

**Report to:** Joint Health and Social Care Overview and Scrutiny Committee for Birmingham and Solihull

**Subject:** Birmingham and Solihull STP: COVID-19 service changes – progress update

**From:** Phil Johns, Deputy Chief Executive, NHS Birmingham and Solihull Clinical Commissioning Group

**Date:** 11 June 2020

---

## **1. Introduction**

### **1.1 Context**

COVID-19 has created an unprecedented situation, resulting in a national state of emergency and the greatest health and care challenge of our time. The Birmingham and Solihull health and care system has responded to this challenge at significant pace. This has been to deliver both the nationally mandated changes from NHS England and Improvement (NHSEI), as well as local decisions, so that together we provide an effective and robust response to COVID-19 and deliver as many services as possible during this time.

The response to COVID-19 is being managed in four phases:

- Phase 1 – Service change (immediate response to COVID-19)
- Phase 2 – Restoration (6 weeks from May to mid-June)
- Phase 3 – Recovery (to March 2021)
- Phase 4 – Reset (2021/22)

## **2. Purpose of this report**

The purpose of this report is to ensure the Joint Health and Social Care Overview and Scrutiny Committee is briefed on the material service changes that have taken place for Birmingham (which includes the population of West Birmingham) and Solihull, during Phase 1 – the immediate response to COVID-19. The report also includes the approach taken and an update on next steps in relation to Phase 2 – Restoration.

## **3. Delivering service changes to respond to the pandemic**

### **3.1 Nationally driven changes**

As a health and care system, we have received correspondence from NHSEI requesting the implementation of nationally mandated service changes, which have included:

- 17/03/2020 – a letter regarding ‘urgent response’; identifying the need to free-up the maximum possible inpatient and critical care capacity and prepare for

the anticipated large numbers of COVID-19 patients, as well as support staff, and maximise their availability.

- 28/03/2020 - a letter regarding 'reducing the burden'; which identified the need to change current governance to facilitate the COVID-19 response, as well as standing down a range of performance reporting requirements.
- 14/04/2020 – a request from the regional NHSEI team to complete a service change baseline exercise, to understand material changes across Birmingham and Solihull services.
- 24/04/2020 – Guidance on the service change baseline letter and the emergency service change protocol and template linked to restoration and recovery.
- Specific guidance relating to particular services and COVID-19 enablers, which was published since the start of the COVID-19 period.

Locally, we have adopted the nationally mandated changes, which have affected the routine delivery of a range of services. Alongside this, we have taken local decisions to ensure resilience amongst our services and workforce, as well as minimising COVID-19 infection rates. Given the diverse health and wellbeing needs of our population, we have wherever possible continued to provide services, albeit in a different location or virtually through telephone and/or online services. However, a number of services have had to be suspended, which has been a situation reflected across the country.

### **3.2 Approach**

Over the past two months, health and social care leaders across Birmingham (including West Birmingham) and Solihull have worked effectively to respond to the impact of COVID-19. Existing partnerships and governance have been used to support this work. It is proposed this governance continues through the restoration period, recognising the system has worked in a lean and effective way during the COVID-19 period. This has been a result of the culture and approach developed, which has included strong leadership, good relationship management, delegated decision making, an increased focus on pathways and citizens, as well as problem solving.

In many areas, it has been essential to fast-track transformation initiatives to enable delivery of as many services as possible. These areas of major innovation are fully aligned with our strategic ambitions outlined in the Long Term Plan; a five-year strategy to transform services. Going forward, we are keen to maximise the gains achieved given the challenge, scale, pace and affordability of restoring and recovering all our services in the future. Even before COVID-19, we acknowledged that as a system, we are faced with the real need to transform and deliver sustainable services.

Now that we are past the initial phase of the pandemic, we know that restoring our services will present new challenges for our workforce, digitally and for our estate, given the need to maintain infection prevention and control and social distancing. A major element of how we have used transformation to drive our effectiveness has been our focus on workforce, digital transformation and communications. For our workforce, we have re-deployed clinical and non-clinical staff to where they have been needed most and have fast-tracked the creation of a 'staff passport' to enable

staff to work in different organisations. To meet demand in primary care, the majority (c.95%) of GP consultations have been delivered virtually, which has kept staff and patients safe, enabled large volumes of people to have access to their GP and have freed up capacity to support the most vulnerable.

