**Summary of Outpatient Services**

The information below is correct as of the 1 April 2020 but may be subject to change at short notice.

**For other providers please see page 5 and 6.**

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|  | **Harrogate** | **South Tees** | **York** |
| **Comms sent to Practices** | **Yes** – 25/03/20 & 27/03/20 | **Yes –** 25/03/20 | **Yes –** 25/03/20 and 02/04/20 |
| **Advice and 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**  To be used for urgent/complex but non-life threatening problems, during pandemic not available for routine requests.  Response expected within 72hrs (resource permitting).  To note – a referral assessment service is being set up to all the conversion of A&G request into a referral if needed | **Available**  Advice and Guidance remains open for GPs through normal channels.  The 48 hour turnaround may not be achieved due to resources. |

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|  | **Harrogate** | **South Tees** | **York** |
| **2WW / Other urgent (e.g. RACP)**  New referrals | **Refer as normal**  2ww referrals are being triaged then called and seen only if necessary | **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**  Specialists may, after risk assessing, decide whether to downgrade referrals |
| Already booked | **Seen as normal** | **Seen as normal** | **Seen as normal** |
| **Routine referrals (Adult only)**  New referrals | **Referrals not processed (as of 26.03.20)**  Patient’s encouraged to re-present if condition changes / when pandemic as Trust’s/GPs to not hold referrals  Patient responsibility to re-attend. | **Referrals not processed (as of 25.03.20)**  Patient’s encouraged to re-present if condition changes / when pandemic as Trust’s/GPs to not hold referrals  Patient responsibility to re-attend. | **Referrals not processed (as of 25/03/20)**  Patient’s encouraged to re-present if condition changes / when pandemic as Trust’s/GPs to not hold referrals  Patient responsibility to re-attend  RSS will return referrals to GP practices if received. |

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| Already booked (FA & FU) | Triaged by a consultant and either:   * Advice letter to GP and decline referral - with advice to re-refer if symptoms continue, worsen etc. Generic Trust letters to be sent to the patient and to GP telling them the referral has been cancelled (no new referrals can be kept in the system) – attached. * Telephone clinic with patient and discharge or plan tests etc. * See face to face if absolutely necessary   **Follow Ups**   * Deferred until COVID-19 over with patient kept pending in the system. Generic Trust letters to be sent to the patient and to the GP * Telephone clinic * Face to face appointment if absolutely necessary | 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 APPOINTMENT WHO HAVE AN APPOINTMENT**   * 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     **PATIENTS WHO HAVE BEEN REFERRED TO SECONDARY CARE WHO HAVE STILL NOT BOOKED AN APPOINTMENT THROUGH ERS**  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 | Face to Face appointments suspended for 3 months.  Specialist clinical teams will, where they can, review the need for patients to be seen and will decide if   * 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 * Waiting list for a procedure / diagnostic |

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| **Imaging / Radiology** | Non urgent imaging/diagnostics are also suspended,  Radiology is still available for telephone or e-mail advice. | Awaiting confirmation | **PLAIN FILMS** - all direct access to plain films is closed - GPs should send in electronic referrals. Where imaging is needed patients will be booked into slots to reduce footfall and waiting in hospital.  **OTHER IMAGING** - Radiology are closing all routine imaging and referrals will be sent back to the referring clinician (in primary and secondary care) to decide if patients need the imaging now or at some time when the crisis is over |
| **Endoscopies** | Non-urgent endoscopies are suspended from today therefore no new referrals accepted  Emergency procedures continue (almost exclusively inpatients).  2WW referrals triaged by panel of endoscopists and either:   1. Telephone patient and provide advice. Follow up by telephone 2-3 months 2. FIT test and review result 3. Alternative radiological investigations if indicated   Urgent endoscopy if high risk of cancer | Awaiting confirmation | All non-urgent endoscopy and bowel screening stopping |

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| **Other Providers/Services** | |
| **Community Optometry referrals** | Routine referrals – suspended. Urgent/very urgent – through current processes (via GP or straight to hospital. Patients asked to re-present if condition worsens/pandemic over**.** |
| **Nuffield – York** | All Orthopaedic surgery ceased as of 23rd March 2020. e-RS clinics now closed with any remaining consultations being switched from F2F to telephone. They are ramping down all hospital services so they are ready to support providers. |
| **Ramsay – York** | All activity ceased on 20th March 2020 |
| **HUTHT** | OP F2F clinics suspended for 3 months.  Referrals – Routine & Urgent - accepting referrals into a RAS for processing.  Diagnostics – walk in (suspended); Referrals – routine (accept but not booking for 12w); Urgent (appoint dependent on capacity) |
| **NLAG** | OP F2F clinics suspended for 3 months.  Referrals – routine – suspended. Urgents/2WW – submitted to a RAS for review.  Advice & Guidance available.  No information on diagnostics referrals received. |
| **Marie Stopes (Vasectomy Services)** | Marie Stopes UK has cancelled its vasectomy lists for at least the next three weeks. |
| **Leeds** | Closure of all elective services to new referrals, only urgent/threat to life/limb/serious deterioration to be referred - all to LTHT. 2WW referrals accepted but first patient contact will be phone call and not F2F. Looking at how MSK can be delivered as a remote advice service.  Diagnostics – GP Direct access and walk in Chest XR closed. Urgent diagnostics available through urgent GP referral  Routine referrals for cataracts also closed – urgent / acute through normal routes and will be seen. |
| **Calderdale** | Closed to routine elective referrals. MSK services are going to be redistributed into PCNs to work as FCP for urgent patients. Routine diagnostics also closed |
| **Airedale, Wharfdale and Craven** | Closed to routine elective referrals.  Urgent and 2WW open |
| **Spa Medica** | Currently winding down elective surgeries to achieve the shift to providing urgent Acute Ophthalmology |
| **New Medica** | All patients who are due an appointment for consultation, diagnostics or treatment will be reviewed then contacted and their appointment deferred |
| **HBS** | Concentrating on working with YTHFT to see how they can support urgent treatment processes |

**Updates**

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| 27.03.30 (v2) | Addition of information on Ramsay, York; SpaMedica; Newmedica; HBS and Marie Stopes  Updated information on NLAG & NL |
| 30.03.20 (v3) | Updated information on NLAG, HUTHT and Leeds |