



Herefordshire and
Worcestershire
Clinical Commissioning Group

Responding to Covid-19

Our plans for restoration and recovery

Key headlines

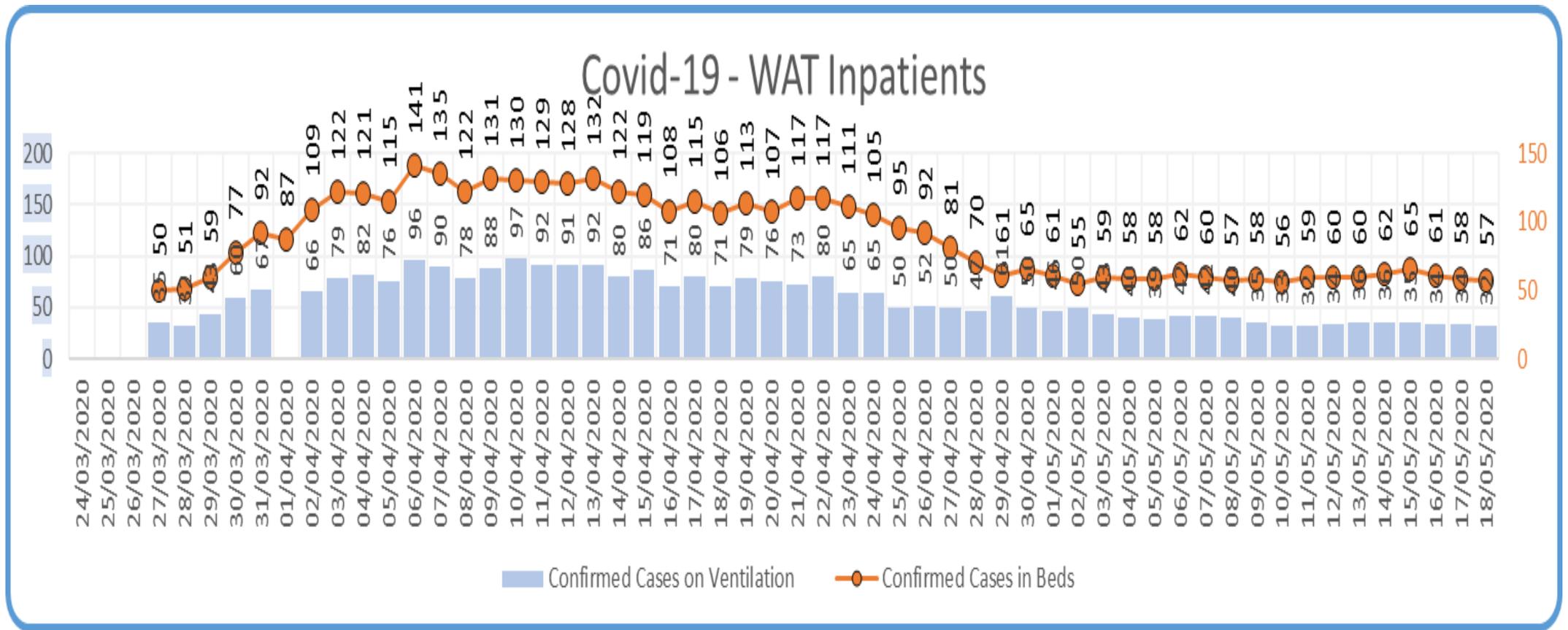
In just a few weeks the NHS changed the way that local hospitals and GP practices run to ensure that it was able to respond to the Covid-19 pandemic. Integration and system working have also moved on significantly. Some examples include:

- Changing the way the General Practice operates across Worcestershire with a focus on remote triage and digital consultation where appropriate
- Significant moves across other services to telephone, video and online solutions
- Postponing non-urgent operations in secondary care and discharging all those patients who are medically fit to leave
- Temporarily closing Evesham MIU and Tenbury MIU
- Imposing visiting restrictions in acute, community and mental health setting
- Rolling out testing for staff and GPs, including care home staff and residents across Worcestershire

