



**Tees Valley  
Clinical  
Commissioning  
Group**

**c/o North Ormesby Health Village**

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TS3 6AL

Tel: (01642) 263030

21-04-20

Dear Parent, Carer

## **FOR INFORMATION**

**Sent on behalf of NHS Tees Valley Clinical Commissioning Group**

### **Re: CHANGES IN ACCESS TO COMMUNITY SERVICES**

Due to the massive impact of COVID-19, NHS England released guidance about releasing capacity from community services to support the response in acute care. A list of priority areas have been provided which Community Services providers must follow. These areas are:

1. Support home discharge of patients from acute and community beds, as identified in the new Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it
2. By default, use digital technology to provide advice and support to patients wherever possible
3. Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks.

In light of this, NHS England has issued guidance across Adult and Children's services where community services should stop, or only be partially provided until 31<sup>st</sup> July 2020.

We are working closely with North Tees and Hartlepool NHS Foundation Trust, South Tees Hospital Foundation Trust and County Durham and Darlington Foundation Trust to monitor the impact of the guidance.

Below lists some specific areas where access to services has changed which are important that you are aware of and contact numbers for key services that your family use.

COVID 19 is unlikely to cause a serious illness in children, but please remember children can still become seriously unwell from other causes that are always around. Please do not let concerns over COVID 19 stop you from contacting medical services. If you are not sure if your child needs to be seen please go to <https://www.what0-18nhs.uk/national> for advice or contact 111 or your GP. If you think your child is seriously unwell call 999.

If you have any queries please do not hesitate to contact the DCO for further support.



Yours Sincerely,

Ruth Kimmins

Designated Clinical Officer

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Designated Clinical Officer

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Service	Status
Wheelchair, prosthetics and orthotics and Community Equipment service	<p>No service for standard new assessments / new specialist seating referrals.</p> <p>Will complete clients already part way through their bespoke specialist seating fitting to ensure product remains relevant?</p> <p>Will also review:</p> <ul style="list-style-type: none"> <li>• Patients requiring Wheelchair therapist input for pressure ulcer management</li> <li>• Patients who are unable to mobilise indoors due to faulty wheelchair</li> </ul> <p>Rosscare will continue to be the point of contact for patient repairs/servicing for all URGENT repairs as meet the criteria above</p> <p>TCES continues to operate in the Tees Valley to provide community equipment to enable discharge from hospital, urgent community requests and for repairs</p>
Audiology services	<p><b>Service continues with Skeleton Staffing .</b></p> <p>The service has stood down non urgent activity but will provide repair, replacement and supply of spare parts and specialist batteries</p> <p>Patients with suspected foreign body in ear(s) or sudden unexplained hearing loss should be directed to 111/urgent treatment centres</p>
Podiatry and podiatric surgery	<p><b>Service stood down except for:</b></p> <ul style="list-style-type: none"> <li>• High risk vascular/ diabetic e.g. Diabetic foot clinics</li> </ul>
MSK/Physio	<p><b>Service stood down except for:</b></p> <p>Urgent referrals will be processed. All referrals undertaking telephone triage. Focus on self-management</p> <p>Post-surgical rehabilitation will be provided where deemed clinically necessary (e.g. urgent/complex cases).</p>
Continence	<p>Only urgent patients to be seen.</p> <p>Patients should contact the delivery service in the usual way to re-order products.</p> <p>Assessment and re-assessments will continue via telephone triage</p>
Speech and Language Therapy (Adult and Children)	<p><b>Service stood down except for:</b></p> <p>Urgent communication and voice disordered patients will be treated by telephone.</p> <p>Urgent rapid response/ swallow assessments will be done on a home visit basis only.</p> <p>Swallow reviews will be done by telephone if possible otherwise will be carried out by home visit</p>

