

Summary of Outpatient Services

For internal use only. The information below is correct as of 18 September 2020 but may be subject to change at short notice.

For other providers please see pages 8-11.

	Harrogate	South Tees	County Darlington & Durham FT	York
Advice & Guidance	Available (not all specialties) Available through the normal channels and where possible clinicians will respond within 48hrs as capacity allows. We would ask this to be used only in the most complex cases where knowledge limit has been reached and expertise is required	Available All services are open to Advice and Guidance requests via the eRS system with an expectation that services will turn round requests within a prompt timescale. A&G should only be used where the expectation would be that the patient remains in primary care. Response expected within 72hrs (resource permitting).	Available Remains the preferred default for any queries relating to existing cases or the urgency of new referrals	Available Advice and Guidance remains open for GPs through normal channels. The 48 hour turnaround may not be achieved due to resources.
2WW / Other urgent (e.g. RACP) New referrals	Refer as normal 2ww referrals are being triaged then called and seen only if necessary Footfall into outpatients still needs to be controlled as much as possible to maximise capacity for those needed F2F	Refer as normal Clinical review of referrals with telephone consultation undertaken ahead of any F2F appt. to ensure patients only attends when absolutely necessary	Refer as normal	Refer as normal Specialists may, after risk assessing, decide whether to downgrade referrals. 2WW referrals are being clinically triaged and receiving a telephone consultation where possible. Referrals can only be downgraded following discussion with referring GP

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Already booked	Seen as normal however the type of appointment could change from a F2F appointment to a NF2F where clinically indicated.	Seen as normal	Seen as normal	Seen as normal From 6th April - Patients due to attend clinics at York Hospital will now attend Nuffield/Ramsey Hospital and SGH will be undertaken in the mobile chemo unit onsite
Routine referrals (Adult only) New referrals	Open since 18.6.20 Going on the ASI list to be booked Numbers increasing rapidly 100/200/547 over last 3 weeks. 211 in one day 29.6	All specialities open to GP's for routine referrals. Referrals may be sent via different routes in eRS (defer to provider, directly bookable or through a RAS) depending on the speciality All referrals to be clinically triaged and will be appointed (virtual, diagnostic test or face to face) where required or referral returned to GP with clinical advice on further management in primary care	All referrals will be triaged. All routine referrals now open on eRS	Open since 7th May 2020 CAS set up for each speciality to undertake clinical review. Numbers increasing but still only at around 50% of pre-Covid levels
Already booked (FA & FU) Determination of what can realistically be re-started ongoing with each Trust. Logistical factors to take into consideration in terms of PPE; staffing; zoning of	Working through the appointments to re-appoint into available capacity. Working up policy for review of waiting list to ensure long waiters are reviewed using NHS priority access guidance. Addendum to access policy	Vast majority of non-urgent clinics already cancelled or switched to remote consultations already using telephone or video consulting PATIENTS ALREADY REFERRED FOR A NEW OUTPATIENT	Booked appointments held virtually where possible or cancelled and held on waiting list to be triaged and prioritised. Trust now working through list and reappointing virtually or	Capacity being utilised for 2WW/Urgent referrals routines still being held, though all booked clinics have been clinically triaged and patient outcomed as appropriate (see below) Specialist clinical teams review the need for patients to

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hospital sites to ensure hot/cold areas etc.	<p>regarding patients not wanting to attend appointments and ensuring not disadvantaged if cannot isolate pre procedures.</p> <p>Follow Ups</p> <ul style="list-style-type: none"> • Being seen • Many discharged as consultant clinics with greater expertise and confidence • Virtual clinics • Face to face appointment if absolutely necessary <p>All specialties are now seeing a combination of F2F and NF2F patients. Clinic templates have been implemented that consider the need for social distancing within waiting rooms.</p> <p>F2F appointments are only being utilised where it is clinically required.</p> <p>Some outpatient departments are trialling a pager system to help manage social distancing within waiting areas i.e. Radiology.</p> <p>All specialties continue to create further capacity, both</p>	<p>APPOINTMENT WHO HAVE AN APPOINTMENT</p> <ul style="list-style-type: none"> • Where the referral was urgent, this will be processed and managed by the Trust and Independent Sector Provider • Where the referral was routine, Trusts and Independent Sector Providers will assess all referrals and either: • Proceed with the appointment via another no face to face method • Discharge the patient to primary care with advice and guidance • Contact all affected patients and advise that their appointment has been postponed and they will be contacted directly in the future by the Trust • For some patients after referral rejection, in the case of deterioration, the advice and guidance route may be appropriate <p>PATIENTS WHO HAVE BEEN REFERRED TO SECONDARY CARE WHO HAVE STILL</p>	<p>face to face or discharging with advice back to primary care.</p>	<p>be seen and will decide if</p> <ul style="list-style-type: none"> • Safe to discharge with letter to patient and GP • Should be deferred an appointment to a face to face, telephone or video consultation in the future • PIFU (Patient initiated follow up) and discharged if needed after a defined (patient specific) period <p>Undertaken a lot of work re-writing clinic templates to ensure the virtual options are available on the clinic templates going forward to ensure options are maximised to support recovery in P3</p> <p>Risk stratification of patients also underway and changes to their PAS system have been undertaken to accommodate this. Each Care Group is determining their clinical criteria for stratification whilst also taking into account the national advice around surgical prioritisation</p> <p>Issues over some patients refusing to self-isolate their household for 14d prior to and</p>

