

Somerset health and care system key aims:

1. To keep the people of Somerset safe and our workforce safe during the covid-19 response
2. To support implementation of the national guidance recommendations to support preparedness and maintenance of ongoing provisions of essential services in Somerset and the wider South West regional response
3. Provide information and reassurance to the people of Somerset, working with system partners to provide clear, consistent communications

Phase 1 – Level 4 major incident (30 January)

The Somerset health and care system rapidly deployed capacity to respond to the covid-19 incident. This included:

- Immediate release of capacity for the system through redeployment of staff by pausing non essential non-covid 19 related programmes, whilst maintaining statutory requirements (e.g. Safeguarding)
- Stepping up a system Incident Coordination Centre (ICC) providing 7/7 response, alongside individual organisation ICC
 - Enacting the established pandemic flu plan
 - Somerset Health and Care Tactical Co-ordination calls attended by statutory and non-statutory partners
 - Establish task and finish cells which were cross system where required (e.g. care home support, PPE, IPC, staff testing, pastoral support for staff, vulnerable patients)
 - Participation in Avon & Somerset Local Resilience Forum Strategic and Tactical calls, Somerset Multi-agency Tactical calls, NHSE/I regional calls
 - Review, disseminate and ensure compliance with national guidance
- Focus on preparation for expected increase of covid-19 patients in line with Simon Stevens letter (17 March) which included:
 - Redesign of hospital flow to accommodate covid and non covid patients
 - Establishment of primary care services for managing covid-19 patients
 - Creating capacity in hospitals and mental health hospitals by reducing elective services and provision of alternative support
 - Creating additional capacity in ITU and training additional staff to care for patients in ITU
 - Implementing pathways developed as part of Fit for my Future to support admission prevention and supported discharge
 - Scaling up of technology enabled care

Somerset top 3 risks and issues

Cross system task and finish cells established to support our key risks and issues.

- PPE availability across health and care settings
- Covid-19 outbreaks in care homes
- Covid-19 testing for patients and staff

Phase 2 – Major Incident & Recover, Restore, Transform

Expectation that Somerset will need to respond to COVID-19 infections for at least the next 12-18 months

- Simon Stevens and Amanda Pritchard letter of 29 April outlined the actions recommended for urgent and clinical services over the proceeding 6 weeks
- Continue response to the ongoing Level 4 major incident including PPE/IPC
- Focus on transformation to support system recovery
 - Learning from fast paced transformation (looking forwards not backwards)
- Build on strong working arrangements developed through FFMF
 - Care closer to home
 - Cross-practice, PCN and neighbourhood working developed at pace
 - Return to 70-80% secondary care capacity (rather than 100%)
 - Build on plans for mental health, community and acute
- Moving to virtual by default approach:
 - Outpatients, primary care and diagnostics
 - Shared records – SiDER, EMIS viewer
- Working as a shadow ICS
- Increased demand for covid-19 aftercare
- Establishment of system work streams, linked into existing task and finish cells
 - Social Care embedded in system
 - Somerset-wide pathways and cross-site working
 - Single system performance and waiting list
 - Single Somerset plan

Temporary service changes to respond to covid-19



Somerset

Clinical Commissioning Group

Integrated health and care services (1)