	<p>All Children and Young People have been screened for Priority during this time and therapists are making direct contact with families</p> <p>If you have any concerns and require advice please contact the service via phone numbers listed below :-</p> <p>Hartlepool, Stockton and Darlington 01429 522471</p> <p>Middlesbrough and Redcar 01642 944488</p>
Dietetics (Adult & Paediatric)	<p>Telephone clinics for clinically urgent (as triaged by Dietitian) new and review.</p> <p>If capacity becomes smaller then this will move to new only</p>
Orthotics	<p>Only high risk appointments to be maintained:</p> <p>Patients requiring an Orthotist input for pressure ulcer management (E.g. High Risk Diabetic Clinics)</p> <ul style="list-style-type: none"> <li>• Patients who are unable to mobilise indoors without Orthotics</li> <li>• Paediatric patients with long term health conditions whose condition would deteriorate without input from Orthotics.</li> <li>• This is an essential service for some children to walk. This service is still running where assessments are mid provision but no new assessments are happening.</li> </ul>
Children's Physiotherapy & Occupational Therapy	<p>Urgent care needs will be prioritised.</p> <p>Medium and lower priority work will be stopped to divert workforce to critical areas.</p> <p>Telephone calls are being undertaken and where clinically indicated home visits are taking place. Video consultations are being commenced</p> <p>If you are concerned and need some advice please contact the teams on the numbers listed below</p> <p>Darlington OT central admin: 0191 387 6359</p> <p>Physio central admin: 0191 387 6346</p> <p>Hartlepool, Stockton 01429 522471</p> <p>Hartlepool and Stockton Special Schools 01642 944506 (Ash Trees, Abbey Hill Springwell and Catcote only)</p> <p>Middlesbrough and Redcar 01642 944506</p>
Community Paediatricians and Community Nurses	<p>Urgent care needs will be prioritised however</p> <p>Hospital clinics continuing to take place via telephone and video conferencing</p> <p>Where face to face appointment is required this will be arranged with the family</p>

	<p>Community nurses and specialist community Nurses</p> <p>Urgent care needs will be prioritised</p> <p>Clinics have been cancelled however</p> <p>Telephone reviews are taking place, where clinically indicated home visits will be arranged for specific health interventions such i.e. infusion PEG changes etc.</p> <p>Equipment will continue to be still be delivered</p>
Mental Health and Learning disabilities CAMHS (TEWV)	<p>All community teams are completing a prioritisation process for those at the highest risk and contact being made as clinically determined</p> <p>Roll out of telephone and video consultation has commenced</p> <p>If you are concerned about you child or young person's mental health and need some advice and support please contact the Single Point of Access number 0300 013 2000</p> <p>The crisis service is still operating and the contact number is 0300 013 2000 option 6</p>
<p>0-19 services</p> <p>Health visiting and school nursing</p>	<p>Clinics have been stopped</p> <p>Telephone consultation taking place. Where home visits are clinically indicated these will be arranged with families</p> <p>Early years concerns to signposted to Health visiting</p> <p>Darlington 03000 030013</p> <p>Hartlepool South Locality 01429 292444</p> <p>North Locality 01429 292555</p> <p>Middlesbrough 03003 031603</p> <p>Redcar 01642 444011</p> <p>Stockton on Tees 03333 202302</p>
Community Nursing Services (inclusive of Community Matrons, Rapid Response and District Nursing Services)	<ul style="list-style-type: none"> <li>Service provision will continue but the service will clinically prioritise urgent needs and ensure dynamic case load management.</li> <li>There will be a reduction of regular review work through appropriate risk assessment.</li> </ul> <p>Teams will:</p> <ul style="list-style-type: none"> <li>Monitor rising risk of deferred work if disruption continues.</li> <li>Continue support in last days of life of or high complexity palliative care – syringe drivers and symptom management and any other identified clinical need.</li> <li>Prioritise response to rapidly deteriorating patients to facilitate admission avoidance.</li> </ul>