From a quality and equality perspective, we have put in place a number of actions to oversee system wide contingency planning and resilience, with a new abridged 'safety briefing' produced each month. This enables our system to discuss issues such as patient safety, clinical effectiveness and patient experience, which underpin service changes through the COVID-19 period. We are also reviewing COVID-19 incidents, quality themes (including those for escalation) as well as ensuring oversight of the central changes being made.

All material service changes will be accompanied by a Quality and Equality Impact Assessment. The providers of services will share these to support a system wide review of issues. This will be led by the CCG's Quality Team for appraisal and assurance by the CCG's Quality and Safety Committee.

#### **4. Communications and engagement**

Given this has been an incredibly challenging situation, the need to act and take decisions quickly has been paramount; as a result, it has been necessary to communicate and engage with the key stakeholders in a different way.

There are regional (midlands) and local system (Birmingham and Solihull) communications and engagement forums established, with a strategic and operational focus respectively, on the restoration of local services.

Strategic direction comes from weekly NHSEI communications forum and operational delivery is via the weekly Local Resilience Forum communications cell, which has representation from all public sector partners. The forums are working well and have brought about much closer working and shared priorities. The focus will now shift to a longer-term strategy and approach for system communications and engagement, including some shared principles.

A 'do-once' approach has been successfully adopted, with consistent communications collateral ('communications toolkit') and messages being developed, which are then used and amplified across all public sector partners' communications channels. The combined reach of these channels is significant. This activity is aligned to national messaging, including the 'Help us, Help you' campaign, as well as local needs.

There is a tried and tested approach for stakeholder engagement, which includes core stakeholders, and also those with a wider interest in our local communities, that are identified via stakeholder mapping. The system communications and engagement teams work in partnership, using existing relationships and a variety of external and internal delivery channels, to ensure that we are satisfying our respective statutory duties, the latest guidance and any engagement is carried out in line with best practice.

During this very difficult time, we would like to thank to Joint Health and Social Care Overview and Scrutiny Committee for their ongoing support, flexibility and commitment to manage the challenging circumstances we have all faced.

## **5. Material service changes and innovation during COVID-19**

Appendices 1 and 2 outline the innovations and transformations we have put in place to manage the crisis, as well as the service changes made based on either national guidance or local need. Appendix 3 outlines the service areas where services are being restored, which are based on transforming the model of care.

## **6. Next steps**

Nationally, we have received guidance nationally from NHSEI to focus on the restoration of services with the view that services are restored by mid-June.

A System Restoration and Recovery Group has been established to review and implement the national guidance based on the services to be re-introduced, albeit in a potentially different way. This will report to the system's chief executives and will be delivered through the work streams and cells established to deliver the COVID-19 response.

We are in the middle of this period and some decisions have already been made based on national guidance, which is referred to in Appendix 3 and we are discussing other changes to be made. As part of restoration and recovery we will:

- Maintain the full list of service changes and restorations made during the different phases of the pandemic. This will include reviewing whether changes should be permanent for the restoration and recovery period or beyond. We will also identify whether service restorations will replicate the pre-COVID-19 model, or a revised model of delivery is being implemented. If a material service change is considered in line with the NHSEI definition, we will work with the Health and Social Care Overview and Scrutiny Committees (to identify the most appropriate level of engagement and/or consultation, given these changes may need to be enacted quickly. Discussions continue regarding restoration and recovery, and as decisions are agreed, we will work with the Health and Social Care Overview and Scrutiny Committees to ensure appropriate engagement.
- Review the risks, interdependences, quality and equality impacts arising from restoration and recovery. This will need to be reviewed at a system level, so that we do not compromise the ability of our wider system to operate effectively and safely during the pandemic, particularly considering the ongoing risks for social care, care homes and the independent sector. This will also need to include considerations regarding how the public use services in the future, so that we do not overload some parts of the system, only to have considerable knock-on effects in others.
- Continue to work with commissioners in West Birmingham, to ensure all services are aligned for the local population.
- Bring further updates on progress to the Health and Social Care Overview and Scrutiny Committees, to ensure appropriate oversight and engagement.
- Continue to brief and communicate with other stakeholders and the public.

