

Media statement

15 March 2021

Prioritising those with the highest clinical needs as we continue to respond to coronavirus

The arrival of coronavirus has made for one of the most challenging years for the NHS and staff, at every level, have gone above and beyond to respond to COVID-19 in remarkable ways, showing extraordinary dedication, skill and compassion. The way the NHS had to change to respond to the pandemic, and the speed at which it had to move to do it, was phenomenal. In the space of six weeks the NHS went from caring for zero COVID-19 patients to 19,000 COVID-19 inpatients per day across the UK.

Clinically-essential service provision has been maintained throughout the pandemic in Derbyshire, thanks to the determination and adaptability of many services and colleagues. In order to do this, services had to review provision, temporarily stopping some services and making adjustments to others – in line with the rest of the NHS. Doing this enabled the NHS in Derbyshire to release extra capacity and add resilience where it was needed the most to care for people hospitalised with coronavirus.

Since May 2020, as the virus first receded and the NHS started to restore some of these services, we have seen reductions and increases in the virus in waves, following closely to the lockdown periods. When in lockdown, hospital admissions have fallen and the NHS has been able to slowly release capacity to resume non-COVID-19 services while continuing work to tackle coronavirus. Out of lockdown, the virus has increased, and this has seen a rise in the number of hospital admissions and hampered our ability to restore services. This was most prominent during January 2021, when our intensive care units were looking after 200% more patients than usual and three times the number of COVID-19 patients were in our hospital beds than we saw in the first wave. All in all, this once again hampered our ability to restore services. Maintaining a separation between COVID-19 and non-COVID-19 patients

reduces the efficiency of how the beds can be used and therefore places a significant operational pressure on our hospitals.

What has this all meant for waiting times?

Performing surgery and associated outpatient appointments has seen the greatest impact of this situation. During these periods of increased hospitalisation, both trusts have continued to prioritise emergency surgery and cancer care, but have not been able to deliver routine surgery for many patients. There are a number of reasons for this, mostly that theatre staff needed to be retrained to work in ITU to help respond to the unprecedented number of patients and staff being either absent with the virus or self-isolating themselves.

This has meant that since the start of the pandemic in 2020 we have seen waiting lists grow. The latest validated figures tell us that at the end of January 2021 there were just over 68,000 Derbyshire patients on waiting lists for a range of operations, including hip and knee replacements, with 8.6% of those waiting over 52 weeks. In February 2020 there was just one patient waiting over 52 weeks. All patients have been kept under constant review to ensure that we are treating patients whose condition has deteriorated due to the longer waits.

Throughout the pandemic, the approach employed by Joined Up Care Derbyshire (JUCD) has consistently been to prioritise patients according to their clinical need. Surge capacity - when additional critical care capacity is made available to care for patients - is being kept open to support the restoration of elective care and use of the Independent Sector is also being maximised wherever possible to support this.

UHDB is working towards restoring 80% of pre-pandemic theatre capacity by the end of April. CRH are working towards restoring their theatre capacity to 75% for planned surgery operational by the end of April. It is anticipated that urgent surgery backlogs at both University Hospitals of Derby and Burton (UHDB) and Chesterfield Royal Hospital (CRH) will be restored to normal levels by the end of June. This estimate is based on the Trusts experience of restoring urgent surgery following the first wave of coronavirus. Both aim to restore backlogs of less urgent surgery to pre-pandemic levels by the end of September.

Angie Smithson, Chief Executive of Chesterfield Royal Hospital and Executive Lead for the Planned Care Steering Group, explains:

“We know many people have waited patiently during the pandemic and will now want to know when they will get their planned surgery. Now that the second wave is receding we are working hard to carefully restore all of our clinical services to meet the needs of those who are

waiting. We are continuing to prioritise those in most urgent need – such as patients with cancer – with a view to seeing and treating them as soon as we can and are doing our utmost to ensure patients get the treatment they require as soon as possible. However, we believe it may be one year, or possibly two, before we are able to fully return to the waiting list position we had prior to the pandemic.

