NORTH LONDON PARTNERS
in health and care

NHS

Learning from Covid-19

JHOSC – June 2021

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Summary

During the first wave of the Pandemic we had to respond rapidly to a very challenging situation and unprecedented demand for services.

Learning from the first wave informed preparations for wave 2 over autumn/winter 2021 and has helped us build strong foundations as an integrated care system (ICS).

This report provides an overview of the approach employed by NCL system partners to respond to and learn from the COVID pandemic. The report further sets out how system partners worked together, developed innovative system solutions and key achievements that have been delivered as a result.

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Introduction and context

During the pandemic, NCL has faced unprecedented challenges for the health and care system. We have worked as a system to strategically plan our response, within the context of a level 4 national incident. We have continually reviewed and refined our approach during the different phases of the pandemic. We made sure we learnt, were flexible and able to adapt to the different situations we faced to ensure we could continue to deliver services that meet the needs of local people.

Wave 1

We rapidly responded to the emerging situation, making temporary changes to services and redeploying staff at short notice.

March – June 2020

1

Wave 2

Having prepared for a potential second wave were able to respond to significant increase in demand for services due to Covid and maintain more essential services

Dec – March 2021

3

2

July – Nov 2020

Recovery and Review

We carried out after action reviews, planned service recovery and explored how to build on successful collaborative response to ensure future benefits for the ICS.

4

April 2021 - present

Recovery and Review

Now we are focusing on recovery of electives, primary care, community and mental health services while planning for any further waves, the longer term future and ambitious ICS plans.

System working and governance

Over the course of 2020, NCL we established cross system governance structures and ways of working that have allowed us to adapt to the changing demands of the pandemic. Operating within a level 4 national incident required different ways of working, including governance arrangements, with increased oversight from NHS England and NHS London GOLD level and NHS London Clinical Advisory Group (CAG):

- System leadership provided through the System Recovery Executive and Partnership Executive Group
- Senior clinical and operational leadership provided by NCL's Clinical Advisory Group (CAG) and Operational Implementation Group
- Oversight provided by the Partnership Board and NHS England and NHS London GOLD/CAG
- We established NCL's People Board to provide professional leadership
- We formed clinical networks to support areas such as critical care, prioritisation and medical specialties
- The Local care group provided leadership to primary care, mental health and community care
- The Provider Alliance supported collaboration and efficient working between NHS trusts

We want to ensure we evolve our leadership structures, accelerate and maximise the benefits of new ways of working, including system collaboration across the NHS, councils and partners. This will enable us to respond to the ongoing pandemic while building the foundations for a better health and care system as we move to become an ICS, including action to tackle health inequalities and the wider determinants of health.

Learning from first wave

In NCL we found that:

- Impact on NCL's population was broadly in line with national Public Health England's analysis. Identified a need to prioritise tackling health inequalities, in and across boroughs, as central to our recovery planning
- COVID has exposed the impact of inequity and inequality within and between boroughs - there is a real risk of widening of inequalities as some communities fear re-engaging with services.
- Experience and impact of the pandemic is individual to residents and we need to respond appropriately. Need to continue to work closely with communities, councils and community organisations to tackle fear of accessing services, isolation and outbreaks within family and communities. Use principles of:
    - Actively engage with those most impacted by change
    - Make everyone matter, leave no one behind
    - Confront equality head on
    - Strengthening personalised care
    - Value health, care and support equally
- As a system, we need to plan based on local population health needs following the impact of the pandemic. For example, the burden for mental health, long term conditions and social support is continuing to grow, and this requires more collaboration at a system level.

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Learning from first wave

- Data helped us to develop systematic Covid responses across the health and case system. We used triggers and modelling to plan for critical points at which the system took particular actions and responses, and graduated this in line with the rate, prevalence and admissions of cases.
- NCL benefitted from specialist tertiary NHS hospitals shifting their focus and acting as part of the system e.g. Great Ormond Street Hospital and Royal National Orthopaedic Hospital. Continuing to working closely with these world leading centres will support our response and recovery to future waves.
- Future response need to be borough specific and sector coordinated to build on local strengths, respond in an agile way while benefitting from system actions
- We benefitted from new use of data and technology to support primary care to work with other agencies and support shielded and vulnerable residents
- We benefitted from strong local relationships in working with care homes and captured learning
- System actions were required for aspects of NCL's response such as boosting intensive care capacity
- Our workforce is our greatest asset, we need to more to support them and their families. There is an opportunity to address many of the workforce challenges, including a focus on developing, supporting and promoting leaders from our local communities and BAME communities.
- There are some benefit in continuing to work as a system to support capacity issues and constraints in areas such as testing and PPE.

