds at Queen's (currently mixed with the acute beds) with the beds at Meadow Court making one ward one ward on the NELFT site.</p>		
<p>10. BHRUT – planned surgery</p>	<p>Pre-assessment relocated to Goodmayes site from KGH/Queens Hospital</p> <p>At the start of the pandemic, routine surgery was paused.</p>	<p>Space Constraints at KGH and Queens hospital</p>	<p>Pre-assessment relocated to Goodmayes site – to remain for the foreseeable future due to space constraints at both King George and Queen's</p> <p>Focusing on treating patients who are most clinically urgent and have now started routine surgeries at both King George and Queen's</p> <p>King George – main elective centre (operating 7 theatres with ITU back-up)</p> <p>Queen's – 8 theatres running for day cases, with provision Monday to Thursday to accommodate patients overnight in Day Surgery Unit</p> <p>Also working with local independent sector providers to organise treatment at non-Trust sites for some of our long-waiting patients - currently running</p>

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
			17 sessions a week at PPG (formally the ISTC); this is a three month contract for Orthopaedics, General Surgery and Neuro surgeries
<b>City &amp; Hackney</b>			
11. Homerton acute Transitional Neuro-rehabilitation Unit	Beds at Mary Seacole closed	To enable staff to be redeployed to cover acute inpatient beds	No – service reopened
12. Homerton Paediatric Inpatient Unit	With the exception of short-term observation admissions, paediatric patients requiring admission will be transferred to the Royal London hospital	To enable creation of additional adult G&A inpatient beds	No – service reopened
13. Homerton Non-cancer elective surgery and non-urgent endoscopy	All lists cancelled	To reduce pressure on inpatients beds, ITU beds, and to enable staff to be redeployed.	No – service reopened
14. Homerton colorectal cancer surgery	Suspension of service and utilisation of independent sector	Inability to access ITU capacity and ring-fenced ward beds postoperatively because of COVID pressures in both areas	No – service reopened
15. Homerton Stroke Unit	Transfer of stroke patients to the Regional neuro-rehabilitation unit.	To enable creation of additional adult G&A inpatient beds	No – service reopened

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
16. Covid vaccination programme from 14/12 (This is NEL-wide)	Establishment of C&H vaccination programme as part of NEL programme, co-ordinated capacity including LVS sites run by PCNs, community pharmacy and programme of targeted outreach engagement and pop-up events	Deliver covid vaccinations	Yes
17. Extension of community and primary care including rapid response, CMC, hot hubs etc.	Including: <ul style="list-style-type: none"> <li>• Additional discharge capacity secured in care home settings</li> <li>• Doorstep assessment service and home pulse oximetry service</li> <li>• Integrated discharge hub</li> <li>• enhanced hospital discharge capacity</li> <li>• System clinical pathways for a range of common conditions designed to support admission avoidance or expedite discharge</li> </ul>	To support discharge	Yes, and planned extension  Some elements remain prepared for rapid mobilisation (within 48 hours) but only mobilised at peaks of demand / infection – e.g. primary care hot hubs, Doorstep Assessment Service, full pulse oximetry service and enhanced discharge pathway.

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
<b>TNW (Tower Hamlets, Newham, Waltham Forest)</b>			
18. Newham and Whipps Cross Paediatric Inpatient Units	Paediatric patients requiring admission will be transferred to the Royal London hospital	To enable creation of additional adult G&A inpatient beds and support staffing capacity	Service change no longer in place.
19. LAS flows to Newham and Whipps Cross	Changed to Royal London Hospital plus independent sector (for ambulant trauma where a 3day isolation period can be completed, cancer and P2 surgery)	To provide a flow of critically ill and injured patients direct to RLH, supporting G&A capacity at Newham and Whipps Cross. Fracture NOF pathway to be centralised at WX.	Service change no longer in place. Daily review and diverts put in place if required
20. Wheelchair, prosthetics and orthotics service	Cease service except the prioritising of pressure ulcer management (Newham service only) and consider link to acute vascular services re amputation and supporting discharge	Staffing capacity released will be moved to support mass vaccination programmes, to support existing out-of-hospital services, and to support ED avoidance and rapid discharge in support of acute partners.	Service change no longer in place.
21. Barts Health hospital hubs and NHS Covid-19 Vaccination Centre, Newham	Establish hospital hubs for vaccinating health and care staff at The Royal London, Whipps Cross, Newham and St. Bartholomew's, plus extra facility for mass vaccination	Contribute to delivery of national NHS vaccination programme	Service change no longer in place.

