

NHS response to Covid 19

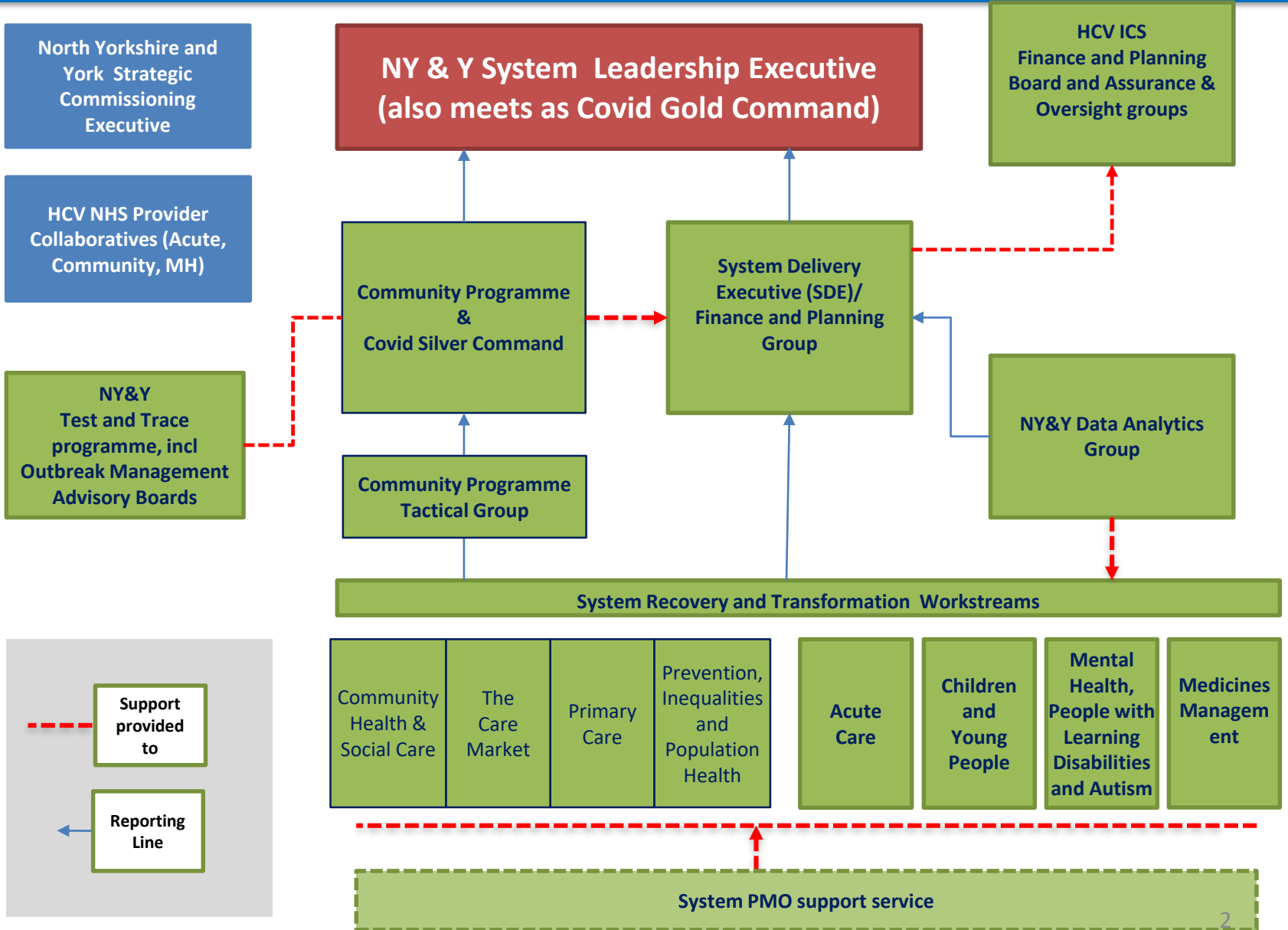
Scrutiny of Health Committee, 18 December 2020

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Governance Framework

Enablers: Comms, service user voice, engagement; digital political relationships; local democracy