- Continue to provide progress reports to NHSEI to support the overall West Midlands response to recovery.
- Review the lessons learned from this state of emergency, to maximise learning from within our system.

## **Appendix 1 – Innovations implemented to support COVID-19**

The following is a breakdown by each service area of transformation that has been delivered to respond to the crisis.

### **Digital transformation**

Given the challenges on social distancing and to keep our patients and workforce safe, we have expedited a range of digital innovations to support the delivery of services either on the telephone or through video consultations. This approach has endeavoured to provide a people-focused solution where people can receive face-to-face contact remotely and safely. It was an ambition in our Long Term Plan, given over 90% of our population own a smart phone and many people identified they want to receive care in this way, supported by online self-care tools, which was evidenced by the research undertaken in Birmingham and Solihull led by Healthwatch Birmingham and Healthwatch Solihull. It also supports a wider system ambition in reducing unnecessary patient journeys and air pollution. The introduction of this new way of working has enabled us to sustain and continue providing services during the crisis. Laptops were provided to all GPs to facilitate online consultations and many services have been able to provide remote video consultations, as well as assessments. All GPs have been digitally enabled to host virtual consultations. Online consultations have also been provided for mental health and cancer services.

An example of further support is the **COVID-19 Care Assistant**. The [COVID-19 Care Assistant](#), part of the Ask A&E service, was established by University Hospitals Birmingham NHS Foundation Trust (UHB), and is powered by Babylon. This 24/7 online service provides up-to-date information on COVID-19, as well as how to self-isolate and take care of someone else. People can use the symptom checker and a live chat option is offered between 8am-8pm. Patients can also opt to receive a care plan through the Babylon app, with daily notifications to track symptoms with useful information for the isolation period and tips for physical and mental wellbeing. It also allows patients to have a video consultation with a clinician, if required.

### **Primary care services**

Local changes were made to primary care services to maintain as many GP services as possible and protect patients and workforce. This includes services such as community midwifery. Patients have been able to continue to telephone their GP practice as normal based on the following:

- **‘Green’ sites:** This is the majority of GP practices and patients can call their GP practice. Most consultations (over 95%) are done on the phone or by video. If patients require further treatment, they are directed to one of the following sites which may require travel to a different location.

- *'Purple' sites:* These have been used for patients who are well, with no symptoms of viral illness, and largely deal with immunisations and vaccinations, maternity, baby checks, dressings and urgent bloods.
- *'Amber' sites:* These are for acute medical problems and for patients who may need extra shielding or under-16s with a viral illness and who can't be definitely reassured by a virtual consultation. Patients are usually only seen after a second triage to make sure it is really necessary and to reduce any face-to-face time.
- *Home visiting (for both COVID-19 and non-COVID-19 patients):* Home visits are now being done collaboratively by practices, with system-wide support to manage demand. The service is based around the amber sites. A specific service to look after residents in care homes is also available in Birmingham. Solihull already has a tried and tested model in place.
- *'Red' site:* The COVID-19 Referral Centre (CRC) receives GP referrals for face-to-face assessments of ambulatory COVID-19 patients over 16 and who are not palliative. The CRC (red site) is only for patients who require a further assessment, over-and-above a GP telephone consultation.

## **Discharge support**

We have put in place processes to enable patients who are well enough to be discharged to leave hospital for another setting. This improves their longer term recovery and enables us to free acute bed capacity through the provision of a "discharge to assess" service. The national expectation is that a patient leaves their acute hospital bed for a discharge lounge within one hour of being determined as medically fit, followed by a departure from the acute hospital within two hours. We have been working with acute hospitals, community teams, local authorities, care homes, intermediate care to do this through a co-ordination centre based at Moseley Hall, with additional voluntary sector input. As a result, people can be discharged from hospital based on the following assumptions:

- There is no need for ongoing support
- Community support is needed, which is accessed through the Early Intervention Community Team, which includes domiciliary care
- There is a need for an intermediate care bed to provide 'step-down' care from a main hospital
- There is a need for the person to be in a care home for additional support, working with care home support teams in Birmingham and Solihull.

