



Llywodraeth Cymru
Welsh Government

Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential

This updated advice should be read in conjunction with the NHS Wales Operating Framework Quarter 2 2020/21

1. Background

This document has been updated to reflect additional guidance issued during Quarter 1. It has also been reviewed in light of the updated guidance issued by the World Health Organization (WHO) on maintaining essential health services:

<https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

In addition, since the last update, the Welsh Government has issued its plan for moving out of lockdown and, in particular, describing a traffic light response:

<https://gov.wales/sites/default/files/publications/2020-05/unlocking-our-society-and-economy-continuing-the-conversation.pdf>

Essential services must be maintained throughout all phases – from black to green. As lockdown restrictions are eased, and more routine services begin to come back on stream, it is important that we continue to define those services that are essential, for when any future peaks may occur and while capacity to provide services remains challenging.

It is recognised that the delivery of essential services in the context of COVID-19 is challenging. It is not only the specific redirecting of resource to COVID specific services that can reduce the capacity to deliver essential services; essential services are also impacted by constraints on facilities and staffing that are a direct consequence of action to reduce the risk of COVID transmission in healthcare

settings, in order to protect patients, staff and the wider community. It is, however, important that, in this context, essential services are prioritised and that health boards and trusts are able to rapidly identify, highlight and respond to situations where the delivery of essential services is compromised or threatened (see Assurance and Governance section below),

This framework, and all guidance issued under it, is designed to support clinical decision-making in relation to the assessment and treatment of individual patients. The ultimate aim is to ensure harm is minimised from a reduction in non-COVID activity. It is recognised that the presence of coronavirus in society and, particularly, health and care settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care must ultimately be made by clinicians, in discussion with patients and their families and in the best interests of each individual. Essential services should remain available across NHS Wales during the outbreak. However, this framework does not mandate that specific interventions must be provided to all patients, where that is not in their overall interest.

2. Defining Essential Services and Supporting Delivery

In its initial advice in March, and as slightly amended in June, the WHO advises that countries should identify essential services in their efforts to maintain continuity of service delivery during the pandemic. WHO advises that the following high-priority categories should be included:

- essential prevention and treatment services for communicable diseases, including immunizations;
- services related to reproductive health, including during pregnancy and childbirth;
- core services for vulnerable populations, such as infants and older adults;
- provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases, including mental health conditions;
- critical facility-based therapies;
- management of emergency health conditions and common acute presentations that require time-sensitive intervention; and auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services.

These categories have been used to define a detailed list of essential services for the NHS in Wales. Organisations self assessed their position against the comprehensive list during Quarter 1. This now leaves us better prepared to deal with

any further peaks and disruption and the resulting need for further rapid scaling up of COVID-19 treatment capacity, while ensuring safe access to high quality essential services.

Balancing such demands and making difficult decisions need to be considered within the overriding ethical principles as articulated in the Welsh Government's 'Coronavirus: ethical values and principles for healthcare delivery framework' (<https://gov.wales/coronavirus-ethical-values-and-principles-healthcare-delivery-framework.html>):

- everyone matters;
- everyone matters equally – but this does not mean that everyone is treated the same;
- the interests of each person are the concern of all of us, and of society;
- the harm that might be suffered by every person matters, and so minimising the harm that a pandemic might cause is a central concern.

Work has also progressed over the past quarter to develop all Wales advice in respect of informed consent, which will be issued shortly to aid individual decision-making.

It is important to define what we mean by 'essential'. Whilst we are familiar with categorising services according to 'emergency', 'urgent', 'soon' or 'routine', some essential services may straddle all of these categories, for instance the provision of immunisation services are routine, but they should also be classed as essential. Other services such as emergency surgery are clearly easier to immediately be classed as essential as they could be life threatening.

The identification of services considered as 'essential', in this context, therefore includes consideration of the following factors:

- Level of impact of any interruption to services on mortality and significant longer term morbidity (i.e. the degree of harm) and avoidable morbidity in life shortening illness (palliative and end of life care)
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods). This will become increasingly important given the backlog in service provision that will have been inevitable in managing the initial COVID-19 response.
- Value of interventions in value based healthcare.

