



North Central London
Clinical Commissioning Group

Accessing Healthcare Services through Covid-19

8 July 2020

Agenda



North Central London
Clinical Commissioning Group

- 1. Introduction from the Chairs**
- 2. Main Presentation:** Clare Henderson, CCG – *Accessing healthcare services during the pandemic*; with Emily VandePol from Camden & Islington Mental Health Foundation Trust, Alison Kett and Sarah Humphery from Whittington Health and John McGrath, primary care
- 3. Time for questions**
- 4. Short break**
- 5. Small group discussions around coping in the pandemic: facilitated by Healthwatch Islington**
 - Accessing services over the past few months
 - Maintaining your wellbeing
 - Flu jab
- 6. Feedback from the small group discussion**
- 7. Information from Healthwatch Islington and North Central London Cancer Alliance**
- 8. Close the meeting.**

Introduction to Islington Clinical Commissioning Group

Clare Henderson, Director of Commissioning, ICCG

- Who are the Clinical Commissioning Group?
- How do the CCG work with services across the healthcare system
- Islington CCG's role in meeting the challenges of covid-19

Introduction to Healthwatch Islington

Emma Whitby, Chief Executive

Who we are and what we do

- We are the independent champion for people who use health and social care services in Islington. We're here to make sure that those running services put people at the heart of care.
- Our purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.
- COVID-19 has led to non-urgent treatment being postponed, a reduction in face-to-face appointments, as well as care homes and other services limiting public access. It's our role to help health and care services to understand the impact that these changes are having in the wider community.

We are all ears

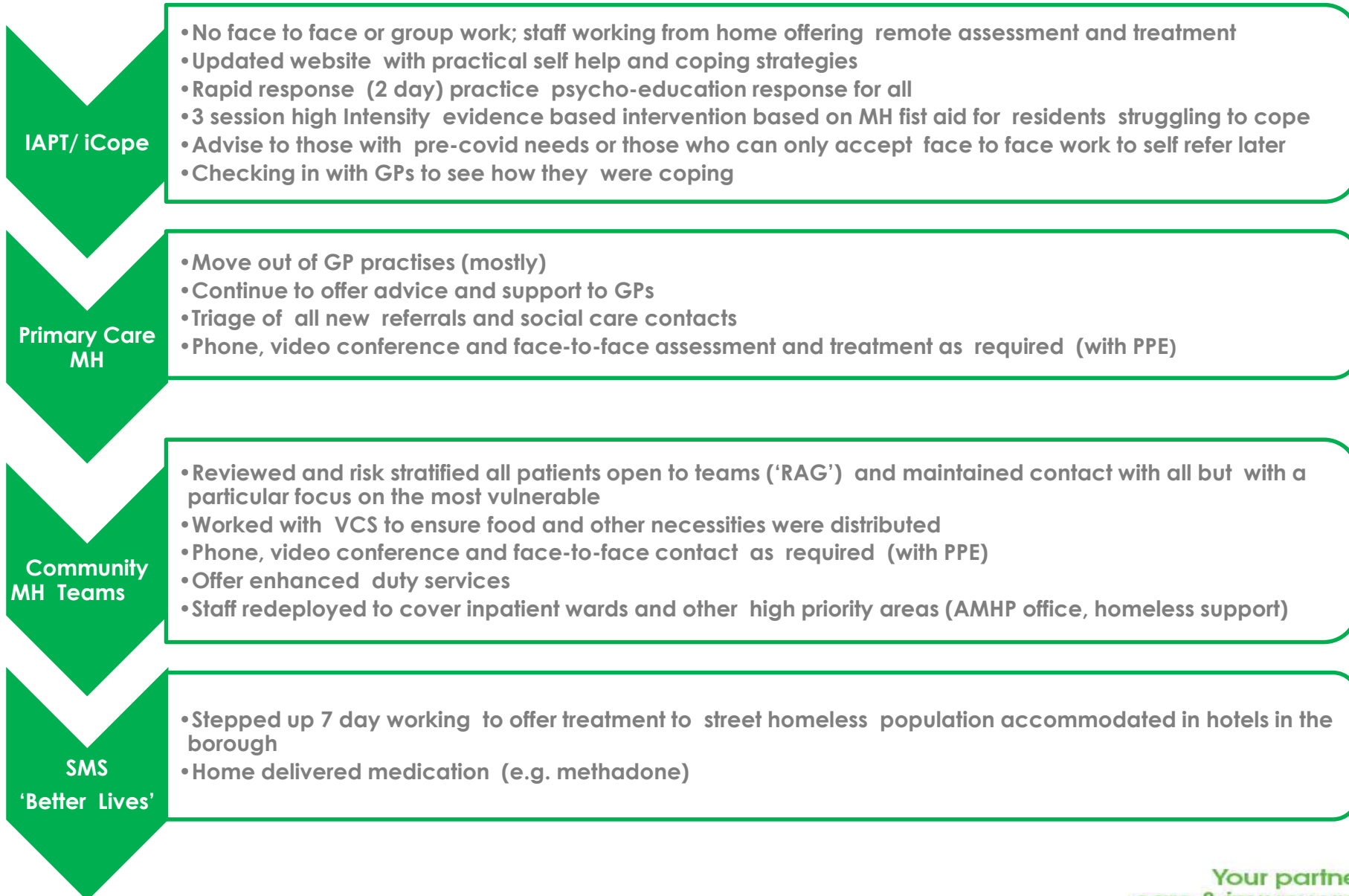
- NHS and social care staff are doing everything they can to keep us well during this crisis, but there might be things that can be improved.
- You can help services understand the issues that are affecting care for you and your loved ones by telling us. It's our job to listen to people's experiences, sharing their views with those who can do something about it.
- If you've recently used a health service and want to share your experience, we're here to listen, you can get in touch by emailing info@healthwatchislington.co.uk or visiting our website and leaving a comment - <https://www.healthwatchislington.co.uk/share-your-views>

