

**To: ICS Chairs and SROs**

29<sup>th</sup> April 2020

Via Email

Dear Colleagues,

**Urgent action: System plans for London**

Our common purpose in London is to be the world's healthiest global city with the best health and care system. Prior to the pandemic, the health and care system in London faced operational, workforce and estates pressures in all care settings. Integrated Care Systems analysed their population's health needs and prepared detailed plans to meet them through delivery of the NHS Long Term Plan. COVID-19 brings new challenges to the health and care system since the SARS-CoV-2 virus will continue to circulate in the community and create demand for NHS services.

In the initial phases of the pandemic, the rate of spread in London was faster than the rest of the country. Thanks to your leadership, the NHS and local government moved rapidly to expand capacity, distribute supplies, implement new models of care and support for the most vulnerable. However, as we move into the next phase of the pandemic, it is clear that to be the healthiest global city, we will need to fundamentally change the way we deliver health and care going beyond the changes that we planned in the London Vision and our ICS plans. I enclose a framework – *Journey to a New NHS*, developed with you at our meeting on 24<sup>th</sup> April 2020, which describes how we will organise ourselves to deliver this.

Following a conversation with the ICS SROs yesterday I am now writing to ask you to develop plans with your systems to answer the 12 expectations set out in the attached framework.

We suggest you approach this by:

1. Reviewing your current ICS plans and identify the new challenges that COVID-19 brings to each population segment and service in the plan and identify at a high level what additional demand is created by COVID-19 across all services.
2. Considering what changes are needed to the models of prevention, assessment, diagnosis, treatment and long term care to minimise the risks of healthcare acquired infection. This would include cataloguing the services



changes that have already been made and identifying what information you have or need to quantify the benefits and risks for the populations they serve.

We are asking you to submit a revised ICS plan by Monday 11<sup>th</sup> May which addresses the new challenges which COVID 19 brings and specifically draws out your plans for the 12 expectations set out in *Journey to a New NHS*. This timescale recognises the urgency of the current situation; we do however understand that there will subsequently need to be a period of wider engagement and involvement, including with the public (In line with expectation 12), and therefore your plans are likely to be developed further in the light of that.

You are asked to outline at a **high level** how your system will meet the following requirements, linked to the 12 expectations:

1. A split of acute elective and non-elective work by site and the changes you propose to make in the short term. At our meeting last week, we agreed that we must give the public and our staff confidence that all reasonable steps have been taken to minimise the risks of healthcare acquired COVID-19 in all care settings. We agreed that in an ideal world, the best way to achieve this is to separate COVID-19 patients and undifferentiated emergency patients from elective patients who must be protected from nosocomial COVID-19 through operationalising strict segregation of the health & care system between covid and non-covid and a much stricter separation between urgent and elective work especially by site, with international best-in-class infection prevention and control practices.
2. A consolidation and strengthening of specialist services as a system and between systems. This part of your plan should also include the critical care changes proposed in the system following a meeting between CEOs and the London Regional team on 27<sup>th</sup> April 2020 and set out in a letter earlier today. These changes should focus on a permanent increase in critical care capacity and surge capability centred on tertiary sites. London Region will support decision making in cancer, paediatrics, renal, cardiac, and neurosurgery, in addition to critical care. This section should also address expectation 8.
3. Set out an elective care strategy that is focused on the delivery of productivity gains through achievement of optimised clinical outcomes and compliance with best practice. This should include plans to implement web, telephone or video triage and early clinical prioritisation at the front end of elective and emergency pathways in all care settings and a plan to restart routine elective care as outlined in the national guidance within 12 months.
4. Your plans should set out how all care settings will aim to separate COVID-19 patients and undifferentiated emergency patient care from patients whose care can be planned where COVID-19 risk and status can be determined in advance. This should include primary care, mental health, learning disability and community services.
5. The plan to continue to run services such as primary care and outpatients remotely and how the system plans to develop services that are virtual by

default unless there are clinical benefits of face to face. We would like a focus on how the system plans to provide services to shielded patients. Please outline the progress you have made so far across services and your plans to maintain and expand this across care pathways.

6. Your plans to minimise unnecessary inpatient stays. These should include plans to accelerate alternatives to emergency departments attendance and acute admissions in acute and mental health and same day emergency care. You should also include your plans to keep delayed transfers of care and long lengths of stay in acute, mental health and learning disabilities to a minimum.
7. A plan for how the ICS will address health inequalities, meeting need and prioritising patients who are not currently or historically accessing services.
8. See action 2.
9. A plan on how you plan to swiftly consolidate corporate support services and share clinical support services.
10. A workforce plan for your system that outlines the key changes you intend to make to enable integrated care through your current and future workforce. Your plan's goals will inform London wide action that has an absolute focus on equality and equity; utilises the renewed standing of the NHS to recruit at pace; places emphasis on action that cares for our people; allows for enhanced flexibility in training and employment for your system and one pay framework for temporary staff across the capital.
11. A plan on how the system plans to further align and join together institutions within the system, including with local authorities and social care.
12. An outline approach to public engagement and discussion including the use of existing forums or new deliberative forums.

As part of your plans we would like to see a high level financial summary that sets out the revenue and capital costs and benefits of each change during and post implementation.

I attach for your information the national guidance on the recovery approach that was published today and that will complement this work. Please return your submission on Monday 11<sup>th</sup> May. We will then meet on 13<sup>th</sup> May as a Recovery Board.

Yours sincerely,



**Sir David Sloman**  
**London Regional Director**