Services deemed as essential and which must continue during the COVID-19 pandemic are, therefore, broadly defined as services that are life-saving or life

impacting - i.e. where harm would be significant and irreversible, without a timely intervention. Irreversible for purposes of palliative and end of life care will include anything that will not realistically improve within the remaining life span.

3. Assurance and Governance

The latest advice from WHO makes it clear that there must be effective systems in place to monitor the provision of essential health services. This must happen at the local level in the first instance, and is key to ensuring provision of, and access to, essential services to ensure equity of provision, patient safety and experience as well as staff safety.

Board Quality and Safety Committees need to gain assurance that harm is minimised from the reduction in non-COVID activity. This should be done by triangulating timely information from different sources such as quantitative data, quality impact assessments, audit, harm reviews and risk profiles. These need to take into account clinical, operational and population risks and controls such as infection control and prevention interventions and processes. An open and transparent process to monitor and identify risks to delivery is necessary to identify where alternative solutions or ways of working may need to be determined.

NHS organisations should be routinely analysing local information to understand service gaps and outliers. This data should be disaggregated by age, sex and population group where possible to ensure equitable delivery of services.

The assurance work stream of the essential services cell has been working to consider what information could be used to monitor the provision of essential services. Some of this data will already be available routinely, and other data sources may need to be established. WHO has also suggested a sample set of indicators in their updated guidance.

4. Communications and Engagement

As set out in the WHO guidance, effective communication and community engagement are essential to maintaining trust in the health service and ensuring appropriate care-seeking behaviours. Engagement and communications also play a key role in supporting the health service in maintaining essential services during the COVID pandemic.

Work is already underway with partners in NHS Wales and other key stakeholders to communicate overall messages around essential services being safe and available during the pandemic. Specific conditions or departments have been identified through the Essential Services group and will be targeted with bespoke communications. The work has been developed in conjunction with partners in

health and care and key stakeholders including the Community Health Councils and third sector organisations, such as the Wales Cancer Alliance.

5. Essential services in outline

It is important to note that not all specific services under the broad headings below are deemed to be essential. Further, more specific, definitions will be set out in service/condition specific guidance issued under this framework where required.

In providing all essential services patient and staff safety must always be paramount. This includes ensuring that all appropriate steps are taken in respect of maintaining infection prevention and control including social distancing, guidance on PPE, procedure specific requirements and testing as appropriate. This also includes continued use of remote working including video consultations.

Over the past quarter, further advice on infection prevention and control has been published following the establishment of the Nosocomial Transmission Group:

- The NHS Principles Framework to assist the NHS in Wales return urgent and planned care services in hospital settings during COVID-19
- Operational guide for the safe return of healthcare environments to routine arrangements following the initial COVID-19 response.

These are available at: <http://howis.wales.nhs.uk/sitesplus/407/home>

This and any subsequent guidance issued by the group will be relevant and underpin the provision of essential services.

The latest WHO guidance also provides advice based on life course stages. This is being mapped to the guidance issued to support the essential services detailed below.

Access to primary care services (providing essential, additional and a limited range of enhanced services that fulfil the WHO high priority categories, including immunisations)

Primary care services are fundamental to ensure the continued management of patients; albeit those with the most urgent needs during the period of the pandemic. Primary Care services remain the front door to the health service, with 90% of patient contact taking place in these settings. Clinicians will be required to consider the necessity of appointments for whatever issue is presented at this time and there is no exhaustive list. As far, as is reasonably practicable, patients should be triaged and consulted remotely to avoid unnecessary face-to-face contact. Providing services that maintain people's health and well-being of those with a known chronic condition, as well as urgent new health issues which require time sensitive medical intervention

should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high-risk and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and reactive intervention to prevent hospitalisation. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how primary care services have been traditionally provided; including supporting the cluster hub model, as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care. The following must be maintained:

General Medical Services

Those essential services which must be provided under a general medical services contract in accordance with Regulation 15 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

Enhanced Services to continue are the childhood immunisation scheme, pertussis immunisation for pregnant and rubella for post-natal women and oral anti-coagulation.

