INFORMATION CORRECT AT 2.30PM ON 28 APRIL 2020

LTHT outpatient and elective treatments

NHS Leeds CCG together with Leeds Teaching Hospitals NHS Trust (LTHT) have previously advised in line with national guidance that primary care colleagues should only refer patients for urgent consideration. We are still awaiting national guidance on secondary care responses, which is due this week. **Guidance is being received daily which impacts on LTHT's ability to confirm a time line for reset to open for routine patients.** For example, yesterday they received guidance on testing asymptomatic staff members, which in itself will impact on staffing availability. Similarly they now have to change the way in which asymptomatic patients are being managed which will further impact on staffing.

LTHT is currently rapidly reviewing the elective waiting lists and the theatre and bed requirements for those patients who are currently clinically urgent or will become so in the very near future. As you would expect as a system we need to understand the staffing requirements for these priority groups before we can identify the capacity available for providing review for more routine outpatients.

We are hoping this work will be completed this week, and this will align with receipt of national guidance.

In the meantime we fully recognise that as some patients return to primary care, primary care will have a wider range of patients that they may need support with. In the first instance, if you feel your query could be managed through advice and guidance, even if it is not clinically urgent, please feel free to make advice and guidance requests. We fully expect that once the workforce reviews have been completed, colleagues will be able to provide virtual consultations in most specialties in the near future. We aim to update you further early next week and will re-publish on E-referral as soon as possible. In the interim, LTHT are working through the work they have already undertaken to expand the ability to offer video consultations and embed this as the new normal for as many patients as possible as has now become the case for primary care.

NHS Leeds CCG will also be working with AQP providers over the next week or two, to ensure access to virtual consultations for routine referrals is re-established where safe, working closely with LTHT clinical teams via clinical networks (for example dermatology AQP providers). These directories of service will be re-published as soon as we are assured that appropriate systems are in place. Again please continue to ensure patients are aware that it may be some time before they can be seen face to face and that some more invasive procedures may be limited only to very urgent situations because of the balance of risks to staff and patients. We are also working to establish and enhance local emergency and urgent access to ophthalmology services and will be working with our ophthalmology AQP providers on this. A network meeting is scheduled for the 4th May to progress this work.

LTHT is still in the early stages of working out how, when and where face to face appointments will be possible, and we are hoping for some further guidance on this from the Royal College of Physicians very shortly to mirror the earlier RCS guidance. In the meantime, there are concerns remaining about the safest way to safety net those patients who need a face to face appointment or

a hands on or invasive procedure, who will need to wait longer for their care to be progressed. We had hoped national guidance would be available about this by now but this has not been forthcoming. An example of this is for gastroenterology: we have agreed to await the publication of guidance from the British Society of Gastroenterology (which is expected to be released later this week) to inform how we manage recovery as a system, working with our AQP providers, for both routine and urgent activity. As soon as guidance is issued and the approach agreed for recovery by all system partners we will advise.

Lower GI and Upper GI 2ww referrals

As you may be aware, LTHT are currently unable to investigate Lower and upper GI 2 week wait referrals in the normal way because of the associated risks for patients and staff because of Covid 19. The British Society of Gastroenterology has issued clear guidance that only emergency or very urgent endoscopy procedures should be undertaken. The Cancer board at LTHT has therefore agreed that all standard 2 week wait referrals will have investigation deferred (without telephone triage which is happening for all other 2ww referrals) until LTHT is in a position to deliver these. It is unclear how long this will be but LTHT will keep the referral and contact patients for investigation as soon as they can, once we have updated guidance.

If your patient has a definite pathological abdominal / rectal mass or symptoms of bowel obstruction please email leedsth-tr.colorectalstomacnsreferrals@nhs.net or phone (0113 2065535) and arrangements will be made for your patient to receive a telephone call from one of the medical team to assess your patients symptoms further.

LTHT will also be working over the next week to ensure that all 2ww lower GI patients *referred and on current waiting lists* are offered a symptomatic FIT Test, to allow further triage of these referrals/prioritisation.

Contact points

We are aware that some GP practices do have specific queries concerning referrals held/discharged by LTHT. GPs with queries about referrals can contact leedsth-tr.outpatientenquiries@nhs.net. We recognise that some patients have been discharged in error and these will be investigated and reinstated as necessary if you notify us.

LTHT diagnostics

As part of LTHTs response to the COVID -19 situation, from 23 March, all non-urgent routine and planned diagnostic activity was suspended for a 12 week period.

To manage the risk this represented and reduce any potential harm to patients, all diagnostic waiting lists were clinically reviewed and patients prioritised as follows:

- Urgent - tests undertaken
- Routine and clear clinical need for test - patients maintained on waiting list and will be tested when restrictions are lifted.
- Discharged - for patients where due to timescales involved will need to be reviewed by referring clinician and be re-referred after COVID -19 if test still deemed clinically necessary.

For aerosol generating procedures (endoscopy, bronchoscopy and lung function tests) an acute service only has been running due to risks. As above we are waiting for updated guidance from the British Society of Gastroenterology as regarding next steps for routine Endoscopy procedures.

LTHT are now planning with their diagnostic teams how they begin to increase diagnostic activity. This will need to balance the need to separate hot and cold activity, additional PPE requirements that will routinely be needed and the development of pre-testing for key patient groups. It is expected that this will be in place from early May with the main areas of focus being on our current 2ww diagnostic backlogs and patients needing diagnostic tests before surgical activity restart. LTHT have confirmed that there is capacity within pathology to turn-around all pathology requests from primary care, with the expectation that phlebotomy services are provided by GP practices and patients are not requested to attend at LTHT.

Advice to GP practices regarding holding referrals

If you see a patient who needs a routine referral making please hold this in your practice for now. This can be done using a "referral needed" task group for example within your clinical system. Please also make sure that you safety net the consultation so the patient is aware to make contact with the surgery if their symptoms progress, as you usually would.