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To:

CEOs of NHS and Foundation Trusts

CEOs of Clinical Commissioning Groups

Directors of Public Health

CEOs of Community Health Providers

CEOs of private and not-for-profit community providers

CEOs for community interest companies

Cc:

NHS England and NHS Improvement Regional Directors

Chief Executives of Councils

COVID-19 Prioritisation within Community Health Services

Following on from Sir Simon Stevens' and Amanda Pritchard's letter of 17 March 2020, this letter and annex set out how providers of community services can release capacity to support the COVID-19 preparedness and response. These arrangements will apply until 31 July 2020 in the first in- stance.

The current priorities for providers of community services during this pandemic are:

1. Support home discharge today of patients from acute and community beds, as mandated in the new Hospital Discharge Service Requirements, and ensure patients cared for at home receive urgent care when they need it.
2. By default, use digital technology to provide advice and support to patients wherever possible
3. Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks. Further advice on this will be published shortly.
4. Apply the principle of mutual aid with health and social care partners, as decided through your local resilience forum.

Thank you for your support and the important work you are undertaking.

Yours faithfully

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NHS England and NHS Improvement

Updated 2 April 2020

1. Children and Young People Services					
#	**Services**	**Commissioner**	**Location**	**Plan during pandemic**	**Details**
Stop Full service					
1.	National child measurement programme	Local Authorities	Home and school	**Stop**	Changes to services commissioned by Local Authorities should be agreed with Directors Of Public Health
2.	Friends and Family Test	NHS England	Provider based	**Stop**	
Partial stop of service					
3.	Audiology	Clinical Commissioning Groups	Clinic based	Prioritise services, including repair, replacement and supply of spare parts and specialist batteries, and any other services if: • considered essential based on clinical judgement, and subject to appropriate precautions • the patient is at risk of future urgent care needs • hearing aid wearers are dependent on their instruments for social contact, personal safety and/or avoiding distress. Patients with suspected foreign body in ear(s) or sudden, rapid unexplained hearing loss should be directed to NHS 111/urgent treatment centres.	Delay routine assessments but make provision for essential/urgent care, including diagnostic tests following newborn screening – eg ABR and follow-up as clinically necessary Aftercare for existing hearing aid users may be provided remotely. Consider hearing aid repair, replacement, battery supply and spare parts by post, telephone or video advice and support.
4.	Vision screening	Clinical Commissioning Groups	Home and clinic based	**Stop except:** • Newborn visual checks (within 72 hours of birth) cannot be stopped as neonatal cataracts need to be spotted early. • 6-week check can safely be conducted at 8 weeks.	Separate guidance to be published.

				• Pre-school checks can be delayed until major incident response is over.	
5.	Pre-birth and 0-5 service (health visiting)	Local Authorities	Home visits and clinic based	**Stop except:** • Antenatal contact (virtual). • New baby visits (or when indicated virtual contact). • Other contacts to be assessed and stratified for vulnerable or clinical need (eg maternal mental health) and is likely to include: - interventions for identified vulnerable families, eg FNP MESH - safeguarding work (MASH; statutory child protection meetings and home visits) - phone and text advice – digital signposting.	Providers to work with their Designated Professionals for Safeguarding Consider virtual visits and face-to-face visits after risk stratification and assessment. Explore voluntary sector support. Prepare staff for redeployment. Consider signposting families to online information if appropriate, including IHV resource on parenting through coronavirus. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
6.	School nursing	Local Authorities/ CCG for specialist school nurses	Home visits, school and clinic based	**Stop except:** • Phone and text service. • Safeguarding. • Specialist school nursing.	Consider redeployment if schools shut/ support vulnerable at home. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health. Where appropriate consider COVID-19 guidance on vulnerable children and young people.
7.	Newborn hearing screening	NHS England	Maternity unit, clinics and home	**Stop except:** • Maternity unit-based screening.	Separate guidance to be published.
8.	Community paediatric service	Clinical Commissioning Groups	Home visits, school and clinic based	**Stop except:** • Services/interventions deemed clinical priority. • Child protection medicals. • Telephone advice to families.	Where appropriate consider COVID-19 guidance on vulnerable children and young people.