WG guidance issued:

- COVID-19 update for GP in Wales **issued 11/03/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Temporary Primary care Contract changes **issued 17/03/20** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Referral guidance primary-secondary **issued 31/3/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>
- Repeat prescriptions and COVID-19: guidance for primary care **issued 20/03/20-** <https://gov.wales/coronavirus>
- Joint letter to the GP Profession from Welsh Government and BMA issued on 5 June - <http://www.wales.nhs.uk/sites3/Documents/480/Letter%20to%20the%20GP%20profession%20-%20Recovery%20Plan%20June%202020.pdf>

- Link to Annex A of the letter - <http://www.wales.nhs.uk/sites3/Documents/480/GMS%20Contract%20Changes%20-%20Recovery%20Annex%20A.pdf>

Community pharmacy services

Dispensing services, emergency medication service and emergency contraception and advice and treatment for common ailments (dependent on time and being able to maintain social distancing eg consultation by telephone); supervised consumption, discharge medicine reviews, needle & syringe service, smoking cessation and end of life care.

WG guidance issued:

- COVID 19 pharmacy weekly bulletin **23/03/20** and **30/03/20**- additional advice embedded in bulletin- <http://howis.wales.nhs.uk/sitesplus/407/home>
- Support for community pharmacies **issued 18/03/20**- <https://gov.wales/coronavirus>
- Repeat prescriptions and COVID-19: guidance for primary care <https://gov.wales/repeat-prescriptions-and-covid-19-guidance-primary-care>
- Coordination of medicines delivery during the COVID-19 pandemic <https://gov.wales/coordination-medicines-delivery-during-covid-19-pandemic>
[Community Pharmacy Toolkit to Support COVID-19](#)

Dental Services

Emergency dental care including severe swelling, trauma, bleeding and urgent suspected cancer.

Red Alert urgent/emergency dental services

WG Guidance issued:

- Dental Amber Alert – stop AGPs **issued 17/03/20**
- Dental Red Alert Urgent care only principle guidance **issued 23/3/20**- <http://howis.wales.nhs.uk/sitesplus/407/home>

- Dental care during the COVID-19 pandemic: guidance for teams- issued **08/04/20**- <https://gov.wales/coronavirus>
- Restoration of dental services following COVID-19: guidance issued **04/06/20** - <https://gov.wales/restoration-dental-services-following-covid-19-guidance>
- Standard Operating Process for non-COVID-19 Dental Centres Providing Aerosol Generating Procedures in Wales issued 10/06/20

Optometry services

Those essential services, in accordance with their Terms of Service outlined in the National Health Service (General Ophthalmic Services) Regulations 1986 and Wales Eye Care services for urgent and emergency care in accordance with the Wales Eye Care Services Legislative Directions (Wales) regulations 2015.

WG Guidance issued:

- Optometry correspondence and guidance issued **17/03/20** and **19/03/20**- <http://howis.wales.nhs.uk/sitesplus/407/home>
- Ophthalmology guidance issued **07/04/20**- <http://howis.wales.nhs.uk/sitesplus/407/home>
- NHS Wales Eye Care Services payments during the COVID-19 Pandemic) (Wales) Directions 2020 issued **22/05/20**- <https://gov.wales/nhs-wales-eye-care-services-payments-during-covid-19-pandemic-wales-directions-2020>
- Statement on NHS eye care services payments during the COVID-19 pandemic issued **27/05/20**- <https://gov.wales/statement-nhs-eye-care-services-payments-during-covid-19-pandemic>
- Optometry recovery guidance (amber phase): COVID-19 issued **08/06/20**- <https://gov.wales/optometry-recovery-guidance-amber-phase-covid-19>