Islington borough director at Camden & Islington Mental Health Foundation Trust - Emily van de Pol

Mental Health Service Update

Emily van de Pol
Islington Borough Director (Interim)

What happened during the pandemic?



What happened during the pandemic?

Urgent Care

- Moved Liaison Mental Health teams out of 3 A&Es and set up the Mental Health Crisis Assessment Centre at St Pancras Hospital. Peer coaches part of the staff team
- Increase support to and staff in the Crisis Single Point of Access Call Centre
- Crisis Response Team offered the majority of their assessments and home treatment through telephone support.

Inpatient Care

- Set up a Covid-19+ve ward & cohorting on specialist Older Adults Wards
- Regular testing for all patients
- Amended leave and visiting policies and practices (in line with general 'lockdown' guidance)

What paused or 'closed'?

- ✓ All changes were **clinically driven**
- ✓ All **community services reduced face-to-face** contact with service users, offering the majority of consultations by video or telephone call
- ✓ **Inpatient and urgent care services prioritised**
- The ADHD and ASD service → face to face contact is an essential part of the assessment process **STARTING AGAIN THIS WEEK**
- Acute Day Unit and Community Recovery Service for Older People group contact and maintain social distancing. **REMAIN CLOSED**
- Memory Assessments paused **STARTED AGAIN**
- Therapy assessments (CDAT, personality disorder services) paused **STARTED AGAIN**

C&I Recovery principles:

- Built in **social distancing**
- High standards of **infection control** and prevention
- Safety of **vulnerable/extremely vulnerable people** (COVID-19)
- Maximising the use of **digital technology**
- Managing the **physical health** of service users
- **Meeting the needs of the population**, including changes to the mental health of the population as a direct consequence of COVID-19, supported by risk stratification
- **Community engagement** to improve access and outcomes for different groups of people.
- **Staff support** to enable the workforce to deliver excellent care



C&I's Recovery- priority actions

- Managing the **'restoration' of services** that have been scaled back during the early phases of the pandemic.
- Planning for **'return to work'** including social distancing and infection control measures, risk assessments for staff, working from home arrangements, and redeployment of staff where appropriate and necessary.
- Business case to make **Mental Health Crisis Assessment Service** business as usual
- **Demand and capacity planning for services**, identifying gaps and requirements to meet needs
- **Investment into community services**, and scaling up of integration including with physical community services and VCS.
- **Service user engagement & Co-Production**



Where to get help now? What to expect?

iCope

- Still offering their covid- intervention
- Self refer via the website or call 020 3317 7252
- Will not be face to face

Practice Based Mental Health

- Your GP can refer if you have a more complex needs r require specific advice around diagnosis or medication
- Could be face to face or via phone or video