				• Risk stratify Initial Health Assessments (urgent referrals need to continue; however some routine referrals may be delayed with appropriate support, eg initial basic advice to parents/carers)	
9.	Therapy interventions (physiotherapy, speech and language, occupational therapy, dietetics, orthotics)	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs • Medium and lower priority work stopped	Prepare to increase to support admission avoidance and discharge. Where appropriate consider COVID-19 guidance on vulnerable children and young people.
10	Looked after children teams	Clinical Commissioning Groups and/or Local Authorities	Home visits, school and clinic based	**Stop except:** • Segmentation to prioritise needs (eg increased risk of harm from social isolation). • Safeguarding work – case review not routine checks. • Telephone advice – could be undertaken regionally. • Initial review and assessments.	Providers to work with their Designated Professionals for Safeguarding. Consider using virtual platforms to facilitate attendance by key staff, eg GPs who may be at the frontline of COVID-19 response.
11	Child health information service	NHS England	Office base	**Prioritise based on clinical judgement, including:** • Child protection information system transfers. • Support failsafe for the newborn bloodspot screening tests. • Support the call and recall function for routine childhood immunisation working in liaison with local GP practices.	Consider skeleton service, where appropriate, sustaining call/recall programmes.

12	Community nursing services (planned care and rapid response teams)	Clinical Commissioning Groups	Home or clinic	• Segmentation needed to clinically prioritise urgent care needs including IV management. • Monitor rising risk of deferred visits.	
13	Nursing and Therapy teams support for long term conditions	Clinical Commissioning Groups	Home or clinic	• Segmentation needed to clinically prioritise urgent care needs, including working with PCNs. • Annual patient reviews, including under QOF, can be deferred if necessary (see General Practice guidance) unless they can be viably conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion. • Medium and lower priority work stopped but monitor rising risk of deferred work if disruption continues.	Consideration should be given to individual risk factors and clinical needs particularly for people with respiratory and CVD based LTCs (e.g. diabetes/HTN/IHD/CKD). Where possible, contacts should be conducted remotely however the need for phlebotomy and biochemical testing should also be considered. Specific visits for blood testing should only be arranged if the results are felt likely to change management.
14	Wheelchair, orthotics, prosthetics and equipment	Clinical Commissioning Groups and/or Local Authorities	Home and clinic	• Segmentation needed to clinically prioritise urgent care needs. • Medium and lower priority work stopped.	Consider use of private providers/shops to supply. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
15	Immunisations (school aged services)	NHS England	'Clinics' in schools, community clinics	• Reschedule when schools resume.	
	Continue				
16	Safeguarding	Clinical Commissioning	Home and clinic	Continue- direct safeguarding. Reduce time spent on SCRs.	Isolation may increase safeguarding risks for some families/households.

		Groups and/or Local Authorities			Providers to work with their Designated Professionals for Safeguarding. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
17	Continuing care packages	Clinical Commissioning Groups	Home or clinic	• Continue (while considering delay to routine reviews of CHC packages). • Move CC CCG teams to provision where possible. • Write to parents with support to develop contingency.	Move CHC CCG teams to provision. Write to parents with support to develop contingency. For PHB recipients, consider how their PHB could be adapted to reduce the likelihood of urgent care needs using either current flexibilities or considering changes to the package.
18	Children end of life care	Clinical Commissioning Groups and/or Local Authorities	Home or hospice	Continue.	Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
19	Rapid response service		Home or clinic	Continue.	
20	Sexual assault services		Clinic and police stations	Continue – may need to organise a provider pan-regional approach with fewer bases operating.	
21	Antenatal, newborn and children screening and immunisation services	NHS England	Maternity units, clinic, general practice and home	Continue including: • Newborn bloodspot screening (Guthrie tests). • Newborn hearing screening. • Sickle cell and thalassaemia. • Fetal anomaly screening (for Down's, Edwards' and Patau's syndromes (Trisomy 21, 18 and 13). • Fetal anomaly screening (18+0 to 20+6 weeks fetal anomaly scan). • Newborn infant physical examination. • Infectious diseases in pregnancy. • Continue the following immunisations in current settings:	These services will be more comprehensively covered by separate guidance from NHS England and Public Health England available soon.

				- pertussis - flu - BCG - hepatitis B.	
22	Emotional health and wellbeing/ mental health support	Clinical Commissioning Groups and/or Local Authorities	Home visits, school and clinic based	Continue.	Isolation may increase requirement for services for some individuals. Consider virtual support. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.