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NCL approach to planning for Wave 2

- To maximise the learning from the first phases of the COVID pandemic, NCL worked on modelling and scenario planning which has guided the system's preparation and response to Wave 2.
- This guided our collective planning and decision-making around trigger points for standing up or down services or flexing capacity at the right point in time. This approach also aligned to the Public Health England and local authority and outbreak response work.
- It allowed us to respond quickly and appropriately to maximise our impact while maintaining health services as long as possible.
- We took also into account key capacity constraints such as personal protective equipment, testing and medicine availability, as well as staff well being and ensuring staff support through an extended response.
- We developed a series of escalation plans to alert us to pressure in the system, factoring in interdependencies.
- We used scenario planning to support a system response to best and worst case modelling of the potential impact of a second wave.
- Our priority was to maintain services, including emergency care, cancer and other specialist care, outpatient, diagnostics and elective care, throughout a second wave as much as possible.

Critical Care

We learnt a huge amount during wave 1 which supported successful planning for wave 2 –

- System wide surge planning allowed NCL to increase capacity in intensive care by 250% across system from a baseline of 152 beds during the peak of demand in January/February 2021
- UCLH ran a highly effective critical care transfer team and is took a significant number of transfers from other sites
- Royal Free London provided specialist renal services for patients across the system
- Our ongoing approach to critical care:
  - build on our **partnership working** and mutual aid strengthened during the first and second waves of Covid
  - consolidate **learning from our clinical outcomes** and after action reviews to inform our planning
  - increase **staffing resilience through training**
  - consolidate and build on the NCL critical care **patient retrieval/transfer hub** which UCLH will host
  - grow **bed surge plan**. Locate most increased capacity at UCLH and the Royal Free Hospital **creating hubs** to support the network
  - protect **specialist work** and maintain specialist elective work, such as cancer, through future peaks or Covid surges
  - develop our **staff wellbeing plans** in line with wider London principles and ICS plans
  - develop **Oxygen resilience** to support increase in ventilated and non-invasive ventilation beds

Urgent and emergency care

- We experienced a surge in **NHS 111 activity** during both wave one and two.
  - During wave one we introduced service advisors and this was continued during wave two, to maintain call answering performance.
  - A Clinical Assessment Overflow Service was introduced during wave two to support the 111 service at a regional level to be used when demand increased.
  - Closer working between 111 and primary care with ability to book GP appointments introduced (in hours).
  - Out of hours pulse oximetry home management for Covid patients delivered by 111 to complement the in-hours primary care led service.
- During summer 2020 we introduced new ability for NHS 111 to directly **book A&E or urgent treatment centre appointments** following clinical assessment to determine both level of urgency and most appropriate service.
- We have also recently introduced hospital pathways for **same day emergency care** via clinician to clinician hand over for areas such as stroke and falls
- Although we initially closed the Edgware Walk in Centre, this is now scheduled for re-opening in October, recognising the surge in demand for walk in appointments.

Local care

Hospitals having seen a huge demand for their services and many residents have been very anxious about spending time in hospital it has been really key to make sure patients are cared for in the most appropriate setting including in their own homes, or community beds where possible. Before the pandemic there was variation in discharge arrangements:

- In March 2020 we created **integrated discharge teams i**n each acute hospital to reduce the variation in discharge arrangements, support collaborative working and reduce delayed discharge of medically optimised patients. The teams facilitated very positive changes such as P2 capacity bed sharing, and local authority capacity for step down bed, helping to reduce excess admissions and stranded patients. We have continued to refine our approach across NCL introducing consistent processes and operational tools
- **Pulse oximetry at home/Virtual wards** - working closely with primary and secondary care pulse oximetry led by primary care and virtual wards led by secondary care to avoid Covid patients' admission to hospital and early discharge where appropriate
- **Additional community step down** – 24 bedded nurse and Allied Health Professional (AHP)/Multidisciplinary Team (MDT) led unit facilitating patient discharge from North Mid.
- NCL has an existing **Rapid Response** (Urgent Community Response) 'core offer', including consistent opening hours, cross-border eligibility and clinical conditions accepted. There is a single NCL Rapid Response LAS Appropriate Care Pathway (ACP) and referral protocol for 111/IUC

