

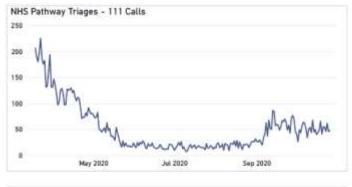
HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels November 2020

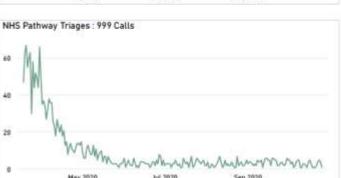
1. Introduction

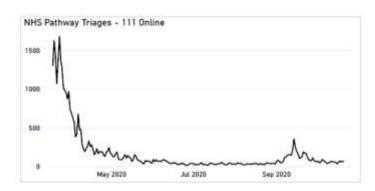
Following the briefing provided in October 2020, this paper provides an update on the impact to date of the pandemic; the Hampshire and Isle of Wight progress of the Third Phase of the NHS Response to Covid-19; NHS England and NHS Improvement Commissioned Services; and work to seek the views of key stakeholders 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-91 symptoms.

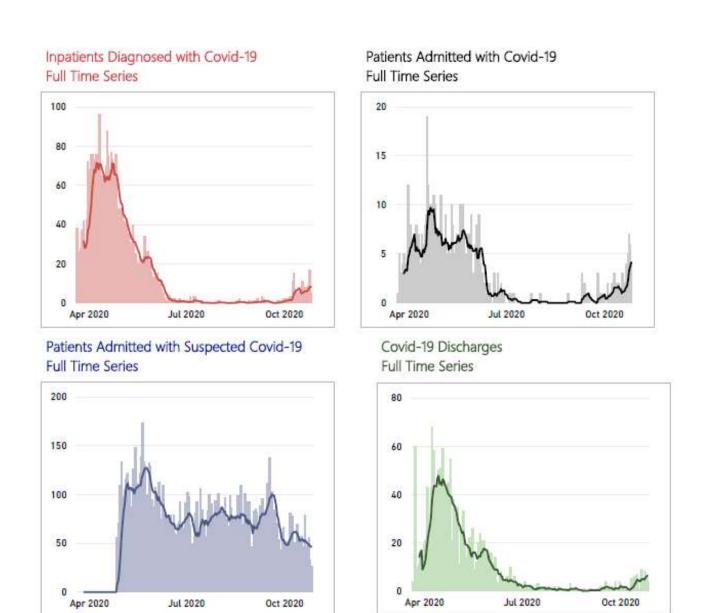




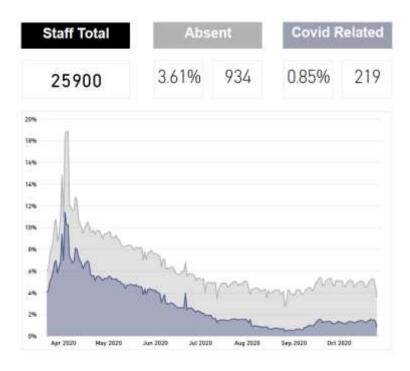


Data published on potential COVID-19 symptoms reported through NHS Pathways and 111 online Dashboard shows the total number of NHS Pathways triages through 111 and 999, and online assessments in 111 online which have received a potential COVID-19 final disposition. This data is based on potential COVID-19 symptoms reported by members of the public to NHS Pathways through NHS 111 or 999 and 111 online, and is not based on the outcomes of tests for coronavirus. This is not a count of people.

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.



The following graph shows the HIOW staff sickness rate including the sickness rate related to Covid-19.



We continue to support our staff on the impact on them from responding to the pandemic. This support is provided in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups.

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

The Third Phase of NHS Response to Covid-19 guidance, issued in July 2020, sets 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
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally
- 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 these includes:

- We have seen notable improvement in August, September and October with weekly activity volumes delivered are rising each week for most activity types
- The number of patients waiting over 52 weeks and total waiting list size levels have stabilised
- HIOW missed its 52 week target very narrowly, but weekly activity shows that achievement in October is probable, unless we are significantly impacted by a Covid-19 growth
- The number of patients waiting over 40 weeks has stabilised and recently reduced
- Cancer standards are being delivered and recovery trajectories for activity are within 5% of target. Cancer capacity has been fully restored
- Inpatient elective episodes have reached higher than planned levels and are delivering 95% of historic levels
- Inpatient elective, MRI and CT are all exceeding planned levels and national targets
- Primary care activity has also reached its planned recovery levels, at 88% of historic values in August, and higher forecast in September. Face to face activity has risen to 53%
- Two week wait referrals are now at 90% of previous levels and rising
- 100% of Care Quality Commission (CQC) registered care homes now aligned to a single GP practice as required by the national Direct Enhanced Service (DES)
- Flu immunisation programme rate is exceeding planned rates.

There are two areas of key concern against elective plans – endoscopy and outpatient department activity. These both remain under planned activity levels and we are focussing in increasing these.

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 – Remain open with some operating to different hours to ensure they
are able to catch up with requests and clean

- Dentistry services All dental practices 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). 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.
- Optometry services High street optometry practices continue to provide 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
- Work with the local authority Health Protection Boards
- Analyse 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
- Develop further work to explore people's experience of being on our elective waiting list during the pandemic to understand how we can support them
- Plan how we work closely with Healthwatch to understand the views of our seldom heard communities
- 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.