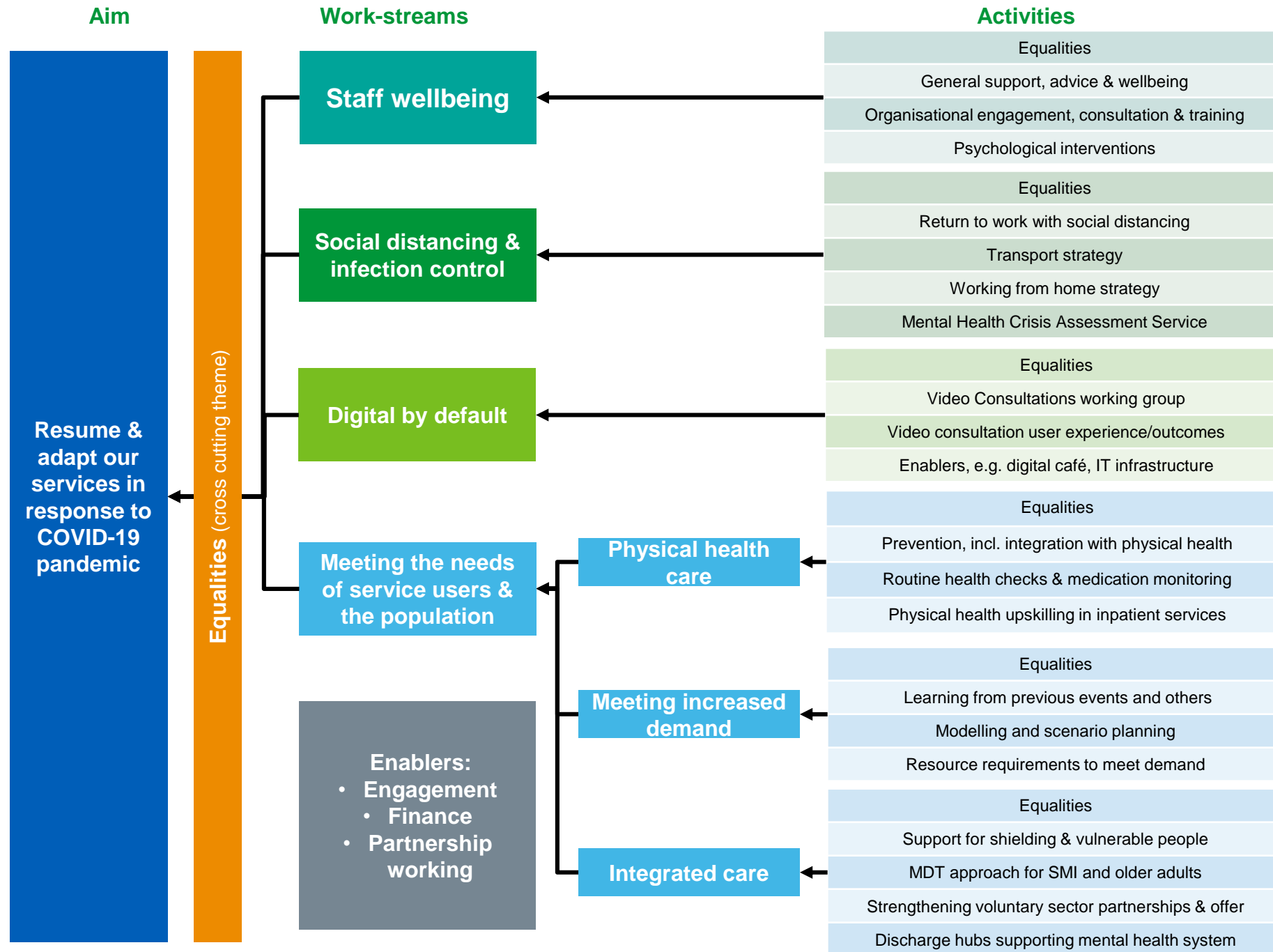
Community Teams

- If you are open to a community team contact your named worker or the duty number
- Could be seen face to face at home or one of our sites dependant on you/ the service or face or via phone or video

Crisis

- Call the Crisis Line (CSPA) 020 3317 6333
- Visit the 24-hour Mental Health Crisis Assessment Service, at St Pancras Hospital

