

NHS Greater Glasgow and Clyde	Paper No. 22/90
Meeting:	NHSGGC Board Meeting
Meeting Date:	Tuesday, 20 December 2022
Title:	Winter Update
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Report Author:	Fiona MacKay, Director of Planning

1. Purpose

The purpose of the attached paper is to update the Board on progress with winter planning, including the impact of COVID and our immunisation campaign.

2. Executive Summary

The paper can be summarised as follows:

- A detailed plan for winter has been developed across the health and care system
- The plan is aligned to national and local priorities
- We remain committed to supporting staff wellbeing
- We face significant challenge and some uncertainty over the winter period
- Our plan focuses on developing new pathways to support people at home, ensuring there are a wide range of ways to access urgent care and scaling up, at pace, new developments.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note progress in preparing for winter 22/23

4. Response Required

This paper is presented for awareness

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows: *(Provide a high-level assessment of whether the paper increases the likelihood of these being achieved.)*

- Better Health Positive
- Better Care Positive
- Better Value Neutral
- Better Workplace Positive
- Equality & Diversity Neutral
- Environment Neutral

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

Winter planning has been carried out across the acute, primary care, community and mental health systems.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- Winter updates are provided regularly to SEG, who have approved the plan
- CMT updates
- Acute, HSCP and Recovery Tactical Groups – regular updates.

8. Date Prepared & Issued

12th December 2022

1. Introduction

On 25th October 2022, the Board noted a presentation “Planning for Winter 2022/23. This presentation highlighted the challenges and uncertainties facing us over the winter period, and also described the opportunities and mitigations being put in place to ensure that the health and care system was well prepared to deliver the best possible patient care. A detailed plan has been developed, learning from best practice in previous years, describing the service redesign which is required and noting escalation plans for each part of the system to respond to challenges and pressures. This paper provides Board members with an update on our winter plan, and gives detail on the immunisation programme and the impact of COVID on our services. A self-assessment checklist was submitted to the Scottish Government in early November.

2. Background

The winter presentation received by the Board in October described the early planning work which took place in preparation for winter. This included a formal review of the previous winter and two cross system workshops which were attended by a range of managers and clinicians from across the acute, mental health, primary care and community sectors.

Scottish Government guidance identified 8 key priorities for Boards to focus on:

- i. Where clinically appropriate, ensure people receive care at home or as near home as possible
- ii. Focus on expanding our workforce through recruitment, retention and staff wellbeing
- iii. Deliver the winter vaccination programme for COVID and flu
- iv. Maximise capacity, maintaining health and social care integration
- v. Protect planned care, focussing on long waits
- vi. Prioritise care for the most vulnerable in our communities
- vii. Support unpaid carers and recognise their value
- viii. Work in partnership to deliver the winter plan

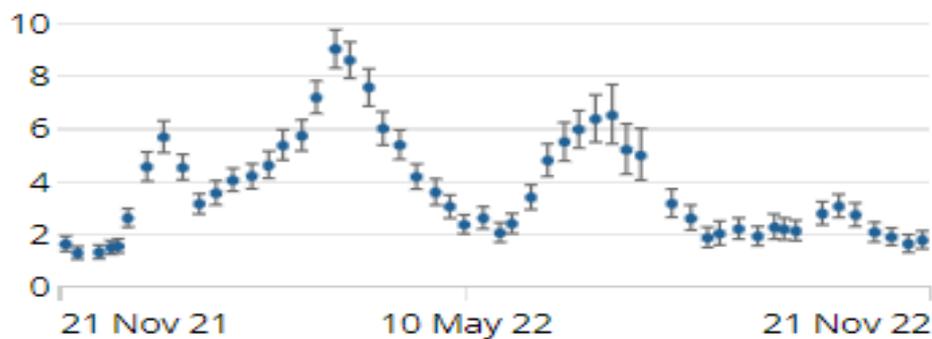
Winter 2022/23 is expected to be very challenging for health and care services. The impact of future peaks in COVID and/or other respiratory conditions is uncertain. Since late summer, we have experienced significant and ongoing unscheduled care pressures, and the number of patients experiencing delays in their discharge remains high. In addition, we are committed to delivering urgent planned care including cancer treatment and to tackling long elective care waiting times. External factors including the rise in the cost of living and the risk of industrial action have also had to be considered as we look to the months ahead. Our plan seeks to mitigate the impact of these issues by developing new pathways to support people at home, by delivering the right care through a range of health and care professionals and by scaling up innovative developments such as Hospital @ Home and the falls pathway. Surge plans to create additional capacity have been developed across the system.

