

Restarting our paused planned care

In recent weeks the numbers of people in hospital with Covid has started to fall, as have numbers of cases in the community. Covid will be with us for some time, but we hope we are moving permanently away from the intense pressure the NHS has seen over the last year.

In November we said we would constantly review the situation with non-urgent and routine care, some of which has been on pause, and we have done this on a daily basis since then.

We are now pleased to report our plans to restart those elements of routine non-urgent care which were paused, and begin to catch up on the backlog of people waiting, which may mean some temporary changes to the place people have their treatment so we can treat people as quickly as possible.

The NHS has never been a Covid only service during the pandemic and many services have continued as near to normal as possible, but the public of Greater Manchester, particularly those whose appointments and procedures have been postponed, have been supportive, patient and understanding of the changes which have had to be made over the last year.

Our staff, who have gone above and beyond for more than a year now, want to thank people for that.

Caring for the health and wellbeing of our workforce so they can care for the people of GM as we begin to restart more care, will remain an absolute focus for us.

Next steps

Our priority is to do two things:

1. Start to book some people in for procedures they have been waiting for
2. Ensure, in the coming months, we contact everyone who has been waiting for longer than usual

Not all of planned care has been delayed; some was able to continue throughout the Covid period or start again during recent months, and we have been in touch with many patients already about their treatment.

However there are now six areas where we're doing extra work as people have waited the longest:

- Orthopaedics: for example hip and knee replacements
- General surgery: for example gall stone removal and hernias
- Children's surgery: including tooth extractions
- Ear, nose and throat: for example adenoid surgery and tonsillectomies
- Gynaecology: for example colposcopy
- Ophthalmology: for example cataract surgery

Our consultants will be looking at who has the greatest clinical need and who has waited the longest, and prioritising people against these two key principles as each service gets back up and running.

We may be asking people to see a different consultant for their treatment, or have their procedures in a different hospital to the one they may have expected to have gone to, including private hospitals in the independent sector. This is because some of our hospitals are still seeing more Covid patients than others, we want to move as quickly as possible to treat people and we want to be able to safely treat as many people as possible until we can get back to normal systems and processes.

If patients are invited to have their treatment in a different place or with a different team we would encourage them to take this up, as this will ensure they are seen as quickly as possible, but there will be opportunity to discuss this if required.

Throughout the pandemic we have worked incredibly hard to separate people with Covid from those who do not have the virus when they come to hospital or use other NHS services. We want to reassure people that this will continue to be top priority and all the plans being put in place now take account of the Covid risks which are likely to remain with us for some time. This includes using technology to enable us to provide care remotely where appropriate for example using virtual consultations.

For those patients awaiting procedures in other clinical specialties, we are rapidly developing plans for all services to be restored as quickly as possible, ensuring those patients with the greatest clinical need are seen and treated first.

Timings

Each of the six clinical areas mentioned above will get back up and running at a slightly different pace.

People waiting for orthopaedic treatments are now beginning to be contacted and booked in and we hope to have contacted everyone waiting by late summer/early autumn.

There is no need for patients to contact the NHS, either their GP or the hospital – we will be in touch with them.

We are working together as organisations across Greater Manchester and with our primary and community care colleagues to ensure we restart all services as quickly as possible. Continuing Covid infection prevention precautions mean this will take longer than would otherwise be the case. We know how hard this has been for people who have patiently waited, sometimes in very difficult circumstances, and we would ask that people continue to be patient and respectful to our staff as we do our best to reach as many people as quickly as possible.

Background

During the first wave of Covid in spring 2020 hospitals across the country paused routine non-urgent care to ensure enough staff and facilities were free to care for the sickest patients, especially those needing critical care, as well as people who needed urgent or emergency care.

As the first wave receded in summer, NHS staff worked tirelessly to catch up, but when the second wave of Covid came in autumn 2020 Greater Manchester was one of the worst affected places in the country.

In November, as the second national lockdown took place, hospital leaders here made the difficult decision to pause routine and non-urgent care to ensure they were not overwhelmed.

At the start of 2021, our Greater Manchester hospitals were looking after more people with Covid than almost anywhere else in the country; in March 2021 Covid patients were being looked after in half of our critical care beds and one in ten of our general beds.

But despite these pressures the NHS never became a Covid only service. Throughout the pandemic we have ensured many services continued as close to normal as possible and that we protected the most urgent services which deal with some of the most potentially serious problems. This included cancer, cardiac, vascular surgery and transplantation as far as possible, with hospitals working together across Greater Manchester to take care of patients. In addition our diagnostic services, including endoscopy, and the vast majority of our out patient services remained unaffected.

We also did our bit in Greater Manchester to encourage patients to come forward if they needed help through the national Help Us Help You campaign.

We've set up 24/7 mental health telephone crisis lines, and put other urgent care alternatives in place to strengthen crisis support and avoid placing pressure on A&E services, including accelerating the provision of digital services such as talking therapies, and expanding the range of online mental health support for people of all ages.

And we ensured our hospital based services continued to help those in need by working in new and different ways. This included:

- Expanding our diagnostic capacity through the use of independent sector facilities and Rapid Diagnostic Centres
- Increasing our endoscopy capacity to normal levels and changing the way we work to ensure we could see as many people as possible, for example using CT (computed tomography scan) colonography to substitute where appropriate for colonoscopy
- Expanding the capacity of Cancer surgical hubs to meet demand
- Launching 111 first which allows people to book into appointment slots in A&E or, where appropriate, books people directly into specialty services, to save waits at A&E.