Delivering C&I's Approach to Recovery



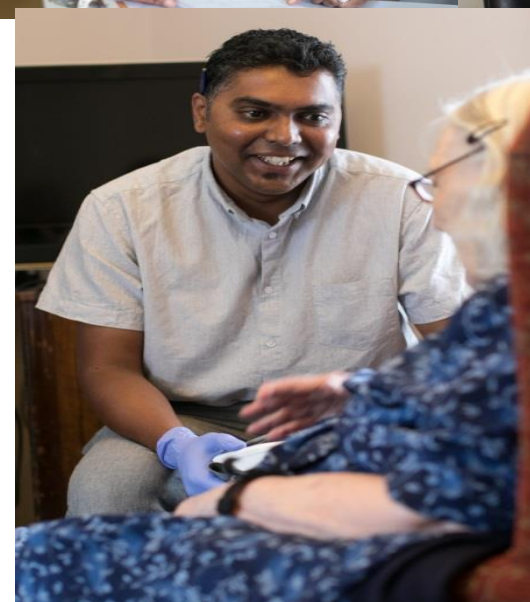
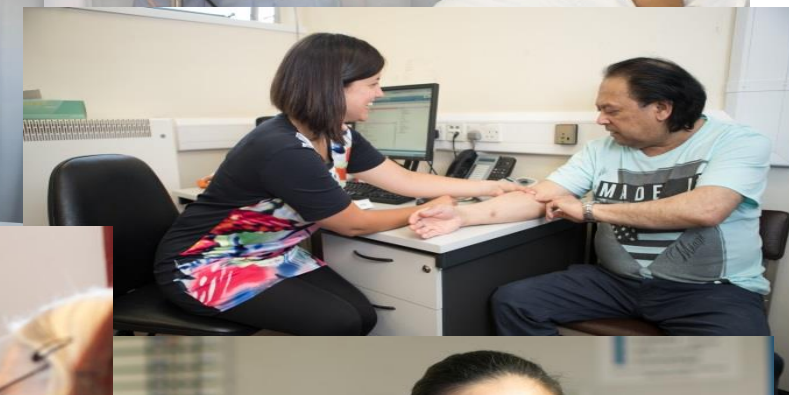
Clinical director for adult community services at Whittington Health – Nadine Jeal



NHS

Whittington Health
NHS Trust

Whittington Health Adult Community Services update to Healthwatch Islington July 2020





Adult Community Services during the Covid Surge

- All essential services eg. District Nursing and Rapid Response continued
- National Community Services guidance was issued and all non essential services had to stop (referrals were still triaged for urgent cases)
- Many of our Adult Community Staff were redeployed to ITU, Wards, Rapid Response, Discharge hubs and District Nursing
- We are very proud of all our brilliant staff who were amazing in this crisis



Adult Community Services now

- District Nurses and Rapid Response – normal home visiting service (supported with phone)
- All community services are receiving referrals as normal and phone numbers are working as usual
- Urgent cases are being seen face to face in eg. Podiatry, MSK, Community and Neuro rehab, Enteral feeding, falls
- Most services are seeing patients virtually (Video or Phone) which has been very successful eg Community respiratory, Heart failure and diabetes MSK, Podiatry, Dietitians, Bladder and Bowel, Lymphoedema
- We are mindful of the importance of balancing risk so will continue to minimise this by undertaking virtual consultations in the first instance and then following up with face to face as appropriate.



Check out our new website with all our services
current status

NHS

Whittington Health
NHS Trust

www.Whittington.nhs.uk/ServiceStatus

Eg.

Heart Failure		Only seeing post discharge patients with reduced ejection fraction. Mainly telephone consultations. Normal referral route.
Improving Access to Psychological Therapies		Mainly telephone consultations. Normal referral route
Integrated Community Ageing Team		Mainly telephone consultations. Normal referral route
Integrated Community Therapy Team (Haringey)		Mainly telephone consultations. Normal referral route
Intermediate Diabetes Specialist service		Mainly telephone consultations. Normal referral route
Islington Integrated Networks (INC)		Mainly telephone consultations. Normal referral route
Lymphoedema		Mainly telephone consultations. Normal referral route
MSK Physiotherapy		Only seeing F2F high risk patients after initial screen. All other patients offered virtual appointments. Normal referral route
Nutrition & Dietetics		Mainly telephone consultations. Normal referral route



Self Care resources available for lots of our services online

- MSK services: www.whittington.nhs.uk/msk or follow us on Twitter @WhitHealthMSK
- Bladder and Bowel services: www.whittington.nhs.uk/BB
- Nutrition and Dietetics services: www.whittington.nhs.uk/Diet
- Podiatry services: www.whittington.nhs.uk/pod
- Self Management and Behaviour Change: www.whittington.nhs.uk/selfmanagement



New developments in Adult Community Services

- Rapid Response service now 24hr
- Multi agency discharge hubs to get patients home from hospital quicker and safer
- Video and phone appointments across many community services now offered eg. swallowing assessments
- Remote patient monitoring pilot for Covid patients in Rapid Response and community respiratory services
- Teams learning new skills eg. frailty physios taking bloods to avoid multiple patient visits and keep patients safe





NHS

Whittington Health
NHS Trust

Children and Young Peoples Services





Children and Young people Community Services during the Covid Surge

- All essential services continued to **deliver face to face** contacts eg CYP MH Crisis Support/ SEND support/ complex needs physical disability/ dysphagia support/ new births visits high risk and safeguarding/ transition from NICU
- All essential medicals for CLA and UAAS continued clinic based Elwood
- Acute paediatric 10-12 clinics / IV anti-biotics/blood clinic/moved from hospital to NHC
- PMHT crisis response team moved to NHC



