19 March 2020

To:

CEOs of NHS and Foundation Trusts

CEOs of Clinical Commissioning Groups

Directors of Public Health

CEOs of Community Health Providers

CEOs of private and not-for-profit community providers

CEOs for community interest companies

Cc:

NHS England and NHS Improvement Regional Directors

Chief Executives of Councils

COVID-19 Prioritisation within Community Health Services

Following on from Sir Simon Stevens' and Amanda Pritchard's letter of 17 March 2020, this letter and annex set out how providers of community services can release capacity to support the COVID-19 preparedness and response. These arrangements will apply until 31 July 2020 in the first instance.

The current priorities for providers of community services during this pandemic are:

1. Support home discharge today of patients from acute and community beds, as mandated 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. Further advice on this will be published shortly.
4. Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.

Thank you for your support and the important work you are undertaking.

Yours faithfully

Personal Data

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Personal Data

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NHS England and NHS Improvement

1. Children and Young People Services

#	Services	Commissioner	Location	Plan during pandemic	Details
Stop Full service					
1.	National child measurement programme	NHS England	Home and school	**Stop**	
2.	Audiology	Clinical Commissioning Groups	Clinic based	**Stop**	
3.	Friends and Family Test	NHS England	Provider based	**Stop**	Cease data submission and collection with immediate effect
Partial stop of service					
4.	Vision screening	Clinical Commissioning Groups	Home and clinic based	**Stop except**: • New-born visual checks (within 72 hours of birth) cannot be stopped as neonatal cataracts need to be spotted early • 6 week check can safely be conducted at 8 weeks • Pre-school checks can be delayed until major incident response is over	See also separate guidance to be published

5.	Pre Birth and 0-5 service (Health visiting)	Local Authorities	Home visits and clinic based	**Stop except:** • Stratify visits and support for vulnerable families • Safeguarding work (MASH; statutory child protection meetings and home visits) • All new Birth visits • Follow up of high risk mothers, babies and families • Antenatal visits and support (consider virtual) • Phone and text advice- digital signposting • Blood spot screening	Providers to work with their Designated Professionals for Safeguarding Explore voluntary sector support Prepare staff for redeployment Consider signposting families to online information if appropriate
6.	School nursing	Local Authorities/ CCG for specialist school nurses	Home visits, school and clinic based	**Stop except:** • Phone and text service • Safeguarding • Specialist school nursing	Consider redeployment if schools shut / support vulnerable at home
7.	New born hearing screening	NHS England	Maternity unit, clinics and home	**Stop except:** • maternity unit based screening	See also separate guidance to be published
8.	Community paediatric service	Clinical Commissioning Groups	Home visits, school and clinic based	**Stop except:** • Services/interventions deemed clinical priority • Child protection medicals • Telephone advice to families • Risk stratify Initial Health Assessments (urgent referrals need to continue however some routine referrals may be delayed with appropriate support e.g. initial basic advice to parents/carers	

9.	Therapy interventions (Physio, speech and language, occupational therapy, dietetics, orthotics)	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs • Medium and lower priority work stopped	Prepare to increase to support admission avoidance and support discharge
10	Looked after children teams	Clinical Commissioning Groups and/or Local Authorities	Home visits, school and clinic based	**Stop except:** • Segmentation to prioritise needs (e.g. increased risk of harm from social isolation) • Safeguarding work- case review not routine checks • Telephone advice – could be undertaken regionally • Initial assessments	NHS Trusts to work with their Designated Professionals for Safeguarding Consider using virtual platforms to facilitate attendance by key staff eg GPs who may be at the front-line of COVID-19 response.
11	Child health information service	NHS England	Office base	**Prioritise based on clinical judgement, including:** • Child protection information system transfers • Support failsafe for the newborn bloodspot screening tests • Support the call and recall function for routine childhood immunisation working in liaison with local GP practices	Consider skeleton service, where appropriate, sustaining call/recall programmes
12	Community nursing services (planned care and rapid response teams)	Clinical Commissioning Groups	Home or clinic	• Segmentation needed to clinically prioritise urgent care needs • Monitor rising risk of deferred visits	