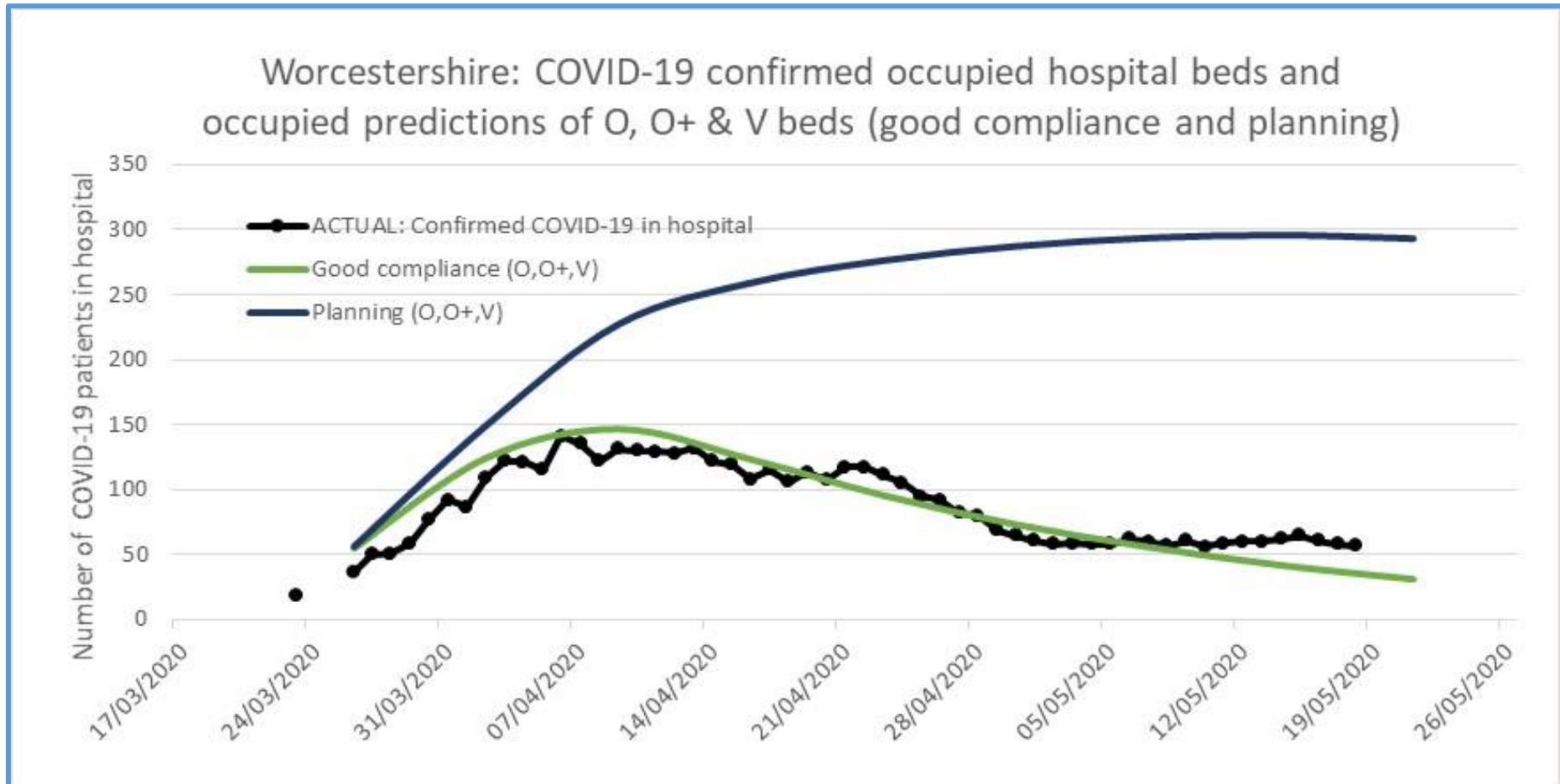
Current picture

- Nationally, the number of Covid-19 positive patients being admitted to hospital continues to fall, overall confirmed cases in Worcestershire continue to match the national trend
- A&E and ambulance activity is showing a rising trend back to more normal levels
- Care homes have been a major focus but good support infrastructure in place
- Work ongoing to plan restoration services across both counties
- GP Practices working on evolving their delivery models, with less demand for 'red' Hubs and more demand for 'amber'
- Testing remains a key issue, test/track/trace (being led by Local Authorities) and antibody testing are the new areas of focus
- Availability of PPE has been an ongoing issue but managed through mutual aid

