

Restrictions on Clinical Activity at Worcestershire Acute Hospitals NHS Trust

A Message from Paul Brennan, Deputy Chief Executive/Chief Operating Officer

Dear colleagues,

As part of our response to the Covid-19 outbreak, we are implementing **immediate restrictions** on clinical activity.

This decision, which was endorsed today by our Covid-19 Incident Management Meeting (C19IMM) has not been taken lightly, not least given all the hard work done in recent months by colleagues across the Trust to reduce waiting times.

However, robust action is needed now to:

- Free up clinical teams and capacity to care for patients in the most urgent clinical need, including growing numbers of patients with confirmed or suspected Covid-19
- Limit the number of patients coming onto our hospital sites to reduce risk of infection
- Mitigate the impact of staffing shortages and the impact of the new national guidance on self-isolation and social exclusion

Details are as follows:

We are restricting clinical activity to emergency, clinically urgent treatment and cancer work alongside establishing urgent outpatient clinical slots.

'Cancer work' includes two-week-waits, diagnostics, MDT, intervention and follow-up management although the latter should, where possible, be undertaken by telephone.

All non-urgent elective surgery, medical day procedures, new outpatients, all non-cancer follow-up outpatients and all other routine activity will be postponed.

Divisional teams must ensure there is clear communication and documentation to patients and GPs on the actions taken.

For non-cancer follow-up outpatient activity patients should be advised either:

- That they are having their follow-up appointment postponed for a minimum period of 3 months or;
- That they are being discharged to self-refer back to the hospital, without contacting their GP, in the event they feel the need for ongoing care.

The decision as to whether to postpone or discharge with self-referral is to be made by the consultant responsible for the patient.

Non-cancer follow-up outpatient patients should be advised not to self-refer, if required, prior to July 2020.

These arrangements are to be implemented with immediate effect and will be in place until 31 June 2020 although they will be regularly reviewed by the C19IMM who will advise if they are to be curtailed or further extended.

We are aware there will be clinical staff working from home due to self-isolation or social distancing measures who will be able to undertake telephone consultations as well as a range of clinical administrative activities.

In these circumstances urgent patient activity must take priority but more routine telephone consultations can also be undertaken.

We understand the concern that these measures might cause for patients but they are necessary to ensure that we can support our clinical teams through this very challenging period, and also to make sure that we can focus our resources on our most vulnerable and seriously-ill patients.

Please note – these changes all relate to electronic referrals. Advice and guidance for GPs is being maintained as normal.

Thank you for your support.

Paul Brennan
Deputy Chief Executive/Chief Operating Officer