

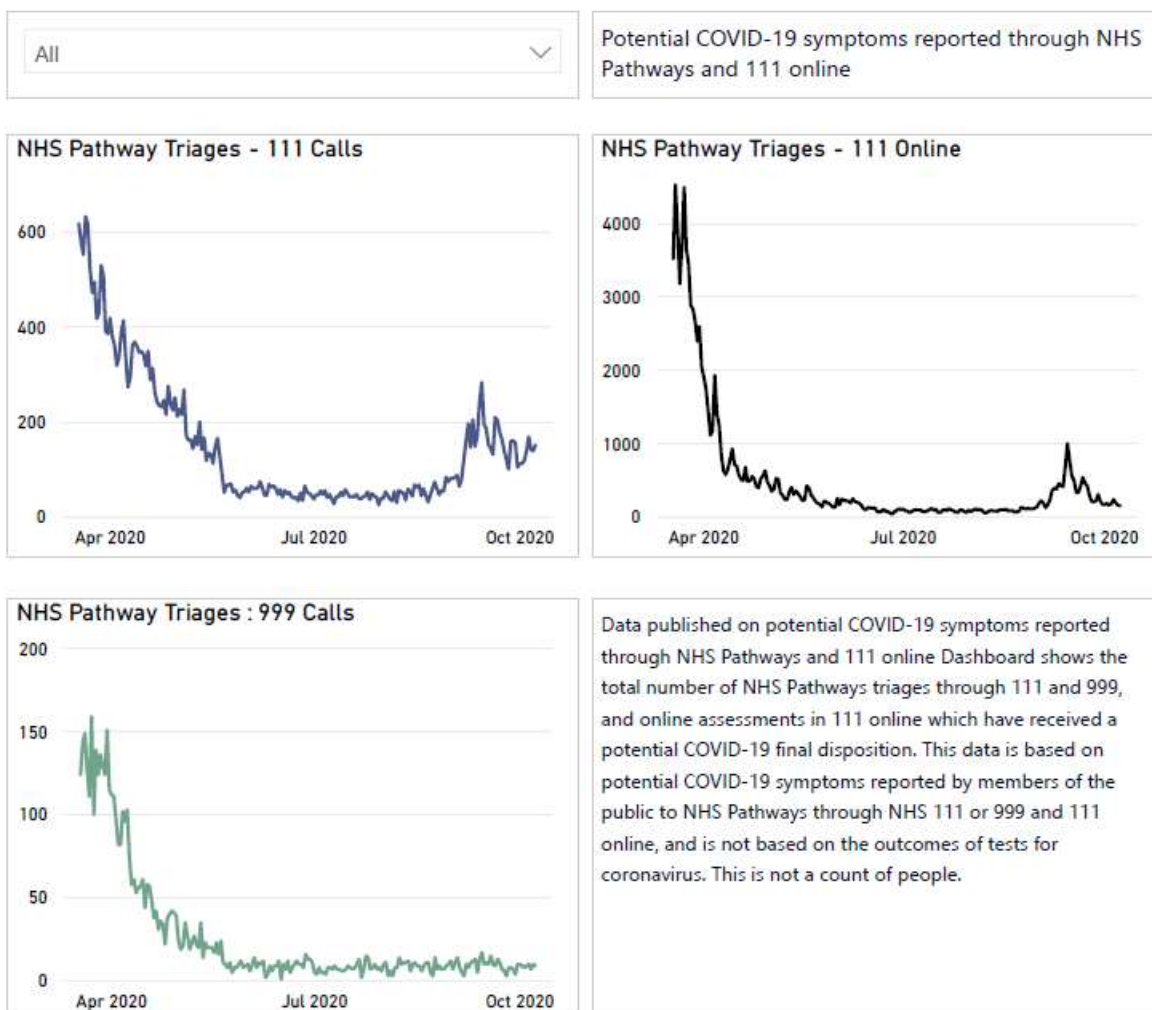
HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels October 2020

1. Introduction

Following the briefing provided in September 2020, this paper provides an update on the impact to date of the pandemic; the Hampshire and Isle of Wight progress of the Third Phase of the NHS Response to Covid-19; NHS England and NHS Improvement Commissioned Services; and work to seek the views of key stakeholders and local people.

