

APPENDIX 2.3

Summary of Essential Services Provision

The below table outlines the Health Board's current provision of essential services as set out in Welsh Government's 'Maintaining Essential Health Services during the Covid Pandemic – summary of services deemed essential'.

Essential Service	Anticipated provision during Q3/4	Current status
General Medical services		Detail in MDS and narrative.
Community Pharmacy services		Detail in MDS and narrative.
Dental services		Detail in MDS and narrative.
Optometry services		Detail in MDS and narrative.
Urgent eye care		Urgent sight saving surgery and outpatient treatments are being undertaken.
Urgent surgery including access to urgent diagnostics and related rehabilitation		Urgent surgery is being undertaken on the PCH and POW site. Plans to return surgery to RGH are underway.
Hip Fracture Surgery		Patients treated on established Trauma lists with continued intervention and discharge planning support from Allied Health services.
Major Trauma		Major Trauma Pathways established and implemented. Access to critical care and transfer arrangements to Major Trauma Centre in Cardiff in place.
Rheumatology		Patients being offered virtual appointments where clinically appropriate or health risks identified, with face to face consultations running for those that require treatment such as biologics and newly diagnosed patients. DEXA Scanning is still suspended, however a consultant clinical review of all patients on the waiting list is being undertaken. There are plans in place to outsource DEXA scans to University of South Wales to restore the service.
Obesity services		In the absence of face to face group education due to social distancing, patients have been provided with first line self-management information and virtual education sessions are in development.

<p>Urgent Cancer Treatments</p>		<p>Urgent suspected cancer surgical activity is being undertaken in Princess of Wales Hospital, Bridgend (POW) and Prince Charles Hospital, Merthyr (PCH) and for some ASA1 and 2 cases, in the Vale Hospital. Dermatology minor surgery which was provided off site in Q1 and 2 returned to POW in September. Thoracic Surgery patients continued to be referred to specialist centres in C&VUHB and SBUHB.</p> <p>Outpatient appointments are being undertaken across the cancer sites virtually where clinically appropriate, but face to face consultations are available. MDTs continue to meet.</p> <p>Sessions to provide CT guided biopsies (CTGB) in lung cancer pathways has n been increased to twice weekly however capacity is restricted to account for cleaning downtime post procedure. Similarly, bronchoscopy capacity reduced due to extended turnaround times.</p> <p>Macmillan Unit providing SACT at PCH has resumed activity 3 days per week with a plan to expand the opening of the Unit to 5 days during October 2020.</p> <p>AHPs offer virtual assessment and advice and face to face assessment as clinically appropriate, maintain current provision to MDTs and undertake physiotherapy post-operative interventions as appropriate.</p>
<p>Cardiac Services</p>		<p>Cardiac surgery, Interventional Cardiology and rehabilitation undertaken in Cardiff and Swansea.</p> <p>Face to Face clinics resumed but maintaining telephone and video consultation. Cardio Pulmonary Unit, Cardiac Catheter Laboratory services, Cardiac CT, Cardiac MRI, Diagnostic Angiography have resumed since Q2.</p> <p>Some diagnostic tests and interventions being undertaken on a reduced capacity i.e. CT angiography and ICD implantation due to extended turnaround times.</p> <p>DSE (Stress Echo) activity ceased during Covid due to being an Aerosol Generating Procedure. Existing environment was not suitable to re-establish service with current constraints, refurbishment due completion 15th October which will allow service to resume.</p>

Stroke		Stroke services are maintained (Thrombolysis service, Thrombectomy service via North Bristol, outpatient clinics switched to virtual) or enhanced (Stroke Consultant review of Code 1 strokes at front door) with pathway in place for admission of acute stroke patients with suspected or confirmed COVID.
Gastroenterology inc. diagnostic endoscopy		Emergency 24/7 bleeder rota remains in place. Endoscopy services have resumed but at reduced capacity. Priority is being given to USC and surveillance patients. Exploring options to increase capacity by running additional WLI evening and weekend lists whilst looking at outsourcing and insourcing opportunities.
Diabetic care		<p>Consultants and diabetic specialist nurses (DSNs) continue to undertake virtual reviews of all patients and when required will contact via telephone. Some clinics – antenatal and diabetic foot continue to run from the newly located diabetes centre. The diabetic pump service continues to operate from the diabetes unit during the RGH restricted service period from 30/9/20.</p> <p>Lack of clinical space combined with the social distancing regulations is restricting the return to normal working. Alternative plans are being developed.</p>
Rehabilitation		Most Therapies services being offered via a different model, with virtual or telephone contact and/or risk assessment for face to face offered as first line response. Inpatient rehabilitation services are running as usual. Hydrotherapy physiotherapy not yet restarted to due to risks involved.
Paediatric services		<p>Acute Paediatrics General paediatric inpatient services are maintained across three acute sites with designated covid and non covid areas.</p> <p>Speciality clinics including diabetes are being maintained with review from consultant as to whether face-to-face or virtual consultation is required.</p> <p>Community Paediatrics Vulnerable families - medical and nursing staff are working with partner agencies to offer advice on management, medication and prioritisation of cases that need access to the limited support available.</p> <p>Virtual, telephone and face to face clinics are in place as options for families. Specific arrangements for each area of the paediatric</p>