## **Mental health and bereavement support offers**

A range of new, easily accessible mental health support is now available for patients in Birmingham and Solihull. This support is available to local people of all ages, as well as keyworkers.

These services are provided by a range of local organisations, and offer emotional help, guidance and reassurance to people in Birmingham and Solihull experiencing challenges to their mental health including those who may be finding the current COVID-19 situation overwhelming.

The offer has been advertised extensively, and leaflets promoting the service have been shared by partners as well as going to vulnerable groups through food bank

parcels. We have been supporting GPs by ensuring clinicians are able to signpost patients towards local services. This has also included enhanced capacity and support for bereavement services.

To specifically support people who are Black, Asian or from Minority Ethnic groups (BAME) with their mental health and wellbeing, the CCG commissioned Patti Gift, a BAME counselling service, available via telephone and virtually and Ashram, a domestic violence support service, for south Asian women via telephone and virtually. Community Development Workers, who are specialists in many areas including BAME and newly arrived communities, have been redeployed to mental health crisis lines. Intelligence derived from our Co-production Network and Community Development Workers will be used as part of a 'Plan Do Study Action' approach to ongoing improvement.

In addition, the CCG working alongside Public Health Teams in Birmingham City Council and Solihull Metropolitan Borough Council, has commissioned dedicated bereavement support from Cruse Bereavement Care, Marie Curie and Solihull Bereavement Service, as it is recognised that bereaved people may have to deal with increased trauma, and may be cut off from some of their usual support network. People seeking support can contact a single number and are connected with the right help for their needs. Children and young people are supported in partnership with Beyond the Horizon and Edward's Trust.

### **Staff 'passport' across all health organisations**

To support the redeployment of staff during COVID-19, NHS organisations have signed a 'Memorandum of Understanding for the Movement of Staff' so that staff can work freely across organisations. This 'staff passport' has provided resilience for the Birmingham and Solihull health and care system during this challenging period.

## Appendix 2 – Service changes during Phase 1 – immediate response

The following is a breakdown by each service area of the main changes.

### Urgent care

- *Trauma patients:* For some trauma patients (e.g. fractured neck of femur, spinal emergencies and traumatic hand surgery) it was agreed that they would be taken by ambulance, or transferred, temporarily to Royal Orthopaedic Hospital instead of UHB to maintain safe staffing levels and enable capacity on the QEH site to be released to manage COVID-19 patients. This changed on 24/05/20, with surgery to take place at Queen Elizabeth Hospital instead. Rehabilitation will still take place at Good Hope and Heartlands Hospitals or in another appropriate setting (community or home), when patients are fit to be discharged.
- *Solihull Urgent Treatment Centre:* This has temporarily closed given the very low numbers of people attending. It has enabled staff to be redeployed to other accident and emergency services in Birmingham and Solihull to maintain safe staffing levels. This was due to increased numbers of NHS staff who had to self-isolate due to the virus.
- *Solihull Minor Injuries Unit:* This was closed temporarily on 19/03/20, to facilitate the creation of a COVID-clear site at Solihull Hospital.
- *Urgent children's services:* It was agreed to use Birmingham Children's Hospital, as the default place for children's emergency medical treatment, for children from North and East Birmingham and for tertiary paediatric trauma normally carried out by UHB. It was also agreed that the Good Hope Hospital. There will be a walk-in and paediatric assessment unit available for children at Heartlands Hospital.
- *Erdington Walk-In Centre:* This temporarily closed on 31/03/20 for three months, which has now been extended further to the end of July. This was due to the low patient numbers and the need to redeploy staff to support COVID-19. For those patients requiring medical help, a number of alternative options were advised e.g. NHS 111, Ask A&E, advice to contact their GP practice or travel to their nearest A&E in the event of severe concerns.

