



Tuesday 21st April 2020

West Yorkshire & Harrogate - Urgent and Emergency Care April 2020 update

This information has been produced to update partners and stakeholders. Please feel free to share this information via your organisations internal communication channels. Please note this information has not been produced for the public. For more information please contact keith.wilson3@nhs.net

NHSE/I Dental Update (17 April 2020)

The following update is a position on access to dental service across Yorkshire & Humber. This is a changing and hopefully improving picture.

Dental practices remain open and accessible to patients both for those who recently accessed the practice and those who do not have a regular dentist. We are working with our practices to support this.

- In the first instance the patient will be triaged and offered advice, support and analgesia/antibiotics as appropriate.
- If patients cannot access a Dental Practice, and for Out of Hours, patients can contact NHS 111 and receive the same triage, advice and analgesia/antibiotics as appropriate.
- For patients who do still require face to face care, a number of practices in each locality have been identified to provide an urgent treatment service as required. This in the process of being established and will be accessible upon receipt of enhanced PPE. These will be known as Cluster UDC Centres.

Given the national position which states that only essential journeys should be undertaken, face to face dental treatment within the designated hubs will only be offered by exception where absolutely necessary.

Potential COVID-19 Patients

For patients displaying symptoms of having the COVID-19 virus, three centres have been established to see patients referred (following triage) either by their practice or the NHS 111 pathway. In Yorkshire and the Humber these centres are situated in;

- Monkgate (York) *to open shortly*
- Leeds Dental Institute
- Sheffield Teaching Hospitals

Patients will not be able to access this service without being triaged as described above so **it is not** our intention to share this information widely but it may be helpful for colleagues to be aware of these services.

Practices are being supported to manage messages on their websites and phones to ensure that patients are aware of how they should access services. Once the cluster hubs are operational it will be possible to share the details with colleagues, mindful that patients will be directed to them through their own regular practice, rather than direct access.

Patients presenting at A&E should be advised, if their condition is not an emergency, to contact a Dental Practice or 111 Out of Hours.

West Yorkshire and Harrogate UEC Intelligence Reporting

In agreement with YAS our winter intelligence reporting is continuing and are being shared daily between Monday and Friday. The UEC PMO has explored whether there was the opportunity to include COVID-19 intelligence within the daily report, however the decision was made to that COVID intelligence would continue to be disseminated via NHSE/I reporting routes.



Direct Booking/GP Connect

Direct booked appointments from NHS 111 to primary care are supported by an automated SMS message that confirms the booking following the call with the NHS 111 call handler. The SMS message infers a face to face appointment even if the call handler tells the patient that it is a telephone appointment. Therefore due to the patient safety aspect and to mitigate the COVID-19 response risk, direct booking via GP Connect was disabled temporarily for both in hours and out of hours bookings.

YAS are working with Adastra and NHS Digital to develop the tools to make telephone bookings and SMS messages clear, which is progressing well. It is anticipated that direct booking with the feature of telephone appointments (as opposed to face to face appointments) will be back soon with a possible date for this, hopefully within this week.

UEC Metrics and the 5 year plan

The current SOAG dashboard is relatively narrow and performance target focused compared with the scope of the ambitions outlined in the recently published 5 year plan. Programmes have been asked that we review, so that we have a set of metrics that better reflects scope of our ambitions, which are:

- Access to unplanned health and care services
- Shifting care from unplanned care to planned care as well as early help in our communities
- Community urgent care
- Acute emergency care

If programme board members are able to contribute to this it would like to input on potential measures that could evidence our programme objectives and ambitions (for example, supporting the left shift), please contact Louise on Louise.McKelvey@nhs.net by Monday 27th April.

West Yorkshire Patient Transport Services

Due to the temporary pause of the UEC programme of work, staff are currently supporting YAS in relation to Patient Transport Services. This has included liaison with local authority transport and identifying areas of good practice to share learning. Priorities have changed, in line with national guidance and resources are now focused on ensuring our most vulnerable patients still have access to essential outpatient clinics and supporting acute trusts with discharge.

As outlined in the COVID-19 Hospital Discharge Service Requirements, options will be looked at in the following order:

- Immediate availability of friends and family to transport a patient home
- Identifying if any volunteer support is available through existing voluntary sector contracts
- Booking volunteer drivers through NHS Volunteer Responders via the Good Sam app, either directly by the patient or by the case manager
- PTS co-ordinated by the YAS.

Urgent and emergency eye care

In response to the coronavirus (COVID-19) pandemic, NHS England/Improvement has set out that as routine sight testing has ceased (NHS England Publication approval reference: 001559), COVID-19 urgent and emergency eye care will need to be commissioned and delivered through a contract with local commissioners (ICSs/STPs and CCGs). NHSE/I regional teams will work with appropriate commissioners, health systems and optical practices to ensure the availability of appropriate and adequate levels of urgent eye care.

<https://www.college-optometrists.org/the-college/media-hub/news-listing/nhs-england-covid-19-urgent-eyecare-service-cues.html>

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