	<ul style="list-style-type: none"> <li>• Prioritise early supported discharge from acute settings</li> <li>• Deliver insulin administration</li> <li>• Deliver low molecular weight heparin injections</li> <li>• Where Nursing intervention is required, medication prompts will be supported</li> <li>• Deliver wound care where there are immediate concerns regarding the patient's condition e.g. infected wounds, heavily exuding wounds and compression bandaging that has been in situ for more than 7 days</li> <li>• Deliver bowel care where this is required on a regular basis</li> <li>• Prioritise visits for: <ul style="list-style-type: none"> <li>• Palliative and End of Life Care</li> <li>• Complex wound management, including Diabetic foot (in conjunction with podiatry services)</li> <li>• Urgent Catheter care</li> <li>• Community Matron's will continue to focus on Care Home admission avoidance</li> <li>• Rapid Response will continue to deliver community IVs</li> </ul> </li> </ul> <p>The above are examples in order to assist referral direction, it is not an exhaustive list</p>
<p>Specialist nurses for specific conditions:</p> <ul style="list-style-type: none"> <li>• TB</li> <li>• Respiratory/ COPD</li> <li>• Diabetes</li> </ul> <p>Children specialist nurses for example</p> <ul style="list-style-type: none"> <li>• Oncology</li> <li>• Cystic Fibrosis</li> <li>• Haemophilia</li> <li>• Duchenne's</li> </ul>	<ul style="list-style-type: none"> <li>• Routine QOF associated activities will stop.</li> <li>• There will be an increased use of telemedicine options wherever clinically safe to do so.</li> <li>• Routine annual reviews of respiratory LTCs will be delayed EXCEPT in people with known frequent exacerbations e.g. asthma/COPD.</li> <li>• Routine annual review of CVD based LTCs (Diabetes/IHD/CKD) will continue given the biochemical testing involved to identify end-organ damage</li> <li>• Community diabetes nursing teams will stop clinics and education courses and will divert attention to support acute teams to help with inpatient diabetes advice.</li> <li>• Services will monitor rising risk of deferred work if disruption continues</li> <li>• Contact your regional Children's specialist nurses who can advise on the latest guidance and support for your condition.</li> </ul>
Diabetic Eye Screening	<p>Routine Digital Screening is postponed</p> <p>If patients notice any sudden loss of vision they are to contact eye casualty at JCUH</p> <p>Digital Surveillance patients who are seen more than once a year are being assessed individually, including pregnant women.</p>

<p>Adult Therapy interventions (Physio, speech and language, occupational therapy, dietetics, orthotics)</p>	<ul style="list-style-type: none"> <li>• There will be prioritisation of urgent care needs (including malnutrition and enteral feeding support)</li> <li>• Medium and lower priority work stopped. Monitor rising risk of deferred work if</li> <li>• Provision to continue for people at high risk of aspiration pneumonia due to difficulty with swallowing e.g. people with progressive neurological conditions (MS/PSP/MND etc.)</li> <li>• Swallowing assessments will continue to prevent aspiration pneumonia</li> <li>• Early supported stroke service will continue to avoid loss of rehabilitation potential.</li> <li>• There will be dietetics support for people with significant malnutrition and increased risk of frailty and functional disability</li> <li>• Face to face pulmonary rehabilitation classes will stop. Options for Virtual Pulmonary Rehabilitation are being explored.</li> <li>• There will be prioritisation of Respiratory Physiotherapy</li> </ul>
<p>GP 111 acute services and 999</p>	<p>GP practices are all still open and they are undertaken telephone consultations If you GP identified that child or young person needs to be seen in practice an appointment time will be provided to attend</p> <p>If you are concerned about child or young person's health you can contact 111 for advice</p> <p>Paediatricians are still working and contactable via their secretaries via main switch board at each acute trust for advice</p> <p>If your child or young person becomes very unwell contact 999 or take to A&amp;E</p>

During the COVID 19 pandemic clinical staff within the acute trust may be working in different roles/ areas

Please be aware if you make contact with services that you may not be able to speak to your usual named health worker, but staff will have access to your child's medical records and will be able to still provide advice and guidance