

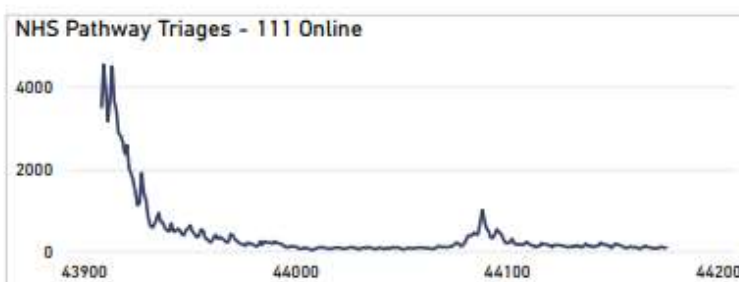
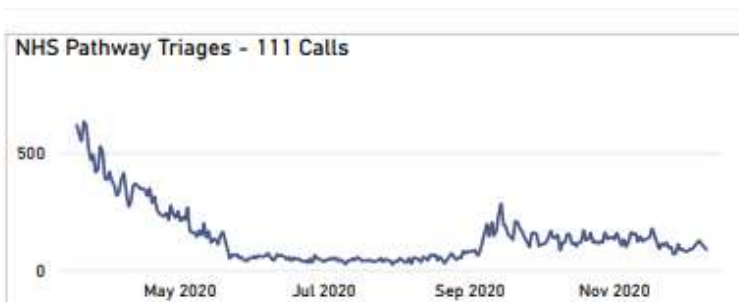
HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels December 2020

1. Introduction

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

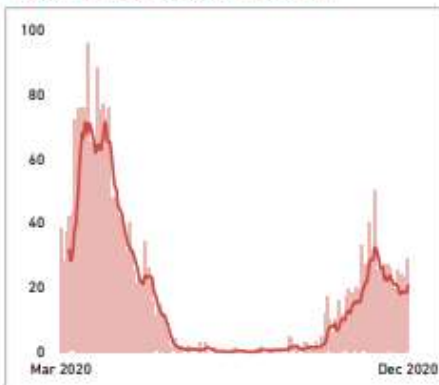
2. Impact of Covid-19 on Hampshire and the Isle of Wight

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

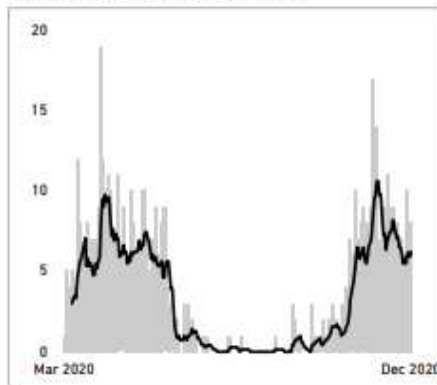


The following graphs show the number of inpatients diagnosed with Covid-19, the number admitted with Covid-19, the number admitted with suspected Covid-19 and the number of patients with Covid-19 discharged.

