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NEWS



Covid-19: NHS outlines services to be prioritised to restart in next six weeks

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NHS England has set out details of which regular services should be prioritised for resumption over the next six weeks as part of the second phase of the health service's response to the covid-19 pandemic.

On 17 March NHS hospitals in England were asked to suspend all non-urgent elective surgery to help free up general and acute care capacity in the wake of the pandemic.¹ But on Monday 27 April the health and social care secretary, Matt Hancock, said that some services would resume this week as hospital admissions for covid-19 began to fall in most parts of the country.²

In a letter to all NHS leaders on 29 April,³ NHS England's chief executive, Simon Stevens, and its chief operating officer, Amanda Pritchard, said that some capacity should be released safely but as soon as possible over the next six weeks to allow urgent services unrelated to covid-19 to restart.

Hospitals should seek to provide urgent outpatient and diagnostic appointments, including direct access diagnostics available to GPs, at the levels before the pandemic, it said. They should also ensure that urgent and time critical surgery and non-surgical procedures could be provided at previous levels of capacity, using guidance on surgical prioritisation from the Royal College of Surgeons,⁴ the letter added.

It said that hospitals should also restart routine elective procedures where additional capacity was available, prioritising those with long waits.

It identified cancer care as another key priority for resumption. The letter said that cancer referrals, diagnostics, and treatment should be brought back to pre-pandemic levels "at the earliest opportunity" to minimise potential harm.

The letter also told trusts to prioritise capacity for acute cardiac surgery, cardiology services for percutaneous coronary intervention and primary PCI and interventional neuroradiology for mechanical thrombectomy; to prioritise urgent arrhythmia services and the management of patients with severe heart failure and severe valve disease; and to prioritise stroke services for admission to hyperacute and acute stroke units, for stroke thrombolysis and for mechanical thrombectomy.

It also listed high priority areas in mental health, including establishing and promoting open access crisis services and helplines for all ages, in partnership with local authorities and other agencies.

Local leaders were also advised to ensure availability of enhanced psychological support for all NHS staff who need it in light of the covid-19 pandemic.

NHS England noted that emergency activity across the NHS had sharply reduced in recent weeks but said that, given the potential rebound, it needed to retain its ability to "quickly repurpose and 'surge' capacity locally and regionally, should it be needed again."

The letter said, "It will be prudent, at least for the time being, to consider retaining extra capacity that has been brought on line—including access to independent hospitals and Nightingale hospitals."

Chaand Nagpaul, chair of BMA council, said, "Doctors are acutely aware of the impact that prioritisation of covid has had on non-covid patients whose care has been consequently delayed and health needs not met. As the NHS begins to resume some normal services, it remains imperative that doctors and all health and care staff are given proper protection against infection from covid-19 both for their own safety and crucially to prevent spread to other non-covid patients as they increasingly access services."

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- 4 Royal College of Surgeons. Clinical guide to surgical prioritisation during the coronavirus pandemic. 11 Apr 2020. https://www.england.nhs.uk/coronavirus/wp-content/uploads/ sites/52/2020/03/C0221-specialty-guide-surgical-prioritisation-v1.pdf.

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