Support for care homes

- As per previous paper to JHOSC in September 2020, we have been developing our support to care homes during the pandemic
  - Following the huge impact covid-19 had on residents that receive care services during wave one, we developed a robust **After Action Review** to explore how we had responded as a system and what we could learn.
  - We agreed that as a system we will formally implement a joint programme of work between NHS and Councils to continue strengthening **integrated work with care providers** at a borough and NCL level.
  - This will support **continuous improvement and learning** as well as implementation of the action plan from the review.
  - We worked closely together, particularly across adult social care, public health and NHS partners. We formed new joint programmes of work and **enhanced relationships with care providers** to help us respond.
  - We have increased **support to care homes** in areas such as infection prevention and control, testing, staff training and access to clinical support.

Specialist care

- **Cancer**
  - Between wave 1 and 2 we learnt, from data published by the surgical hub at UCH at Westmorland St along with private hospitals, that it was possible to carry on services safely with the right infection control measures and it was possible to keep patients safe.
  - We managed to encourage people to still attend services, meaning a much smaller drop in attendance at services and a smaller drop in suspected cancer referrals. (about drop 70% in April 2020 vs 30% in Jan 2021), largely through a combination of local and national public awareness work.
  - The early stages of the pandemic led to some of changes in clinical management of patients, such as increasing gaps between chemo cycles or avoiding chemo alongside surgery. In some cases we think that these changes will lead to long term improvements and NCL Cancer Alliance is sponsoring a project to collect detailed data to evaluate how changes to pathways have benefitted patient care.

- **Stroke**
  - High Acuity Stroke Unit relocating to Queens Square has seen improvements in number of patients admitted to stroke unit within four hours and in time to see both consultant and trained stroke nurse
  - NCL has started a pilot with LAS to link patient, paramedics and stroke consultant by video link

Specialist care

- **Cardiology** - during wave one St Barts acted as a ‘Cardiac Hub’

- **Renal**
  - We have an ongoing ambulance divert in place for dialysis patients to the free from the sector. This was confirmed and supported by a pan London CAG paper.
  - We selectively transfer patients with AKI to the renal unit to avoid ITU bed use in sector hospitals when clinically appropriate
  - We provided renal ward rounds at n district hospital iTU during the pandemic to optimise management
  - We contributed to the national guidance for the management of AKI in ITU in COVID.

- **Neuro-rehab centre**
  - temporarily closed in December 2020, and reopened in February 2021.

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Children and young people's services

During wave one, changes were made to paediatric services at short notice, when all inpatient care moved to GOSH. This was disruptive for staff, children and young people and their families. To prepare for future increases in demand over winter/autumn 2020/21, we proposed temporary changes to allow paediatrics to continue to deliver safe, high quality emergency, inpatient and specialist care:

- **Whittington Health** Southern Hub created with temporary expanded capacity for paediatric emergency and inpatients
- **University College London Hospitals' (UCLH)** paediatric emergency department temporarily closed. UCLH specialist inpatient and day-case services, e.g. cancer haemato-oncology and complex adolescents, stayed open.
- The **Royal Free Hospital's** paediatric emergency department and majority of inpatient beds temporarily closed. A small number of low volume specialist services remained open for: Plastics trauma; Gastro infusions; food challenges; tongue ties; MRI ; hydrogen breath tests; urgent ophthalmology; and plastics.
- **Barnet Hospital** paediatric emergency department and inpatient unit reopened in August 2020
- **North Middlesex University Hospital** paediatric emergency department remained open with additional capacity. Inpatient paediatric provision temporarily moved to GOSH Dec 2020 - early Feb 2021
- **Great Ormond Street Hospital** provided urgent elective inpatient and some – but not all – day surgery.
- In addition, paediatric gastroenterology temporarily moved from Royal Free to GOSH

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Children and young people's services

- The temporary changes were only ever designed to provide resilience over autumn/winter 2020/21 and emergency departments and inpatient beds at the Royal Free Hospital and UCLH **reopened in April 2021**.
- NCL committed when the temporary changes were made that we would carry out an in-depth evaluation of the temporary changes, which will cover:
  - Did we meet the aim of the recommendations, which was to have a resilient, clinically safe and quality service over autumn/winter 2020/21
  - What is the learning for the system in terms of both the both the change process and operational implementation?
  - What are the strengths, areas for improvement and opportunities in the model?
  - Drawing from the temporary model are there further recommendations that can inform future planning for paediatric services in north central London?
- The evaluation draws on service data, patient experience surveys and feedback from staff, stakeholders and the wider community
- The evaluation will publish a summary report in the summer this year and we would welcome and opportunity of presenting the evaluation to the JHOSC in due course.

