



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
WEDNESDAY 9 SEPTEMBER 2020**

**QUESTIONS SUBMITTED UNDER STANDING ORDER 7(3) and
(5)**

The following questions are to be put to the Chairman of the Health Overview and Scrutiny Committee.

1. Question by Mr Max Hunt CC:

Since the covid-19 pandemic arrived, to what extent are more consultations with patients, with life threatening conditions, being conducted by telephone, rather than face to face? If so, why and what measures are in place to correct this?

To what extent are patients allowed to be accompanied by family members for such life critical consultations? If family members are not permitted to accompany patients to face to face appointments what measures are being put in place to correct this?

How do these matters affect Oncology, in particular?

Reply by the Chairman:

Prior to the onset of the COVID-19 pandemic, the NHS Long Term Plan (released in January 2019) required NHS organisations to expand the usage of digital & telephone technologies within outpatients (to meet the year 33% target of reducing face to face outpatient appointments). The COVID-19 pandemic has acted as a catalyst for this programme and technology has been a key tool in ensuring vital outpatient appointments are not lost because of either national/local lock downs and/or population shielding.

The use of technologies such as virtual & the telephone have grown from approximately 20% of all appointments to between 50-60% and have supported the reduction in waiting times for outpatient new/follow up appointments to lower than before the onset of COVID-19 (approximately 2,500 patients are now no longer waiting for an appointment as opposed to the same time in January 2020).

Face to Face outpatients (where medically required), were not stopped (in their entirety) throughout the pandemic and technology was utilised on a patient by patient basis (based on clinical need) as part of a varied landscape of appointments types.

A standard Operating Procedure (SOP) is in place for the delivery of virtual outpatients, which ensures the nature of the conversation and attendance by family members is assessed before the appointment takes place.

There have been no known instances of telephone/virtual technologies being used inappropriately and feedback from patient surveys has demonstrated 88% satisfaction with the use of technologies such as telephone/virtual.

Patients are able to request the support of family members/carers during a non-face to face appointment (telephone and virtual) and clinician's will also ensure this is the case (where required).

At the current time UHL continues to have more restricted visiting and attendance for face to face appointments than usual to try and provide the required level of protection for all and to decrease the possibility of spread. UHL are continuously reviewing their policy triangulating with national guidance, specialty guidance and the local prevalence of infection rates. They do however aim to assess each case on an individual basis at the discretion of the clinician and the nature of that particular consultation (breaking bad news for example). Throughout the pandemic UHL has tried to always assess the needs of its patients and their families and react with a compassionate manner whilst maintaining everyone's safety. UHL has just recently updated its visiting policy in line with the national restoration and recovery phase. Specific paragraphs from the revised guidance are set out below and UHL are in the process of developing a patient and family leaflet to further explain.

In specific circumstances it is beneficial for carers or family members to be invited into the clinical areas to support adult patients, such as patients with learning disabilities or who are cognitively impaired. There are also specific circumstances where the individual needs of a patient warrant the presence of a family member or carer, such as patients with communication difficulties.

If a patient is to receive bad news in relation to their healthcare prognosis or general well-being, it may be in their best interests to invite a relative / carer or significant other to provide support during or after receiving this news.

The current visiting restrictions also apply to Outpatients Facilities, and each clinic should undertake an assessment to ascertain the feasibility of implementing the relevant exceptions for a patient attending an outpatient clinic accompanied by their relative. The physical layout of the clinic; the risk to the patients attending and the number of clinic attenders will need to be considered. It is anticipated that only a small number of patients will fall into the exception criteria and if the physical environment means that the clinic is unable to accommodate relatives attending then the clinic should consider other support mechanisms, such as (where appropriate) involving a clinical nurse specialist or using a virtual clinic format so the relatives can be present and offer support.

Maternity Specific

Scan Facilities - Partner may attend scan ensuring social distancing is maintained.

Antenatal Facilities – restricted visiting however each clinic will undertake individual assessments, and if social distancing can be maintained then partners may attend. Will be communicated on an individual clinic basis.

The use of virtual and telephone technologies have been vital in ensuring that patients within UHL oncology (and wider cancer services) did not have their care negatively impacted during the first phase of the pandemic (especially for those shielding). Medical oncology are currently delivering 50-60% of appointments virtually and this has risen from approximately 10% pre COVID-19. Each patient's needs were assessed prior to making the decision on whether or not to proceed with a virtual outpatient and this includes the appropriateness of the conversation in terms of the non-face to face context and the attendance of family members. Appointments will not take place virtually if the clinical teams assess the needs as not meeting the requirements within the Standard Operating Procedures.

The meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee on 23 September 2020 will have an agenda item relating to the response of the health service to the covid-19 pandemic and the report will make specific reference to cancer treatment performance. I will ensure that the Democratic Services Officer forwards a copy of the report to Mr Hunt CC.

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