Reset, not recovery: reframing the health and care response to COVID-19

NHS Confederation webinar

Chair: Dr Layla McCay, Director, NHS Confederation

Monday, 4 May 2020
Reset, not recover

The NHS Confederation has launched the #NHSReset campaign, supporting leaders to:

- **Recognise** both the sacrifice and achievements of the health and care sector’s response to COVID19, including the major innovations that have been delivered at pace.

- **Rebuild** local service provision to meet the physical, mental and social needs of communities affected by severe economic and social disruption.

- **Reset** our ambitions for what the health and care system of the future should look like, including its relationship with the public and public services.

More information can be found at: [https://www.nhsconfed.org/supporting-members/nhs-reset](https://www.nhsconfed.org/supporting-members/nhs-reset) and get involved via #NHSReset
Today’s webinar speakers

• Jenni Douglas-Todd
  Independent Chair, Dorset ICS
• Professor Kiran Patel
  Chief Medical Officer and Consultant Cardiologist,
  University Hospitals Coventry & Warwickshire NHS Trust
  and Clinical Lead, Coventry and Warwickshire STP
• Dr Mark Spencer
  GP, Clinical Director, Fleetwood PCN and Clinical Lead
  for Primary Care Transformation, Lancashire and South Cumbria ICS
Jenni Douglas-Todd
Independent Chair, Dorset ICS
Pressing reset – reframing the health and care response to COVID-19
4 May 2020

Dorset Integrated Care System

Jenni Douglas-Todd
There was a problem resetting your PC
No changes were made.
Bed Occupancy 98% - 50%

Digital Comms Teams 188%

ED attendances 22,000 – 15,060

E-consult 70% - 100%

Remote working Acutes & Care doubled

CCG 100%
What do we think is the impact of Covid-19, on our populations and system, in the short, medium and longer term which will inform our collective ‘business’ together?

What have we learned from our planning and response to Covid-19 that would inform how we work together going forward in terms of - decision making, governance, relationships, ‘who’ is the system?

- Economy
- Digital advances
- Reset
- Health implications
- Social
- Workforce
- Working better together
- Decision making
- More efficient
- Common purpose
Emerging principles for re-setting

We will build on the learning from the COVID pandemic so that we don’t revert, individually and collectively, to how things were previously done.

We will be fleet of foot, agile in our thinking and open to doing things differently.

Collectively we are the Dorset Public Sector and will support each other to deliver our vision.

- Focus on system transformation through strategic discussions.
- Support each other to deliver our vision.
- Support the maintenance of faster decision making.
Any Questions
Professor Kiran Patel
Chief Medical Officer and Consultant Cardiologist, University Hospitals Coventry & Warwickshire NHS Trust and Clinical Lead, Coventry and Warwickshire STP
Phase 7: Recovery, Retention, Restoration and Reset

Andy Hardy
Kiran Patel, Nina Morgan, Laura Crowne, Justine Richards, Karen Martin Mo Hussain, Su Rollason
Richard de Boer, Sarah Rogers, Gabrielle Harris, Group Clinical Triumvarates

University Hospitals Coventry and Warks
UHCWi Methodology

- Frame the issue
- Vision and actions: couple
- Process map
- Measure it – improve it
- Document
Preparedness: The Needs Assessment Peri- and Post- Pandemic
Priorities During COVID

- COVID related illness
- Non COVID related illness
- Routine care
Priorities Post COVID

• COVID related illness

• Non COVID related illness

• Routine care

• Health Inequality
Process

Prepare

Major incident structure – Gold – Silver – Bronze

Pandemic response: establish and align the Clinical COVID Committee

UHCWi methodology

Regular review

Daily Bronze and Silver

Gold: weekly to thrice weekly to daily to thrice weekly

Daily CEO meetings with CMO/CNO/COO – incredibly useful

Reflect

Bringing out true colours: constructive utilisation of people
Stepping up: the real PPE

• Professionalism

• Priorities
  • 24/7 service during COVID – a time to define those pertinent to outcomes
  • Health inequalities post COVID – where is the unmet need

• Partnerships

• Execution
Principles

1. Patient-centric care
2. 24/7 services
3. Best value
4. System working
5. Systems – no walls or boundaries
6. Health inequalities core
7. Realtime services
8. High Q&S
9. Attention to detail
10. No waste
11. No waiting

Framework

1. Right care, first time, right place, right clinician
2. 24/7 services: which services
3. Centralised specialised services and OOH
4. Centralised or networked
5. ICS – no walls or boundaries
6. Needs assessment driven provision
7. Realtime P&I & analytics
8. Best practice & standardised care
9. Daily management UHCWi
10. No cancellation default: hot/cold sites
11. Rigorous process mapping and waste reduction e.g. OPA
Retention

• Document the good stuff we did during the battle and discuss what we retain and refine
What we did

COVID
- Coronapods
- Testing
- COVID training: online and F2F
- COVID medical rota
- Pathway changes internal and new pathways
  - SAU
  - Cardiac assessment unit
- ITU and NIV/CPAP surge capacity

Governance
- Major Incident control
- Clinical COVID Committee Telephone and virtual clinics