Description of temporary change	Rationale for temporary change
<p>Primary Care Service – Telephone and video consultations GPs providing telephone and video triage and assessment to patients</p>	Enable support to be provided in the patient’s home to prevent unnecessary travel or contact with other individuals
<p>Clinical Assessment Service (CAS) within 111 New model of virtual CAS which supports Primary Care in-hours triaging</p>	Virtual CAS triages patients and consults and completes as many cases as possible for in-hours GPs and during the OOH period so operates 24/7
<p>Primary Assessment Centres: (PAC) Patients with suspected Covid 19 can be seen safely after assessment by NHS 111 or their local GP practice. The first PAC site at Burnham on Sea Community Hospital MIU opened on 8 April.</p>	Every Primary Care Network across the county has a plan in place to see patients with covid suspected patients safely in a separate environment from patients without covid. This PAC sites may be within their own GP practices, working with other GP practices utilising a specific practice location nearby; or using a local Community Hospital.
<p>Access to specialist support in Primary Care Extending Consultant Connect access to health care professionals and care homes so that they can discuss complex patients and gain advice</p>	Extended to provide direct link to Consultant Geriatricians at both acute sites to enable a direct telephone conversation to take place between health care professionals such as primary care clinicians, SWASFT, community staff etc. Consultant Connect also extended to all Somerset care homes
<p>Temporary closure of Burnham Minor Injuries Unit: MIU temporarily closed to become the Primary Care Assessment Centre for the North Sedgemoor area of Somerset.</p>	Provision of location to see covid suspected patients safely in a separate environment from patients without covid (Burnham MIU reopened on 24 June 2020)
<p>Somerset Hub for Coordinating Care (SHCC) Coordination of all admission avoidance and discharge arrangements, through one central point, in response to Covid-19 where otherwise someone would need to attend or be admitted into an acute hospital</p>	Single coordination point and expanded capacity to provide more rapid response, home support and additional intermediate bed capacity. Service covers Rapid Response, Urgent District Nurses, Falls referrals for therapy, discharge to assess services, bed co-ordination and end of life care
<p>2 hour Rapid Response Service Temporarily trebled in size and made available to support discharges as well as admission prevention</p>	Provide additional capacity to support patients return to home and prevent admission to hospital
<p>Home First Discharge Service Capacity significantly expanded with community rehab and MSK staff reassigned to this service</p>	Provide additional capacity to support patients return home after admission to hospital

Temporary service changes to respond to covid-19



Somerset
Clinical Commissioning Group

Integrated health and care services (2)

Description of temporary change	Rationale
Temporary closure of inpatient beds at Shepton Mallet and Wellington Community Hospitals Inpatient beds temporarily closed and staff reassigned to consolidate on fewer sites resulting in net increase of community hospital beds of 12 overall. All other services at these sites remain open, including MIU at Shepton Mallet	Proactive measure to ensure safe staffing levels are maintained across all community hospital sites as there was reduced staff due to increased sickness and self-isolation of some staff Revised configuration enables more beds to be opened in community hospitals on fewer sites if we require these additional beds
Hendford Court Nursing Home Reopening of closed nursing home	To support flow within our acute hospitals through provision of bedded care to enable covid positive patients to be discharged from hospital
Support to nursing and residential care homes Provision of Infection Prevention Control (IPC) and training on PPE use	Extension of BAU activity, stepped up with regular contact from the IPC team to ensure care homes have the support needed during the pandemic
24 hour mental health support line Provision of all age mental health support line established in partnership with the voluntary sector and local authority. Service is provided by Mindline	Support to adults, children and young people with mental health concerns in Somerset
Virtual provision of mental health services Mental health support, including talking therapies continue to be provided through the Attend Anywhere software.	Continue provision of mental health support throughout the covid pandemic. Ability retained to see patients where required
Mental health step up step down/crisis beds	Provision of additional support to individuals not requiring admission, but require more support than community services can provide
Pause of routine surgery and diagnostics Temporary pause of routine services given Covid-19 concerns from 1 April 2020 to June 20	Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases

Temporary service changes to respond to covid-19



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Specialist services (1)

Description of temporary change	Rationale
Lab services to process patient and staff testing SPS – collaborative countywide service providing Pillar 1 testing in county	The pathology lab has created testing capacity of in excess of 300 per day from a standing start and will increase to c.1,500 per day in early June. SFT has established and managed a staff testing service to cover the county, including supporting primary and social care.
Digital technology supporting outpatient appointments Move to digital appointments across all specialties	Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases
Digital technology to support management of long term conditions Remote support for patients with long term conditions to prevent the need to visit a hospital	Reducing requirement to travel to hospital for a follow up by using digital technology for example, Heart failure teams linking with patients with ICDs, reading data and suggesting to review annually where no problems exist.
See and Treat Clinics for Trauma Optimising F2F appointments for Trauma - See and treat clinics during Covid 19 - treating fracture clinics, soft tissue clinics in one stop shop	Patients receive a more streamlined appointment service and have fewer visits to hospital for their treatment
Patient messaging service Provides ability to get messages to all patients during restricted visiting period	Provide ability for patients to remain in contact with family and friends whilst restricted visiting is in place
Surgical and Critical Care hub	Maximising workforce capacity
Relocation of Chemotherapy Services Chemotherapy services relocated from Yeovil District Hospital to St Margaret's Hospice site in Yeovil	To create an environment which is lower risk for transmission of covid
Discharge lounges at MPH and YDH Multiagency facilitation to support discharge process put in place	Ensuring all patients are assessed appropriately and to support efficiency of discharge once decision to discharge is made

