

Somerset CCG response to Covid-19 - update

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1. Summary

- 1.1. This paper provides an update on the CCGs Covid-19 response and services which have been impacted as a result of Covid-19.

2. Issues for consideration / Recommendations

- 2.1. Scrutiny Committee is asked to consider and comment upon this paper.

3. Key Areas of Focus

3. The Somerset health and care system key aims of our response to Covid-19 were set at the start of the Covid-19 pandemic. These are:

- To keep the people of Somerset safe and our workforce safe during the covid-19 response
- To support implementation of the national guidance recommendations to support preparedness and maintenance of ongoing provisions of essential services in Somerset and the wider South West regional response
- Provide information and reassurance to the people of Somerset, working with system partners to provide clear, consistent communications

3. Within our key aims, our priorities within this phase of the pandemic are to:

- Respond to the Covid-19 Pandemic
- Deliver the vaccine programme
- Continue delivering cancer treatment
- Deliver cancer and urgent operations
- Plan for recovery

3. Responding to the Covid-19 Pandemic

On the 4 November, the NHS returned to a Level 4 Major Incident. This means the NHS moved from a regionally managed but nationally supported incident under Level 3, returning for the time being to one that is co-ordinated nationally.

Our expectations are that Somerset will need to continue to respond to the Covid-19 pandemic for at least the next 12-18 months.

Over the last few months, the Somerset system has been experiencing extreme pressures across the whole system from Primary Care services, community services, our hospitals and social care services supporting patients to leave hospital. This position has begun to improve steadily in the last week or so following the reduction in community prevalence of Covid-19, but is still well above the levels we saw in the first wave of the pandemic.

Demand upon intermediate care services to support has also risen, resulting in delays for patients accessing both bedded pathways and Discharge to Assess. This is against backdrop of increased Covid-19 positive patients and outbreaks in many of our usual discharge settings which have affected our ability to discharge patients. We are also dealing with patients who are presenting much more deconditioned and complex due to the impacts of Covid-19.

Throughout the pandemic, we have flexed our response to meet the needs of the Somerset population. This has included:

- Ensuring that we have the capacity to support patients requiring our care, through redeployment of staff by pausing non-essential non-Covid-19 related programmes, whilst maintaining statutory requirements (eg Safeguarding).
- Establishing primary care services for managing Covid-19 patients
- Scaling up and delivering new ways of working supported by digital technology
- Redesigning the flow of our hospitals to accommodate Covid-19 and non Covid-19 patients
- Establishment of Covid-19 vaccine delivery programmes
- Creating additional capacity in Intensive Care and training additional staff to care for Intensive Care patients
- Implementing pathways developed as part of Fit for my Future to support admission prevention and supported discharge
- Developing our services to care for Covid-19 positive patients at home
 - Covid-Oximetry@Home – led by primary care. Provides monitoring of oxygen saturation levels and oversight of patients at home for low risk patients, but who are at risk of deterioration.
 - Covid Virtual Ward – led by secondary care. Provides early supported discharge for moderate risk patients requiring more support e.g regular monitoring, dexamethasone, potentially home oxygen
- Doubling the capacity in our Discharge to Assess and Rapid Response services
- Purchasing additional interim beds to ease flow
- Regular review of patients in our intermediate care services through Practice Development Forums (PDFs), which are a clinical ‘confirm & challenge process’ to identify if discharge processes can be improved

As previously reported, we have made a number of temporary changes to our services to respond. These largely remain as previously presented.

Changes to Integrated health and care services:

Description of temporary change	Rationale for temporary change
Covid Oximetry at Home Providing support to patients at home	Service led by primary care which provides monitoring of oxygen saturation levels and oversight at home for low risk patients, but who are at risk of deterioration
Primary Care Service – Telephone and video consultations GPs providing telephone and video triage and assessment to patients	Enable support to be provided in the patient's home to prevent unnecessary travel or contact with other individuals
Clinical Assessment Service (CAS) within 111 New model of virtual CAS which supports Primary Care in-hours triaging	Virtual CAS triages patients and consults and completes as many cases as possible for in-hours GPs and during the OOH period so operates 24/7
Primary Assessment Centres: (PAC) Patients with suspected Covid 19 can be seen safely after assessment by NHS 111 or their local GP practice.	Every Primary Care Network across the county has a plan in place to see patients with Covid-19 suspected patients safely in a separate environment from patients without Covid-19.
Access to specialist support in Primary Care Extending Consultant Connect access to health care professionals and care homes so that they can discuss complex patients and gain advice	Provides direct link to Consultant Geriatricians at both acute sites to enable a direct telephone conversation to take place between health care professionals such as primary care clinicians, SWASFT, community staff etc. Consultant Connect also extended to all Somerset care homes
Somerset Hub for Coordinating Care (SHCC) Coordination of all admission avoidance and discharge arrangements, through one central point, in response to Covid-19 where otherwise someone would need to attend or be admitted into an acute hospital	Single coordination point and expanded capacity to provide more rapid response, home support and additional intermediate bed capacity. Service covers Rapid Response, Urgent District Nurses, Falls referrals for therapy, discharge to assess services, bed co-ordination and end of life care
2 hour Rapid Response Service Temporarily increased in size and made available to support discharges as well as admission prevention	Provide additional capacity to support patients return to home and prevent admission to hospital
Home First Discharge Service Capacity significantly expanded with community rehab and MSK staff reassigned to this service	Provide additional capacity to support patients return home after admission to hospital
Temporary closure of Shepton Mallet and Wellington Inpatient beds Inpatient beds temporarily closed and staff reassigned to consolidate on fewer sites resulting in net increase of community hospital beds of 12 overall. All other services at these sites remain open, including MIU at Shepton Mallet	Proactive measure to ensure safe staffing levels are maintained across all community hospital sites as there was reduced staff due to increased sickness and self-isolation of some staff Revised configuration enables more beds to be opened in community hospitals on fewer sites if we require these additional beds
Support to nursing and residential care homes Provision of Infection Prevention Control (IPC) advice and guidance	Additional expertise to homes to keep residents safe and prevent the spread of Covid-19

<p>24 hour mental health support line Provision of all age mental health support line established in partnership with the voluntary sector and local authority. Service is provided by Mindline</p>	Support to adults, children and young people with mental health concerns in Somerset
<p>Virtual provision of mental health services Mental health support, including talking therapies which continues to be provided through the Attend Anywhere software.</p>	Continue provision of mental health support throughout the Covid-19 pandemic. Ability retained to see patients where required

Changes to acute hospital services

Description of temporary change	Rationale
<p>Virtual Ward Support for patients to leave hospital</p>	Providing early supported discharge for moderate risk patients requiring more support, for example regular monitoring, dexamethasone, home oxygen therapy
<p>Digital technology supporting outpatient appointments Move to digital appointments across all specialties</p>	Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases
<p>Digital technology to support management of long term conditions Remote support for patients with long term conditions to prevent the need to visit a hospital</p>	Reducing requirement to travel to hospital for a follow up by using digital technology for example, Heart failure teams linking with patients with ICDs, reading data and suggesting to review annually where no problems exist.
<p>See and Treat Clinics for Trauma Optimising F2F appointments for Trauma - See and treat clinics during Covid 19 - treating fracture clinics, soft tissue clinics in one stop shop</p>	Patients receive a more streamlined appointment service and have fewer visits to hospital for their treatment
<p>Patient messaging service Provides ability to get messages to all patients during restricted visiting period</p>	Provide ability for patients to remain in contact with family and friends whilst restricted visiting is in place
<p>Surgical and Critical Care hub</p>	Maximising workforce capacity
<p>Relocation of Chemotherapy Services Chemotherapy services relocated from Yeovil District Hospital to St Margaret's Hospice site in Yeovil</p>	To create an environment which is lower risk for transmission of covid
<p>2 hour discharge process Two hour discharge process put in place</p>	Ensuring all patients are assessed appropriately and to support efficiency of discharge once decision to discharge is made
<p>Pause of routine surgery and diagnostics Temporary pause of routine services given Covid-19 concerns from 1 April 2020 to June 20 with additional pause in December 20 – February 21</p>	Reducing risk to patients and staff given COVID pandemic. Compliance with national direction. Patients risk assessed to identify urgency as per the RCS guidelines with prioritisation of urgent cases
<p>Increase critical care capacity Number of critical care beds increased</p>	Creating additional capacity to treat patients with covid during a peak in hospital admissions

3. Delivery of the Covid-19 Vaccination Programme

In Somerset, we are delivering vaccinations across a number of settings:

- **Fixed Sites** – Health and Care Colleague Vaccinations (including Primary Care, Social Care and other partner organisations who have direct patient contact – Yeovil District Hospital, Musgrove Park Hospital)
- **County Vaccination Centres** – Two for large scale vaccinations at Taunton Race Course and Bath and West Showground
- **Primary Care** – 13 Primary Care Network sites but expected to allow vaccinations with individual practices in future
- **Roving Model** – supporting those who need to be vaccinated at home and other areas such as care homes
- **Community Pharmacy** – delivery of the vaccine by pharmacies in Yeovil, Morrisons and Bruton

We are vaccinating people in accordance with the priorities set by the national Joint Committee on Vaccination and Immunisation (JCVI). These are set out below.

1. residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

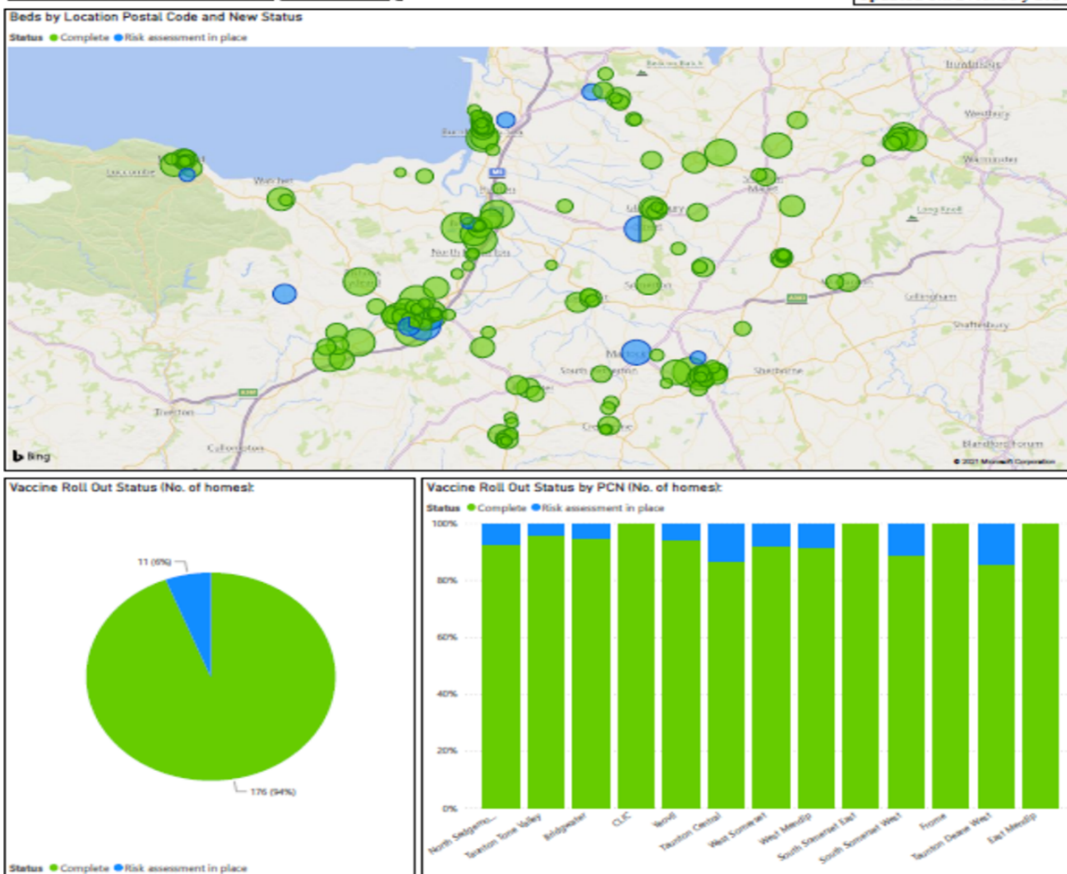
Somerset achieved the targets for the first four cohorts by 15th Feb. These included:

- All over 80s
- Care home staff and resident (with all adult care homes where there was not an active covid outbreak by 24 January)
- All system frontline health and care staff including social care, SWAST, Community Pharmacy, Optometrists, Dentists
- All over 70's
- All those who are clinically extremely vulnerable

We are currently vaccinating Cohorts 5 & 6.

Remaining Phase 1 Cohorts (50 and above) are to be completed by end of May.

The diagram below shows that all care homes where there are no active Covid outbreaks have had roving teams who have offered vaccinations for all residents and staff. Those in blue are reviewed daily with those who can have the vaccine being vaccinated as soon as possible.



Our progress on vaccination levels up until the 7 February is shown below.



Together we have given:

146,379
 COVID-19 vaccinations as of
 7 Feb 2021



3. Continuing to deliver cancer treatment and urgent operations

This section of the paper provides an overview of elective and cancer performance against the constitutional standards to the period ending

November 2020. It is a retrospective report which compares the reported month (November) and compares to the same month of the previous year and to February as the last full month pre to the Covid-19 pandemic

Elective Care – Referral to Treatment (RTT)