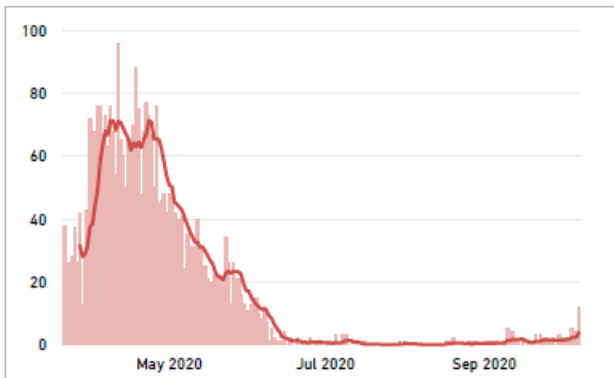
2. Impact of Covid-19 on Hampshire and the Isle of Wight

The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential Covid-19 symptoms.

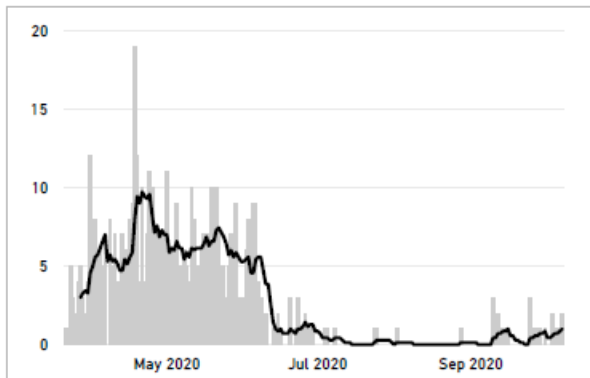


The following graphs show the number of inpatients diagnosed with Covid-19, the number admitted with Covid-19, the number admitted with suspected Covid-19 and the number of patients with Covid-19 discharged.

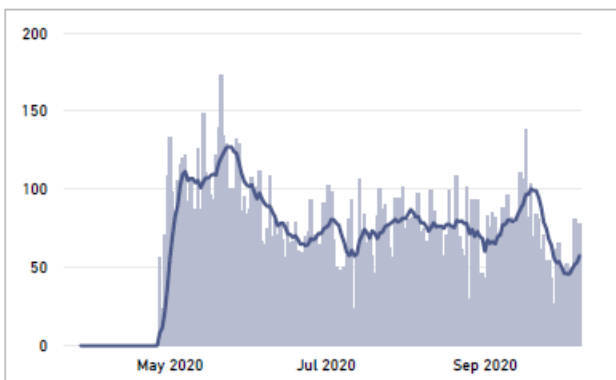
Inpatients Diagnosed with Covid-19



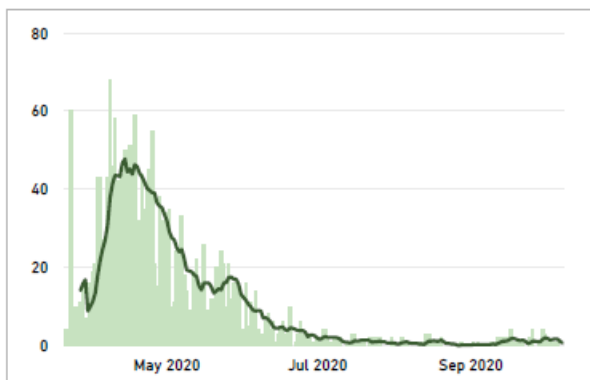
Patients Admitted with Covid-19



Patients Admitted with Suspected Covid-19



Covid-19 Discharges



Across HIOW staff sickness averaged 3.35% in August and 3.73% in September with 0.68% and 0.83% respectively related to Covid-19.

Staff Total	Absent	Covid Related
25,900	5.1% 1331	1.3% 345



We have provided support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups. This support is being provided on an ongoing basis to support the impact on staff from responding to the incident.

3. HIOW NHS progress of the Third Phase of the NHS Response to Covid-19

In July 2020 Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, issued the Third Phase of NHS Response to Covid-19 guidance, which is available on NHS England's [website](#), setting out the following three priorities for the rest of 2020/21:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter:
 - Restore full operation of all cancer services
 - Recover the maximum elective activity possible between now and winter
 - Restore service delivery in primary care and community services
 - Expand and improve mental health services and services for people with learning disabilities and/or autism.
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally:
 - Continue to follow good Covid-related practice to enable patients to access services safely and protect staff
 - Prepare for winter.
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Our progress to date on meeting each of the three priorities includes:

A. Accelerating the return to near-normal levels of non-Covid health services

Restore full operation of all cancer services

- Two-week wait cancer referrals and treatment activity returning to pre-Covid-19 levels
- Cancer screening capacity being rapidly increased whilst taking into account Covid-19 infection control requirements with routine invitation letters being sent for bowel, breast and cervical screening.