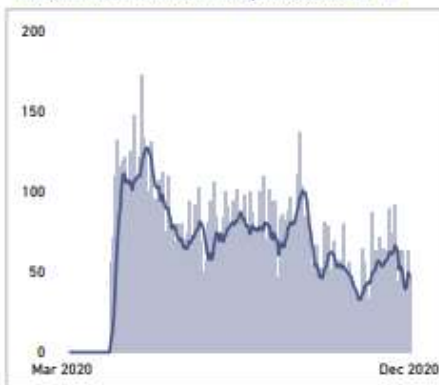
Inpatients Diagnosed with Covid-19



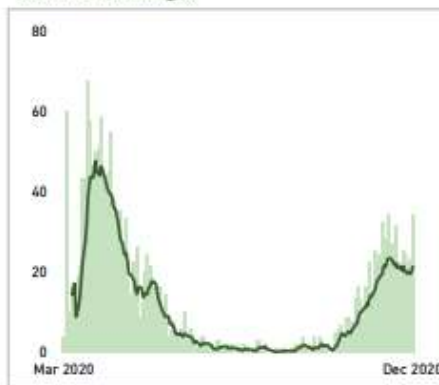
Patients Admitted with Covid-19



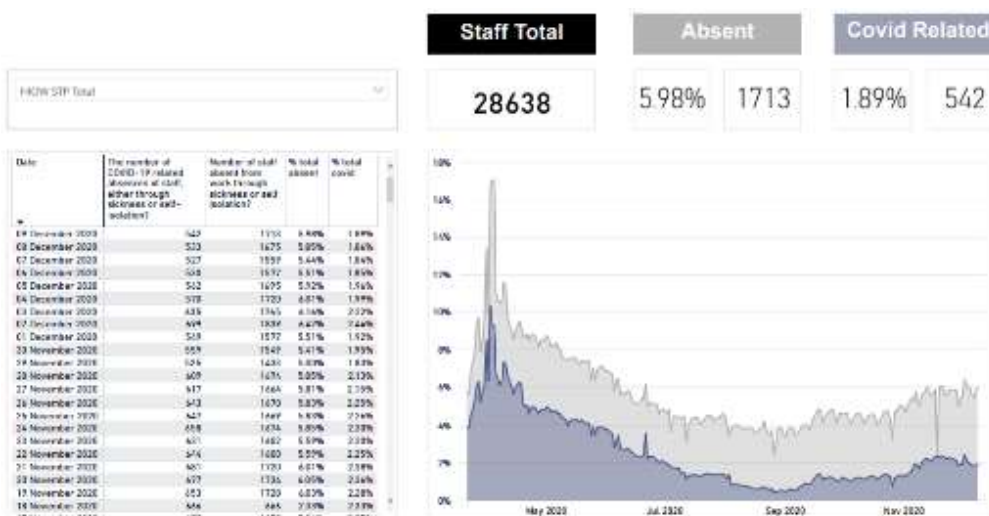
Patients Admitted with Suspected Covid-19



Covid-19 Discharges



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.

The sharp increase in cases during December and increasing winter pressures is impacting on all of the health and care systems across HIOW, particularly Portsmouth and South East Hampshire. Work is underway to refine our contingency plans to cater for this and the impact on services in January and February. These plans include:

- Working closely with Health Protection Boards to minimise the spread of infection in the communities and to keep people safe and well
- Optimising avoidable hospital admissions schemes to ensure local people are only admitted to hospital when needed
- Increasing hospital discharge schemes to ensure local people are discharged from hospital as quickly as possible when they are clinically fit for discharge
- Promoting the different services available to local people, including 111 First, to help them choose the most appropriate service when they need urgent care or advice
- Ensuring clear escalation processes are in place for acute hospitals to request mutual aid when required
- Working with partners to encourage compliance with the Covid-19 guidance – Hands, Space, Face
- Continued focus on the delivery of the Covid-19 vaccination programme.

3. Covid-19 Vaccination Programme

The NHS has planned extensively to deliver the largest vaccination programme in our history, providing three different delivery methods so we can cope with any type of vaccine:

1. Hospital Hubs – where we know the Pfizer vaccine can be stored safely
2. Local Vaccine Services – provided by GPs working together as Primary Care Networks (PCNs)
3. Vaccination Centres – large sites convenient for transport networks.

Now that we have a vaccine that has been confirmed as safe and effective by the MHRA, we have begun to roll it out to those groups who the independent JCVI have decided need it most as supplies are made available.

Delivering the Pfizer vaccine is complex as it needs to be stored at very cold temperatures and moved carefully in batches of 975 doses. Initially it was delivered from “Hospital Hubs” which have been closely followed by local vaccine services provided by the PCNs.