Community Nursing and Allied Health Professionals services

Providing services that maintain people's health and well-being of those with a known long-term condition, as well as urgent new health issues which require time sensitive nursing and / or AHP intervention, should be continued and extended where possible. In particular, anticipatory and future advance care planning of people in very high risk, and high risk, vulnerable groups should be prioritised. Patients with conditions that frequently decompensate resulting in admission to hospital should be prioritised for proactive monitoring and nursing and /or AHP intervention to prevent hospitalisation or loss of independent living skills. Palliative care services to enable people to stay at home and out of hospital must be maintained, enabling people to die with dignity in the place of their choice. The residents of care homes should be also prioritised for essential care. This will require best use of the wider multi-professional team and health board supported approach that would impact on how community nursing and AHP services have been traditionally provided; integrated community rehabilitation, reablement and recovery are essential to maximising recovery and discharge from hospital. This includes supporting the cluster hub model, working in hospital at home or virtual ward community resource multi-professional teams as described in the Primary and Community COVID-19 Framework/Pathway and the Strategic Programme for Primary Care.

Urgent eye care including services that prevent loss of sight or irreversible damage

Diagnosis and treatment of potentially blinding disease. In particular, these concern Glaucoma and Macular patients requiring intra-vitreous injection therapies. In both cases, delays to review and/or treatment may result in irreversible sight loss. See separate letter and guidance issued on 7th April 2020 by the Chief Optometric Adviser and Deputy CMO.

WG guidance issued:

- Optometry correspondence and guidance **issued 17/03/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>
- Ophthalmology guidance **issued 07/04/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Urgent surgery including access to urgent diagnostics and related rehabilitation

The Royal College of Surgeons issued revised guidance on 10 June:
<https://www.rcseng.ac.uk/coronavirus/surgical-prioritisation-guidance/>

The guidance continues to classify patients requiring surgery during the pandemic into five categories:

- Priority Level 1a Emergency – operation needed within 24hours
- Priority level 1b Urgent – operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks
- Priority level 3 Surgery that can be delayed for up to 3months

Priority level 4 Surgery that can be delayed for more than 3 months

The guide notes that these time intervals may vary from usual practice.

The guidance also contains a table of procedures by priority level

Guidance on obstetrics and gynaecology and ophthalmology is not included but links to specific advice are included.

Please note where this guidance links to NHS England guidance, the relevant NHS Wales advice should be followed as appropriate e.g. cancer.

It is also an imperative that patients do not get lost in the system and clear records of patients whose care is deferred must be held and coordinated through Health Board systems. Consideration should be given to providing pre-habilitation to those whose surgery is deferred in order to ensure they remain as fit and prepared as possible for when the surgery is scheduled.

It is expected that mutual aid support will be enacted between Health Boards where needed and surgical services (categories 1a and 1b in particular) that are currently provided on a regional/supra regional basis must be maintained. The whole surgical pathway must be provided, including the rehabilitation required as a result of surgery.

Hip Fracture Surgery

Prompt, high quality care of all people with hip and fragility fracture is a key component of improving patient outcomes and reducing acute bed occupancy during the coronavirus pandemic. Essential services guidance will be issued shortly but health boards should aim to:

- Maximise and sustain capacity for the continued delivery of those hip and fragility fracture services through a coordinated escalation and de-escalation approach both regionally and nationally;
- Focus on maintaining surgical intervention and rehabilitation as prompt surgery is the ideal analgesic, is humane and aids good nursing care;
- Only consider conservative management on an individual basis and within an ethical framework;

- Ensure that hip and fragility fracture patients are managed in a timely and efficient manner, despite the potential for reduced theatre capacity for this group;

Major Trauma

Prompt identification and effective treatment of major trauma can save lives, prevent complications, speed recovery and allow an earlier return to active life. The ability to provide high quality care to major trauma patients should be maintained to the greatest possible extent. This includes access to:

- Immediate resuscitation and stabilisation (including blood management)
- Imaging and diagnostics
- Urgent and emergency surgery
- Critical care (where required)
- Transfer to tertiary centre or major trauma centre (where appropriate)
- Repatriation to local services
- Rehabilitation

Wales Trauma Network will be producing further guidance.

Urgent Cancer Treatments, including access to urgent diagnostics and related rehabilitation.

