



BACK TO HEALTH

Department of Health and Social Care
approach to restoring suspended
or reduced services: part one

www.gov.im/coronavirus



Isle of Man
Government

Reillys Ellan Vannin

Foreword

MINISTER FOR HEALTH AND SOCIAL CARE HON DAVID ASHFORD, MHK

22nd May 2020



In the COVID-19 Medium Term Response document published in April, Government set out its three-stage approach to managing the impact of Coronavirus on our community. From **Stay Home** through **Stay Safe** to **New Normal**, it outlines the principles, criteria and indicators which will determine and guide our journey through the unprecedented challenges the pandemic presents.

This approach balances the measures which have been necessary to control the spread of the Coronavirus infection, preserve life and protect our health and social care service with the wider needs of our people. Under the key headings **Health**, **Society** and **Economy**, it sets out our strategy to move on from the Stay Home phase in gradual steps, based on the latest scientific advice and recommendations from Public Health and clinical groups as well as the Department's leadership team. Collectively, we believe that the time is right to begin to restore those health and care services which were reduced or suspended during the pandemic. This document outlines how we will achieve this, starting with health services.

While we have prevented a surge in demand by keeping the rate of infection under control, thanks to the outstanding public compliance with the measures we put in place, it is clear that Coronavirus will be with us for the foreseeable future. We may have contained its spread, but we have not defeated it. A vaccine is unlikely to be widely available until early next year and so we must maintain our guard, continue to suppress the curve and protect the vulnerable. It is imperative we retain capacity to deal with further cases, whether at a low level or should numbers start to rise. That means as we start to resume activities, we are looking at a combined 'business as usual' and COVID world of health and social care operations. We may have to accept a reduced level of services for some time to come.

The cautious approach set out in the Medium Term Response is mirrored in our strategy for health and social care. The resumption of services must be conducted in a controlled and safe way, and the requirement for PPE in many service areas will be standard practice. It should be understood too, that there are many interdependencies within the system which make 'turning on' services more complex than it might appear.

These key considerations have been central to the extensive planning work carried out in recent weeks by each of our service areas. The three levels of operation in this gradual process correspond to the three levels of response set out by Government in April and the principles which will guide our actions are on page five.

It is essential that we prevent the detrimental effects of reduced levels of service from outweighing our containment of the virus. Striking the right balance is a challenge for health services around the world, as the 'pause' button is released so that we can catch up, work through backlogs and meet additional demand. An early task will be to review afresh the needs of patients and service users, so that we respond in a fair and appropriate way.

Alongside this, we will need to reconfigure services and staffing, embed safe practices and remain alert to the possibility that the demands of COVID may require a further pause, unwelcome though that would be.

Despite the many caveats and precautions, we have mapped the way forward and embarked on the journey. Back to Health is the first part of that journey. The second part Back to Care, to follow, will outline our approach to reinstating social care services. Progress will be kept under review and an update provided every fortnight. I hope this document is useful in explaining the scale of the challenge as we seek to restore a comprehensive health and social care system for the citizens of the Island without undue delay.

Background

Aligning with the approach described in the Isle of Man Government's Medium Term Response publication, a large amount of work has been undertaken by the Department of Health and Social Care in working towards returning services for all.

This must be undertaken and completed in a controlled and safe manner. It is an extremely complex process with a range of considerations that need to be managed.

Plans have been developed over recent weeks, taking into consideration the following areas:

1. A phased return to practice for patients, service users and staff, based on safety and need
2. Interdependencies with other areas, services and/or departments
3. Longer term personal protective equipment (PPE) requirements and infrastructure

Key Issues

As the world is in the midst of a pandemic, all considerations around access to and supply and quality of PPE present challenges to the ability to provide not only COVID-19 related care, but also to regular operations.

The pandemic has brought with it rapid improvements in digital platforms to support patient and non-patient facing delivery. The Department will look to continue in this direction to enable the future transformation of services.

Significant changes in many areas will affect the delivery of services and this will continue for some time. Waiting times have been severely affected by the COVID-19 crisis and will take time to improve.

The Intensive Therapy Unit (ITU) admission rate to date has been significantly lower than experienced elsewhere in the world. However, the Department has worked through a plan to manage risk around COVID in ITU, and will escalate and deescalate capacity accordingly.

Interdependencies

Each service area has carried out a detailed analysis of what is required to resume services where services have been reduced or suspended and designed pathways to restoration.