3. Impact of COVID

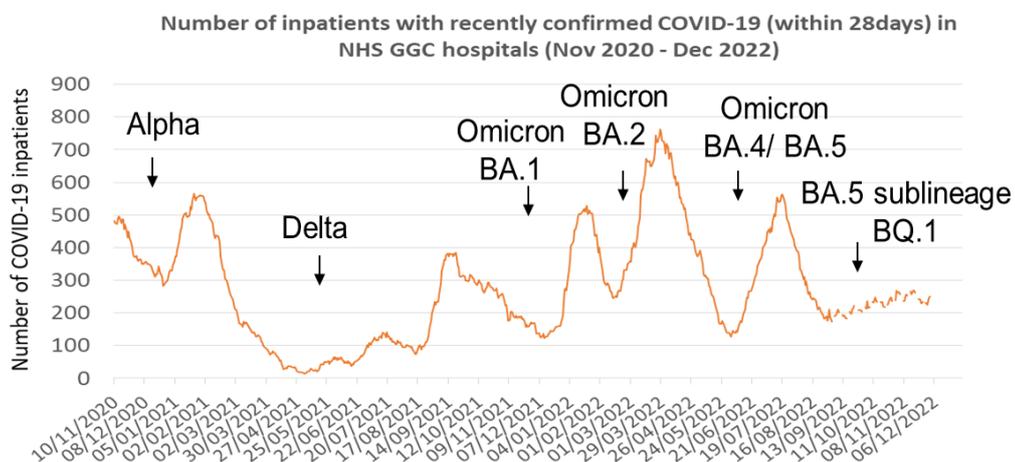
COVID-19 community prevalence is harder to track and predict as population wide testing discontinued at the start of May 2022. The Office for National Statistics (ONS) infection survey now provides the best estimate of COVID-19 in community in Scotland (although it has approximately 1 week data lag). The last COVID-19 wave peaked in the middle of July, and was associated with Omicron variants BA4 and BA5 emerging, with BA5 the dominant variant in Scotland. Prevalence then decreased to late August, followed by an oscillating plateau. A small increase was seen in October and into November, associated with the BA5 sublineage BQ.1 (and its descendent lineages) becoming dominant. The latest published ONS COVID-19 infection survey showed that in the week ending 21 November 2022, 1.7% of Scottish population had COVID-19 (~1 in 60 people).

Scotland

Percentage testing positive for COVID-19



A similar pattern to community prevalence was seen for COVID-19 inpatients (with a slight lag). The last wave peaked in late July, then decreased to late August, followed by an oscillating plateau. Small increases were seen over October and into November. As at 5 December 2022, there were 268 individuals diagnosed with COVID-19 within the last 28 days in hospital in GGC, 3 of whom were in ICU.



Care Homes continue to see cases amongst staff, reflecting ongoing community transmission. Outbreaks with symptomatic resident cases (largely mild symptoms), continue to occur in a small number of care homes (7 across GGC as of 5 December 2022).

4. Key Elements of the Plan

4.1 Immunisation

The annual seasonal vaccination campaign started on 5th September with appointments available into the Festive Period. Vaccination has taken place in a range of settings including community clinics, community pharmacy, schools, care homes and people's own homes. Both the adult and pre-school programmes are offering the option of attending without an appointment. Uptake varies across the eligible age groups with the highest uptake by older people. The vaccination bus and additional pop up clinics will be targeted in the New Year at areas with lower uptake. Additional clinics are taking in place in acute and mental health hospitals to support staff accessing vaccination.

COVID Booster	% uptake by those eligible
Older Adult Care Homes	92.9
Over 65 year olds	87.3
50-64 year olds	55.6
H and SC staff	42.5

Flu	% uptake by those eligible
Older Adult Care Homes	90.2
Over 65 year olds	82.1
50-64 year olds	55.6
H and SC staff	40.9

4.2 Communication and Public Messaging

A comprehensive programme of communication and public messaging has been developed, focusing largely on delivering the Right Care in the Right Place. Weekly social media messages direct patients to appropriate pathways, and a regular drumbeat of activity highlights new pathways and the success of existing pathways. Our messaging also reinforces national communication about the importance of flu and COVID vaccination. Specific campaigns have been developed for early discharge (Home for Lunch) and to promote Power of Attorney and Anticipatory Care Planning.