Recover the maximum elective activity possible between now and winter

We have worked with the Trusts across HIOW to develop opportunities to restore inpatient/daycase activity to 87% by October, improving month on month to 93% by January. We have also made progress in reducing the number of people waiting over 52 weeks to be no more than 6,325 in March 2021. We are doing this by:

- Continuing to clinically validate waiting lists
- Contacting all patients whose care has been disrupted
- Reopening wards to support restoring theatre capacity
- Recruiting additional theatre staff and supporting shielding staff to return
- Reviewing session times, reducing on-the-day cancellations and late starts, and improving scheduling and pre-assessments
- Commissioning additional theatre capacity

- Increasing Advice and Guidance Services to support GPs when considering making a referral
- Restoring use of NHS commissioned capacity within the independent sector and exploring potential additional capacity.

In outpatients, we are on track to deliver 101% of baseline activity, including Advice and Guidance by October. We are doing this by:

- Restoring outpatient clinic space that was used by other services during the Covid-19 response
- Reducing the number of patients who do not attend (DNA) outpatient appointments
- Increasing productivity through the continued use of virtual and telephone appointments
- Restoring endoscopy to full capacity by reopening all units and extending working hours
- Restoring CT and MRI to full capacity by improving DNA rates, extending working hours and increasing productivity
- All provider Trusts using the e-Referral service with all being fully open to primary care referrals.

Restore service delivery in primary care and community services

- Primary Care restoring services to pre-Covid-19 levels
- Community services returning to pre-Covid-19 levels
- Developing a community care model with enhanced services to support people at home as clinically appropriate to reduce avoidable hospital admissions and increase supported hospital discharges.

Expand and improve mental health services and services for people with learning disabilities and/or autism

- 24/7 crisis lines continuing to be maintained
- Increasing access to Child and Adolescent Mental Health Services (CAMHS) and Improving Access to Psychological Therapies (IAPT) to pre-Covid-19 levels and now focussing on tackling waiting lists and responding to Covid-19 demand
- Increasing perinatal mental health access
- Increasing the number of annual physical health checks undertaken for those with serious mental illness
- Increasing the number of annual health checks undertaken for those with learning disabilities
- Planning the replacement of our remaining mental health dormitory wards
- Restarting work to support GP practices to achieve Learning Disability friendly status.

B. Preparation for winter demand pressures

Approach to Winter/Covid-19 and EU Exit:

- Prevent the spread of infection. This will be achieved through a combination of the use of robust infection, prevention and control (IPC) measures and PPE when interacting with patients
- Maintain Place Based services for resident and GP registered population¹
- Sustain the maximum possible hospital capacity to meet the requirement for both Covid-19 patients and non-Covid-19 patients who require treatment

¹ Place of residence covers any setting for health and social care which is not hospital capacity. For example; people who are living at home and are in receipt of domiciliary care provision and/or district nursing; residents of residential homes; residents of nursing homes; other vulnerable cohorts of the population

- Maintain a primary care model of healthcare provision including an urgent response.

Key tasks are:

- Starting the annual flu vaccination programme with the expanded priority groups
- Developing local escalation plans with common thresholds for the implementation of pre-agreed actions
- Agreeing mutual aid plans and protocols
- Establishing virtual wards with remote monitoring to support avoidable hospital admissions and enable step down care
- Implementing 111 First across HIOW, building on the learning from Portsmouth and South East Hampshire
- Operationalising Community Urgent Response Teams across HIOW
- Community, primary care and social care providers continuing to work together to provide out of hospital services
- Implementing an approach to pro-actively target groups who are at risk of poor Covid-19 outcomes
- Each HIOW Trust developing and implementing plans to improve Emergency Department performance in preparation for winter
- Supporting primary care winter resilience by establishing dedicated 'hot sites' across HIOW where patients with suspected Covid-19 will be seen if clinically required.

