NHS England and NHS Improvement Board meetings held in common

Paper Title: Covid-19 Wave 2 Response and Winter Operations

Agenda item: 3 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	☐	Statutory item	☐
NHS Long Term Plan	☒	Governance	☐
NHS People Plan	☐		

Action required:

Board members are asked to note the content of this report.

Executive summary:

This paper provides a summary of the work underway to support the system during winter 2020/21 and in response to the Covid-19 second wave

Covid-19 Wave 2 Response

1. In response to rising infection rates, the Government enacted new national restrictions from 5 November aimed at controlling the spread of Covid-19. On the same day, the NHS returned to its highest level of emergency preparedness, Incident Level 4. This means the NHS has moved from a regionally managed but nationally supported incident under Level 3, returning for the time being to one that is coordinated nationally and includes operational command and control as required.

2. Building on the wave 1 incident management approach, we are working to a single, shared operational readiness and response structure across Covid-19, EU Exit and winter to support alignment. The Level 4 status enables enhanced national leadership and oversight of the response, including coordination of interregional mutual aid across England if required to support a surge in Covid demand. Providers' statutory responsibilities nevertheless remain in place, meaning local organisations continue to be accountable for their own decision-making.

3. While there are some early indications that the Covid infection rate may be slowing, at the time of writing (17/11/20) demand on the NHS continues to rise from Covid admissions, bed occupancy and critical care, particularly in the Midlands and North East and Yorkshire.

4. Systems are standing up their response to this second wave of Covid demand based on common escalation principles. Surge planning in regions, systems and providers aims to 'maintain the seal' between Covid and non-Covid pathways, using a mutual aid approach at system and regional level to meet surge demand while seeking to avoid or delay impacts upon elective activity.

5. The NHS Nightingale Hospital North West has reopened following clinical review and has taken patients. We have stepped up preparations to move other Nightingales to stand-up in readiness to activate. Further national contingency options are available if required, including inter-regional specialist patient transfer services and mutual aid.

6. New innovations in Covid-19 treatments are in use. Corticosteroids, such as dexamethasone, have been shown to reduce mortality in hospitalised patients with Covid-19. Substantially improved clinical understanding of the disease has increased confidence in the use of non-invasive ventilation and best ways in which to care for patients to aid recovery. Overall, survival rates in intensive care have improved since the pandemic began.

7. Clinical Commissioning Groups (CCGs) have been recommended to consider establishing "Covid Oximetry@home" models. The model establishes 'virtual wards' in the community in response to "silent hypoxia" (where blood oxygen levels fall without obvious symptoms), with patients given oximeters to monitor oxygen levels at home and enable more timely treatment.

8. We continue to work with DHSC and partners to mobilise to deploy the Covid-19 vaccine taking account of anticipated potential supply and the distribution characteristics of each vaccine product.

9. Staff welfare and resilience remains vital. Our support offer to staff includes a combination of a confidential support service, apps (including one aimed specifically at BAME staff), online resources and webinars and a specialist bereavement support service.

10. The situation is evolving rapidly. We will update the Board verbally on the current position on the NHS response to Covid and winter pressures.

UEC

11. Building on rapid service changes introduced in response to Covid-19 wave 1, we have been working with regional teams and local systems to introduce service transformations across the UEC pathway ahead of coming winter months.

12. The 111 First model is being rolled-out to support local health and care systems manage UEC demand and flow, help acute trusts manage reduce infection risk, and support patients to find the most appropriate service for their needs. In the 111 First model, patients are encouraged to call NHS 111 before they go to the Emergency Department. NHS 111 will then book them into a time slot at the ED, or at the most appropriate local service for the patient. All patients who

need a blue light response still receive one. The model is live in 16 areas already, ahead of the national 111 First launch in December. Details of the areas already live are given below.

Site name	Region	Go live date
Portsmouth Hospitals University NHS Trust	South East	June
Cornwall	South West	July
North ICP (Cumbria North East)	North East & Yorkshire	August
Blackpool	North West	August
Warrington	North West	September
Hereford & Worcestershire	Midlands	September
Medway NHS Foundation Trust	South East	September
Leicestershire, Leicester & Rutland	Midlands	September
London model	London	September
Birmingham & Solihull	Midlands	October
Buckinghamshire, Oxfordshire and Berkshire	South East	October
Greater Manchester H&SCP	North West	October
Lancashire and South Cumbria	North West	October
Northampton	Midlands	October
Nottingham	Midlands	October
Hampshire	South East	October

13. The budget for the 25 major capital works this financial year is £150m across all sites, with an average of £6m per Trust. The projects focus on increasing ED, Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC) capacity and improving non-elective flow (e.g. through a Priority Admissions Unit). Funding has been approved for these 25 major refurbishments covering 20/21 and 21/22 (subject to the SR). Each project contains a break clause at the end of 20/21. There has been a strong drive to get capital schemes underway in all regions, with work underway in 100% of sites. In addition there are smaller capital schemes in other trusts with type 1 EDs (total value of £300m).