The Chief Executive of the NHS in Wales has written to all Health Board and Trust Chief Executives stating that urgent cancer diagnosis, treatment and care must continue as well as possible during this period to avoid preventable mortality and morbidity. The Wales Cancer Network has produced a further guidance document, which provides a prioritisation and list of services that need to continue.

In addition, a Framework for the reinstatement of cancer services in Wales has been produced. The Framework recognises that whilst it is vital that access to urgent and emergency treatment is maintained during this phase, it is also important that health boards resume additional 'normal' activity and start to address the rapidly growing backlog of tests and treatments. Such decisions should be clinically led, based on risk stratified patient cohorts, individual patient assessment of risk and according to available capacity.

WG guidance issued:

- Maintaining cancer treatment during the COVID-19 response – **issued 1/4/20-** <http://howis.wales.nhs.uk/sitesplus/407/home>

- Cancer guidance- issued 9/4/20-
<http://howis.wales.nhs.uk/sitesplus/407/home>
- A framework for the reinstatement of cancer services in Wales during Covid-19 – issued 11/5/20 -
<http://howis.wales.nhs.uk/sitesplus/407/home>

Cardiac Services

Services need to be maintained for patients needing essential cardiology or cardiac surgery intervention. This includes the following conditions:

- myocardial infarction
- class IV heart failure
- arrhythmias (such as uncontrolled AF or VT)
- acute coronary syndromes –(such as Non-STEMI or unstable angina)
- endocarditis
- aortic stenosis

Services must include access to:

- Rapid access clinics can prevent admission or facilitate early discharge
- Admission and ongoing management with pathways expedited to allow rapid treatment and discharge.
- Appropriate and timely level of essential diagnostics
 - ECG
 - ECHO
 - 24 Hour ECH or event monitoring
 - CT coronary angiogram
 - Invasive coronary angiogram
 - Stress/exercise tolerance test
 - Doppler stress echo (DSE)
 - Myocardial perfusion scanning
 - Cardiac CT/MRI
- Appropriate intervention:
 - cardiac surgery
 - ICD implantation
 - CRT implantation
 - Cardiac ablation
 - PCI
 - NSTEMI
 - Primary PCI (PPCI)
 - congenital heart surgery

- TAVI
- Rehabilitation

The Wales Cardiac Network are producing additional guidance but service should take account of guidance already published listed below.

WG guidance issued:

- Cardiac Specialised Services guidance – **issued 07/05/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

NICE guidance issued:

<https://www.nice.org.uk/guidance/ng171>

Stroke

Maintaining integrity of stroke services and patient outcomes are important alongside acute COVID-19 care.

- Patients should be encouraged to seek emergency attention when they experience symptoms of a stroke as almost all acute stroke treatments should be available during the pandemic and can reduce disability.
- Healthcare providers should strive to deliver high quality stroke and TIA care, aiming to adhere to national guidelines for acute treatments and secondary prevention.
- Maximise and sustain capacity for the continued delivery of stroke services though a coordinated escalation and de-escalation approach both regionally and nationally.
- To ensure that there are clear pathways into diagnostic, primary care and secondary care follow-up services for stroke patients.
- To maintain secondary prevention, rehabilitation to minimise long-term disability and life after stroke services.
- Maintain research participation in both stroke and COVID-19 projects as resources allow.

WG guidance issued:

- Stroke services in Wales during COVID-19 – issued 18/5/20-
<http://howis.wales.nhs.uk/sitesplus/407/home>

Other Life-saving medical services including access to urgent diagnostics and related rehabilitation

Services will need to be maintained for patients needing a life-saving intervention. The resultant rehabilitation required to maximise the effectiveness of interventions must also be made available. Services include but not limited to:

- gastroenterology including diagnostic endoscopy
- Diabetic care including:
 - Diagnosis of new patients
 - DKA / hyperosmolar hyperglycaemic state
 - Severe Hypoglycaemia
 - Newly diagnosed patients especially where insulin control is problematic
 - Diabetic Retinopathy and diabetic maculopathy
 - Emergency podiatry services and limb at risk monitoring
- Neurological conditions, including dementia
- All supporting rehabilitation

Rehabilitation

- Rehabilitation complements medical, surgical and psychiatric interventions for people of all ages, helps achieve the best outcome possible and is a key strategy for achieving care and sustainability.
- The interdependence of rehabilitation within the essential service pathways is therefore a critical component of quality and high value care and patient survivorship. For example, an individual within the Major Trauma pathway may require tracheostomy weaning; dietetic support; cognitive intervention; splinting prosthetics; positioning and seating input, and psychological support.