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	F2F and NF2F to provide capacity as per 19/20 levels.	<p>NOT BOOKED AN APPOINTMENT THROUGH ERS</p> <p>Practices will be able to identify these patients through their eRS worklists, primary care may contact these patients to discuss what, if any, further action needs to be taken. This action might include asking the patient to re-present or where necessary advice could be sought for patients with more complex or urgent needs</p>		<p>post surgery and therefore not wanting to undertake their procedure. HCV approach to this in terms of ensuring consistent access policy is being determined</p> <p>Physical space in terms of estates will continue to be a problem whilst social distancing measures required and no waiting areas to be in place.</p> <p>Additional capacity being explored at Peppermill Court to give additional consultation rooms (x12) and 3 x rooms suitable for virtual consultations</p> <p>OP to re-start at BDH, Selby & York and at SGH in the next week or so</p> <p>MGH is restricted by flow (only 1 entrance/exit) and corridors are very narrow so difficult to maintain distancing measures but work ongoing</p> <p>Medical Director letter to GPs advised they would be communicating with patients on waiting lists and those overdue a follow up</p>

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				appointment in due course. Continue to work through the primary and secondary care clinical networks to explore options to manage the demand and clinical risk across the healthcare system
Imaging / Radiology	<p>Plain Film Walk in – discouraged. All patients to phone to be appointed <u>due to space constraints so flow and crowding can be controlled</u>.</p> <p>Radiology is still available for telephone or e-mail advice.</p> <p>Routine – Refer on ICE, HDFT will contact the patient with an appointment.</p> <p>Urgent – offering essential imaging for those referred to the appropriate 2WW pathway across all modalities. Currently providing urgent scanning for all urgent indications (MRI, CT & Ultrasound)</p> <p>Ultrasound All urgent scans will be triaged and actioned as soon as is possible - usually within 2 weeks.</p>	<p>New referrals: Service available for 2ww and urgent referrals</p> <p>Unless imaging is urgent and essential the referral should be delayed by Primary Care during the COVID pandemic.</p> <p>All GP plain film referrals will be by appt only (previously had drop-in service) within the sites of Redcar Primary Care Hospital, One Life Centre, Guisborough, the Friary and East Cleveland Hospital.</p> <p>Existing referrals: Continue to attend unless contacted by the Trust to defer or cancel their appointments.</p>	<p>Radiology is open to normal service but waiting times may extend as referrals grow due to social distancing requirements. Patient may be required to travel further utilising capacity at different sites. Clinical review will continue to be applied to all referrals and alternative testing may be offered and undertaken with the aim of providing clear diagnostic outcomes for referrers. All diagnostic services are continuing to support urgent and cancer pathways.</p>	<p>During the pandemic, scan capacity overall was reduced by approximately 70% and as such there is a significant backlog. Although some capacity restored, currently unable to return to pre-Covid service levels. Prioritising Urgent and Fast Track referrals and endeavour to scan them within 2 weeks.</p> <p>Capacity in all areas is reduced due to constraints of scanning Covid patients involving subsequent cleaning, extra staffing and the need to comply with social distancing. Moreover, scanning ventilated patients is particularly problematic and time consuming.</p> <p>The Trust has committed to ensuring that Fast Track and Urgent referrals will be restored to pre-Covid levels by the end of June. The</p>

