

## **COVID-19: Phase Two Planning - Temporary Service Changes**

### **1. Introduction**

In response to the next phase of the COVID-19 pandemic, the Board of Gloucestershire Hospitals NHS Foundation Trust has approved a number of temporary service changes aimed at separating as much as possible services caring for COVID and non-COVID patients. These changes will:

- limit the risk of transmission of the virus to patients and staff during the next phase of the pandemic,
- enable clinicians to restore many of the services paused in response to phase 1 so that the amount of cancer surgery, planned care and specialist diagnostic activity is increased, especially to those patients who are most vulnerable,
- give confidence to our local population that both our hospitals are safe places to receive acute care.

These service changes are being implemented as emergency (temporary) changes in line with the Memorandum of Understanding (MOU) agreed with Gloucestershire Health Overview and Scrutiny Committee (HOSC). The changes will be enacted on a three monthly basis, at which point the ongoing necessity will be reviewed, again in line with the requirements of the MOU.

### **2. Purpose**

The purpose of this document is to make you aware of the temporary service changes approved by the Trust's Board for implementation on 9<sup>th</sup> June 2020.

### **3. Principles**

The service changes are designed around the following key principles:

- To build on the success of our phase 1 response by continuing to separate COVID and non-COVID pathways by site and by pathway to reduce risk of COVID transmission to and between patients and staff.
- To use our two hospital sites to achieve this by making Cheltenham General Hospital (CGH) the focus for elective operating, cancer care & non-COVID diagnostic imaging and Gloucestershire Royal Hospital (GRH) as the 'front door' for acute emergency medical and surgical pathways.
- To centralise our key points of entry including the Emergency Department (ED), also known as A&E, acute medical take and emergency general surgery so we can better control flow in to our hospitals and separate four key pathways: COVID positive, suspected COVID, possible COVID and non-COVID patients.
- To designate Cheltenham Intensive Care Unit (ICU) as a non-COVID unit - this is a key dependency for increasing cancer and planned care operating in this second phase.

- To design a model of care to accommodate both a continuation of the current level of COVID-positive patients as well as a possible second surge.

#### **4. Temporary service changes**

The following service changes have been approved for implementation to form part of our response to the next phase of COVID-19:

- All 999 and undifferentiated GP referrals will be centralised at GRH. This would include centralising the Acute Medical Take to GRH.
- CGH Emergency Department (ED) facility will become a Minor Injury and Illness Unit (MIIU), open 7-days a week, 8am to 8pm.
- CGH MIIU will be supported by a Consultant led Ambulatory Emergency Care (AEC), service open Monday to Friday, 8am to 6pm, to see differentiated GP referrals and patients previously discharged.
- The Acute Stroke Unit (ASU) will move to CGH. The Hyper Acute Stroke Unit (HASU) will remain at GRH, and Stroke Rehab at The Vale Community Hospital.
- The Intensive Care Unit (ICU) at CGH will be designated as a non-COVID unit.
- A greater proportion of non-COVID-19 Cardiac patients will transfer to the Cardiac Care Unit (CCU) at CGH.
- Continued use of Private Sector capacity (Winfield and Nuffield) for non COVID planned care (subject to national agreement beyond June).
- Benign Gynaecology day case activity will move to CGH.
- Urology 999 front door pathway will move to GRH, planned pathways will remain at CGH supported by a Urology Assessment Unit (UAU).
- Vascular emergency and elective inpatient pathways will move to GRH, the daycase venous service will remain at CGH.
- Radiology services at CGH will focus on outpatient care for our vulnerable patients and support a largely non-Covid bed base and Ambulatory Emergency Care.

These temporary service changes will be managed and communicated separately to the Gloucestershire *Fit for the Future* programme which remains paused at this time. None of these changes should be considered pre-emptive of any future substantial service change which will remain subject to public consultation.

#### **5. Benefits of changes**

The service changes will enable the following benefits to be delivered:

- Utilise our estate in way that minimises infection risk to patients and staff and promotes public confidence in safety of both hospitals.

- Provide non-COVID (Green) imaging and critical care at CGH which is crucial to recovering cancer and elective care operating and recommencing of diagnostic investigations of “vulnerable” patients.
- Deploys workforce in a way that supports their resilience and wellbeing.
- Restores beds currently closed at Cheltenham General as part of our phase 1 response, supporting flow.
- Potential to increase theatre and imaging productivity at Cheltenham (as a Green site), through change to Infection Prevention & Control (IPC) requirements.
- Enable rapid COVID diagnostics through Point Of Care Testing at GRH emergency front door.
- Supports asymptomatic staff testing of Cheltenham workforce on cyclical basis to further reduce transmission risk.

### **Next Steps**

The service changes will go-live on Tuesday 9 June 2020. To help patients better understand these changes a public information campaign has been launched. This will focus on emergency care access throughout the county given the change to the service at CGH.

The changes will be enacted on a three monthly basis, at which point the ongoing necessity would be reviewed, in line with the requirements of the MOU.

**END**