Mental Health

The system pandemic response across both waves for mental health, children and young people's mental health and children's community services included:

- Mutual aid between Adult mental health providers to create a shared bed base to reduce out of area placements. Commissioned additional beds at The Oakes to ensure we were able to meet infection prevention and control guidelines while maintaining inpatient bed capacity;
- Brought forward plans to establish a 24/7 all age crisis line
- Established a mental health clinical assessment service on a non-acute site to take the pressure off of emergency departments in the South of the patch
- Established children and young people's hubs at the Northern Health Centre and Edgware Hospital to divert children and young people away from emergency departments for both physical and mental health where appropriate to do so
- Bolstered capacity with children and young people's mental health through additional staff in the out of hours and eating disorders teams at Royal Free London.
- Community teams adopted digital approaches to delivering care, particularly in children and young people's community services.

We will be providing a fuller paper to JHOSC on mental health services at the meeting in September

Elective recovery

2020-21 has had a huge impact on elective surgery for our patients and the majority of elective care had to be paused

- This has led to an increase in the number of patients on waiting lists, currently with 18,800 people (down from 22,000 at the beginning of the year), waiting more than 52 weeks for treatment
- We are planning ahead, working across NCL to reduce waiting lists
- It will take some time before we see an improvement in the number of people on waiting lists.
- Objectives are to:

Work with GPs to encourage referrals, following lower numbers during the peak of the pandemic

Make sure that patients on waiting lists are treated fairly, that we are addressing inequality, with the most urgent patients seen first

Use resources effectively to reduce the number of people waiting for care, with focus on those waiting for cancer treatment

Work to lower the number of patients waiting more than 52 weeks for treatment/care

‘Accelerated system’ plan

- NCL has been selected as an ‘**accelerated system for elective recovery**’ with additional funding made available to trial ways to see more patients safely and faster with ambitious targets for increasing elective activity.

1. **Moving to an extended hours working including weekends and evenings and adding additional outpatient clinics**
2. **Outsourcing within our NCL NHS hospitals through mutual aid and surgical hubs run by clinical networks**
3. **Improving our use of Independent Sector capacity where possible**
4. **Using all available space and resources, including accelerating expansion into our new state-of-the-art facilities in UCLH’s Grafton Way Building for specialties such as orthopaedics and ENT**
5. **Creation of a ‘one system’ patient tracking list to allow fair and equitable prioritisation and management of demand**