Updated 2 April 2020

2. Adult and Older People Services					
	Services	**Commissioner**	**Location**	**Plan during pandemic**	**Details**
Stop Full service					
1.	Friends and Family Test	NHS England	Provider based	**Stop**	
2.	NHS Health checks	Local Authorities	Community based	**Stop**	Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
Partial Stop					
3.	Audiology services	Clinical Commissioning Groups	Clinic based	Prioritise services, including repair, replacement and supply of spare parts and specialist batteries, and any other services if: • considered essential based on clinical judgement, and subject to appropriate precautions, • the patient is at risk of future urgent care needs • hearing aid wearers are dependent on their instruments for social contact, personal safety and/or avoiding distress. Patients with suspected foreign body in ear(s) or sudden, rapid or unexplained hearing loss should be directed to NHS 111/urgent treatment centres.	Delay routine assessments but make provision for essential/urgent care. Aftercare for existing hearing aid users may be provided remotely. Consider hearing aid repair, replacement, battery supply and spare parts by post, telephone or video advice and support. Where clinically appropriate, consider use/referral of private clinics and independent community providers for adults in primary or community ear care services by community nurses/audiologists. CCGs can consider working with community audiology providers to provide alternative locations for other services to provide remote support and other essential care where appropriate.
4.	Outpatient clinics	Clinical Commissioning Groups		**Stop except:** • Review of post-surgical high risk cases, eg diabetic foot.	
5.	Podiatry and podiatric surgery	Clinical Commissioning Groups	Clinics, inpatient awards and home	**Stop except:** • Other than high risk vascular/ diabetic, eg Diabetic foot clinics cannot be stopped. • Non-diabetic corrective procedures, eg bunion surgery, etc can be stopped.	Could redeploy to provide wound care.

				• Tele triage could be utilised before any home visits.	
6.	Wheelchair, orthotics, prosthetics and equipment			**Stop except:** • Segmentation needed to clinically prioritise urgent care needs and supporting discharge. • Medium and lower priority work stopped. • Consider link to acute vascular services re amputation and supporting discharge. • Prioritise pressure ulcer management.	
7.	Nursing and Therapy support for LTCs including: • Heart failure, • Continence/ colostomy • Tissue viability • TB • Parkinsons • Respiratory/ COPD • Stroke • MS • MND • Falls • Lymphoedema • Diabetes			• Segmentation needed to clinically prioritise urgent care needs, including working with PCNs. • Annual patient reviews, including under QOF, can be deferred if necessary (see General Practice guidance) unless they can be viably conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion. • Medium and lower priority work stopped but monitor rising risk of deferred work if disruption continues. • Increase the use of telemedicine options wherever clinically safe to do so. • Routine annual reviews of respiratory LTCs can be delayed EXCEPT in people with known frequent exacerbations, eg asthma/COPD.	Consideration should be given to individual risk factors and clinical needs, particularly for people with respiratory and CVD-based LTCs (eg diabetes/HTN/IHD/CKD). Where possible, contacts should be conducted remotely; however the need for phlebotomy and biochemical testing should also be considered. Specific visits for blood testing should only be arranged if the results are felt likely to change management. Agree roles across health and social care to avoid duplication of segmentation. Consider using Pharma nurses and specialist appliances that may be able to offer support, eg stoma care.

				• Routine annual review of CVD-based LTCs (diabetes/IHD/CKD) need to continue given the biochemical testing involved to identify end-organ damage. • Community diabetes nursing teams to stop clinics and education courses and support acute teams to help with inpatient diabetes advice. • Monitor rising risk of deferred work if disruption continues.	
8.	Rehabilitation services (integrated and unidisciplinary) (physio, OT, speech and language therapy, etc)	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs. • Medium and lower priority work stopped. Monitor rising risk of deferred work if disruption continues beyond 48 hours. • Options for virtual pulmonary rehabilitation. • Prioritise respiratory physiotherapy. • Prioritise tele-swallowing for Speech and Language Therapy.	Prepare to increase to support admission avoidance. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
9.	Neuro-rehabilitation (multi-disciplinary) – stroke, head injury and neurological conditions	Clinical Commissioning Groups		• Segmentation needed to prioritise urgent care needs, eg early supported stroke discharge work. • Medium and lower priority work stopped. Monitor rising risk of deferred work if disruption continues. • Access to tele-swallowing services for Neuro rehab.	Prepare for increased demand.
10	Therapy interventions (physio, speech and language, occupational	Clinical Commissioning Groups and/or Local Authorities		• Segmentation needed to prioritise urgent care needs (malnutrition and enteral feeding support).	Prepare to increase to support admission avoidance and discharge.

