

**Update for Partners re TEWV COVID-19 Contingency Arrangements  
Week commencing 27<sup>th</sup> April 2020**

Please note that this update is written to provide partners with updates in terms of action the Trust is taking in response to C19. It is not written as a public facing document and we would therefore ask that it is not used in that way eg on websites etc. If you would like to be able to direct the public to information about TEWV please email the communications team [tevw.communications@nhs.net](mailto:tevw.communications@nhs.net) and they will provide details of our website which contains a large amount of information.

The Trust continues to implement their contingency plans in response to the evolving situation around COVID-19. Key issues and changes (applicable to all services) since our last briefing are:

Inpatient and Crisis/Urgent Care Services

- Foss Park in York officially opened Tuesday 21<sup>st</sup> April and patients who have transferred from Peppermill Court and Cedar wards are settling in well. The MHSOP ward at Cherry Tree House will be moving w/c 4<sup>th</sup> May with plans to transfer Meadowfields, York w/c 11<sup>th</sup> May 2020
- We continue to manage well with bed capacity, but are keeping this under daily review as the situation in the wider community and country changes. This has enabled us to move quickly to provide the necessary support and protection to all patients within our care in line with national guidance
- Restrictions to visiting remain, as do revised arrangements for leave (detained patients)/time off the ward (informal patients) to minimise risk of infection to patients and staff. We will keep both these issues under close review and revise arrangements as soon as we are able to safely do so
- We continue to follow national PPE guidance as it is published and are working hard to ensure all staff who need it have appropriate PPE to keep themselves, patients and families safe.
- Updated information relating to crisis services (all providing 24/7 support) is now available at - <https://www.tewv.nhs.uk/services/crisisadvice/> .
- All specialities across North Yorkshire & York are now supporting a mental health all age 24/7 crisis & support line. Services can continue to be contacted using the local crisis numbers on the website and patients will be able to access support from a team of staff that are operating as a virtual team across North Yorkshire and York. We will be formally launching the public facing number and key contact for partners next week and further information will be issued in the weekly briefing and as well as on the Trust website and patient facing information
- Should emergency changes to the Mental Health Act come into force, we will ensure that all section 12 approved clinicians are fully aware of the impact this will have and any changes to practice this may make. We are not aware of any specific pressures or risks relating to AMHP

capacity across our Trust patch at present. We are not currently planning to use digital technology for Mental Health Act assessments.

- To help cover the Covid-19 period the Trust's Scarborough Mental Health Liaison team (MHLT) who operates within Scarborough General Hospital has now extended its operating hours 7 days 9am till 7pm, accepting referrals until 5pm. The MHLT provides psychosocial assessments, psychiatric reviews and clinical advice. A Standard Operating Procedure (SOP) has been introduced to help manage within the Covid crisis.

### Community Services

- Phone and video contacts for community appointments continue to work well and all our community teams continue to prioritise contact with patients assessed as highest risk.
- We are trying to maintain a level of contact with all patients, supplemented by more frequent contact by volunteers or other staff where appropriate. *If you have any significant concerns about particular patient's wellbeing or there is any deterioration in their presentation please let your local community team or crisis team know so they can respond appropriately.*
- We appreciate that referrals will continue to be sent into the Trust in line with clinical need, but it would be helpful if referring staff are able to explain to patients that unless there is an urgent need, it is likely to be some time before a full assessment can take place.
- All localities are working hard to make sure that appropriate support is also being given to carers through this difficult period. *If there are any families or carers that you feel would benefit from more direct contact or additional support please do not hesitate to contact your local team.*
- We are linking closely with public health colleagues and the shielding hubs being led by Local Authorities to make sure we are protecting those who may be the most vulnerable during the pandemic.
- All localities are working to national and any additional local guidance to ensure emergency health care plans are in place, especially for people with a learning disability.

### Care Homes

As described in the last briefing, we fully recognise that the Care Home sector is under pressure and that we have an important role in the system to support patients and also staff in the sector. Each locality continues to offer support to care homes to ensure residents can continue to access mental health support, and also to support care home staff to remain resilient. We will also be working very closely with North Yorkshire County Council and City of York Council to prepare for the National Care Home Action Plan and consider how we will add value to patients and families and to staff who are working in this area.