WG Guidance issued:

<https://gov.wales/health-and-social-care-services-rehabilitation-framework-2020-2021>

Life-saving or life-impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services

Although children are fortunately not as affected by COVID-19 as older patients there are a range of services that will need to be maintained both in an emergency situation but particularly for children where delaying treatment could impact on the rest of their lives.

Many specialist paediatric services are already provided on a supra regional basis - for the South Wales population at UHW, Cardiff and for the North Wales population at Alder Hay Hospital Liverpool. Powys children access a range of providers in England including Birmingham Children's Hospital.

Services that need to be maintained include:

- Paediatric intensive care and transport
- Paediatric and neonatal emergency surgery and all related rehabilitation
- Urgent surgery (such as cardiac, transplantation etc)
- Urgent illness
- Emergency paediatric surgery (including for major trauma)
- Chronic conditions such as organ failure (including renal dialysis)
- Immunisations and vaccinations
- Screening – blood spot, hearing, new born and 6 week physical exam
- Community paediatric services for children with additional / continuous healthcare needs including care closer to home models and community hubs

Care will be underpinned by RCPCH guidance:

<https://www.rcpch.ac.uk/resources/COVID-19-guidance-paediatric-services>

WG guidance issued:

- Continuation of immunisation programmes during the COVID-19 pandemic letter from CMO **issued 06/04/20**
<https://gov.wales/coronavirus>

Paediatric Diabetes

Access to paediatric diabetes services needs to be maintained. The guidance takes account of overarching guidance from RCPCH as well as *The Lancet Child & Adolescent Health* ([https://doi.org/10.1016/S2352-4642\(20\)30108-5](https://doi.org/10.1016/S2352-4642(20)30108-5)) published on 9 April 2020.

WG guidance issued:

- Paediatric Diabetes services during COVID-19 issued 20/04/20 - <http://howis.wales.nhs.uk/sitesplus/407/home>

Paediatric Specialist Services

There is a need to maximise and sustain the capability of paediatric specialised services to deliver:

- paediatric cardiology
- cystic fibrosis
- Sleep service
- Neurology and neurorehabilitation
- paediatric neurosurgery
- neonatal and paediatric surgery,
- Neonatal services
- Oncology services, including paediatric radiotherapy
- cleft Lip and Palate services,
- rheumatology services,
- renal services,
- endocrinology services,
- gastroenterology,
- inherited metabolic disease
- cochlear implants for paediatrics
- transplantation

WG guidance issued:

Paediatric specialised services surge guidance – issued 11/06/09- <http://howis.wales.nhs.uk/sitesplus/407/home>

Termination of Pregnancy

Access to termination of pregnancy services needs to be delivered in line with the guidance from the RCOG. Specific guidance has been issued to Health Boards:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-COVID-19-infection-and-abortion-care.pdf>

This guidance confirms that women and girls wanting to terminate an early pregnancy will be prescribed two pills at home instead of going to a hospital or clinic, avoiding social contact and the unnecessary risk of exposure to

coronavirus. The prescription of medication will follow a remote consultation with a medical practitioner via video link or telephone conference.

WG guidance issued:

- Temporary approval of home use for both stages of early medical abortion **issued 31/03/2020-** <https://gov.wales/coronavirus>

Maternity Services

Access to maternity services for antenatal, intrapartum and postnatal care, will include provision of community services on a risk-assessed basis. Care will be underpinned by RCOG guidance: <https://www.rcog.org.uk/coronavirus-pregnancy>

WG guidance issued:

Maternity services in Wales during COVID-19 – **issued 11/05/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Neonatal Services

Access to special care baby units, including neonatal intensive care units, will be provided on the same basis as usual. This will include:

- Surgery for neonates
- Isolation facilities for COVID-19 positive neonates
- Usual access to neonatal transport and retrieval services.