	therapy, dietetics, orthotics)			• Needs to continue for people at high risk of aspiration pneumonia due to difficulty with swallowing, eg people with progressive neurological conditions (MS/PSP/MND, etc). • Swallowing assessments to prevent aspiration pneumonia. • Early supported stroke service to avoid loss of rehabilitation potential. • Dietetics support for people with significant malnutrition and increased risk of frailty and functional disability. • Medium and lower priority work stopped. Monitor rising risk of deferred work if disruption continues.	Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
11	Weight management and obesity services	Clinical Commissioning Groups	Home and clinic based	• Stop behavioural interventions for weight loss. • For Tier 3 weight management services where also providing management of associated co-morbidities (eg Type 2 diabetes, obstructive sleep apnoea), clinicians should appropriately triage clinic lists to assess which patients may need ongoing support, ideally remotely.	
12	Contraception	NHS England and Local Authorities	Clinic based	**Prioritise:** • Urgent work only for terminations, contraception, GUM and HIV testing. • Where possible offer telephone/online consultation.	For contraception, consider signposting to pharmacies or online services. Consider expanding access to online testing.
13	Sexual and reproductive health services				
14	HIV services	NHE England			

				• Segmentation to determine priority groups to be seen, eg emergency contraception, symptomatic patients. • Consider vulnerable groups as a separate cohort.	Explore potential for postal prescription and pharmacy delivery. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health. Further guidance on ensuring service continuity, as far as possible, is available from the Royal College of Obstetricians and Gynaecologists.
15	Musculoskeletal service	Clinical Commissioning Groups	Clinic based	• Aligned with orthopaedic and rheumatology planning MUST prioritise triage to enable continued referral of emergency and urgent MSK conditions to secondary care services (see clinical guide for management of patients on MSK). • Rehabilitation MUST prioritise patients who have had recent elective surgery, fractures or those with acute and/or complex needs, including carers with a focus to enable self-management • All other rehabilitation work stopped with patients enabled to self-manage (this includes rehabilitation groups). • Where appropriate virtual and telephone consultations to be implemented. • Introduce telephone triage to assess risks of serious complications, eg Cauda Equina syndrome.	Service provision delivered by specialist MSK clinicians (consultant/advanced practitioners, senior physiotherapists/AHPs) . Advanced Practitioners in First Contact Practice roles supporting primary care workforce is encouraged. Junior staff (eg AFC Band 6 and 5) made available to assist with secondary and/or community care provision based on local need.

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16	Specialist dentistry	NHS England	Clinic and home visits	• Segmentation needed to prioritise urgent care needs – of normal cohort. • Medium and lower priority work stopped – of normal cohort. • Potential support to wider response for acute dental care, triaging problems and management of the cases where someone is known to be infected with COVID-19.	
17	Minor oral surgery		Clinic based		
18	Day case surgery				
19	Primary dental work				
20	GP	NHS England	Prisons	• Continue but prioritise according to urgent care needs. • Medium and lower priority work stopped. • Stop QOF (see General Practice guidance).	
21	Dentistry				
22	Sexual health				
23	Alcohol and addiction service	Local Authorities	Home and clinic based	**Prioritise:** • According to professional judgement taking into account vulnerability of cohort and prescribing/dispensing of opioid substitution therapy. • Where possible Skype or telephone calls for detox, noting there will be reduced opportunities for urine testing. • May need to consider not starting new detox but consider impact on primary care. • Consider whether non-NHS provided services can increase.	With increasing levels of isolation, drug use may increase with potential health service and other consequences. Drug users may find it difficult to isolate. May be opportunity to prioritise alcohol service staff in acute trusts to work on ambulatory pathways with community addictions service support. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
24	Drug and addiction service				
25	Radiography services			• Excluding 2-week wait referrals or trauma-associated referrals. • Consider diagnostic and therapeutic requirements.	Prepare for redeployment.
26	Ultrasound			• Excluding 2-week wait referrals/antenatal cases.	Prepare for redeployment.

				• Possibility for acute imaging in community.	
27	NHS Continuing Healthcare packages	Clinical Commissioning Groups	Home based and care homes	• Move NHS CHC CCG teams to provision where possible. • Write to adults in domiciliary care and ask them to develop contingency for 24/7 if no staff. • Contingency plans to be developed with care provider for 24/7 if no staff.	Where appropriate, consider delay to routine reviews of NHS CHC care packages. For PHB recipients, consider how their PHB could be adapted to reduce the likelihood of urgent care needs using either current flexibilities or considering changes to the package.
28	Endoscopy	Clinical Commissioning Groups	Clinic based	**Stop except:** • 2-week wait referrals and inpatients requiring investigation prior to discharge if a community service. • Continue to proceed along pathway for screen FIT-positive individuals.	
Continue					
29	Community nursing services (including district nurses and homeless health)		Home and clinic based	• Segmentation needed to clinically prioritise urgent care needs including IV management. • Monitor rising risk of deferred visits.	Agree roles across health and local government to avoid duplication of segmentation. Consider support for homeless and rough sleepers who cannot self-isolate. Prepare for increased demand. Actively coach patients/carers to self-administer. Consider how to support care homes more fully.
30	Urgent Community Response/Rapid Response team	Clinical Commissioning Group		Continue.	Prepare for increased demand.
31	Out-of-hours GP services	Clinical Commissioning Groups	Clinic and home based	Continue.	Prepare for increased demand.
32	111 service		Clinic based	Continue.	Prepare for increased demand.
33	Walk-in centres			Continue.	Prepare for increased demand.
34	Urgent treatment centres			Continue.	Prepare for increased demand.