Children and Young people Community Services during the Covid Surge

- All non essential services had to **stop face to face** but continued to deliver service through telehealth, video consultations
- All health visiting mandated contacts delivered throughout
- All referrals triaged for urgent cases duty systems and localities hubs were established
- CAMHS/Therapy/School nursing delivered support through online school teaching platforms such as DOJO
- Development of resources on line for Families including webinars and U Tube videos and parenting groups delivered via video
- Mental health support work offered to Hospital staff
- 25% Community CYP Staff were redeployed to ITU, Wards



CYP Community Services now

- Increase in face to face initial assessments and ongoing therapy including diagnostic appointments, high priority complex work, and for families who have been unable to access remote technology
- Face to face delivery early years SLT service for CYP transitioning into school
- All New parents offered home visits
- Increase in appointment only clinics for families who have concerns
- All community paediatric first appointment clinics restarted
- All community services are receiving referrals as normal, after to seeing a dip in some areas during Covid, primarily GP/Education referrals
- Urgent cases are being seen face to face in eg. MSK, Community and neuro rehab, Enteral feeding, dysphagia management, mental health crisis, safeguarding



CYP Community Services now

- Most services are seeing patients virtually (Video or Phone) using Attend Anywhere which has been very successful including developing webinars, online parenting courses, telehealth diagnostic for ASC
- Development research into telehealth clinical outcomes and family satisfaction
- Staff Risk assessments undertaken all staff RAG rated for return to work
- Staff and user feedback to look at impact and support
- Building Risk assessments and risk mitigations put in place



CYP Resources available for lots of our services online

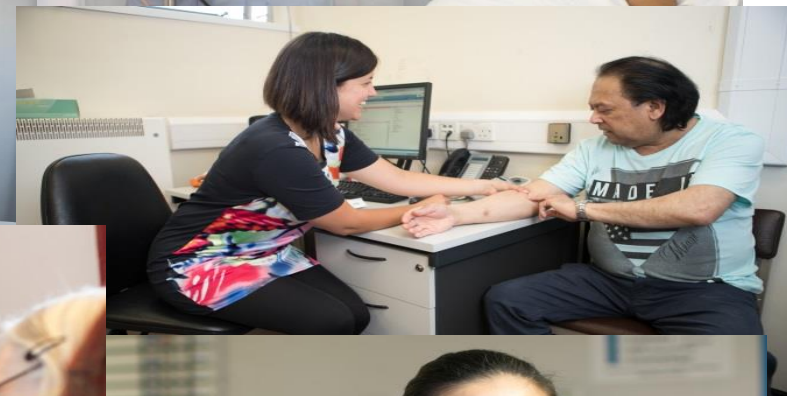
- CYP Website: [Children and Young People Services](#)
- CAMHS
- IANDS
- Universal services
- School based resources
- LD/ASC specific support Covid



NHS

Whittington Health
NHS Trust

Thank you



Medical director for integrated care at Whittington Health and Islington GP - Sarah Humphery

Visit our website to view our service status dashboard and for more information about safety across our services:

<https://www.whittington.nhs.uk/default.asp?c=41970>

GP and Elected Governing Body Clinical Representative on the CCG - John McGrath

Impact of COVID-19 on GP practices:

- Over 2000 suspected covid -19 cases and 548 confirmed cases in Islington as of July
- In response to national policy, all surgeries changed to telephone triage and remote consultation by default
- Practices made proactive phone calls to the 7000 shielded patients across Islington
- Face to face appts continue, including nursing appts for essential vaccinations and procedures, but should be by appointment and with Personal Protective Equipment for all encounters
- National guidance about tasks that should be prioritised during covid, and increasingly a return to a more normal workload, but this will look and feel different to before for many

How access to services have changed?

- Key message is general practice is open for business
- What your appointment looks like now will vary by practice, based on factors like physical building, staff profile, patient factors
- All practices able to offer virtual (including video) consultations, with interpreters and carers involved as needed
- Addition of eConsult to offer alternative access method and enhance ability to self-manage minor ailments
- Full roll out of electronic prescriptions – any prescription can now be sent to any pharmacy in England

What is temporarily closed, what will open?