WG guidance issued:

- Neonatal services in Wales during COVID-19 – **issued 16/4/20-**
<http://howis.wales.nhs.uk/sitesplus/407/home>

Mental Health, NHS Learning Disability Services and Substance Misuse including:

A letter was sent to health boards on 15 April by Dr Andrew Goodall setting out the Welsh Government's expectations for mental health services to continue to provide safe and sustainable responses for individuals who need access to mental health support during this period. This includes recognising the relevant legal safeguards and requirements that are in place. To support this, all the key functions of all age mental health services (including NHS led Learning Disability and Substance Misuse Services) that are considered

essential and need to continue during the pandemic period have been set out in the following link: <http://howis.wales.nhs.uk/sitesplus/407/home>

To provide assurance on the capacity of services to fulfil the key functions a Mental Health Covid-19 monitoring tool has been developed. Health boards are required to complete and return the monitoring tool on weekly basis. The forms are submitted to the Mental Health Co-ordination Centre, which is facilitated by the National Collaborative Commissioning Unit, and discussed at weekly meetings with Covid-19 Mental Health Leads and CAMHS clinical leads. A copy of the mental health monitoring tools can be found on Mental Health and Learning Disability Co-ordination Centre Website

Guidance has been developed to support services during the pandemic:

- [Services under the Mental Health \(Wales\) Measure: COVID-19](#)
- [Mental Health Act 1983 hospital managers' discharge powers: coronavirus](#)
- Guidance for substance misuse and homelessness services **issued 19/03/20**- <https://gov.wales/coronavirus>
- A range of advice and support is also available on the Mental Health and Learning Disability Co-ordination Centre Website: <http://www.wales.nhs.uk/easc/nhswalesmhcc>
- Essential Mental Health, Learning Disability and Substance Misuse Services during Covid 19 Epidemic issued **11/06/20** - <http://howis.wales.nhs.uk/sitesplus/407/home>

Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions

In the provision of routine care, the NHS will need to pay particular attention to the availability of medicines that support delivery of specific types of procedure or care.

Guidance will be issued shortly describing a Wales wide strategic approach to maintaining supplies of medicines to support increasing levels of routine care, whilst balancing the need to retain adequate supplies of some medicines, particularly those used in critical and palliative care. This is particularly important for those medicines which are used both in routine and critical and or end of life care and which remain in short supply as a result of increased global demand.

The guidance will be available at -
<http://howis.wales.nhs.uk/sitesplus/407/home>

Comprehensive therapeutic guidance on a range of issues associated with prescribing, therapeutic drug monitoring and medicine use are available at the All Wales Therapeutics and Toxicology Centre's (AWTTC's) COVID Therapeutics hub - <https://www.awttc.org/coronavirus-covid-19-therapeutic-advice>.

Advice on the management of specific medicines shortages is available at <https://www2.nphs.wales.nhs.uk/contacts.nsf> and <http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=428&id=501373> (NHS intranet users only)

Renal care - dialysis

Dialysis is a life maintaining treatment and without regular therapy, normally at least three times a week over a 4 hour session, patients will die in a matter of days. Although some patients dialyse at home, the majority of dialysis is delivered in the form of haemodialysis at out-patient units by specialist dialysis nurses. Irrespective of location or modality of treatment, there are a range of dependencies to enable dialysis to be delivered safely including access surgery, uninterrupted supply of dialysis fluids, consumables and medications. Renal services across Wales have plans developed regional plans to ensure the delivery of essential renal services including outpatient dialysis.