“We recognise there will be many patients listed for planned procedures who have now waited for a long period for their treatment. We will come to them as soon as we can once we have been able to care for those with the most urgent clinical needs.

“If there is anyone who is awaiting contact, or whose condition has deteriorated significantly since their initial contact, then they should contact their hospital clinician or GP.”

Dr Steve Lloyd, GP, Medical Director of NHS Derby and Derbyshire Clinical Commissioning Group, said:

“There have been a number of occasions over the last few months where there were more patients with COVID-19 in our hospitals than at any point during the first wave of the virus. This has had an impact on our ability to restore services as it has for other NHS Trusts nationwide and healthcare systems in Europe. As NHS Chief Executive, Simon Stevens, has said, as the number of patients with COVID rises, the ability of the NHS to respond to patients with non-COVID issues reduces. Inevitably this has meant our capacity for elective surgery has been less than it would ordinarily be, but thanks to the determination of staff, routine surgery has continued which is very different to the position during the first wave.

“Our workforce is central to our ability to be able to restore theatre capacity. The pandemic has had a huge impact on our workforce, both physically and mentally, and so supporting the health and wellbeing of our staff is going to be incredibly important as we work to deliver our restoration and recovery plans. Alongside supporting our health and care staff we also have to be mindful of other factors that could have a bearing on our plans for restoration; factors such as possible increases in COVID-19 activity following the return to schools and restrictions being eased over the coming months, increases in non-elective (urgent) care and possible requests for mutual aid requirements to support critical care.

“The best way to ensure the NHS can do what it needs to do is to continue to do everything we can to see that the downward trend in COVID-19 infection rates, serious illness and deaths continues. The rollout of the COVID-19 vaccination programme and people’s ongoing efforts in the third national lockdown is making a huge difference, however, I must stress that

the health and care system in Derby and Derbyshire is still under very significant pressure and will continue to be so for some time yet. That is why it is so important that we all continue to play our part by following government guidelines and go the right NHS service when we need treatment.”

Gavin Boyle, Chief Executive at University Hospitals of Derby and Burton, said:

“We are absolutely committed to doing the right thing by our patients and are working closely with our NHS system partners across the region to ensure that all of our patients receive the treatment that they need as quickly as possible.

“Going to the right place for treatment has never been more important. Where patients have serious or life threatening injuries or illness then they are urged to continue to call 999 or visit the emergency department, but patients who have less serious conditions are being asked to visit NHS 111 online or call NHS 111 for advice on the best place to go for care.

“This will mean emergency departments are able to treat the sickest patients more quickly and safely, as well as meaning that less serious patients will get faster treatment in other services. NHS 111 can book appointment slots for patients at urgent treatment centres (formerly known in Derbyshire as minor injury units or urgent care centres) and emergency departments. Visiting NHS 111 online or calling NHS 111 in advance of seeking treatment for urgent or emergency care, unless it is for a life threatening condition, is really important.”

There remains a clear message for patients to continue to use the NHS where they have concerns about their health. Pharmacists can provide a wide range of healthcare advice and treatments and GPs are open for business with telephone, video and face to face appointments all available. Anyone concerned about potential cancer symptoms should not hesitate to speak with their GP at the earliest opportunity.

ENDS

NOTES TO EDITORS:

For enquiries please contact Gareth Duggan | 07921 313 111 | gareth.duggan@nhs.net

Joined Up Care Derbyshire is made up of the following partners:

The organisation that commissions health services:
[NHS Derby and Derbyshire Clinical Commissioning Group](#)

Organisations that provide healthcare services:

[Chesterfield Royal Hospital NHS Foundation Trust](#)

[Derbyshire Community Health Care Services NHS Foundation Trust](#)

[Derbyshire GP Alliance](#)

[Derbyshire Healthcare NHS Foundation Trust](#)

[DHU Health Care](#)

[East Midlands Ambulance Service NHS Trust](#)

[University Hospitals of Derby and Burton NHS Foundation Trust](#)

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