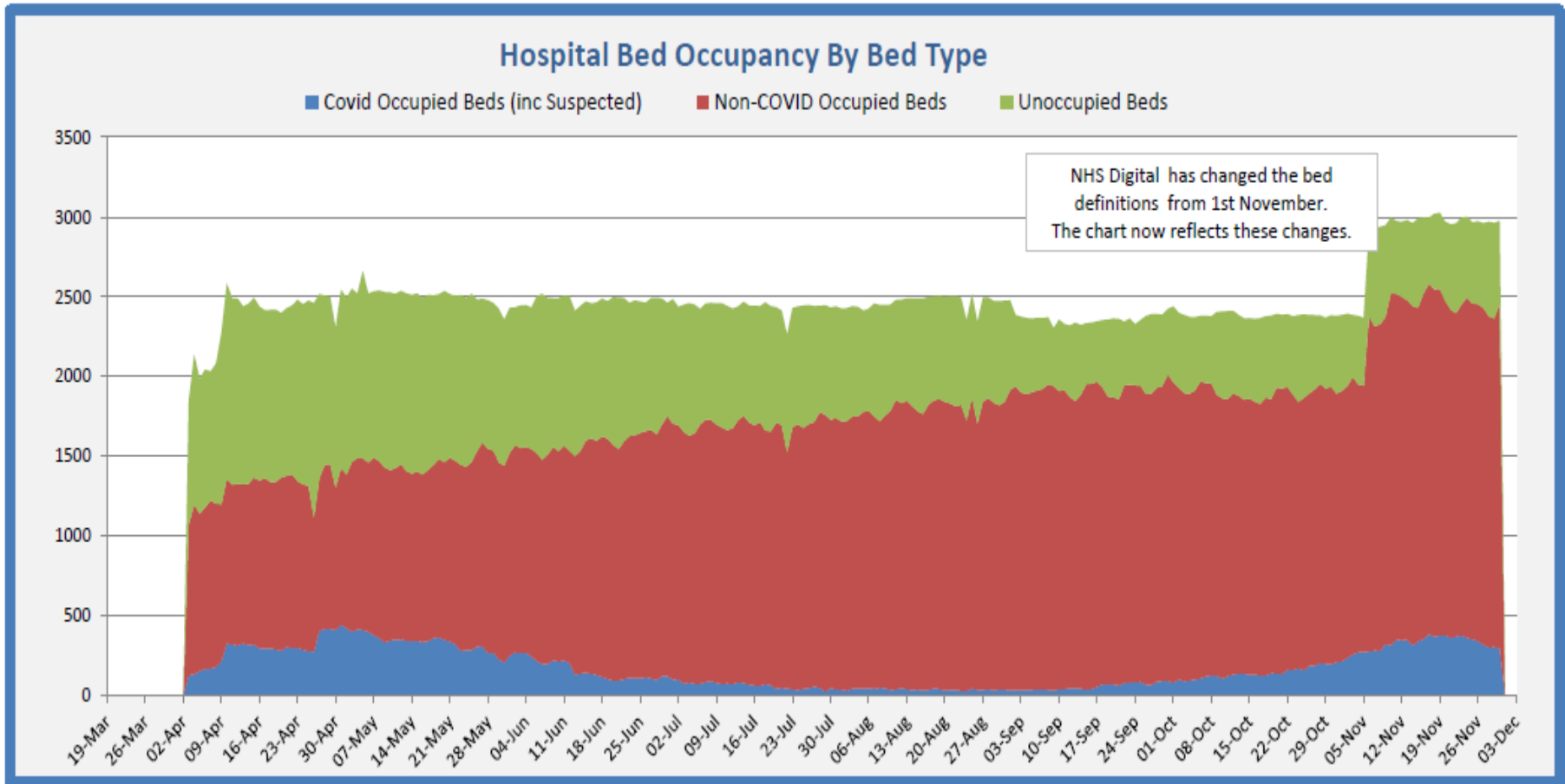
Primary Care Response & Innovation

- **All practices have remained open during the Covid pandemic**
- Practices have **contingency plans in place to maintain priority services** in the event of significant demand or a reduction in clinic capacity
- **Hot 'Covid' pathways** are in place across the places with designated hubs in Harrogate and Northallerton to relieve pressure on GP Practices
- All 11 PCNs and all GP Practices are taking part in delivering the **Covid Vaccination programme**
- Priorities remain to **support the clinically extremely vulnerable**, annual health checks for patients on the Learning Disabilities Register and cervical cancer screening
- Primary Care appointments are back at pre-covid levels with a mix of face to face and digital consultations (on-line, video, telephone)
- **Early implementation of 'Enhanced Health in Care Homes'** with 100% of care homes with an assigned PCN and clinical lead to better support people living in care and staff working in care
- Demand for flu vaccination is exceptionally high among those who are eligible with over 75% of uptake and roll out of the 50-64 age group underway