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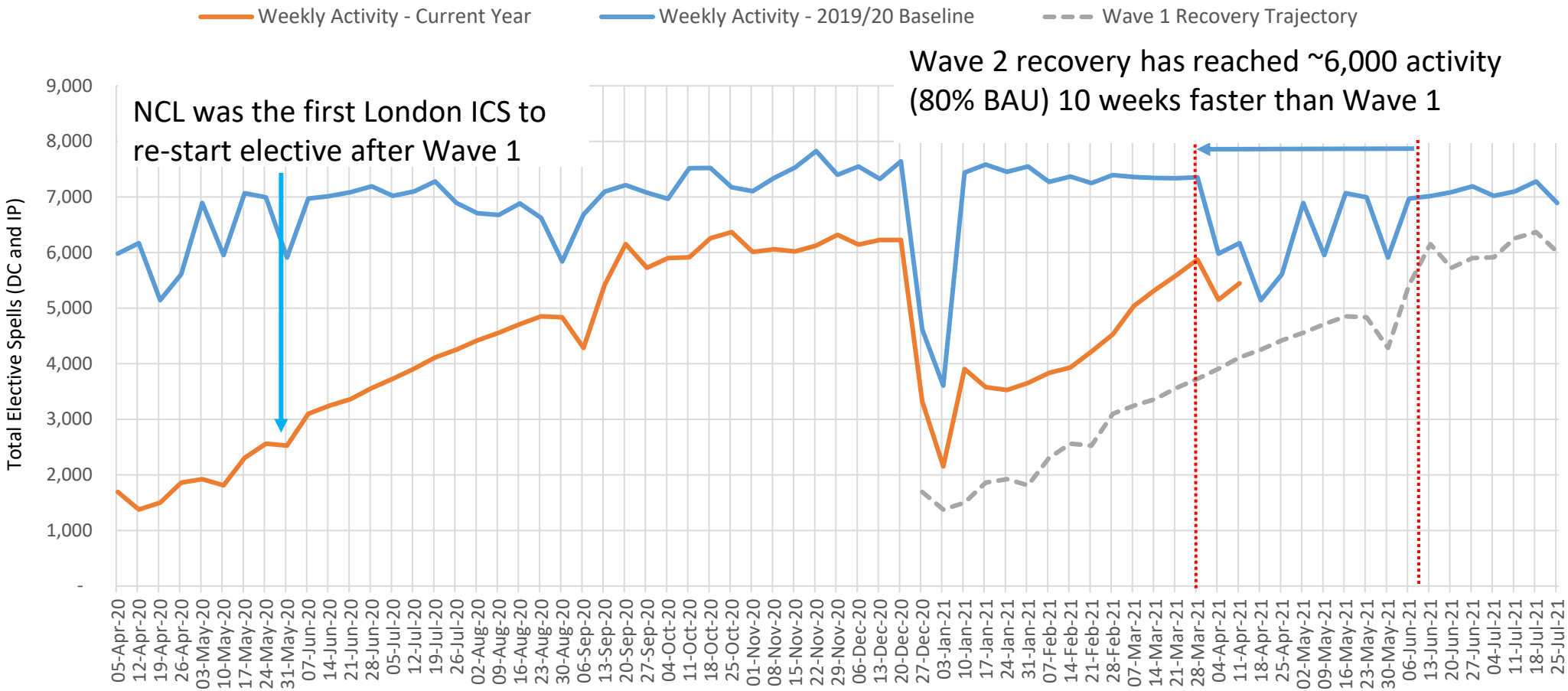
Recovery progress to date

NCL Elective Recovery - Wave One vs Wave Two



During the first wave of this pandemic, NCL proactively and rapidly set up an elective recovery programme built on the **principles of system wide collaboration, data driven decision making and addressing variation in care**.

Our robust and thorough planning led to NCL being approved as the **first London ICS to restart elective work**.

Through our recovery programme and **mantra of continuous improvement** we applied a number of learnings from wave 1 recovery to our current recovery plan leading to a **10 weeks improvement in recovery pace**.

What have we achieved? – impact of Covid

- **Accelerated collaboration**
  - ❑ single point of access for speedier and safe discharge from hospital to home or care homes
- **Mutual planning and support**
  - ❑ system able to respond quickly to a significant increase in demand for intensive care beds
- **Smoothing the transition between primary and secondary care**
  - ❑ increased capacity for community step-down beds to ease pressure on hospitals
- **Sharing of good practice**
  - ❑ Clinical networks to share best practice and provide learning opportunities
- **Innovative approaches to patient care**
  - ❑ pulse oximetry at home led by primary care and virtual wards led by secondary care to avoid Covid patients' admission to hospital and early discharge where appropriate
- **Clinical and operational collaboration**
  - ❑ Ensuring consistent prioritisation across NCL so most urgent patients are treated first
- **Innovative approach to pathways of care**
  - ❑ New Cancer pathways have improved patient outcomes and experiences
- **Ongoing development of integrated care partnerships**
  - ❑ Borough or 'place' based partnerships with strong community focus and local government leadership

What have we achieved? – impact of Covid

- **Shared health data for direct care and for system management**
  - ❑ Joined-up health records to support primary and secondary care clinicians providing direct care of patients
  - ❑ A population health management system allowing analysis of patient waiting lists to ensure we are being fair, equitable and not increasing health inequalities
- **Building workforce capacity and resilience through multi-disciplinary teams**
  - ❑ Development of post-Covid Syndrome multi-disciplinary teams to support patients
- **Collaborative after action reviews**
  - ❑ Care homes got care providers, local authorities, social care working together to capture collective learning, which has led to greater learning and better decision making
- **GPs forming strong Primary Care Networks**
  - ❑ GPs working together to develop resilience and deliver projects, e.g Covid Vaccine programme
- **Greater engagement with communities through the pandemic,**
  - ❑ Development of links and strong relationships with NCL's communities, voluntary organisations, volunteers and faith groups
- **Support of specialist trusts and academic institutions in NCL**
  - ❑ NCL's world-class specialist trusts and academic institutions have been a vital part of our pandemic response