- All RTT performance measures continue to be heavily impacted by the Covid-19 outbreak causing a reduction in out-patient and surgical capacity available during the pandemic, resulting in an increase in the number of very long waits.
- In March 2020, Sir Simon Stevens and Amanda Pritchard requested that Healthcare Leaders immediately postpone all non-urgent elective surgeries for a period of at least 3 months, to enable Trusts to expand their critical care capacity. Once the number of patients in hospital with Covid-19 started to dissipate Sir Simon Stevens again wrote to Healthcare Leaders requiring Systems to accelerate the volume of elective activities delivered to pre Covid-19 levels ahead of the winter period. The plans developed by the Somerset System forecast that the activity re-start ambitions would be met by March 2021 and that the highest priority and longest waiting patients would be treated.
- Somerset has seen a significant increase in the number Covid-19 cases in hospital. To support this, we have stood up additional critical care capacity and re-purposed out-patient areas, which has led a reduction in elective activity which will have a further impact upon waiting times.
- A combination of this reduction in routine elective activity coupled with an increase in the proportion of patients referred on a suspected cancer pathway has led to deterioration in 18 week performance. In February 2020 81.3% of patients waited less than 18 weeks, dropping to 66.31% in November.
- In November, the number of patients waiting in excess of 18 reduced for a second consecutive month, although those waiting in excess of 40 weeks increased.
- Nationally the number of patients who exceeded 52 weeks has significantly increased from 1,724 in February to 192,172 in November and across the South West Region 19,395 patients. This ranked Somerset CCG as the 26th highest commissioner (out of 152).
- There were 1,849 patients in November waiting in excess of 52 weeks in comparison to 21 in February with the increase in waiting times attributed to a combination of reduced capacity available, the prioritisation of urgent and cancer patients and an increase in the number of patients choosing to delay treatment. The main concentration of long waits continues to be at Somerset NHS Foundation Trust, although due to reduction in elective activities there has been the emergence of very long waits at Providers who have not traditionally seen 52 week waits historically.
- The Independent Sector (Shepton Mallet Treatment Centre and Nuffield Taunton) have been supporting the treatment of elective patients (and specifically cancer patients at Somerset NHS Foundation Trust).
- The volume of delivery continues to increase, with 81.6% of the elective activity

being delivered in November 2020 (compared to November 2019) and 98.6% of out-patient appointments.

- During 2019/20 5.5% of out-patient activity was delivered virtually. By November this has increased to 28.4% as a result of the rapid re-design of services supported by digital technologies.

Elective Care – Diagnostic Waiting Times

- As a result of the stand down of routine diagnostic tests and procedures, all Somerset Providers have experienced an increase in the number of patients waiting in excess of 6 weeks from 610 in February to 3,342 in November resulting in 6 week performance of 68.94%. We have focused on standing back up service provision, where appropriate, and this is an improved position by 1.6%, compared to the previous month.
- Diagnostic recovery continues to be challenged due to the requirement of PPE (and the infection control protocols between patients) and social distancing in the waiting rooms reducing patient throughput.
- The number of patients whose wait exceeds 13 weeks significantly increased from 124 in February to 1,579 in November, with Radiology, Audiology, Echocardiography and Endoscopy having the greatest level of waiters.
- The volume of diagnostic tests or procedures carried out has continued to increase month on month throughout the year, with 89.1% of the diagnostic activity being delivered in November 2020 (compared to November 2019).

Elective Care – Cancer Waiting Times

- Following the first Covid-19 lockdown there was a significant reduction in the number of people being referred to cancer services. This has steadily increasing from May and in November 2020 (when compared to February 2020, the last month unaffected by Covid-19) there has been a 2.23% (+46) increase in the number of patients referred on a 2 week pathway.
- In November 90.9% of patients on a suspected cancer pathway waited less than 2 weeks for their first out-patient appointment, with breaches occurring predominantly within suspected skin, lower and upper gastroenterology at out of county Providers.
- The number of patients who received their first definitive cancer treatment has been incrementally increasing and in November 2020 an increase of 16.7% was seen in the number of patients treated, when compared to November 2019.
- The delivery of cancer will remain a significant challenge during the second wave of the pandemic, but remains a key focus and the Somerset System is working collaboratively with Somerset, Wiltshire, Avon and Gloucestershire Clinical Advisory Groups (SWAG) to develop a robust recovery plan which includes:
 - The steady recovery of 2-week wait referrals back to full pre Covid-19 levels.

- A reduction in the backlog of 62 day and 31 day pathways and take immediate action to reduce those patient waiting in excess of 104 days.
- Ensure sufficient capacity is in place to manage increased demand moving forward including follow-up care.

4. Background Papers

- 4.1.** The full NHS Somerset CCG Quality and Performance Report is available on the CCG website: [Enc-I-Integrated-Assurance-Report-as-at-30-November-2020-1.pdf \(somersetccg.nhs.uk\)](https://www.somersetccg.nhs.uk/Enc-I-Integrated-Assurance-Report-as-at-30-November-2020-1.pdf)

Note For sight of individual background papers please contact the report author