As an example, a return to 'business as usual' in the hospital is largely dependent on COVID patient group reductions in order to release staff, including from ITU. The freeing up of facilities which were repurposed for the pandemic response will allow increased activity in areas where it has been suspended such as endoscopy and theatres. Other dependencies relate to continued use of technology-based solutions and assessment and training from the Infection Prevention and Control team.

Services developed during the pandemic response such as Integrated Community Services currently depend on support from third sector providers, adult social care and district nursing staff. It is desirable that this new and effective service continues but to do so will require additional or replacement resources.

Alignment

Aligning Back to Health with Medium Term Response to COVID-19

Stay at Home	The Government's immediate response to the pandemic. This focussed on the preservation of life, protecting the public, maintaining critical national infrastructure and supporting a controlled return to normality. Lockdown restrictions imposed.	STAGE ONE
Emergency Operations & Admissions	Emergency operations and admissions, including emergency cancer surgery, were prioritised. Significant changes were required to deal with COVID-19, many services suspended, reduced or temporarily closed in preparation for the peak of the pandemic, to ensure sufficient capacity, preventing health and care services from being overwhelmed.	
Stay Safe	The Government's medium term response to the pandemic. This phase is designed to maintain suppression measures to avoid exponential growth of the virus, enabling the population to stay safe and well. Some restrictions eased, including facilitating a return to work for certain sectors where safe to do so, to encourage greater economic activity. Some restrictions lifted to allow non-essential shops to open and greater opportunities for recreation and social contact.	STAGE TWO
Early Phase of Return of Services	This focuses on managing a safe return of those services which were reduced, suspended or stopped during Stage 1. This phase balances continued COVID-19 management with the longer term health and wellbeing needs of patients and service users. Assessment of the resources required to achieve this is central to planning for the resumption of services and will be logistically challenging, with many staff having been redeployed during Stage 1. Some services will return more swiftly than others and it must be accepted that a degree of flexibility and variable pace is inevitable.	
New Normal	This will follow the successful implementation of the phased approach in Stage 1 and 2. This will enable a return to economic activity for many sectors and allow the health service to function normally with enough capacity to cope with increased demand, if required.	STAGE THREE
Return to Full Health & Social Care Provision	This stage will have a clear focus on the transformation of health and care services to ensure long term sustainability. Positive learnings from working in different ways during the pandemic will be incorporated.	

Guiding Principles

This document outlines plans to resume health and care services in a number of areas, but it is not comprehensive. Pathways for the return of a number of DHSC services and operations, including Adult Social Care and Learning Disability services, are currently being finalised and will be published in a second companion document, 'Back to Care'.

Timeframe

The phased return of services is mapped in fortnightly steps however timescales cannot be definitive - key factors being interdependencies between service areas, the time required for reallocation of resources and availability of staff. This position will improve as changes are made. Redeployed staff currently working in DHSC should be released in a managed way.

COVID-19 Capacity

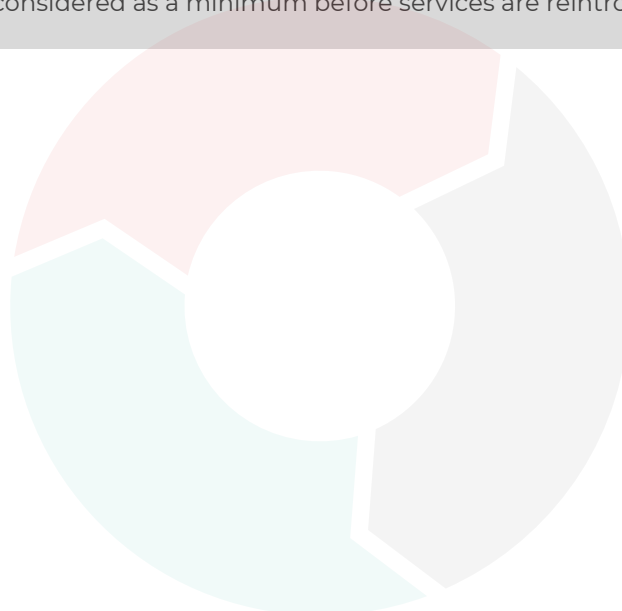
COVID-19 capacity will need to be maintained at appropriate levels across the organisation in order to manage demand should the number of cases increase. This ring-fenced capacity may affect service delivery elsewhere.