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	<p>CT Scanning Nightingale capacity being used. 3 days per week HDFT – to flex with YTHT and LTHT Used as a green site.</p> <p><i>Generally</i> GPs should advise patient that there will be a significant wait and that if symptoms worsen they would need to contact their GP again</p> <p>Service getting back to normal with exception of MRI due to ability to staff mobile unit.</p>			<p>Radiology Department will continue to prioritise these patients.</p> <p>Non urgent referrals, either new referrals or those already accepted, will be scanned when capacity allows but unfortunately they will be significantly delayed</p> <p>Plain Film OA remains suspended. Capacity is currently at 50% of pre-Covid levels. GPs to email for appointment in urgent cases only.</p> <p>CT Operating at 50% capacity. Additional capacity has been generated using the Nuffield Hospital at York and increasing the usage of a mobile CT scanner at Scarborough Hospital between 8am-8pm. Also in discussions to secure 1 day a week at the Nightingale Hospital (22 patient list size)</p> <p>MRI Capacity was significantly impacted by Covid 19. Capacity has increased recently due to the reduction in</p>

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				<p>Covid positive inpatients. Additional capacity has been generated using the Nuffield Hospital at York</p> <p>US Operating at 40% capacity.</p> <p>Currently scanning urgent and fast track patients. Ante-Natal scanning continues as normal, however in order to comply with social distancing, patients are asked to attend alone.</p> <p>Working with the CCG and Yorkshire Health Solutions to generate additional capacity and are also opening up sessions in Selby and Malton and utilising Clifton Park for MSK imaging.</p> <p>Steroid injections require careful consideration and appropriate consent prior to referral. Recent advice from the British Orthopaedic Association advises caution.</p>
Endoscopies	Capacity is recovering. Expected to be 100% end of October. More planned for Nov if 5 th suite able to open –	Endoscopy services have now restarted at James Cook University Hospital and The Friarage but are not operating	Endoscopy services have now restarted Urgent cases prioritised	Endoscopy services have now restarted at York Trust but are not operating at full capacity.

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	<p>subject to kit and staffing.</p> <p>All referrals continue to be triaged by telephone by the Lead Clinician and Nurse Endoscopist in order to prioritise given that backlog still remains.</p> <p>FIT requesting in primary care for 2ww and routine (Alliance led) is now live.</p>	<p>at full capacity at this time (estimated capacity at 35%, issues prior to Covid) due to strict infection control processes and the ongoing need to prioritise 2WW referral activity.</p> <p>All referrals will be clinically triaged for priority and appropriateness.</p>	<p>but capacity limited due to strict infection control processes and the ongoing need to prioritise emergency activity. Endoscopy services will initially be provided out of the SPIRE in Washington and Bishop Auckland Hospital.</p>	<p>Clinical prioritisation is being undertaken and 2WW referrals being prioritised. FIT tests being arranged for all existing referrals/waiters to support clinical triage.</p> <p>Limited bowel screening lists will commence in June 2020</p> <p>Emergency procedures continue (inpatient / ED attendances)</p> <p>2WW referrals clinical triaged and telephone consultation where options are discussed.</p> <p>Work ongoing for FIT requesting in primary care to support 2WW and routine referrals (HCV Cancer alliance led)</p>
Laboratory Services/Phlebotomy	<p>Working with HDFT and PC to find a short term solution to re-providing a service that is community based and supports lowering of footfall in acute and practice settings.</p>	<p>All service and tests are available except :-</p> <ul style="list-style-type: none"> Faecal molecular testing and Mycology samples 	<p>Most investigations have been re-introduced and returned to business as usual. Turnaround times may extend.</p> <p>Exceptions: Microbiology services – only mycology testing</p>	<p>Blood sciences reopened</p> <p>Using Nuffield & Ramsey for some Phlebotomy (vulnerable patients)</p> <p>Allergy Testing – suspended Faecal Elastase – suspended Urine metanephines – suspended</p>