13	Nursing and therapy teams support for Long term conditions	Clinical Commissioning Groups	Home or clinic	• Segmentation needed to clinically prioritise urgent care needs. • Routine reviews of respiratory LTCs can be delayed EXCEPT in people with known frequent exacerbations e.g. asthma • Routine annual review of CVD based LTCs (diabetes/IHD/CKD) need to continue given the biochemical testing involved to identify end-organ damage • Medium and lower priority work stopped but monitor rising risk of deferred work if disruption continues	
14	Wheelchair, orthotics and prosthetics	Clinical Commissioning Groups and/or Local Authorities	Home and clinic	• Segmentation needed to clinically prioritise urgent care needs • Medium and lower priority work stopped	Consider use of private providers/ shops to supply
	Continue				
15	Safeguarding	Clinical Commissioning Groups and/or Local Authorities		Continue- direct safeguarding Reduce time spent on SCRs	Isolation may increase safeguarding risks for some families/households NHS Trusts to work with their Designated Professionals for Safeguarding
16	Continuing care packages	Clinical Commissioning Groups	Home or clinic	• Continue (whilst considering delay to routine reviews of CHC packages) • Move CC CCG teams to provision where possible • Write to parents with support to develop contingency	Move CHC CCG teams to provision Write to parents with support to develop contingency

17	Children End of life care	Clinical Commissioning Groups and/or Local Authorities	Home or hospice	Continue	
18	Rapid response service		Home or clinic	Continue	
19	Sexual assault services		Clinic and police stations	Continue – may need to organise a provider pan regional approach with less bases operating	
20	New Born Bloodspot screening	NHS England	Home visit	Continue offer of New born Bloodspot Screening (Guthrie tests)	
21	Emotional health and wellbeing /mental health support	Clinical Commissioning Groups and/or Local Authorities	Home visits, school and clinic based	Continue	Isolation may increase requirement for services for some individuals Consider virtual support

This service will be more comprehensively covered by separate guidance from NHS England and Public Health England soon:

	Immunisation and vaccination	NHS England	Home visits, school and clinic based

2. Adult and Older People Services

	Services	Commissioner	Location	Plan during pandemic	Details
Stop Full service					
1.	Wheelchair, prosthetics and orthotics service	Clinical Commissioning Groups	Clinics, inpatient wards and home	**Stop** Consider link to acute vascular services re amputation and supporting discharge	
2.	Audiology services	Clinical Commissioning Groups	Clinic based	**Stop** Patients with suspected foreign body in ear(s) or sudden unexplained hearing loss should be directed to 111/urgent treatment centres	Consider use / referral of private clinics which provide microsyringing and are managed by nurses and CQC at least good May be a need for supply of batteries through NHS community audiology services where these are a specialist item linked to the type of hearing aid prescribed
3.	Friends and Family Test	NHS England	Provider based	**Stop** Cease data submission and collection with immediate effect	

Partial Stop					
4.	Outpatient clinics	Clinical Commissioning Groups		**Stop except:** • Review of post-surgical high risk cases e.g. diabetic foot	
5.	Podiatry and podiatric surgery	Clinical Commissioning Groups	Clinics, inpatient awards and home	**Stop except:** • Other than high risk vascular/ diabetic e.g. Diabetic foot clinics cannot be stopped. • Non-diabetic corrective procedures e.g. bunion surgery etc can be stopped • Tele triage could be utilised before any home visits	Could redeploy to provide wound care
6.	Wheelchair, prosthetics and orthotics service			**Stop except:** • Consider link to acute vascular services re amputation and supporting discharge. • Prioritise pressure ulcer management	
7.	Community nursing services (including district nurses and homeless health)		Home and clinic based	• Continue but clinically prioritise urgent needs and ensure dynamic case load management. Reduce regular review work through appropriate risk assessment. • Monitor rising risk of deferred work if disruption continues • Continue support in last days of life of or high complexity palliative care – syringe drivers and symptom management and any other identified clinical need • Prioritise Rapid Response teams response to rapidly deteriorating	Agree roles across health and social care to avoid duplication of segmentation Consider support for homeless and rough sleepers who cannot self isolate Prepare for increased demand