Dependency on UK Service Delivery

Many core Noble's Hospital services depend on partner hospitals and organisations in the UK and their plans to re-introduce services will significantly affect the return of suspended services in the Isle of Man.

New Working Practices

Much has been learned from delivering services in different ways during the Coronavirus pandemic, such as replacing face to face appointments with telephone or video consultations and triage, virtual clinics with UK hospital teams, the formation of integrated community teams and community pathways. These will be considered as a minimum before services are reintroduced.



Hospital Services

Stage 1 - Emergency and life-saving, including emergency cancer services

Large numbers of people in the community have COVID-19 during Stage 1 and there are significant pressures on the health and social care system. Delivery of safe care requires the maximum medical bed, ICU and community bed capacity to meet the peak demand for patients with COVID-19. Emergency cancer services continue with daily review.

Stage 2 - Phased: urgent and time-sensitive elective, outpatient appointments, screening and procedures where possible

A reduction in demand for services by COVID-19 patients will allow us to move to Stage 2 with some capacity for time-sensitive, elective and urgent procedures. A phased approach will be taken to increase this activity, ensuring the wider system is able to support. Dashboards will be in place to maintain operational oversight and control and ensure that key services can be returned to Stage 1 should COVID-19 demand begin to increase.

Stage 3 - Phased: elective and routine work

This stage is characterised by the return of normal activity. At this stage, the COVID-19 caseload is manageable within normal capacity and 'business as usual' (BAU) activities can be undertaken. However, while COVID-19 remains in the community, practices such as social distancing and new modes of working, such as replacing face-to-face contact with virtual consultations, should continue to reduce the potential infection of staff and patients. Embedded in this system must be improved efficient use of available services within the existing healthcare model, making every contact count.

As we see the demand for COVID-19 reduce, we can safely move to Stage 2 operations, so we will commence a phased opening of capacity for time-sensitive and urgent procedures and outpatient activities over the coming weeks.

We are working to ensure the safe return to practice in a COVID-19 environment by developing new infection, prevention and control strategies and we also plan to rethink the hospital space to optimise care delivery and create facility for our longer term plans.

We have also commenced planning for Stage 3 opening of services, which will involve transformative service by service review and redesign of how we provide care longer term, which will include the development of new clinical pathways bringing services nearer to home. An example of this is eye care services which are moving into being provided in local opticians wherever possible, with serious eye conditions, such as macular degeneration, being delivered in a specialist way in the hospital.

Primary Care

Including: General Practice & MEDS, Dentistry and Optical

General Practice & MEDS

Our GP network and MEDS have continued to provide important services throughout Stage 1. They have changed the way that they work to include more telephone and video consultation where this has been possible. Some GP based services have however been suspended in order to minimise non-essential contact.

As we head into Stage 2, MEDS will continue to provide its out-of-hours services to the population. Our GP network will be able to reintroduce services that were suspended, including cervical screening and diabetes related checks.

As we return to a more normal service in Stage 3, we will take the opportunity to introduce recommendations of Sir Jonathan Michael's report on transforming delivery of services.

Dentistry

The risk of transmission increases significantly where there is proximity to droplets produced by an infected person, and is a particular issue in Dentistry which involves 'aerosol generating procedures'. This is why, during Stage 1, we had to suspend all dental practices and replace them temporarily with an all-Island emergency dental service.

As we move into Stage 2, we will develop this in a safe and gradual way. All NHS dentists and the Community Dental Service will work to provide, on a rotational basis, an increased range of services. Each day, one site will continue to provide the same services as at Stage 1 while another will now be able to provide aerosol generating procedures for patients requiring emergency treatments.

Stage 3 will continue to bring a resumption of services. Given the risks inherent in aerosol generating procedures, this will be done in a carefully managed and gradual manner to ensure a safe environment for patients and dental staff. The protocols required are already being worked on jointly by the Department and our dentists.

Optical

In Stage 1, because of the need for proximity between the optician and patient, we closed all optical practices.

Stage 2 will see the gradual reintroduction of essential and urgent treatments. Not all practices will be open and not all treatments will be possible. We will focus on eye care issues that are time-sensitive (e.g. red eye). We also expect to be able to offer services that do not require close contact, such as repairs to glasses.