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			remains restricted Haematology – ESR remains restricted, however CRP can be requested	Faecal Calprotectin – reducing service but still processing FIT – continuing currently All dependent on staff availability and will be assessed on an ongoing basis
Utilisation of Local ISP capacity	<p>BMI Duchy (updated 21.08.20)</p> <p>Day case orthopaedics is the mainstay of the work.</p> <p>Continue to discuss re on call provision to expand inpatient care.</p> <p>HDFT Physio OP held at BMI</p> <p>PP outpatient clinics being held. Need to ensure PP patients who are high priority are not disadvantaged.</p>	<p>BMI Woodlands</p> <p>Diagnostics:</p> <ul style="list-style-type: none"> Diagnostic ultrasound <p>Routine referrals:</p> <ul style="list-style-type: none"> Cataracts ENT Pain Management <p>By Mid-July all other Pre COVID services will be available</p> <p>Ramsay Tees Valley</p> <p>Diagnostics:</p> <ul style="list-style-type: none"> Diagnostic endoscopy <p>Routine referrals:</p> <ul style="list-style-type: none"> Dermatology General Surgery GI and Liver Gynaecology Oral and Maxillofacial Orthopaedics 		<p>UPDATE – 11.05.20 – second theatre at Nuffield opened last week</p> <p>Nuffield</p> <ul style="list-style-type: none"> Breast, Skin, Gynaecological, Urological cancer day case surgery Some Urological non cancer surgery(i.e. ureteroscopy, insertion of ureteric stents and laser lithotripsy) Some Pain service injections Oncology, Chemotherapy and Haematology Outpatients Medical Elective Service/Phlebotomy Stroke Rehabilitation in patient care(date to be confirmed) MRI and CT provided

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		<ul style="list-style-type: none"> • Podiatry • Urology <p>Advice and Guidance is available for specialist opinions.</p>		<p>Ramsay, Clifton Park and Equinox House, York</p> <ul style="list-style-type: none"> • Fracture neck of femur and post-operative trauma cases • Orthopaedic Fracture and Plaster Clinics • Cystic Fibrosis Service <p>Yorkshire Health Solutions Exploring opportunities for staff/US provision to support local diagnostics capacity plans.</p>

Other Providers/Services	
Community Optometry & MECS services	<p>Community Virtual Glaucoma Monitoring Service to be launched at the end of September. Contracted awarded to Primary Eye Care by County Durham CCG and Darlington locality (within Tees Valley CCG)</p> <p>Community Optom services have now resumed ensuring PPE / social distancing. RMS Choice office re-opened on the 4th June processing referrals on behalf of NY and VoYCCGs.</p> <p>The HaRD Telephone Assessment Service (MECS) in Harrogate is still operating – has been extended for a further month (August). Same applies to the Hull and East Riding service.</p>
Nuffield – York	All Orthopaedic surgery ceased as of 23 rd March 2020. e-RS clinics now closed with any remaining consultations being switched from F2F to telephone. Cessation of all normal hospital services and supporting delivery of YTHFT services on their site.
Ramsay – York	All activity ceased on 20 th March 2020. Supporting YTHFT
HUTHT	<p>OP F2F clinics suspended for 3 months.</p> <p>Referrals – Routine & Urgent - accepting referrals into a RAS for processing.</p> <p>Diagnostics – walk in (suspended); Referrals – routine (accept but not booking for 12w); Urgent (appoint dependent on capacity)</p>
NLAG	<p>Routine referrals re-started at NLAG beginning of May via RAS system.</p> <p>OP F2F clinics suspended for 3 months.</p> <p>Advice & Guidance available.</p> <p>No information on diagnostics referrals received.</p>
Marie Stopes (Vasectomy Services)	<p>Marie Stopes clinics are now open and running where possible. Please be assured that Marie Stopes have strict Standard Operating Procedures with regards to Covid-19 precautions, including observing social distancing within their clinics, keeping their patients and staff as safe as possible.</p> <p>The first step is to call and talk to one of their team on 0345 300 0212. Their telephone line is open 24/7 and is free to use. Patients can call this line to talk through their options, book treatment or receive specialist clinical advice from their Vasectomy team, nursing team and counsellors.</p> <p>Patients need a referral from their GP to access Marie Stopes services. This can be using e-Referral, or</p>