### Prescribing and Access to Medication

All teams have systems in place to make sure patients continue to have access to prescriptions and medication, as outlined in our previous briefings, including electronic prescribing. We are keeping a close eye on medication supplies to ensure that we are aware at the earliest opportunity if supply is becoming difficult so we can take necessary actions.

## Updated Guidance for Clozapine Patients

Patients self-isolating without symptoms should continue to take clozapine; the current blood monitoring interval should be maintained, but if necessary can be extended as follows to facilitate home blood sampling instead of attendance at clinic/GP surgery:

<b>Duration of treatment</b>	<b>Monitoring frequency</b>	<b>Max. interval between blood tests</b>
1-18 weeks	Weekly	10 days
19-52 weeks	Fortnightly	21 days
>52 weeks	4-weekly	42 days

Patients on weekly or fortnightly monitoring, or with amber results, must be prioritised. If the maximum interval for blood testing cannot be met then further prescribing/supply would be unlicensed and the RC must seek approval from their CD/ACD and CPMS (or equivalent monitoring system if taking an alternative to Clozaril) to enable this.

Patients with mild symptoms of COVID-19: It is possible that patients who have COVID-19 are more likely to have an amber or red result due to their immune/haematological response; these patients should have an urgent blood test and the results communicated to CPMS\*, and be evaluated for underlying infection or development of agranulocytosis. Guidance on the impact of COVID-19 on blood counts and the assessment of blood dyscrasias in clozapine patients is available here. If in doubt, discuss individual cases with CPMS\*. If blood testing cannot be completed, due to risk of infection, then utilise the extended intervals as above

*Patients with severe respiratory infection - STOP clozapine until symptoms resolve; re-titration will be necessary if clozapine is withheld for >48 hours*

### Staffing Levels and Additional Support for Services

Additional testing capacity that has been mobilised recently has been very helpful to us in supporting staff to either remain at work, or appropriately stay at home as needed, and each locality is in the process of implementing mobile staff testing for those people who are unable to attend a testing centre (ie don't drive or are too unwell to travel). We continue to use additional staff to support clinical services, such as corporate staff taking on new roles, retired staff and using our Trust Volunteers to maintain social contact with any patient in the community who teams think would benefit from this. This is helping us maintain a good level of service provision.

### Access to Advice and Support for Partners

Local teams will continue to have processes in place to provide support and advice to all partners in relation to clinical issues. .

To help staff in all areas, patients, families and the general public, our Recovery College online have developed a range of new courses to support people during the pandemic, including courses specifically aimed at young people. The courses are free to access via the link below, or via Recovery College Online on Facebook:

[www.recoverycollegeonline.co.uk](http://www.recoverycollegeonline.co.uk)

New courses have been added this week including: alternative ways of marking a bereavement and coping with loss; personal recovery from COVID-19; Managing combined physical pain and mental health problems during lockdown

A national NHS mental health hotline has been launched as part of a package of measures to support NHS staff through the pandemic to provide emotional support and onward signposting to specialise financial advice, bereavement care and coaching. Staff can call **0300 131 7000** between 7am and 11pm, 7 days a week, or text FRONTLINE to 85258, 24 hours a day.

Hospice UK have also recently launched a bereavement helpline which partners may find useful – 0300 3034434

### Embedding MH Services into GP Practices

Discussions are currently underway to explore how Mental Health services can work more closely with General Practice. In Selby and South Hambleton we are exploring the possibility to embed MH Services (IAPT and Access) into GP practices. In the current climate this will be virtual and we are looking to increase engagement with GPs, providing advice and guidance and participating in regular MDT meetings. Over time this will extend to basing services directly in GP practices to increase access to services and peer support for Primary Care services.

### Nightingale Hospital

TEWV are working in partnership with Leeds Partnership and Teaching Hospitals Trusts to provide embedded mental health support for colleagues working in the Harrogate Nightingale Hospital. The TEWV lead is Consultant Psychologist Dr Michael Jubb [michael.jubb2@nhs.net](mailto:michael.jubb2@nhs.net)