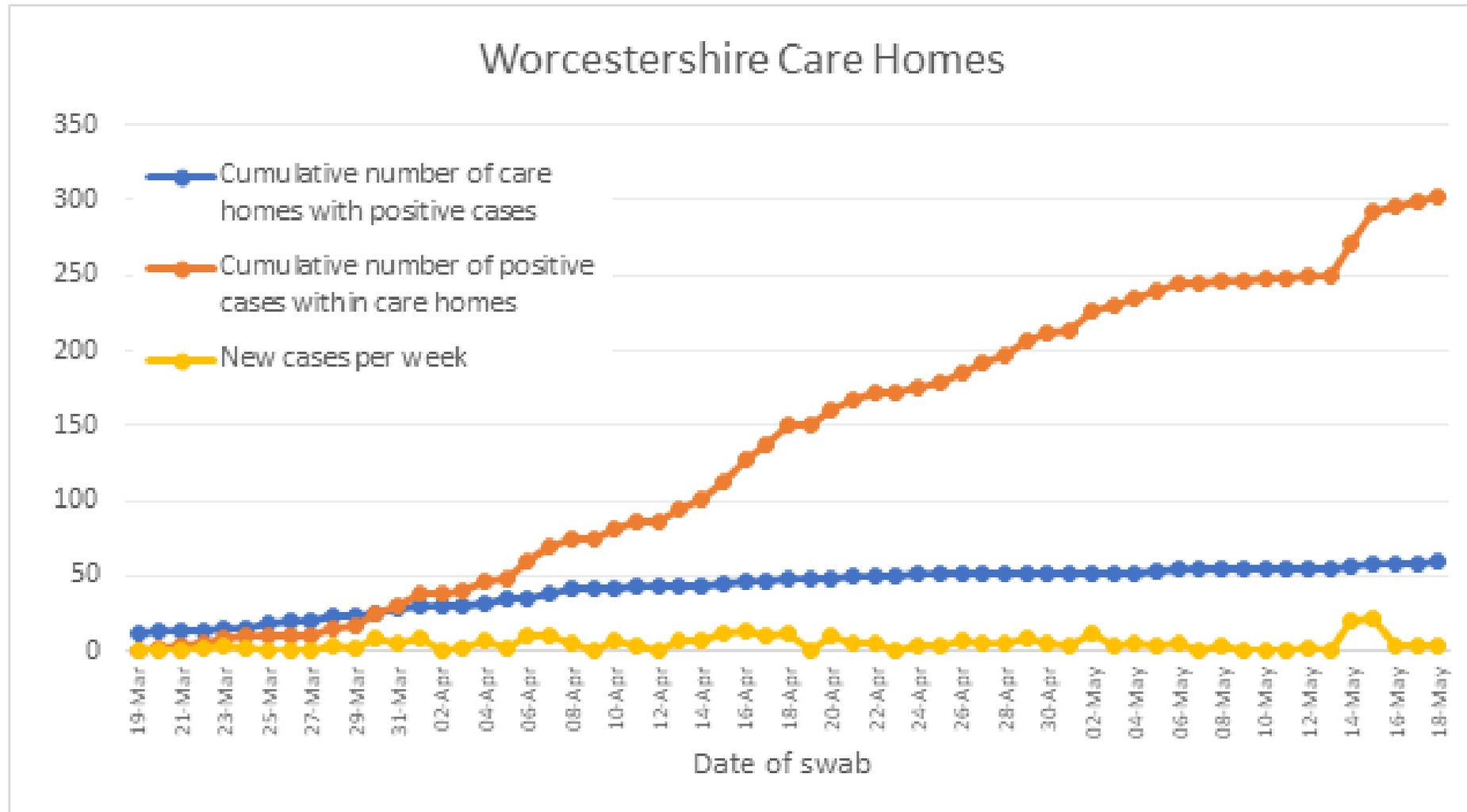
Worcestershire – hospital cases



Worcestershire - demand modelling



Worcestershire - care homes



Next steps

1. Response (March – April 20)

- Level 4 incident response

2. Restoration (May – July 20)

- Critical service switch on
- Understand need and demand
- Agree local priorities
- Understand what worked/didn't work
- Agree key transformational activities and 'what we will keep'

3. Recovery (Aug 20 to Mar 21)

- Evaluate and evolve our plans and delivery
- Embed a monitoring and outcomes framework
- Engage with patients, citizens and stakeholders
- Evolve the governance needed for system reset

4. Reset (April 21 onwards)

- Deliver national must-do's and local priorities
- Implement new steady state governance frameworks
- Ongoing engagement of citizens, patients and stakeholders
- Continue to evaluate and evolve our system working