Community & Social Care Response & Innovation

- **Integrated models have come into their own** during pandemic response – relationships have been key
- **Community services working collaboratively with GP practices** for shielding and housebound patients throughout the covid-19 response
- **New whole system discharge arrangements** – joint CCG and LA planning:
 - **Discharge Command Centres in place** at all 5 District General Hospitals to accelerate discharge, with social care, acute, and community teams working in partnership
 - **50 Block-booked beds** for winter offering a mixture of nursing and residential support for the safe management of Covid positive patients, 12 additional blocked-booked step-down beds for Covid negative patients for the Scarborough system
 - **2 discharge system coordinators** leading a tactical response
- Now developing **additional support services** for people with Covid:
 - **Oximetry at Home** to reduce COVID mortality by early recognition of hypoxia by monitoring through primary care and care homes
 - **Post-COVID syndrome clinics** to offer physical, cognitive and psychological assessments to patients experiencing long-term health effects (January 2020)
 - **Focus on frailty** with plans and innovations emerging at every place

Acute impact: bed occupancy



Impact on acute hospital services

- **Covid compliant** pathways are in place in each acute provider.
- All acute trusts have **clinically prioritised their waiting lists** in line with national guidance to ensure that the most clinically urgent are prioritised for treatment.
- The number of **patients waiting for treatment on hospital waiting lists is broadly in line with pre-covid levels**, however the number of patients waiting longer has increased
- This has resulted in some **less urgent patients waiting longer**, predominantly for orthopaedic procedures
- CCG and acute trusts are working together to **procure additional capacity** to focus on long waiters
- **Prioritisation of the most clinically urgent is in place** ensuring that cancer and other urgent treatments are not delayed
- Acute trusts are in the process of **contacting all patients on the waiting list** by 11th December 2020 to support and advise
- **Support offers for patients** are being developed on a system wide basis recognising the longer waiting times that people are experiencing

Acute impact: Cancer

- **All urgent and emergency referrals and cancer surgery has continued throughout the pandemic**
- During the 1st wave of Covid there was a **national** response to cancer diagnosis and treatments, developed by the Royal Colleges to ensure that patients were not placed at risk of Covid infection
- Trusts have worked hard to ensure that patients are treated in covid compliant areas
- Endoscopy capacity was paused nationally during wave 1 – capacity **is now being maximised** by utilisation of the independent sector and a number of less invasive diagnostics are being rolled out and explored
- **Diagnostic, bed and critical care capacity has been protected** for cancer patients to ensure that cancer diagnoses and treatments are not delayed
- All cancer patients are being safety netted and supported through any changes to their treatment
- There is a national concern, particularly during the 1st wave that cancer patients did not present to their GP as soon as they could have done and a **national communication campaign has been launched to target this patient group**

Planning to manage Covid waves

- All health organisations have **surge plans** in place to manage further waves in order to:
 - Ensure ongoing **review and prioritisation of services** in primary, community and mental health services
 - **Maximise and deploy discharge and admission avoidance capability**
 - Enable proactive, **agile and flexible deployment of the workforce**, as appropriate, to areas of greatest need
 - Ensure **workforce resilience** and well-being is built into local plans, including availability of the mental health resilience hub
- **Established mechanisms in place** to share intelligence, track delivery and respond to emerging pressures
- Delivery of vaccination programme and observing the tier guidelines will provide significant protection to people and communities as we move forward

Lessons learned and what's worked well

Partnerships in North Yorkshire and York were making good progress in coming together pre-covid but the collective effort to mobilise a system response, redesign service models and coordinate delivery and recovery **has been remarkable throughout waves one and two:**

- **Joint leadership with a single plan**
- **Shared understanding and management of financial risk**
- **Mutual aid across providers** keeping our staff safe, our services open, and prioritising access for patients
- Creating **new ways of working** between primary care, community and social care and care home providers
- **Faster discharge of Covid Positive patients** into the right beds
- **New operating models** in the community being tested to support 'Home First' – better for patients, better use of resources