14. Progress continues to be made on the roll out of the Urgent Treatment Centre model; 178 UTCs are now designated, of which 144 are booking appointments

directly from NHS 111. Up to 36 further UTCs are expected to be designated by the end of the financial year.

15. To assist in managing demand on the acute sector and to support ambulance services in delivering response time standards, Hear & Treat and See & Treat clinical validation pilots are continuing in Yorkshire Ambulance Service, East Midlands Ambulance Service, and South Central Ambulance Service. We have continued to see a sustained reduction in the % of ambulance incidents that result in conveyance to emergency departments year on year (54% October 2020 vs 58.2% October 2019).

Elective Care

16. The Adopt & Adapt Programme, established to accelerate recovery of priority elective services, has been refocused to support Trusts and systems to sustain elective activity and recovery through the current wave of the pandemic. The national programme team continue to work closely with regions to co-ordinate and support ongoing recovery of key elective activity including endoscopy, outpatient and day care services.

17. The programme is also supporting a range of cross cutting initiatives to support elective activity. This includes the implementation of elective co-ordination hubs to enable providers to work together to manage planned activity through shared waiting lists and a shared view of system wide elective capacity. Work also continues on enhanced advice and guidance and first contact practitioner service models to support optimal referral pathways into secondary care.

18. The national clinical validation programme continues, with Trust level reviews ongoing. A second phase of clinical validation, looking at diagnostics is in development with stakeholders. The overall programme aims are to: establish the patient's wishes regarding treatment; support good communication with the patient, carer and GP; produce a clinically validated waiting list that allows operating lists to run effectively. Administrative validation has been underway since August.

19. Independent Sector (IS) utilisation (particularly for inpatients and day cases) has continued to increase in recent months The national contract variation negotiated with the IS providers, allows for a number of changes including: a guaranteed private patient income offset; agreed split of capacity by site; utilisation of medical trainees; and an escalation back to full capacity on a regional or national basis depending on the Covid position. Nine providers were removed from the national contract on 7th September and have returned to local commissioning arrangements. A local framework has been put in place utilising tariff as the basis for these contracts. The new national framework is under development.

20. We continue to work intensively to support and facilitate elective recovery. This process includes capacity expansion, improved waiting list management, implementation of system-wide PTLs, and appropriate Independent Sector utilisation. An Elective Care Taskforce has been in place since September.

This taskforce is comprised of Royal Colleges, Patient Representative Groups, Charities, and NHS E/I clinical and operational leads. One output from the group to date has been guidance to Trusts on the minimum standards of communication and information that patients should expect in relation to their elective care waiting time.

Public Communications

21. The overall 'Help Us, Help You' campaign will be delivered over three phases that target different audiences with different calls to action to encourage patients with priority needs to access services and increase understanding of how they should be using them. This will also help to reduce pressures on the NHS during the winter months. The three campaign phases:

    - Access: Addressing barriers that are deterring patients from accessing the NHS, particularly in cancer care, maternity services and elective care as well as mental health services. This start of the activity will focus on general cancer symptoms, with focused campaign activity on abdominal cancer symptoms launching on 26 October and lung cancer planned for early 2021
    - Flu: Maximising uptake of the flu vaccination amongst an expanded cohort of eligible groups – a separate toolkit will be available on the CRC for the 'Help Us, Help You – Flu' campaign
    - Winter pressures: Managing pressures and safety by changing how patients access NHS services, including the benefits of using 111 before going to A&E, stopping the spread of norovirus (winter vomiting bug) and encouraging the correct use of pharmacy services

Testing

22. Following further scientific validation of the lateral flow testing modality, and recent confirmation from Test and Trace that they can now supply the NHS with sufficient test kits, we have introduced asymptomatic testing to be available to all patient-facing NHS staff. This was launched with 34 trusts who deployed this technology over the week commencing 9th November, benefiting over 250,000 staff, with full roll out underway the following week.

23. This builds on the extensive asymptomatic staff testing already occurring in parts of the country with outbreaks – over 70,000 NHS staff have been tested asymptomatically in those areas in recent weeks. With appropriate training staff will be able to test themselves at home twice a week with results available before coming into work. While lateral flow devices have a lower specificity and sensitivity than rt qPCR tests, testing twice weekly helps mitigate the sensitivity considerations, and to mitigate the lower specificity, all positive results will be retested via PCR.

24. In addition, as previously notified, NHS trusts will continue to use their own PCR laboratory capacity as described in the earlier use cases and increasing amounts of LAMP saliva testing will be made available to hospitals by Test and Trace.

25. Rapid turnaround (including point of care) testing machines have been deployed to EDs around the country to ensure patients requiring admission have access to urgent testing capacity.