		<p>community service are being implemented with some urgent cases being prioritised and others having extended waiting times.</p> <p>Shielding lists have been reviewed. Therapy services being available virtually and face to face where required.</p> <p>Safeguarding rotas are continuing as planned in each of the 3 main areas. An enhanced consultant led rota and service, covering the whole Health Board has been in recent development with plans to start November 2020. This will potentially help support acute paediatric services.</p>
Paediatric specialist services		<p>Further assurance required from WHSSC who commission Paediatric specialist services on our behalf, that the capability of services being delivered from the Children's Hospital of Wales are being sustained and maximised.</p>
Termination of Pregnancy		<p>Pathway for telephone consultation and remote provision of home TOP for gestations up to 10 weeks. TOPs over 10 weeks are being provided by BPAS (British Pregnancy Advisory Service).</p>
Maternity services		<p>Early pregnancy care – all sites are maintaining EPAU services; medical management of miscarriage is being used initially in all suitable cases to reduce the need for hospital admission for surgical ERPC. Admissions are following the same pathway as emergency surgical admissions.</p> <p>Emergency hospital care – all sites have physical pathways through them for pregnant women who need hospital assessment and/or admission, to keep women who are suspected of or known to have Covid separate from asymptomatic women. Appropriate PPE is available for all staff.</p> <p>Intra-partum care – Designated areas for known or suspected Covid patients have been established for antenatal and intrapartum care. Midwifery Led Care continues in the obstetric unit and low risk women can continue to labour on the Normal Labour Pathway within the obstetric units.</p> <p>Home births are continuing to be supported within the HB area, subject to continued availability of staff and support from WAST. The HB's ability to</p>

		<p>support the home Birth services is assessed on a daily basis, based on staffing availability. Full provision is currently being maintained.</p> <p>Postnatal Care – women are being discharged much more quickly after giving birth in the obstetric units. Routine postnatal care remains unchanged although some reviews are now contacted over the phone. Jaundice reviews are being undertaken in-line with NICE recommendations.</p>
Neonatal services		<p>Neonatal services maintaining the same amount of cots as pre Covid and have clinical space to allow for caring for Covid positive babies if required. In-hospital new-born screening continuing across the UHB.</p>
Mental Health, NHS Learning Disability services and Substance misuse		<p>The Mental Health Covid-19 monitoring tool is being completed and returned on a weekly basis.</p> <p>Crisis Team, Home Treatment Team & Inpatient services have continued to be delivered as normal. The majority of clinics have taken place via phone consultation but some are now taking place face to face with stringent social distancing measures & use of PPE in place. Clozaril, depot and lithium clinics remain active. Current working on guided audio presentation of current course materials with worksheets to be offered as an alternative to face to face with a review after completion. Focus continues to take place in supporting the safe operation of Day Hospitals with limited numbers to support those families who without the provision, there would be a breakdown in care resulting in hospital admission.</p> <p>CAMHS</p> <p>All CAMHS services are operating and the service continues to offer virtual appointments where appropriate and face to face where necessary. Provision of support to Young Persons on existing caseloads via virtual consultation & maintenance of regular prescribing and provision of core Young Persons Drug and Alcohol Services (YPDAS) continues including prescribing.</p> <p>Engagement with highly vulnerable groups i.e. patients with severe eating disorders or those who self-harm introduction of continues with outpatient groups replaced with telephone consultations and other virtual solutions.</p>

		<p>Community outreach visits are still being undertaken in each locality on a case by case basis.</p> <p>Patients due medication follow ups and clinical investigations are being prioritised with a traffic light system to minimise prescription risks.</p>
Urgent supply of medications		<p>Acute care medicine stock levels have been established to support the planned bed model for the second wave, this includes critical care medicines and haemofiltration fluids, where the supply chain has improved in the last quarter. This is under constant monitoring and review at a HB and all Wales level, where actions to mitigate stock shortages can be implemented if needed.</p> <p>The palliative care medicine supply chain has improved in the last quarter and is managing well with the usual supply processes in place in the community and acute care. This is being reviewed as part of the second wave planning where additional palliative care supply processes for in and out of hours can be implemented.</p>
Renal care dialysis		Continues to be provided on a regional basis.
Blood and Transplantation Services		
Palliative and End of Life Care		<p>Full service support continues to acute sites. Appropriate processes in place to manage Covid and non-Covid patients in the POW Inpatient Unit. Due to the current RGH outbreak, the Palliative care unit on site is only accepting cases from the community and ensuring no cross-utilisation of staff. Position will be reviewed in line with the RGH situation review.</p> <p>All current Specialist Palliative Care Day Units have been suspended with all patients having been contacted by the palliative care team with alternative support mechanisms having been put in place on an individual basis.</p> <p>Outpatient provision, Therapies and Community CNS support provided primarily virtually or by telephone. Outpatient services have re-commenced on the specialist palliative care unit.</p>