Moving to Stage 3 will see the Department aiming to deliver the aims of its Eye Care Strategy as closely as possible. This will lead to more services currently delivered in secondary care be taken on in primary care.

Community Services

Including: District Nursing & Adult Social Care

In our response to COVID-19, we created a number of new facilities and functions to ensure we were able to deal with the challenges of the pandemic. These included the COVID Home Assessment and Treatment Team (CHATT) and Care Home Assessment and Rapid Response Team (CHARRT). We also developed a 50 bedded Community Hospital to provide capacity to assist care homes as they dealt with COVID-19.

In Stage 1, working in partnership with our third sector providers Crossroads, we maintained essential services including Homecare and Domiciliary Services that could help people remain in the community, minimising the need for admission into the hospital.

As we move through Stage 2, we are looking to rebalance in a carefully managed way involving the increase in District Nursing, Homecare and Domiciliary Services, enhancing previous provision pre-COVID-19.

At Stage 3, we are preparing to review the service provided by both the CHATT and CHARRT teams in order to ascertain their value in a long term transformation to integrated care in four localities across the Island as per recommendations in Sir Jonathan Michael's Review, in order to deliver robust intermediate care. This will provide step-up and step-down services to each locality across the Island, in order to avoid unnecessary admission into our acute hospital and provide reablement and support to those leaving acute care as a step towards returning to their own home.

Women & Children

During Stage 1 we reduced all hospital-based services for women and children, redeploying staff to essential delivery of COVID-19 services. Home visits from health visitors have reduced and school nursing services ceased.

At Stage 2, we see the beginning of service increase by opening services gradually to reach capacity at Stage 3 over a number of weeks, ensuring we maintain safe practice in terms of COVID-19. Breast-screening is an area we are looking to reintroduce at Stage 2.

Stage 3 preparations are already underway, with significant transformational pathway developments under review. This is focussed on a multi-service approach, including stronger developments with Mental Health Services, to integration of Women's and Children's Services into community driven transformation programmes.

It is anticipated that home visiting may be one of the last areas of practice to be switched back on due to the restrictions around social distancing, so there may be a requirement to carry out all face-to-face contact in a controlled clinic area. Provision for schools will be reassessed as they reopen.

Therapies

Many therapy services have remained available during Stage 1 although there have been changes in the way some have been delivered. Moving from Stage 1 to Stage 2 will rely on the continued relaxation of restrictions and assessment of the needs of individuals, our workplace environment and when social distancing is not possible without the use of PPE.

Stage 2 could see the return of many scheduled clinics both in the community and at Noble's Hospital to include new and review patients. Capacity can be expanded by finding hospital and community settings from which safety can be guaranteed and social distancing guidelines maintained.

Where possible, appointments and triage will continue to be carried out using phone and video calls. The use of video conferencing apps such as Zoom and Teams will be explored to improve educational and advice interventions.

Radiology

During Stage 1, we have had to focus on emergency and lifesaving services in our hospital. Many radiology services have continued but some, including breast-screening, were stopped.

As we move into Stage 2, we hope to be able to broaden what is available in a phased manner but social distancing, equipment cleaning, staff availability and backlogs will mean increased waiting times for some services.

Stage 2 could see many radiology services restart, including breast-screening and non-urgent MRI and CT scans. With unavoidable backlogs extended, day working and careful planning will be needed to help staff arrange appropriate scheduling of these patients.

When these services start again it will be difficult to maintain social distancing, so staff will require full PPE (face masks, gloves and apron) for all patients.

Mental Health Services

Mental Health Services have remained largely in place during the pandemic, albeit delivered in a different way using technology to assist consultations rather than engaging in risky face-to-face sessions. This has proved successful and we want to expand on this way of working throughout our move to opening Stage 2 services. By working in this way, we have identified a possible opportunity to increase the capacity of our Mental Health Services which will give greater ease of access going forward.

Whilst preparing for Stage 3 operations, it would be remiss not to grasp this unique opportunity to proactively reconfigure service delivery closer to home for everyone. We will apply greater emphasis on a systems approach in the way outlined in the recommendations made in Sir Jonathan Michael's Review and transform the Mental Health Services into a clearly defined integrated service, taking account of all areas of mental health support needed as outlined in the Mental Health and Wellbeing Plan 2015 (revised 2020).



Isle of Man
Government

Reiltys Ellan Vannin

STAY SAFE

www.gov.im/coronavirus