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
	of the public in temporary premises at the Excel centre		
22. Barts Health elective activity	Postpone all planned routine elective activity; redesignate inpatient capacity across sites; relocate some surgery to the independent sector.	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	<p>Service change partially in place - Elective recovery as part of pan-NEL recovery plan and outpatients transformation programme is continuing, focusing is on high priority pathways with significant elective backlogs, in order to secure funding from the national Elective Recovery Fund (ERF) to implement services to triage/treat/discharge patients on the waiting list and receive new referrals from primary care. Routine elective activity is now taking place again, with non face-to-face appointments offered where possible. NEL is creating 6 speciality HVLC hubs for surgical activity where these have been specified by NHSE. Patients and staff are moving between providers to support the model and tackle backlogs as part of the elective recovery programme.</p> <p>BHRUT is providing mutual aid for Whipps Cross for endoscopy.</p>

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
23. Barts Health Outpatient clinics	Cease service with the exception of post-surgical high risk review case e.g. diabetic foot	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
24. Barts Health Podiatry and podiatric surgery	Cease service with the exception of high risk vascular / diabetic and also non-diabetic corrective procedures such as bunion service	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
25. Community nursing	Clinical prioritisation of urgent needs/rapid response/supported discharge, including EOL and reduce regular review work through appropriate risk management.	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
26. Specialist nursing for specific conditions	Cease routine QOF associated activities while continuing to clinical prioritise urgent needs and increase use of telemedicine. A number of routine reviews to continue such as respiratory reviews for	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
	<p>known frequent exacerbations and CVD based annual review. Ceasing of education course and clinics for diabetes and cardiac rehab. Continence services to be provided to all over 70s at home and other seen if no symptoms present.</p>		
27. Rehabilitation services	<p>Cease service elements of low and medium priority with prioritisation of urgent needs. Review options of virtual rehab and prioritise respiratory physiotherapy and teleswallowing for speech and language therapy.</p>	<p>Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control</p>	<p>Service change no longer in place</p>
28. Neuro-rehab	<p>Cease service elements of medium and low priority with prioritisation of urgent care needs such as early supported stroke discharge</p>	<p>Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control</p>	<p>Service change no longer in place</p>

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
29. Therapy interventions	Prioritisation needed for urgent care cases, with the continuation for high risk if aspiration pneumonia /early supported stroke service and dietetics support for significant malnutrition	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
30. Weight Management	Stop behavioural interventions. Triage for Tier 3 programme for those with associated comorbidities and look to remote support	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
31. Contraception	Cease service with the exception of urgent work only for terminations, contraception, GUM and HIV treatment.	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
32. MSK	Majority of rehab work stopped. Prioritisation of emergency and urgent MSK conditions which require secondary care services and continuation of rehab for recent elective	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
	surgery, fractures and those with complex needs.		
33. Continuing care packages	Move CHC cases to CCG teams where possible with DSTs and reviews suspended	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
34. Adult Safeguarding	Continue case management but not SARS	Redeploy resources to increase capacity for critical care and high acuity inpatients, and maintain infection prevention and control	Service change no longer in place
35. Covid vaccination programme from 14/12/20 (This is NEL-wide)	Establishment of NEL vaccination service, primary care hubs, care home roll out, developing mass vaccination programme	Deliver covid vaccinations	Service change still in place but not permanent change

Service	Change	Reason for Change	Are the changes still in place? (add expected end date if known)
36. Extension of community and primary care including rapid response, CMC, hot hubs etc.	Including: <ul style="list-style-type: none"> <li>• Additional step down nursing home beds</li> <li>• Discharge to assess</li> <li>• Additional designated care home setting</li> <li>• Home pulse oximetry service</li> <li>• Enhance hospital discharge capacity.</li> </ul>	To support discharge	Service change still in place but not permanent change
37. Mildmay Mission Hospital	Establishment of 14 homeless stepdown / Covid isolation beds	The ICSs across London have been working together on the Covid-19 response for homeless health. The ICSs collaborated to commission pan-London stepdown and Covid isolation beds at the Mildmay to support discharge from acute settings and Covid isolation for rough sleepers during the pandemic.	Yes (pan London agreement until March 22)