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## **Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential**

*This advice should be read in conjunction with the NHS Wales Operating Framework Quarter 1 2020/21*

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non- COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

### **Defining Essential Services and Supporting Delivery**

The World Health Organisation (WHO) advise that countries should identify essential services that will be prioritised in their efforts to maintain continuity of service delivery during the pandemic. WHO advise the following high-priority categories should be included:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;

- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;
- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (<https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework-html>):

- everyone matters;
- everyone matters equally – but this does not mean that everyone is treated the same;
- the interests of each person are the concern of all of us, and of society;
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods)
- Value of interventions in value based healthcare.

Services therefore deemed as essential and which must continue during the COVID-19 pandemic are broadly defined as services that are life-saving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention. Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the remaining life span.

Note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

### **Essential services in outline**

#### **Access to primary care services (providing *essential, additional and a limited range of enhanced services* that fulfil the WHO high priority categories, including immunisations)**

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service, with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care

services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care. The following must be maintained:

### **General Medical Services**

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20- HOWIS site**
- Temporary Primary care Contract changes **issued 17/03/20 HOWIS site**
- Referral guidance primary-secondary **issued 31/3/20- HOWIS site**
- Repeat prescriptions and COVID-19: guidance for primary care **issued 20/03/20- WG website**

### **Community pharmacy services**

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing eg consultation by telephone); supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20 and 30/03/20- additional advice embedded in bulletin- HOWIS**
- Support for community pharmacies **issued 18/03/20- WG website**

### **Emergency dental care including severe swelling, trauma, bleeding and USC**

Red Alert urgent/emergency dental services

WG Guidance issued:

- **Dental Amber Alert – stop AGPs issued 17/03/20**
- **Dental Red Alert Urgent care only principle guidance issued 23/3/20- HOWIS**
- **Dental care during the COVID-19 pandemic: guidance for teams- issued 08/04/20- WG Website**

### **Optometry services**

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- **Optometry correspondence and guidance issued 17/03/20 and 19/03/20- HOWIS**
- **Ophthalmology guidance issued 07/04/20- HOWIS**

### **Community Nursing and Allied Health Professionals services**

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community

resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

### **111/Out of Hours Services**

#### **Emergency Ambulance Services**

#### **Urgent eye care including services that prevent loss of sight or irreversible damage**

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreal injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20- HOWIS**
- Ophthalmology guidance **issued 07/04/20- HOWIS**

#### **Urgent surgery including access to urgent diagnostics and related rehabilitation**

NHS England has produced a clinical guide to surgical prioritisation during the coronavirus pandemic. It is proposed that this guidance, which is supported by the Royal College of Surgeons, is followed to ensure maintenance of surgical priorities. The guide can be found on the link below:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf>

The guide classifies patients requiring surgery during the pandemic into five categories:

Priority Level 1a Emergency – operation needed within 24hours

- Priority level 1b Urgent – operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks
- Priority level 3 Surgery that can be delayed for up to 3months
- Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

The list of procedures that must be continued can be found in the guide. It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained. The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

#### **Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.**

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue. This will be kept under review and updated as needed.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20- HOWIS**
- Cancer guidance- **issued 9/4/20-HOWIS**

#### **Life-saving medical services including access to urgent diagnostics and related rehabilitation**

Services will need to be maintained for patients needing a life-saving intervention. The resultant rehabilitation required to maximise the

effectiveness of interventions must also be made available. Services include but not limited to:

- Interventional cardiology e.g. primary PCI
- Acute coronary syndromes - Non-STEMI (NSTEACS) and unstable angina (urgent treatment)
- gastroenterology including diagnostic endoscopy
- Stroke Care
- Diabetic care including:
  - Diagnosis of new patients
  - DKA / hyperosmolar hyperglycaemic state
  - Severe Hypoglycaemia
  - Newly diagnosed patients especially where insulin control is problematic
  - Diabetic Retinopathy and diabetic maculopathy
  - Emergency podiatry services and limb at risk monitoring
- Neurological conditions, including dementia
- All supporting rehabilitation

### **Rehabilitation**

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.
- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

### **Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services**

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent cardiac surgery (at Bristol for South Wales population)
- Urgent illness
- Immunisations and vaccinations
- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:

<https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services>

WG guidance issued:

- Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20 WG website**

### **Termination of Pregnancy**

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf>

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

- Temporary approval of home use for both stages of early medical abortion **issued 31/03/2020- WG website**

## **Other infectious conditions (sexual non-sexual)**

Urgent services for patients.

### **Maternity Services**

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: <https://www.rcog.org.uk/coronavirus-pregnancy>

### **Neonatal Services**

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates
- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

<http://extranet.wales.nhs.uk/howis/sitesplus/opendoc/515282>

### **Safeguarding services – all ages**

### **Mental Health, NHS Learning Disability Services and Substance Misuse including:**

- Crisis services including perinatal care
- Mental health in-patient services at varying levels of acuity including related rehabilitation / recovery
- Community MH/LD services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injections, psychological/occupational support)
- Substance Misuse services that maintain a patient's condition stability (e.g. prescription and dispensing of opiate substitution therapies)

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered essential and need to continue during the pandemic period have been set out.

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Welsh Guidance has been developed to support services during the pandemic:

- Services under the Mental Health (Wales) Measure: COVID-19
- Mental Health Act 1983 hospital managers' discharge powers: coronavirus
- Guidance for substance misuse and homelessness services **issued 19/03/20- WG website**
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website:  
<http://www.wales.nhs.uk/easc/nhwalesmhcc>

#### **Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions**

Including maintenance of monitoring of medications (e.g. Lithium, Clozapine)

WG Guidance issued:

- Co-ordination of medicine delivery during the Covid 19 pandemic  
**issued 30/03/20- WG Website**

## **Renal care - dialysis**

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guideline: dialysis service delivery

<https://www.nice.org.uk/guidance/ng160>

## **Blood and Transplantation Services**

### **Blood and Blood components:**

The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients. The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

### **Bone Marrow and Stem Cells Transplantation:**

Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:

European Society for Blood and Marrow Transplant (EBMT):

[https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines\\_v.6.1%282020-04-07%29.pdf](https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf)

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation  
<https://www.nice.org.uk/guidance/NG164>

**Solid Organ Transplantation:**

The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice:

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

**Welsh Transplantation and Immunogenetics Laboratory (WTAIL)**

The Welsh Transplantation and Immunogenetics Laboratory (WTAIL) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

**Palliative and End of Life Care**

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support

end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

### **Guidance**

The service/speciality areas described above highlight where guidance has already been produced (as at 4 May 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance. NHSE has published a range of speciality guides, which in effect set out their expectations for essential services delivery.

Essential services clinical guidance for NHS Wales will be published on a dedicated section of the HOWIS site at <http://howis.wales.nhs.uk/sitesplus/407/home>

Public facing guidance will be published on the Welsh Government website at <https://gov.wales/coronavirus>