- Whilst community levels of covid-19 were high, symptomatic (fever, cough, contact with known case) seen at Hot Hub site (based at Andover Medical Centre).
- As community levels of Covid-19 reduce, we are working to making it safe for all patients to be seen at all GP locations.
- This is dependent on this being safe for patients **and** GP staff, so may vary from practice to practice
- Practices are working closely together with colleagues and the CCG
- Some of this is still unclear – as we assess how the next stage of easing lockdown happens and respond to national NHSE requirements

How do you contact your GP now?

- Same as you would usually do (pre-covid and lockdown)
- With addition of e-Consult as an option for those who wish

How Islington are managing healthcare and PPE

- All practices are working to rigorous infection control processes to protect patients and staff

Other key ways we have worked together to meet the challenges of Covid-19:

- Practices increasingly working as small groups (Primary Care Networks) to support each other, and their patients
- Innovative working with other partners like the council, local hospitals and 3rd sector organisations
- Increased support to care homes
- Increased support to NHS 111

Questions and Answers

A record of the questions and answers asked during this session can be found in a sperate word document

Short Break

Breakout discussion questions

1. Have you used services (for yourself or your family) as much as usual, if not, what stopped you?
 - If you've accessed health services during this time, what has worked well, and/ or what has not worked so well?
2. Will you be getting the flu jab this year (some people won't be eligible) and why? What would encourage you?
3. How have you been staying healthy over the past few months (both physical health and wellbeing), and how does this differ from how things were before Coronavirus?



North Central London
Clinical Commissioning Group

North Central London Cancer Alliance, Program Manager - Fanta Bojang



North Central London
Cancer Alliance

Looking after yourself



North Central London
Clinical Commissioning Group

- You can help the NHS to help you by taking action if you notice any unusual signs or symptoms in your body or in how you are feeling. The NHS is continuing to care for people with other conditions, not only COVID-19. Treating serious conditions such as cancer can be much more successful if there is early diagnosis. Please contact your GP if you have any worrying symptoms.
- Local GPs are ready to speak anyone with worrying symptoms which may indicate cancer and they can make appropriate referrals for tests if necessary. Telephone appointments can be arranged in the first instance.

Hospital Appointments

- If you are asked to attend hospital for diagnostic tests it is important that you go in. Hospitals have put in extensive infection control measures to minimise the risk of COVID-19 infection for visiting patients. In line with government guidance, you are urged to attend hospital wearing a face covering, but a face mask will be provided for you if you do not have one.
- For ongoing clinic appointments, hospitals have switched to telephone and video clinics when appropriate. But if you do need to go in for an appointment on-site, infection control measures are in place, including checking your health before you enter.

Screening

- As the number of COVID-19 cases continues to fall, the NHS is working on bringing back many services that were paused, including screening for breast, colorectal or cervical cancers. For example, invitations for cervical screenings have started going out. If you or a family member is invited please do attend. Screening is an important way to detect possible cancer symptoms early, when they can be treated more successfully.
- These appointments are being done by staff wearing the right levels of personal protective equipment to keep you as safe as possible.
- For more useful patient information on cervical screening at this time, you can have a look at Jo's Cervical Cancer Trust website: www.jostrust.org.uk

- Cancer surgery has not stopped.
- Hundreds of cancer patients in north and east London are having urgent surgery safely at this time because of the North Central and North East London cancer hub. This is a collaboration between NHS and private hospitals which arranges for cancer surgery to be carried out at hospital sites where no COVID-19 patients are being treated.
- Radiotherapy and chemotherapy continues for many patients in a way that keeps them as safe as possible from COVID-19 infection. Chemotherapy for example, can be done at home with the help of a community nurse, or at a site where there are no COVID-19 patients and strict infection control measures are in place.
- Cancer Support and information: The Cancer Alliances in London have developed a series of patient information videos to support self-management and healthy living for people affected by cancer. These are available on our Cancer Wellbeing London website: www.cancerwellbeinglondon.nhs.uk
- For support and general information regarding cancer and COVID-19, you can contact the Macmillan Cancer Support Helpline on 0808 808 00 00. It is open Monday – Friday between 9am-5pm. Or visit the Macmillan website: www.macmillan.org.uk/coronavirus/cancer-and-coronavirus

Healthwatch Islington, Community Link Worker - Philippa Russell

Signposting and Information

- Contact Philippa if you or your family has any questions around access to health and social care, particularly when appointments are offered in different ways during coronavirus.
- Philippa also offers support to those who are less confident with digital technology when much health support is available online.
- You can contact her by email - philippa.russell@healthwatchislington.co.uk
- Or by phone - 07538 764436
- And you can find out more by visiting our website – www.healthwatchislington.co.uk