	<p>direct referral using email or post.</p> <p>Mary Stopes are CCG funded, which means that patients can access their treatment free of charge. A full list of their vasectomy clinic locations can be found here: https://www.mariestopes.org.uk/other-services/vasectomy/</p> <p>Marie Stopes confidential telephone line – One Call 0345 450 3964 – is fully operational, day or night, 7 days a week. Patients (and GPs) can call this number to talk through their options, book treatment or receive specialist clinical advice from their nursing team and counsellors.</p>
Leyburn Medical Centre (Vasectomy Services)	<p>The Vasectomy service will take referrals from Monday 1 June 2020.</p> <p>Referrals can be made via eRS; by post to Leyburn Medical Practice (Leyburn Medical Practice, Brentwood, Leyburn, North Yorkshire, DL8, 5EP); or by email to leyburnsurgery@nhs.net</p> <p>The service takes place at Leyburn; Mowbray House Surgery (Northallerton) and Mowbray Square (Harrogate)</p>
Leeds	<p>UPDATE 22.07.20 – Leeds opened for routine referrals on the 29th June 2020</p> <p>Currently only accepting Leeds patients as see a significant risk to numbers if Mid Yorks remains closed.</p> <p>LTHT regional specialties (fertility, haematology, clinical genetics, oncology and most paediatric specialties) are still available as referral options for all referrers (non- Leeds CCG GP practices), along with Cancer 2 week wait pathways and are published on the secondary care menu.</p> <p>Routine referrals received into LTHT from GP practices not registered with a Leeds CCG GP practice (non-regional specialties) will be rejected, with the exception of onward referrals from consultants at neighbouring trusts into LTHT for expert opinion/in circumstances where the patient might be known to the service.</p> <p>Diagnostics – GP Direct access and walk in Chest XR closed. Routine imaging referrals are not being accepted during this time. Urgent diagnostics available through urgent GP referral only.</p> <p>SOP below for plain films:</p> <p>In view of the COVID-19 pandemic, routine diagnostic services have been suspended for 12-weeks.</p>

	<p>This includes the walk-in plain film service which is not available during the pandemic.</p> <p>In order to limit the travel of vulnerable patients to the hospital environment for investigations, primary care access to plain film imaging will be opened up to urgent cases only from 26 May 2020.</p> <p>Urgent Plain Film can be requested for patients who present with any of the following:</p> <ul style="list-style-type: none"> • Query trauma, including stress fracture • Query infection or tumour • Query foreign object <p>All requests will be vetted by Reporting Practitioners and imaging will be carried out at either Seacroft Hospital or St. George's on an appointment basis only. The Radiology booking team will contact the patient directly to arrange a suitable time and date.</p> <p>Full radiology update 27 May embedded below:</p> <div data-bbox="667 863 730 922" data-label="Image"> </div> <p>LTHT Radiology Update 27 May 2020</p>
Mid Yorkshire Hospitals NHS Trust	Update 22.07.20: Phased re-opening of routine referrals from 20 July. A proposed a timetable for the first phase of this re-opening of routine referrals can be found in the table below.

MID YORKSHIRE HOSPITALS FIRST PHASE ROUTINE REFERRALS PROGRAMME					
New Routine Referral Pathway Implementation					
Service Description	Timetable for Implementation	E-Consultation in Place	Referral Advisory Service in place	Clinical Triage in Place and Robust	AQP / Collaborative Provider Model Options
Cardiology	End of July 20	Yes	Yes	Yes	Not Applicable
Paediatrics	End of August 20	Yes	Yes	Yes	Not Applicable
Respiratory	End of August 20	Yes	Yes	Yes	Not Applicable
Collaborative Provider Model					
Gastroenterology	End of July 20	Yes	Yes	Yes	Yes
Dermatology	End of July 20	Yes	Yes	Yes	Yes
Other phase one services recommended					
Pain Services	End of July 20	Yes	Yes	Yes	Not at present
Orthodontics	End of July 20	No	Yes	Yes	Not at present
Podiatry	End of July 20	No	Yes	Yes	Not applicable
Neuro-physiology	End of July 20	Neurology - Yes	Yes	Yes	Not applicable
Spinal Services	End of July 20	No	Yes	Yes	Not Applicable
Urology	End of August 20	Yes	Yes	Yes	Hub and Spoke Model with Barnsley Trust
Plastic Surgery	End of August 20	No	Yes	Yes	Not at present
Calderdale	See above. MSK services are going to be redistributed into PCNs to work as FCP for urgent patients. Routine diagnostics also closed				
Airedale, Wharfedale and Craven	Open to routine elective referrals from 1 st July 2020 Urgent and 2WW open				
Bradford THT	Planning to reopen in early July, but have a longstanding approach with e-consultation				
Spa Medica	Open and restarting services where possible and adhering to infection control guidelines				
New Medica	Open and restarting services where possible and adhering to infection control guidelines				

Yorkshire Health Solutions	Suspended all routine US. Exploring opportunities for staff/US provision to support local diagnostics capacity plans.
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