

Restart and Recovery Programme

1. Introduction

This briefing paper sets out the progress to date against the national directive and expectations of the phased restoration of elective activity and provides an update on the restore and recovery plans in Medway and Swale.

In the recent NHS England letter for the Phase 3 of NHS response to COVID-19, a clear mandate on expectations was set out for organisations to deliver a trajectory in the restart of elective services. The Medway and Swale ICP has led and maintained oversight of the programmes developed as part of restart and recovery and has aligned to the Kent and Medway CCG overarching restart and recovery programme.

Through collaborative working, the Medway and Swale ICP plans for restoring services following the pandemic were well underway ahead of the Phase 3 letter and therefore the ICP was in a good position for delivering the restore trajectories set out in the paper. This paper sets out the Medway and Swale ICP response to the delivery of plans to achieve the Phase 3 priorities.

2. Restoring services

In Medway NHS Foundation Trust, a comprehensive elective recovery programme was developed to provide assurance to the patients, clinicians, organisation and system that processes and pathways were put into place to ensure safe delivery of services following the COVID-19 pandemic.

To be able to provide the assurance on the restart of services, a consistent approach to standing up of services was delivered through a series of task and finish groups led by Medway NHS Foundation Trust which included membership of the CCG and wider ICP. These were action orientated and included multidisciplinary membership and took into account new guidance as received and enabled an agile response to planning.

In the letter from Sir Simon Stevens and Amanda Pritchard the expectations about the re-establishment of services were clear, mandating trajectories based on increasing levels of activity to return to pre-COVID-19 levels of service.

The following information demonstrates the current position of Medway and Swale in the return of elective activity and the forward plan for recovery.

2.1. Elective surgery

In September at least 80% of last year's activity at Medway NHS Foundation Trust for both overnight electives and for outpatient/day case procedures needs to be undertaken, rising to 90% in October (while aiming for 70% in August). Through the multi-disciplinary task and finish group to restore elective surgery, Medway NHS Foundation Trust put into place pathways to ensure patients could attend for elective surgery with confidence. Elective surgery commenced at the end of June for elective routine surgery for both day case and elective inpatient surgery following guidance with regards to swab testing before surgery and compliance with self-isolation for patient and staff safety. In order to support the return of elective surgery, community providers have also supported through rehab services, for example wound clinics, where they will see patients following surgery at either the acute or independent sector.

In addition, we have continued to work with our independent sector partners who have provided additional capacity to support day case surgery with underpinning clinical pathways defined between organisations. This comprehensive approach of restart of elective surgery in the acute and supporting additional capacity in the independent sector has enabled Medway NHS Foundation Trust to confidently set its projected return to activity for day case and inpatients.

2.2. Diagnostics

In order to deliver the elective pathways, the restart of planned diagnostics needed to be put in place at pace. The diagnostics delivery was set as undertaking at least 90% of last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October. The capacity at Medway NHS Foundation Trust has been maximised through different approaches as well as significant additional capacity made available by independent sector providers in Medway, providing welcome capacity to undertake endoscopies at Will Adams Treatment Centre and additional imaging at Spire Alexandra.

2.3. Outpatients

During the pandemic Medway NHS Foundation Trust put into place a virtual outpatient pathway to enable essential outpatient activity to continuity. This has been really supportive in delivering a return to an outpatient service and has continued to grow in the number of virtual outpatients offered. However virtual outpatients cannot be used in all outpatient consultations and therefore carefully defined pathways and processes were put in place to ensure patients could attend face to face outpatient appointments adhering to infection prevention control processes.

Through a well-led outpatient programme a blended approach of face-to-face outpatients and virtual outpatients has enabled outpatient consultations to take place and support the restore of outpatient services for patients. The expectation set was the delivery of 100% of last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

The following table demonstrates the Trust's current position against the national phase 3 trajectories:

	DC	EL	MRI	CT	Colonoscopy	Flexi sig	Gastro	First OP	FUP OP
Aug outturn	75%	65%	109%	122%	371%	246%	164%	92%	85%
Sept Target	80%	80%	90%	90%	90%	90%	90%	100%	100%
Sept projected Percentage	97%	192%	108%	150%	207%	207%	207%	99%	109%
Oct Plan	99%	90%	100%	100%	100%	100%	100%	100%	100%

Note on abbreviations:

DC = day cases

EL = inpatient elective admissions

MRI = Magnetic Resonance Imaging

CT = Computerised Tomography

Flexi sig = Flexible Sigmoidoscopy (endoscopy diagnostics)

Gastro = endoscopy gastroscopy

First OP – first outpatient appointment

FUP OP = follow-up outpatient appointment

3. Conclusion

As demonstrated in the detail within the tables and narrative in the previous section, Medway NHS Foundation Trust has progressed well in the recovery of elective activity and continues to work with Medway and Swale partners to deliver the restart of activity and meet the trajectories set within the restart and recovery phase three. Working with systems partners, a clear principle is built into the comprehensive rehab programmes that services would be able to continue as usual and flex accordingly should there be a second wave of COVID-19.

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