### Planned care

- *Non-urgent elective referrals and activity:* Based on national guidance, each area was asked to free up as much capacity to deal with the pandemic. GPs were asked to suspend all non-urgent elective referrals and elective activity was also postponed, including diagnosis and inpatient activity with a shift to telephone and video clinics as much as possible.
- *Vasectomy services:* This has been temporarily suspended, in line with national guidelines, as it has been classed as a non-essential service during the COVID-19 crisis.
- *Fertility treatment:* This has been suspended until August, in line with national safety guidelines and the local challenges of providing safe anaesthetic support, as many NHS staff have been redeployed to deal with the pandemic.



For those in the early stages of fertility treatment, it was agreed this should stop temporarily for safety reasons and all patients have been contacted and supported appropriately.

- *All routine ophthalmic surgery:* Based on national guidance, this has been suspended alongside face-to-face outpatient appointments, unless patients have been identified as high risk. Routine diabetic retinopathy screening was postponed but ophthalmology A&E remains open.
- *Independent Sector:* NHSEI, in collaboration with the Independent Healthcare Providers Network (IHPN), reached a national agreement with independent sector healthcare providers to secure all available inpatient capacity and resource to form part of the England response to COVID-19. It has supported the Birmingham and Solihull health system with urgent, time-dependent elective care and diagnostic services to maintain priority elective and cancer care; inpatient non-elective care to NHS patients to help free up bed capacity in NHS hospitals and; clinical and support staff who have been available for redeployment in other care settings if needed.
- *Elective gynae services:* As of 29/05/20, the Independent Sector will be delivering elective gynae care based on the national directive to separate elective and emergency streams in obstetrics, which have necessitated the repurposing of gynae theatres.
- *Extended access to minor surgery in primary care:* It was decided to suspend this service locally to enable staff to be redeployed to support COVID-19 in primary care.

## **Cancer**

- *Cancer surgery capacity:* This has been reduced at UHB, due to repurposing theatres and anaesthetic staff to support Intensive Treatment Units. The additional capacity has been provided through a Cancer Hub which has been developed and all patients requiring surgery are being prioritised for operations at UHB where possible or with the Independent Sector.
- *Breast 2 week wait clinics:* These have been centralised at the Queen Elizabeth Hospital to maximise capacity and reduce risk of COVID-19 infection. A non-cancer breast pain pathway has also been put in place to stream patients onto the correct pathway in line with pre-COVID-19 plans.
- *All 2 week wait referrals:* These have been triaged clinically and people have been offered video or telephone consultation initially and managed in line with national cancer guidance
- *Urology 2 week wait referrals:* The service has been consolidated onto the Heartlands, Good Hope and Solihull Hospital sites, with referrals being clinically triaged with appointments offered at these sites. This has enabled capacity to be released at Queen Elizabeth Hospital.
- *Chemotherapy services:* Services at Good Hope Hospital have been temporarily moved to Solihull Hospital, to maximise capacity and reduce COVID-19 risk. All patients have been risk assessed. Treatment is to be provided at Solihull Hospital, until further notice.
- *All non-clinically urgent tertiary referrals to UHB have been suspended:* Urgent tertiary referrals are being triaged as per national guidance by speciality multi-disciplinary teams.

- *CAR-T Cell therapies:* The service was suspended at UHB, as per national guidance, reflected in the specialised commissioning section of this document. The service will be brought back to pre-COVID-19 levels, on a case-by-case basis.
- *Patient treatment regimens:* These have been reviewed against the National Clinical Cancer Guidelines and any patients whose pathway has deviated from the “normal” treatment have been logged and regularly reviewed by the multidisciplinary team.
- *Endoscopy services:* These have been prioritised in line with national and specialist guidelines.

