

NHS Greater Glasgow & Clyde	Paper No. 20/34
Meeting:	Board Meeting
Date of Meeting:	25th August 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Dr Jennifer Armstrong, Medical Director

Remobilisation Plan, August 2020 – March 2021

Recommendation

The Board is asked to:

Note the priorities to remobilise services over the next 8 months.

Purpose of Paper

This paper describes the approach to remobilisation of health and care services following the COVID-19 pandemic. It notes the key priorities and enablers required to resume action.

Key Issues to be considered

- Potential for further surges of COVID-19 activity
- Required to be able to respond to increased demand for unscheduled care
- Priorities for service recovery
- Enablers required to support service remobilisation

Any Patient Safety /Patient Experience Issues

Patient safety is paramount in the recovery programme. This will drive new ways of working as we implement social distancing and ensure Personal Protective Equipment requirements are met. A programme of work is underway to ensure that patient's voice is heard as we reshape services.

Any Financial Implications from this Paper

Financial implications are described at a high level in the Remobilisation Plan. Further work is now being done to finalise the detail required.

Any Staffing Implications from this Paper

Workforce implications are considered throughout the Remobilisation Plan at the Partnership representatives have supported planning for remobilisation.

Any Equality Implications from this Paper

Equality Impact Assessments will be carried out as planned service change.

Any Health Inequalities Implications from this Paper

The Remobilisation Plan recognises the significant health inequalities caused by the pandemic and our societal response.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

A risk matrix with mitigation has been developed to support remobilisation.

Highlight the Corporate Plan priorities to which your paper relates

Author: Fiona MacKay, Associate Director of Planning

Date: 18th August 2020



Remobilisation Plan

NHS Greater Glasgow and Clyde

August 2020 – March 2021

1. Introduction

NHS Greater Glasgow and Clyde submitted an initial Remobilisation Plan to the Scottish Government covering the period to July 2020. A further plan covering the period to March 2021 has now been drafted and submitted to the Scottish Government for review and feedback, describes how NHS GGC will safely resume activity, whilst continuing to treat patients with COVID-19 and ensuring there is capacity to deal with any future surges in infection and increases in activity normally experienced over the winter period. This paper describes our key priorities over the next 8 months.

2. Background

Over 130 people with COVID-19 are currently being treated in NHS GGC hospitals. This has reduced significantly from the peak of 600 patients in April, but still presents a challenge for acute hospitals maintaining red and green pathways. Emergency activity is beginning to rise after a drop in April to less than half the level in previous years. Reduced capacity, infection control demands and staff availability have resulted in elective activity being focussed on urgent cases and cancer care. HSCPs and primary care services have continued to provide urgent and emergency care throughout the pandemic period, and are now looking to resume routine and preventative services. To inform the planning process, we have revisited our winter planning arrangements and have modelled a possible second wave of COVID-19.

3. Approach

The draft plan was produced collaboratively across the system of health and care in NHS GGC, led by the Recovery tactical Group. Our shared principles noted below have provided a framework to base remobilisation on:

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Recovery must be flexible to respond to future potential COVID waves	Senior decision makers will triage patient management on agreed system-wide thresholds and criteria for care	Social distancing will shape the way we deliver services in the future
Patient and staff safety is paramount (testing and isolating as necessary)	Recovery planning will take an inequalities sensitive approach, recognising the impact of societal changes by the COVID response	We will embrace new ways of working
We will continue the cross system working, which has been successful in the COVID response	We must maximise the opportunities of using digital tools to enable and sustain recovery	Supporting staff health and wellbeing is critical

The plan was developed in partnership with staff representatives and clinicians at each level of planning, with a comprehensive engagement process including an interactive session with public representatives. This session was attended by 20 third sector and public representatives who gave positive views on the new ways of working (including NHS Near Me and Mental Health Assessment Units) and suggestions for communication about remobilising services.

4. Key Service Priorities

The key service areas for recovery are summarised below:

4.1 Public Health

- Review our Turning the Tide action plan to prioritise where we can have maximum impact and build on changed health behaviours over the COVID-19 period.
- Work with local Councils and other partners to support active travel, target smoking cessation services and support weight management initiatives.
- Monitor the daily totals and clusters of cases to ensure rapid effective management of local outbreaks.
- Maintain a tier 2 contact tracing service to address complex tracing and local outbreaks.
- Work with partners across GGC to mitigate the health inequalities impact of COVID-19 and our societal response.
- Support the drive to increase flu vaccination rates among staff and vulnerable groups.