To date (December 23, 2020) across Hampshire and the Isle of Wight, one hospital hub and 36 Local Vaccine Services have gone live with additional sites to follow. The feedback from both patients and staff has been very positive about how well clinics have run.

We are also planning for when batches of the vaccination can be split, meaning that vaccination teams can go into care homes to vaccinate those who can't go to other services.

As well as at-risk patients we have begun to vaccinate care home staff and some of our frontline staff. It is important that health and care workers protect themselves so that they are there to care for others.

The vaccination programme will be delivered over the coming months, and the NHS will keep expanding the programme as we get more vaccine, and potentially other vaccines come available.

The NHS wants to go as fast as all these factors allow and have been recruiting and training more vaccinators and support staff from across the NHS and outside of it, all of whom will be trained, assessed and supervised.

The public can really help the NHS deliver this effectively to those who need it most. Our asks are:

- We will contact you when it's the right time to come forward, so please don't contact the NHS to seek a vaccine before then;
- Please act on your invite when it comes, and make sure you attend your appointments when you arrange them;
- And of course, please continue to abide by all the social distancing and hand hygiene guidance, which will still save lives.

4. HOW 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:

- There are now only a small number of service changes that were enacted in response to the COVID-19 pandemic, which have not reverted to their previous methods of access. These include:
 - Urgent care in Portsmouth and south eastern Hampshire which has been reconfigured to be offered via NHS 111 First, with the appropriate engagement underway (as reported at previous Committee meetings)
 - Cessation of all domiciliary dental care across the area due to social distancing in line with national guidance. This is being reviewed on a quarterly basis

All other services have either been restored to original methods of access or with the use of digital and telephone access continuing where required to maintain infection control and social distancing requirements

- New Forest Birth Centre – As updated at the previous Committee meeting, the birth centre has been temporarily closed due to staffing levels until January 2021. This is regularly reviewed and there will be a further review of staff levels in January to decide whether it can safely reopen. This temporary change does not affect antenatal and post-natal services which will continue to run at the birth centre
- We have seen notable improvement in October and November despite COVID-19 pressures with weekly activity volumes delivered rising each week for most activity types
- The number of patients waiting over 52 weeks and total waiting list size levels have stabilised and we met the target levels agreed with NHS England for both total waiting list size and over 52 week waiters
- The number of patients waiting over 40 weeks has however increased, and we have 178 over 78 week waiters – the system priority is to ensure these patients are treated

- 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 over 100% 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 95% of historic activity. Face-to-face activity has risen to 60%
- Two week wait referrals are now at 96% of previous levels and we have put on extra capacity to see these patients
- Flu immunisation programme rate is exceeding planned rates, and we have ensured over 75% of over 65s has been vaccinated in each CCG area.

The remaining area of concern against elective plans is outpatient department activity which is 90% of planned levels. We are focused on improving this level.

5. Accessing HLOW Primary Care Services

Practices are working hard to continue to safely deliver care to the population. How patients access general practice has had to change due to coronavirus. If you need GP support, please call your practice or contact them online to arrange for you to speak to a GP or nurse over the phone or via video link as soon as possible. Face-to-face appointments are available to patients if clinically necessary, but you may be asked to discuss your conditions over the phone or online first to assess what would be most appropriate for you. Patients that do visit are asked to avoid waiting rooms or queuing and arrive at the time of the appointment. They are also asked to wear a mask, wash their hands before arriving and to socially distance.

We have promoted how local people can access primary care by supporting GP practices with an 'access to general practice communications toolkit'. This explains how patients can safely access GP practices. We have also included messages about how and when to access primary care in our winter communications work.

Additionally, we have worked with GPs to enforce these messages through some patient facing videos, explaining how to get an appointment, and what to expect if you do get called in for a face to face visit.

6. 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 – These continue to 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 able to provide face-to-face care. All practices are offering 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.

7. 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
- Develop further work to explore people's views of digital access
- 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.

8. Recommendation

The Committee is asked to note this update briefing.