## **Children, Young People and Maternity**

- *Early pregnancy assessments:* These have been centralised to Good Hope Hospital, to maximise capacity and reduce COVID-19 risk.
- *Heartlands Hospital Gynaecology Assessment Unit (GAU) relocated to Good Hope Hospital and home birth services temporarily suspended:* This was introduced due to the pressures on the NHS and the need to free up capacity at Heartlands Hospital. The Home Birth Service for pregnant women in the north and east of Birmingham was also suspended, for the same reason. In light of the changes, advice was provided to women on what to do in the event of an emergency or concern. As of 01/06/20, the GAU at Heartlands Hospital has reopened.
- *Single National Paediatric Burns Centre:* This has been temporarily re-located to Birmingham Children’s Hospital. This was due to the immediate need for critical care capacity. Burns critical care capacity has been converted to general critical care capacity, to support makeshift ITU arrangements.
- *Children’s Society Pause Drop-in service:* This service for children and young adults has been temporarily suspended, but telephone support is available. A screening process and call backs are arranged to provide one-to-one support.
- *Healthy Child Programme:*
  - *Birmingham Forward Steps.* The national mandated visits programme has been maintained, although visits have been undertaken by telephone or virtually. Home visits for the highest risk children and families have continued. The city’s Children Centres closed when schools and nurseries closed nationally, but some outreach work for the highest risk children and families continued.
  - *Health visiting, support for teenage parents and infant feeding in Solihull:* This has been suspended, as per national guidance, with face-to-face visits offered only to high risk/vulnerable groups, plus video-calling for health checks and follow-up appointments
  - *Birmingham and Solihull school nursing:* All unnecessary face-to-face consultations have been suspended and visits are in line with national guidance. It has been temporarily replaced with other contact e.g. ChatHealth, a text messaging service for secondary aged young people), telephone contact for families, support through social media and websites, parenting advice and contact with schools and safeguarding.
- *Community mental health team:* Face-to-face consultations are suspended and home treatment teams will continue to take urgent referrals. However, the

rapid crisis psychiatrist liaison service will remain at Birmingham Children's Hospital.

- *National child measurement, friends and family tests:* These services, provided by Birmingham Community Healthcare NHS Foundation Trust, have been suspended with patients advised, based on NHSEI guidance and a local clinical risk assessment of providing services during the COVID-19 period.
- *Pre-birth services, community nursing services (planned care and rapid response teams), immunisation and vaccinations, young people's sexual health service, special education needs assessment review service, child development centres:* These services, provided by Birmingham Community Healthcare NHS Foundation Trust, have been reduced with patients advised based on NHSEI guidance and a local clinical risk assessment of providing services during the COVID-19 period.
- *Safeguarding:* It was agreed to contact and offer support to all children with a safeguarding plan, with any issues to be shared with social workers and schools.

### **Long term conditions and end of life services**

- *Hospital stroke services:* It was agreed locally to take all stroke patients who need an ambulance to Queen Elizabeth Hospital. A local stroke unit remains at Heartlands Hospital and Good Hope Hospital.

### **Community services**

The following services, provided by Birmingham Community Healthcare NHS Foundation Trust have been reduced, with patients advised. This was based on NHSEI guidance, a local clinical risk assessment and the need for community nursing teams to scale back caseloads to concentrate on the highest risk patients during the crisis:

- *Therapies:* speech and language, physiotherapy and occupational therapy
- *Cardiac rehabilitation*
- *Stroke clinics* (but stroke rehabilitation services will continue)
- *Chronic kidney disease services*
- *Podiatry and podiatry services:* Low risk clinics have been suspended, but for high risk patients/ diabetic foot clinics, these have been maintained.
- *Birmingham Wheelchair Service:* Routine appointments have been suspended.
- *Sickle cell and Thalassaemia support:* Education/empowerment sessions have been suspended.

Birmingham Community Healthcare NHS Foundation Trust is now back to supporting the full range of patients.

### **Mental health**

- *Telephone and virtual consultations:* Services such as improving access to psychological therapies and home treatment services have continued virtually and in the community with self-referral routes put in place.
- *Mental health A&E services:* It was agreed these would be provided from Oleaster Mental Health Hospital Unit. Admission thresholds have been

reviewed to manage capacity, as well adjustments to operational practices in light of self-isolation and social distancing.

- *Autism assessments:* It was agreed that no further autism assessments would take place, given the need for face-to-face contact to do the assessment. In place is a support helpline with provide practical advice and counselling support.
- *Temporary suspension of some facilities:* The acute day service and Ashcroft Dementia and Frailty Complex Care Unit, have been temporarily closed to create additional capacity. Virtual telephone support is available and staff have been relocated to other areas to support mental health support.