- Work with Public health and HSCP colleagues to support care home staff to protect residents, focussing on clear advice, testing, access to PPE and training

4.2 Planned Care

- Remobilising outpatient activity by expanding use of virtual patient management, extending the evidence-informed quality improvement programme, clinical validation and reprioritisation of waiting lists and using group management of patients as appropriate
- Increasing endoscopy capacity by reviewing site arrangements, enhancing staffing and using external capacity
- Remobilising radiology activity by recruiting replacement radiography staff, and modelling scenarios with differing levels of input and resource to address the backlog
- Prioritising treatment of cancer surgical patients
- Standing up inpatient activity by clinically validating waiting lists, increasing day management of patients, enhancing staffing arrangements, enhancing pre-op assessment and pre-admission management, running additional sessions and utilising external capacity.
- Recommencing of the full home birth service in all areas by the end of July 2020 and reopening of all Community Midwifery Units by end of August 2020
- Maintaining surge capacity in adults and paediatrics to cope with COVID-19 spikes and winter

4.3 Unscheduled Care

- Supporting GPs by offering a consistent range of electronic advice options as an alternative to admission to Assessment Units
- Maintaining COVID-19 pathways in hospitals and communities to protect staff and patients
- Continuing the service improvements to the GP out of hours service
- Ongoing support for successful service changes implemented during COVID-19 e.g. Signposting at Emergency Departments, Specialist Assessment and Treatment Centres and Community Assessment Centres
- Developing the GGC response to the national work to increase scheduling of urgent care
- Implementing the West of Scotland trauma network, including the establishment of the Major Trauma Centre at the Queen Elizabeth University Hospital

4.4 Mental Health

- Supporting the public mental health response to expected increases in demand for mental health support following COVID-19 and the economic disruption
- Developing the digital mental health response, recognising the specific needs of some care groups
- Consolidating the unscheduled care response to mental health and addictions needs, building on the Mental Health Assessment Unit model established during the pandemic
- Addressing waiting list challenges for Child and Adolescent Mental Health Services and psychological therapies

- Engaging with the Third Sector and other stakeholders as key partners in the remobilisation of mental health services

4.5 Primary and Community Care

- Supporting primary care and community services to take advantage of remote consultation
- Refocusing Primary Care Improvement Plans to deliver contract commitments and support recovery in GP practices including Chronic Disease management
- Re-establishing buildings based day care and respite services
- Recovering care at home services across GGC with consistent eligibility and access criteria
- Scaling up activity in Musculoskeletal physiotherapy service physiotherapy and podiatry
- Responding to increasing demand for rehabilitation services, particularly for patients recovering from COVID-19
- Implementing Pharmacy First in July 2020 across all 219 community Pharmacies in GGC
- Supporting patients post COVID-19 with a comprehensive rehabilitation package
- Remobilising dental services across GGC
- Developing a robust rehabilitation service for COVID-19 patients

5 Enablers

We have also identified a number of priorities to support the remobilisation of services and clustered them under the enablers below:

5.1 Workforce

- Staff mental health and wellbeing is a key priority for the next 18 months with a focus on delivering our Mental Health and Wellbeing Action Plan.
- Workforce planning will be key to maintain the level of services required including ensuring appropriate steps are in place to encourage and support to take annual leave.
- We will be maintaining the skills learned during the peak to ensure we can reallocate staff at short notice should a further peak of activity occur
- Shielding staff and those with carer responsibilities will be supported back to work through an enhanced return to work process
- Maintaining appropriate social distancing is important for the safety of everyone.

5.2 Digital and Innovation

- Delivering more outpatient consultations virtually, across acute, mental health, community and primary care services
- Scaling up the learning from our innovations projects supporting remote management of patients

5.3 Infection Control

- All sites have maintained red and green pathways for emergency patients

- Physical distancing guidance has been produced to provide advice for staff
- To support staff health and well-being, advice is available on the Board's website

5.4 Finance

- Additional public health costs are highlighted for Test and Protect, flu vaccination programme and BBV testing
- Investment in planned care capacity will be required to treat the backlog and address waiting lists
- Ongoing COVID-19 costs will be incurred while the red and green pathways remain
- Winter costs have been identified as similar to previous years

6. Conclusion

The pace and scale of change have exceeded anything our health and care system in NHSGGC has experienced in the past. We want to build on the successful new models of care and apply the learning from the last six months to our programme of change and improvement. Importantly, we will review and evaluate new service models and pathways to ensure that the patient experience is maximised. Patient and staff safety have been paramount during the COVID-19 period, and will remain so during remobilisation.