- Accelerated discharge and LLOS focus
- Acute MH ED (CWPT)
- Cancelled SPA time
- Shiftwork e.g. surgery
- Cons delivered services
- Deployment and redeployment hubs
- Redeployment of Jnrs to ITU
- Medical redeployment
- Medical roster oversight
- Compassion for the ill and dying – no blanket cancellation of visiting
- Integrated Discharge Team to work 8-8, 7 days
- Therapies for neurological and surgical patients to work 8-8, 7 days
- Rehabilitation at Rugby until a patient is MFFD
- Rapid Discharge Hub 7 days a week
- ADT admin 24/7
- Mortuary expansion
Collaborative working
• Write – document and even publish what we do
• Send – share experiences and documents across the system and beyond
• Receive – advice from nationally and internationally

System working
• Primary care hot hubs
• Single system for cancer (inc MDTs)
• IS capacity for cancer + more
• Offer capacity for ITU and BAU services across the Midlands
• Spec comm activity recovery early

Different ways of working
• Community clinics
• Virtual/Digital clinics
• A&G at scale for all specialties
• Direct communication to GPs
• Minors away from front door keeping at UTC

Training and Education
• At scale HCA training
• At scale Med student deployment

RnD
• Contributor to studies
• Design studies
• COVID research committee
## Restoration: Planning to Delivery (1)

<table>
<thead>
<tr>
<th>What</th>
<th>When</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent and Emergency care</td>
<td>Now</td>
<td>Encourage utilisation</td>
</tr>
<tr>
<td>High Priority care</td>
<td></td>
<td></td>
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<tr>
<td>• Cancer</td>
<td></td>
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<tr>
<td>• Specialised services</td>
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<tr>
<td>High priority surgery, diagnostics and OPA based on delay induced risk</td>
<td>ASAP</td>
<td>Clinically based prioritisation by pathway/specialty</td>
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<tr>
<td>Low priority surgery, diagnostics and OPA</td>
<td>Downslope of COVID</td>
<td></td>
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<tr>
<td>OC rotas: shifts vs specialty rota debate e.g renal Tx, GI, HPB for Gen Sx</td>
<td>Now</td>
<td>Expand or system contribution</td>
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</tbody>
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## Restoration: Planning to Delivery (2)

<table>
<thead>
<tr>
<th>What</th>
<th>When</th>
<th>How</th>
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</thead>
<tbody>
<tr>
<td>Patients with mental health issues and without physical health needs</td>
<td>Now</td>
<td>Present directly to Caludon Centre rather than ED</td>
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<tr>
<td>Discharge to Assess models which has resulted in 0 LLOS for Care Home beds</td>
<td>Now</td>
<td></td>
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<tr>
<td>2 Board Rounds a day 7/7 to identify MFFD</td>
<td>ASAP</td>
<td>7 day working of medical staffing. Additionally: Increase Ward Clerks to cover 7 days</td>
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<tr>
<td>Integrated Discharge Team to work 8-8, 7 days</td>
<td>ASAP</td>
<td>7 day working</td>
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<tr>
<td>What</td>
<td>When</td>
<td>How</td>
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<td>ASAP</td>
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<tr>
<td>Rehabilitation at Rugby until a patient is MFFD – Cold site</td>
<td>ASAP</td>
<td></td>
</tr>
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<td>Rapid Discharge Hub 7 days a week</td>
<td>ASAP</td>
<td>7 day working</td>
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Framework development...building on

- Retention
- Restoration
- Reset
- Needs assessment: Policy, priority & strategy
- Risk assessments: Harms monitoring
- Clinical governance for transformation & innovation
- Datasets and Evaluation
- Teaching and education
- Integrating care at all opportunities
- Digital opportunities
- Outcomes framework
Process (High level)

• Integrated planning across portfolios and groups

• Coordinated delivery

• Divided responsibility and accountability
Process (mid-level)

- Chief Officers and Triumvirates peri-COVID to focus on present and post COVID opportunities
- Clinical group based exploratory meetings: document what's happened
- Group based strategy refresh
Process (low-level)

- Jobplanning medical time: annualisation
- Estate review
- Granular workforce rostering
Primary and Integrated Care

• Coping with the backlog and surge once doors open: EC & NEC

• Continuing hot hubs

• Acute hot hub: patients with acute or significant symptoms or ED diverts to see GP on UH site and if needed, be admitted, get diagnostics or see a specialist without further referral - ? a great model for integrated care

• Prevention – now is the time to focus on prevention so we could task primary & secondary care to explore what and how – use volunteers/workforce HCA deployment?
Medical Workforce

- Rostering and Jobplan transparency
- Leave rules at specialty level to ensure service continuity at all times
- Cross cover or annualisation to ensure activity continues wherever possible
- Reduced locum spend
- Reduced WLI requirement
- Annual deadlines for jobplan reviews
- Retire and return rules
Dr Mark Spencer
GP, Clinical Director, Fleetwood PCN and Clinical Lead for Primary Care Transformation, Lancashire and South Cumbria ICS
Thanks for listening!
Any Questions?

Recording will be available at: https://www.nhsconfed.org/events/2020/05/pressing-reset

Continue the conversation at #NHSReset and join our future webinars…