Specialist services (2)

Description of temporary change	Rationale
Standing down of dental services * SFT continued to provide urgent dental access in Somerset through a number of urgent dental hubs	Standing down of non-urgent services in response to the covid-19 pandemic
Standing down of ophthalmology services *	Standing down of non-urgent services in response to the covid-19 pandemic
Increase critical care capacity Number of critical care beds increased through redeployment of staff and reallocation of areas to provide care in	Creating additional capacity to treat patients with covid during a peak in hospital admissions
Supporting NHS Nightingale Bristol Critical care facility for surge capacity	Supporting the development of the Bristol Nightingale Hospital as part of the Severn Critical Care Network, including providing leadership and identifying staff who would go and work there.

* Services commissioned by NHSE/I

April - May 2020 Performance

COVID Update

RTT	Diagnostics
<ul style="list-style-type: none"> • Referrals to Secondary Care Services during the COVID pandemic have reduced by 65% <ul style="list-style-type: none"> ○ GPs are providing telephone and video triage and assessment to patients to prevent unnecessary travel or contact with other individuals and are continuing to refer onto Secondary Care where clinically appropriate • A temporary pause of routine elective surgery has occurred during the period April to June <ul style="list-style-type: none"> ○ All patients on the elective waiting list have been risk assessed to identify their urgency as per the Royal College of Surgeons clinical guide to surgical prioritisation • 30% of Out Patient appointments in April were delivered virtually <ul style="list-style-type: none"> ○ Digital technology is supporting outpatient appointments, reducing the risk to both patients and staff during the COVID pandemic. • The Independent Sector is providing additional elective capacity to Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust • A Somerset wide Restoration Plan is under development 	<ul style="list-style-type: none"> • A temporary pause of routine diagnostics has occurred during the period April to June • Patients with a suspected cancer and urgent diagnostic tests have continued to be delivered • National and Regional Plans continue to be developed to recover diagnostic services • A Somerset wide Restoration Plan is under development
Cancer	Urgent Care
<ul style="list-style-type: none"> • Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance (SWAG) reports that cancer referrals 70% lower than pre-COVID levels against an England average of 62% • All patients on the waiting list have been risk assessed to identify their urgency as per the Royal College of Surgeons clinical guide to surgical prioritisation during the COVID pandemic • Somerset Foundation Trust is utilising all Independent Sector capacity at Nuffield Taunton to treat cancer patients • Yeovil District Hospital NHS Foundation Trusts Chemotherapy Service has temporarily relocated to Margaret's Hospice site in Yeovil to create an environment which is lower risk for transmission of COVID • The 2 key national cancer priorities are to increase suspected cancer referrals to minimise potential harm and to focus on 62 day first definitive treatments 	<ul style="list-style-type: none"> • A virtual 24/7 Clinical Assessment Service hosted by NHS 111 has been stood up and supports Primary Care in-hours patient triage • From 8th April COVID symptomatic patients could be seen safely after assessment by NHS 111 or their local GP practice at a Primary Assessment Centre • Access to Consultant Connect has been expanded; the enhanced geriatrician service provides specialist advice and support to Primary Care clinicians and care home staff in order to avoid an unnecessary hospital admission • The Somerset Hub for Co-ordinating Care has been established; the hub co-ordinates all admission avoidance and discharge arrangements through a single point and avoids unnecessary hospital attendances by offering rapid response, home support and additional intermediate bed capacity. The service covers Rapid Response, Urgent District Nurses, Falls referrals for therapy, discharge to assess services, bed co-ordination and end of life care