4.3 Unscheduled Care Redesign

A phased launch of our Home First Response Service has begun, and this will be rolled out across all sites in January. Frail elderly patients will be identified early and supported by a multi-disciplinary team to avoid hospital admission if that is appropriate. Our pilot Hospital @ Home service in South Glasgow is increasing capacity, and demonstrates how we can provide acute care in a community environment. We have established a Discharge without Delay programme of work which aims to improve patient flow throughout the patient journey, ultimately reducing delayed discharge numbers by 25%. We are improving access and availability of Professional-to-Professional advice, and embedding consistent

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approach to signposting and redirection. To underpin all this redesign work, we have developed a series of key metrics and trajectories which are monitored by our strengthened unscheduled care governance arrangements.

4.4 Primary Care

General Practice continues to see high demand, and we seek to meet this by promoting use of the appropriate members of the primary care team, and supplementing face to face appointments with virtual and telephone use. An escalation plan for general practice has been agreed through governance processes, and GPs have been asked to develop contingency arrangements with neighbouring practices. Practices are focussing on patients with chronic diseases, supporting them to manage their conditions and avoid hospital admission. Pharmacists in GGC see approximately 48,400 patients per month through the Pharmacy First scheme, avoiding potential for them to access GPs, minor injury units, out of hours services or Emergency Departments.

4.5 Community Services

Health and Social Care Partnerships have identified additional beds in locations across GGC to provide intermediate care, freeing up acute hospital beds and providing rehabilitation for older people in more homely settings. District nursing services have been strengthened by extended hours and the introduction of Advanced Nurse Practitioners in the service to allow more complex patients to be supported in the community. There is ongoing work to provide care in a better environment for patients whose discharge is delayed, and a focus on reducing the number of patients with delays because of AWI regulations.

4.6 Mental Health

The establishment of Mental Health Assessment Units has strengthened urgent care services for adults and young people with mental ill health. These units allow patients to be seen quickly by a team of mental health professionals, avoiding the need to attend Emergency Departments. They receive referrals from a range of professionals, including police, GPs and the Ambulance Service, and can provide advice by telephone or see patients face to face. Mental Health Services have drafted a service and patient risk stratification policy based on learning from the pandemic. This will ensure appropriate prioritisation if demand peaks over the winter period.

4.7 Acute Services

Improving patient flow in our hospitals is a key priority for this winter. Day of Care audits and the development of an acute bed model have helped our acute sites to assign inpatient areas appropriately, and a focus on early in the day discharge, effective use of discharge lounges and maximising 0-48 hour pathways will improve patient flow. Recruitment and physical accommodation challenges will make it difficult to increase bed capacity, but each site has developed a surge plan which can be implemented if we are unable to contain demand through improved patient flow and reduced delayed discharges.

4.8 Workforce

There have been ongoing focussed recruitment campaigns, using social media, on site events and attending large scale career events. Retaining existing staff and promoting staff wellbeing continues to be of high importance in GGC. The staff mental health and wellbeing action plan has been incorporated into our staff health strategy action plan. The key actions are the launch of the employee health needs assessment questionnaire which ran for 4 weeks and is now being analysed. The data from this will inform the staff health strategy for 2023-2026. The peer support programme is gathering momentum and the next batch of training sessions are all fully booked. We have trained 88 staff in peer support to date and this is increasing on a monthly basis. We are recruiting for another psychologist to help with the delivery of the programme and to work on delivery of the 'train the trainer' model. The training programme has already been developed for this.

5. Conclusions

Planning for winter 2022/23 is set within the context of both new and continuing challenge and uncertainty. We have worked across the health and care system to mitigate this challenge and to prepare our services to be able to flex to respond to increased demand. We remain focussed on supporting the wellbeing of our staff, and are committed to our recovery plan to deliver urgent and planned care.

6. Recommendations

The Board is asked to note this progress report on winter preparedness.