35	End of life and hospice care (including non-specialist end of life care delivered by community/ district nursing teams)	Clinical Commissioning Groups	Home, registered care home or clinic based, bed-based care, hospice	Continue.	Prepare for increased demand. Prepare to take lead role in organising 'fast track' patients from hospital and co-ordinate their care at home or in a hospice.
36	Urgent dental access work	NHS England	Clinic and home visits	Continue.	
37	Rehabilitation bed based care	Clinical Commissioning Groups and/or Local Authorities, NHS England	Home, registered care home or clinic based, bed-based care, hospice	Continue and consider where domiciliary input is clinically appropriate/explore other options, eg sports facilities with therapy equipment in situ. Prioritise freeing up community beds to support acute bed capacity.	Increase capacity to assist hospital flow.
38	Intermediate care and reablement	Clinical Commissioning Groups and/or Local Authorities		Continue.	Increase capacity to assist hospital flow.
39	Adult safeguarding	Clinical Commissioning Groups	Home	Continue case management but not SARS.	Prepare to support isolated individuals and increased risk.
40	Phlebotomy	Clinical Commissioning Groups	Home/clinic	Home visiting phlebotomy services linked to INR monitoring services often run by GPs pharmacists from GP or community trusts are key to continued safe monitoring of patients on warfarin. Risk stratify on basis of clinical need, eg in terms of INR measurement, patients with mechanical devices, which may be prosthetic valves or LVADs.	Prepare for increased demand/ redeployment. For example, cancer services are likely to seek additional phlebotomy support, in order to reduce visits to hospital and assist protective isolation of at-risk group with cancer receiving treatment.
41	Home oxygen assessment services	Clinical Commissioning Groups	Home	May involve community services as part of an integrated or standalone team. Continue to support capacity for oxygen meeting the demand and	

				the matching of the home oxygen order with clinical requirements.	
42	Clinical support to social care, care homes and domiciliary care	Local Authorities and Clinical Commissioning Groups	Home and care home	Continue to provide necessary clinical support to social care, care homes and domiciliary care.	Including medication support.
43	Sexual assault services	Clinical Commissioning Groups and/or Local Authorities	Clinic and police stations	Continue – may need to organise a provider pan-regional approach with fewer bases operating.	
44	Smoking cessation	Local Authorities	Community	• Consider continuing to operate through providing telephone support. • Consider flexible ways to distribute NRT.	Smoking may increase complications from coronaviruses. Smokers should be advised to quit or temporarily abstain to reduce the risks of complications from COVID-19 and other health problems. The best way to quit is through using an alternative source of nicotine (such as NRT or e-cigarettes), other medications (such as Champix) and behavioural support. Smokers who do not want to quit should take steps to protect others from second-hand smoke exposure as this could also exacerbate the symptoms of COVID-19. This includes using other sources of nicotine and taking their smoke completely outside where this is possible. Changes to services commissioned by Local Authorities should be agreed with Directors of Public Health.
45	Abortion	Clinical Commissioning Groups	Hospital, clinic, home	Continue to provide services • Move to telemedicine and home use of both pills for early medical abortion.	Further guidance on ensuring service continuity, as far as possible, is available from the Royal College of Obstetricians and Gynaecologists.

				• Collaboration across services to ensure service continuity shared access to staff.	
46	Diabetic eye screening	NHS England	Clinic based	Currently under review.	Screening services will be more comprehensively covered by separate guidance soon from NHS England and Public Health England.
47	National bowel cancer screening programme (60-74 year olds)	NHS England	Initial test self-administered Secondary test for screening positives	Currently under review.	
48	Bowel screening – bowel scope (at 55 years)	NHS England	Clinic	Currently under review.	
49	Breast cancer screening	NHS England	Provider trusts and mobile screening vans in the community	Currently under review.	
50	Cervical screening (mainly general practice but small amount in community)	NHS England	GP practice and clinic	Currently under review.	
51	Abdominal aortic aneurysm screening	NHS England	Clinic	Currently under review.	

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