C. Support for our staff and action on inequalities and prevention

Support for our staff

- Mapping the workforce capacity required to enable our acute recovery
- Trusts across HIOW regularly collaborate regarding their recruitment and incentive plans
- We continue to provide support to our staff in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups
- The workforce across health and social care are fatigued. The implications of operating in extended periods in a Covid-19 environment should not be underestimated. The next six months is likely to be increasingly challenging for staff and leaders at all levels are focussed on ensuring staff are well rested.

Action on inequalities and prevention

All of the HIOW restoration and recovery programmes aim to have a positive equality impact by restoring services inclusively and addressing inequalities of access and outcome. We have undertaken analysis of data about needs, access and outcomes for those with protected characteristics. This analysis, along with feedback from patients, carers and equality groups, has identified which protected characteristics groups may potentially experience differential access, outcomes and/or patient experiences.

Each of our restoration and recovery workstreams have undertaken high level equality impact assessments to identify gaps and actions to address inequalities and meet the needs of different protected groups across the HIOW system. Highlights of this work include:

- Building on the work provider Trusts do to routinely record demographic and other information to share this intelligence and agree further action priorities
- Developing ways to share examples of good practice across the area
- Establishing a HIOW Accessible Information Standard group to identify strengths and gaps and share examples of good practice across all providers

- Increasing use of online methods and pre-healthcheck questionnaires to ensure healthchecks for those with serious mental illness or learning disabilities are completed safely
- Improving access to cancer screening and the National Diabetes Prevention programme by ethnic minority communities
- Establishing a Prevention and Inequalities Board to co-ordinate and monitor evidence based interventions
- Setting up staff networks for employees from ethnic minority backgrounds, with disabilities, and LGBT+ across NHS organisations
- Completing Covid-19 risk assessments for all vulnerable staff
- Staff wellbeing measures established and routinely monitored
- The Wessex Cancer Alliance developing a plan to reduce inequity of access to cancer services which includes a public awareness campaign to increase confidence of local people to seek advice and access services.

4. NHS England and NHS Improvement commissioned services

NHS England and NHS Improvement South East commission a number of local services. Key updates on these are:

- **Pharmacy services**

Pharmacies remain busy providing essential services for patients whilst adhering to social distancing measures.

Whilst all pharmacies are open, some are operating to different hours to ensure they are able to catch up and to clean.

- **Dentistry services**

All dental practices in the South East providing NHS services are now able to provide face-to-face care.

Practices are providing different types of treatment though they are minimising treatment involving Aerosol Generating Procedures (AGPs) (such as fillings, root treatment, crown preparation, scale and polish) due to the ongoing risk this poses to the dental team and patients. Dependant on staffing and the infection control measures which practices have been able to put in place, some practices are not offering any treatment involving AGPs.

Practices are seeing fewer patients each day due to the time taken to clean between patients, this combined with a backlog of patients due to the period of time when all practices were closed, means that patients may have to wait longer to receive treatment. Practices are prioritising patients so that they see those first who need urgent treatment, or who are in the process of receiving a course of treatment which was paused during the lockdown period.

All practices continue to offer a telephone triage service for both their regular patients and other members of the public. During this they can provide advice, prescribe medication to relieve pain or treat infections and can make a clinical decision if they feel that the patient needs to be referred to one of the urgent care hubs if they are unable to carry out the necessary treatment at their own practice.

The initial remote stage, can also identify possible/confirmed Covid-19 cases (and household contacts), patients who are shielding, and patients at increased risk, to ensure

safe care in an appropriate setting. This stage also helps to prevent inappropriate attendance, support appointment planning and maintain social distancing and patient separation.

Additional Urgent Dental Care hubs have been put in place and there are now 69 in operation across the South East.

- **Optometry services**

High street optometry practices are now providing face-to-face routine patient appointments. However, infection control and social distancing measures mean that the number of patients who can be sight tested during testing sessions is reduced.

5. Seeking the views of local communities

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this we are:

- Continuing to work with our Local Resilience Forum partners to track engagement work being undertaken by partners and other agencies to develop a bank of insight
- Analysing the themes from the results of a survey undertaken with the HIOW NHS Citizens Panel and the health questions in local authority citizens surveys which we will then engage on in more detail pan HIOW
- Developing further work to explore people's experience of being on our elective waiting list during the pandemic to understand how we can support them
- Working closely with Healthwatch to understand the views of our seldom heard communities
- Continuing to work with our local Primary Care Networks to support them to engage with local communities on the evolution of their services.

6. Recommendation

The Committee is asked to note this update briefing.