Thank you for coming

Please would you take 5 minutes to complete the
evaluation form

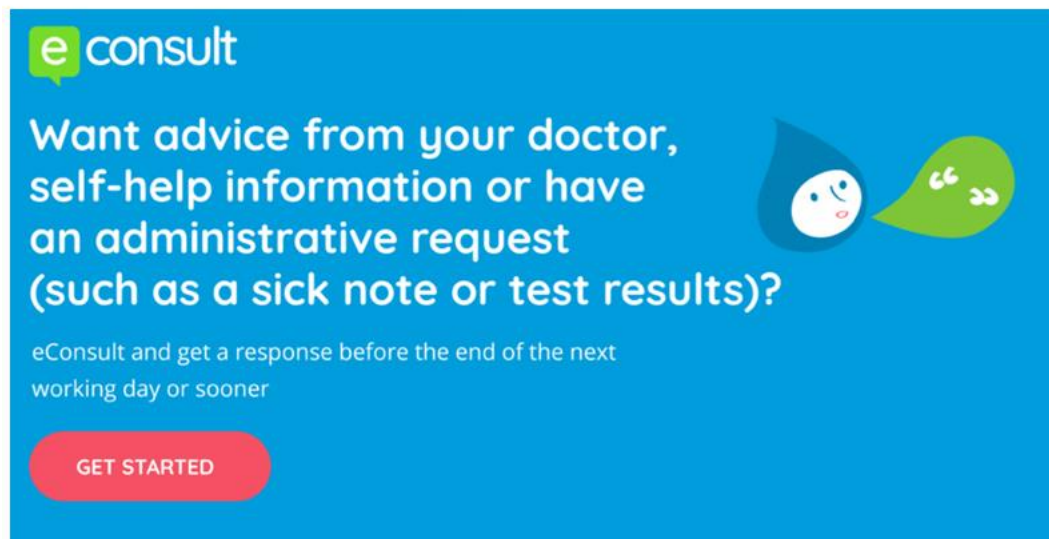
Islington Patient Group Meeting - 8th July 2020

Questions and answers

What should we look for on GP web-sites to contact them on-line via e-consult (a way of getting a GP's opinion on your health symptoms)

You should look for e-consult on the practice web-site. In the long-term, the aim is to have this as an alternative way of accessing the GP. It was a series of prompts, like 111 and a free text box for you to explain your symptoms. It's emailed to the GP and then the GP follows up by the end of the next working day at the latest.

[We are following this up with the CCG and will follow up with information once we have it]



How are people with Learning Disabilities, and their carers, being supported to access services during this time?

The Learning Disability commissioner has been making sure that services check in with people with Learning Disability to see how they are. They are looking at ways to deliver Learning Disability Annual Health checks and deliver pro-active care despite the current situation.

The Islington Learning Disability Partnership has been working with family carers to explore opportunities to deliver appointments outside if weather permits.

Whittington Health noted that they have been facilitating three-way conversations on-line with patients, staff and carers.

It was noted that in primary care, supporting many patients over the phone and on-line meant that there was a little more time with face to face patients, and that waiting areas were less pressured, which was making the patient experience calmer.

And for those receiving community care, Whittington Health have been making sure that people equipment at home so that people can be supported within their own home.

What's happening with blood tests?

There is a difference between routine and urgent tests. Practices are starting to bring people in and be pro-active. Some practices can offer these tests on site, and others can book you in to the Whittington. The Whittington service is coming back but appointments will have to be booked whilst the pandemic continues. Urgent tests were not stopped during the pandemic. One attendee had made an appointment by prior arrangement through their GP and said it had worked well. One Practice Manager noted that they were still only able to access urgent blood testing, not routine, at present.

Capacity to carry out tests is increasing week on week it can also be done via ICE, which is a paperless way of referring patients for blood tests. However, it was noted that whilst social distancing is needed to keep people safe building capacity is down to about 30 to 40%. Furthermore, putting on and taking off all the required Personal Protective Equipment takes time, so appointments take longer.

Is this sustainable? A representative from Keep Our NHS Public praised the work of services during the crisis, but questioned whether there were sufficient staff and resources for the system to keep going.

There are no new people, and there is no new money so more resources will be needed. And whilst digital works for some, it doesn't work for everyone, so this also needs further consideration.

Whittington Health noted that whilst digital works well, and can be quicker for some appointments, the Musculo-Skeletal service appointments take much longer by video call.

It was also noted that some patients want to avoid services now and will self-manage but may turn up later if/ when their needs worsen.

A participant commented on the need to be sighted on the needs of young people whose education has been disrupted and whose employment opportunities will have been reduced by the impact on the economy.

What monitoring is happening of new systems?