Services should take account on NICE COVID-19 rapid guidelines: dialysis service delivery - <https://www.nice.org.uk/guidance/ng160>

Blood and Transplantation Services

Blood and Blood components:

The Welsh Blood Service provides a range of essential services to ensure that NHS Wales has access to blood and blood components to treat patients. The provision of blood and blood components for customer hospitals across Wales will need to be maintained to ensure patients requiring blood transfusion and blood components for life saving treatments can continue during the COVID-19 outbreak.

Platelets are a critical product in the treatment plan for a number of acute health conditions including blood cancer and neonatal blood disorders. WBS is liaising with Health Boards and NHS Trust to assess the demand for blood products to treat COVID-19 patient (including plasma products) and non-COVID-19 essential services. Further guidance will be issued from WBS and Welsh Government in relation to blood collections and supply.

Bone Marrow and Stem Cells Transplantation:

Provision of blood stem cell services for acute blood cancers is time critical and essential to ensure patient status does not deteriorate beyond the treatment window into palliative care.

Services should be provided in accordance with:

European Society for Blood and Marrow Transplant (EBMT):

https://www.ebmt.org/sites/default/files/2020-04/EBMT-COVID-19-guidelines_v.6.1%282020-04-07%29.pdf

NICE COVID-19 rapid guideline: haematopoietic stem cell transplantation

<https://www.nice.org.uk/guidance/NG164>

Solid Organ Transplantation:

The safety of organ and tissue donation and patients in need of a transplant is paramount and deceased organ donation should be considered on a case by case basis. Organs are still being donated where possible and offered to the hospitals that are still performing transplants. Consideration needs to be given to maintaining donation and transplantation services, in particular for those patients on the urgent and super-urgent transplant waiting lists. Transplant teams will need to balance the patient's need for transplant against the additional challenges of being immuno-suppressed at this time. Transplant services should ensure they take account of the latest advice:

<https://www.odt.nhs.uk/deceased-donation/covid-19-advice-for-clinicians/>

In addition a NICE COVID-19 rapid guideline has been developed for renal transplantation and will shortly be published.

Retrieval services should be maintained to ensure the sustainability of the National Organ Retrieval arrangements.

Wherever possible, health boards should work with transplant centres to ensure referral for screening/assessment and follow-up pathways are maintained and transplant centres can access local services for any investigations or tests required to facilitate treatment.

Welsh Transplantation and Immunogenetics Laboratory (WTAIL)

The Welsh Transplantation and Immunogenetics Laboratory (WTAIL) along with the Welsh Bone Marrow Donor Registry (WBMDR) provide critical laboratory testing and donor stem cell provision for blood cancer patients in Wales, UK and worldwide. They are also responsible for the provision of laboratory testing for solid organ transplantation including supporting the National solid organ allocation scheme by testing deceased donors from Wales for allocation of organs to national patients. In addition, it is responsible for the regular monitoring of patients post-transplant providing information on transplant rejection and informing on requirements for time critical clinical intervention, as well as the provision of specialist screening and genetic testing of blood products including platelets.

Palliative and End of Life Care

This should occur where possible in the patient's home under the responsibility of the patient's general practitioners and community staff, supported where necessary by palliative specialists and third sector. Palliative care is specifically mentioned in the General Medical Services contract. Access to admission for palliative care purposes where necessary, to inpatient specialist palliative care expertise, and to palliative interventions should be preserved where it is possible and safe. This must be judged according to the local context. The palliative nature of the goals of care may make access more urgent. Access to the full range of allied health professionals to support end of life care is essential, including community assistive equipment, nutrition, communication and psychological care and to facilitate death in location of choice is essential.

WG guidance issued:

- Palliative Care Information and Resources Guide – published 11/05/2020

<http://howis.wales.nhs.uk/sitesplus/407/home>

Guidance

The service/speciality areas described above highlight where guidance has already been produced (as at 12 June 2020). NHS Wales specific guidance has generally been produced from existing sources including Royal Colleges, NICE and drawing on NHS England guidance.

Essential services clinical guidance for NHS Wales will continue to be published on a dedicated section of the HOWIS site at <http://howis.wales.nhs.uk/sitesplus/407/home>

Public facing guidance will be published on the Welsh Government website at <https://gov.wales/coronavirus>