### **Continuing healthcare (CHC)**

- *Virtual consultations and assessments:* It was agreed that virtual consultations would support patients on current packages, including those with a Personal Health Budget (PHB), children on complex care packages, adults with complex disabilities or autism. It was agreed that this would be supported with additional follow-up support for high/risk individuals, through additional contact with the CHC team or provider. This has involved clinical support where there is a complex package to be brokered with support provided by Birmingham Community Healthcare NHS Foundation Trust and Solihull Learning Disability Teams, where needed.
- *PHBs:* New PHBs have been paused, but where they are in place as a direct payment, it was agreed they would continue to be case managed during the period.
- *Placements for children and young people:* It was agreed these would continue to support hospital discharge and enable children and young people to live in the community, working with children and young people's continuing care nurses and the children's community nursing team.

### **Public health**

- *Sexual health services:* These operate across Birmingham and Solihull. The Umbrella service is being managed from the Whittall Street Clinic. Telephone calls are triaged and where appropriate clients have been referred to the Umbrella webpage to order STI testing kits online. Urgent cases have been reviewed by the clinic; face-to-face or virtual consultations have been available to patients if required. All satellite clinics have been currently closed except for Boots (High Street, Birmingham). Umbrella is looking to re-open two satellite clinics by 8/6/20. There are 173 Umbrella pharmacies who can provide a range of services. Where appropriate, postal medications/prescriptions have been dispensed to patients.
- *Birmingham adult substance misuse services:* All four locality hubs have remained open, providing telephone or virtual support, with only the most vulnerable service users seen face to face. The residential detoxification facility at Park House (16 beds) ceased accepting new patients on 16/3/20 and is currently being risk assessed to be remobilised. For people with Hepatitis C, medication has been couriered and ongoing telephone support has been provided. Mutual aid groups (Alcoholics, Cocaine and Narcotics Anonymous) have ceased physical meetings and replaced these with online

meetings. Service users on supervised consumption for Medication Assisted Treatment (MAT) were moved onto unsupervised consumption with two weeks take home supply, alongside ongoing reviews for the most vulnerable, mainly people who are homeless. SMART Recovery Groups for non-dependent drug and alcohol services users have been set up on Skype and Zoom and may be rolled out for those with dependent alcohol, opiate use, heavy crack cocaine/synthetic cannabinoids use.

- *Birmingham young people's substance misuse service:* Aquarius has remained open, working closely with Forward Thinking Birmingham, to screen and support young people with mental health issues. If there are serious concerns, Aquarius has liaised with the crisis team. Telephone interventions have also been put in place for clients who are self-isolating, stable clients who are not dependant (low to medium risk clients) and high-risk clients with COVID-19 symptoms.
- *Solihull Integrated Addiction Services:* This partnership, which delivers drug and alcohol services, has run successful virtual and alternative sessions. These have provided alternative access routes for those who would not normally access services whilst maintaining access for those who are the most vulnerable. Children and young people services continue to be a priority for early intervention approaches using additional digital offers.
- *Smoking cessation services:* In Birmingham, all pharmacies and GPs who deliver the service were contacted, to acknowledge this may not be an immediate priority. All patients have been contacted by telephone to reduce face to face interaction. A new phone app will be introduced from 18/06/20, to enable service users to self-report quits, which will issue a nicotine replacement therapy voucher to pharmacies for those who sign up to the app. In Solihull, virtual and proactive contact has been put in place for all those currently in the service and who are a new referral to the service. A proactive campaign with vulnerable groups and the wider population attracted increased referrals in the first six weeks of the pandemic.
- *NHS Health Checks:* Birmingham City Council and Solihull Metropolitan Borough Council's public health departments wrote to all GPs on 17/03/20 and advised that due to the pressures faced by GP practices, permission was given for practices to stop these checks whilst COVID-19 remains a public health priority.
- *Be Active and Be Active Plus Programmes:* All local authority wellbeing and leisure centres closed following the Government announcement on 20/03/20. As a result, the Be Active and Be Active Plus Programmes have been suspended. Both councils are working through the Government guidance issued on 11/05/20 and are reviewing various scenarios that would enable centres to re-open. The earliest potential opening date would be the 04/07/20. In Solihull, lifestyle services have been running remote sessions for behaviour change approaches to weight management, support for social isolation and loneliness and social connectedness. The service has also been supporting the local prescription delivery service, which commenced in April 2020 and supports both shielding and over 75s.