A participant noted that whilst the response to the pandemic had been impressive there were still glitches in the systems; e-consult doesn't work that well, the systems are purchased for example from American businesses and don't reflect how our system works, or how people interact with services. There is a need to hear from patients and be more critical about the systems so that we can improve them.

Whittington noted that they do offer practice sessions with administrative staff to patients who want to test out the IT before their appointment, and they call patients if on-line appointments don't work or stop working mid-appointment.

A practice manager noted that London Term Conditions reviews are more complex logistically now, partly due to the limitations of phlebotomy, and although appointments are calmer they can take longer so there will be capacity issues as practices try to move back towards 'business as usual'.

The Borough Partnership (a partnership between health, care, community, voluntary, police, education and fire services) had helped services be readier for a situation like the pandemic. For example, a partnership between the GP Federation, Manor Gardens Welfare Trust and BikeWorks was set up to deliver oxygen saturation tests to patients within an hour of the need for a test being confirmed. These are tests to check how well your lungs are working and are used in assessments including those related to coronavirus.

A governor from the mental health trust praised the response and noted that stopping hospital visits definitely helped contain the virus. Islington had less deaths than predicted because of all the good work. She highlighted a community choir run by service users. During lockdown they have kept going virtually and if you would like to join, email Julie Harrington julie@keychanges.org.uk. 5.30 to 7pm on Tuesday evenings.

A project worker from Islington Bangladesh Association asked **how services are going to work with community organisations to address inequality, particularly around mental health.**

Camden and Islington Mental Health Foundation Trust have plans to work with Black and minority Ethnic organisations, consider their employment and apprenticeship opportunities and aim to recruit more diversely and from the boroughs they serve.

Small group discussions Summary

- 1. Have you used services (for yourself or your family) as much as usual, if not, what stopped you?**

a. If you've accessed health services during this time, what has worked well, and/ or what has not worked so well?

- Participants had accessed services as usual when they needed to.
- One participant went to Moorfields and reported a positive experience, better than usual. The wait was shorter and the hospital experience felt more organized and better planned than usual.
- A participant spoke about having her medication delivered to her house, which she was very positive about.
- A second participant has a new baby so has been accessing maternity services and reported a generally good experience. However, communication he received from the text message service from his practice was contradicted by what he was told when talking to the practice over the phone.
- Someone had visited the GP with a booked appointment and found it a "personalised" service.
- Another person had a video call on behalf of their mother (who was shielding) - they sent pictures and a podiatrist got in touch. They got a prescription and a district nurse gave vitamin injection. They found the service "remarkable".
- Another found it worked very well with a phone call and getting a prescription was easy.
- Another found the telephone conversation quite difficult and a bit frustrating - they were trying to explain that they could feel a lump in their breast but how do you describe the lump to another person - that was really difficult
- Someone had a number of consultations at my surgery - initially they had a couple of telephone conversations one of them was followed up with a face to face appointment. The staff at the practice were very careful and considerate and a referral was made, which went through very quickly and was offered a hospital appointment!
- Another participant spoke of a very good experience they had. The GP saw them very quickly, no waiting at all, and wearing all relevant protection (PPE) - they felt reassured.

2. Will you be getting the flu jab this year?

- Some patients said they would definitely have it, - two of them explained that they would be getting it (and had got in the past) because of their occupations.
- Another suggested they would think about it as they felt unsure about what is injected into the body. They felt it's important that communities are given a clear source of information as there is a lot of different information out there.
- One person said her mother is offered the flu jab but she always gets ill after it so she is not inclined to have it

- Some shielded patients are particularly concerned about going out since they have been much more well during lockdown by not mixing with people. This will be a problem when they may need to visit a practice (e.g. for flu jabs)
- There was a discussion around the two main challenges identified about the next flu jab campaign:
 - **Delivery** - how can we deliver it more efficient, safe and effectively? In past campaigns we have invited people to the surgery on Saturdays (with a coffee and cake) and delivered many flu jabs in this way. But we can't do that at the moment - it is going to be tricky.
 - **Messaging** - a key challenge is potential confusion with COVID jab, and is it still relevant whilst this pandemic; and also the miss information that has been circulating generally around developing of effective jabs against Covid. Key to emphasize that 'you should take it as it will protect you from being more vulnerable against COVID'.

3. How have you been staying healthy and how does this differ from pre-covid?

There was less conversation around this question as groups ran out of time, but there was some reflection that people had been more mindful of their health at this time.

Other points of discussion

- Patients want really clear messages about how safe it is to visit healthcare settings
- Patients are really supportive of all the work the NHS has been doing - particularly GP practices
- Shielded patients have really appreciated practices checking in with them as to how they are doing