## **Specialised commissioning**

The following services are commissioned directly by NHS Specialised Commissioning, which is part of NHSEI. Changes were mandated nationally by NHSEI in relation to the services. Where services have been diverted, this has been based on regional solutions and agreements with providers.

- *Paediatric primary (and secondary) malignant bone tumour surgery:* It was agreed to transfer surgery from Birmingham Women's and Children's NHS Foundation Trust to Royal National Orthopaedic Hospital NHS Trust (or Newcastle or Oxford, where appropriate and capacity available).
- *Specialist paediatric surgery:* Ambulances were diverted from Heartlands Hospital to Birmingham Children's Hospital.
- *Neonatal outpatients:* Delivered by UHB, it was agreed for this service to be triaged via Heartlands Hospital Service with face-to-face services delivered at Solihull Hospital only, increasing use of Neonatal Community Outreach Team.
- *Renal transplants and CAR-T cancer cell therapies:* These have been suspended across the region.

## **Screening and immunisations**

- These services are commissioned by NHSEI. School age immunisations, diabetes and triple A screening (except for diabetes eye screening for pregnant women), as well as breast, bowel and cervical screening have been temporarily suspended in line with national guidance.

## **Learning disabilities**

- Health checks carried out in primary care for people with learning disabilities were temporarily suspended to provide an immediate response to COVID-19 in GP practices. These have since commenced as of 20/05/20.

## **Patient transport services**

- There were no material service changes for this area of work.

## **Appendix 3 – Services to be restored by mid-June, based on a new models of care**

The following is a summary of confirmed decisions regarding services that will be restored supported by a transformed model of care.

### ***COVID-19 ‘free’ elective hospital***

From 1 June 2020, a COVID-19 clear elective hospital for mainstream elective inpatient activity for Birmingham and Solihull patients at Solihull Hospital has been put in place, which has meant:

- The temporary removal of the Minor Injuries Unit (MIU), Acute Medical Unit and six medical inpatient wards
- With regards to the removal of the MIU, local people are advised to visit a local pharmacy; visit 111.nhs.uk or calling NHS111 (free 24/7); travel to another local MIU or walk in centre; contact their GP; or for more serious issues (including suspected broken bones), travel to Heartlands Hospital or Queen Elizabeth Hospital A&E departments. We are also considering other service options to meet the health needs of the Solihull population during this immediate period and will provide regular updates on this.
- From 8am on Friday 8 May 2020, all acute medical patients from the east Birmingham/Solihull area were redirected to Heartlands
- Staff are able to remain working at Solihull, or another UHB hospital
- Capacity has been identified on the Queen Elizabeth hospital site to separate COVID-19 and non-COVID-19 areas as well capacity for complex and tertiary activity.

### **Non-ambulatory trauma services**

UHB non-ambulatory trauma services have been temporarily managed by the Royal Orthopaedic Hospital, but this is no longer viable given the national directive to convert this to a ‘green’ site and increase elective activity. As a result, patients will therefore be managed at the Queen Elizabeth Hospital for a specific range of lower limb conditions as follows:

- If patients are taken to Heartlands Hospital or Good Hope Hospital they will be diagnosed on site. If surgery is required they will be transferred to the Queen Elizabeth Hospital. When clinically stable patients will return to their local hospital, community setting or home for rehabilitation.
- The need to move medical patients from Solihull Hospital to facilitate this has resulted in a lack of space to accommodate non-ambulatory trauma at Heartlands Hospital. It is anticipated that improvements in the infection control evidence base or vaccines will develop over the next 12-18 months and consideration will be given to restoring Trauma on the Heartlands Hospital site in the longer term.

### **Ambulatory trauma services**

- This will be provided by UHB at Good Hope Hospital from 29/5/20 and work is in progress to ensure there is no risk of infection.