

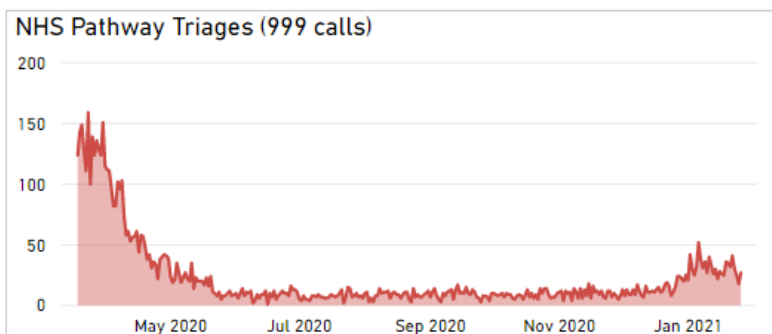
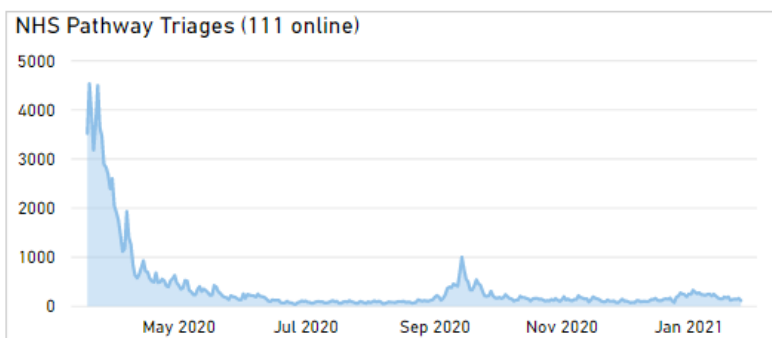
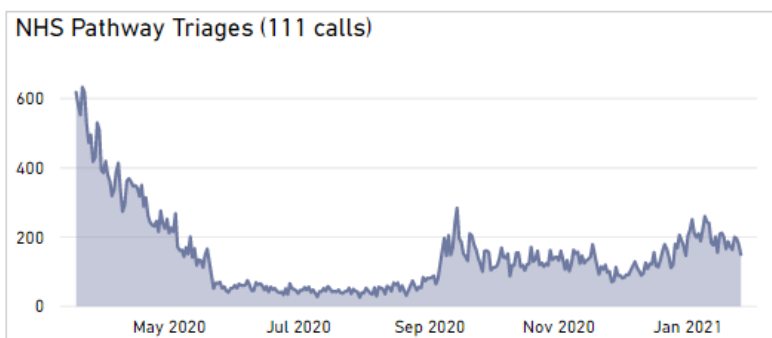
# HIOW NHS Response to COVID-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels February 2021

## 1. Introduction

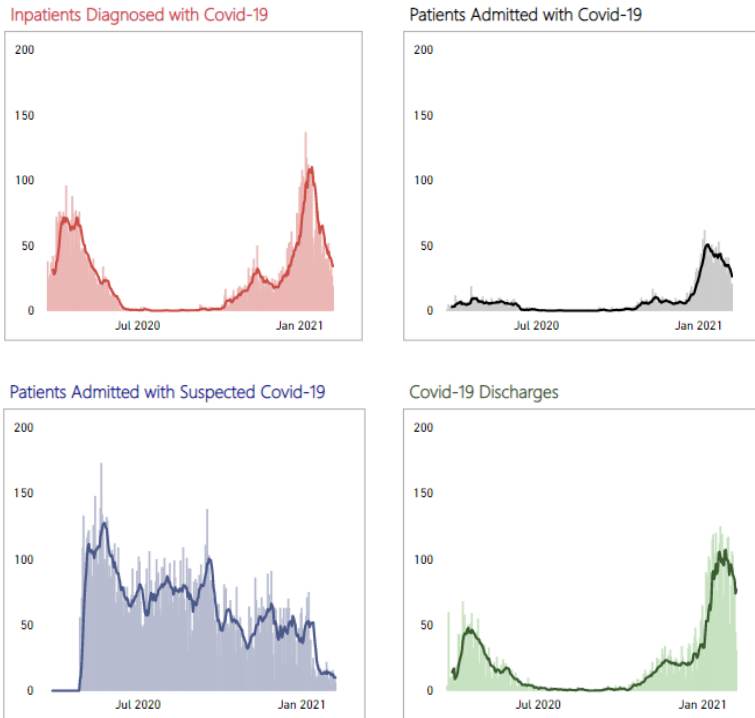
Following the briefing provided in January 2021, this paper provides an update on the impact to date of the pandemic and third wave of COVID-19 on Hampshire and Isle of Wight, the COVID-19 vaccination programme, the progress of the third phase of the NHS response to COVID-19; primary care, pharmacy, dentistry and optometry services and work to seek the views of key stakeholders and local people.

## 2. Impact of COVID-19 and the third wave on Hampshire and the Isle of Wight (HIOW)

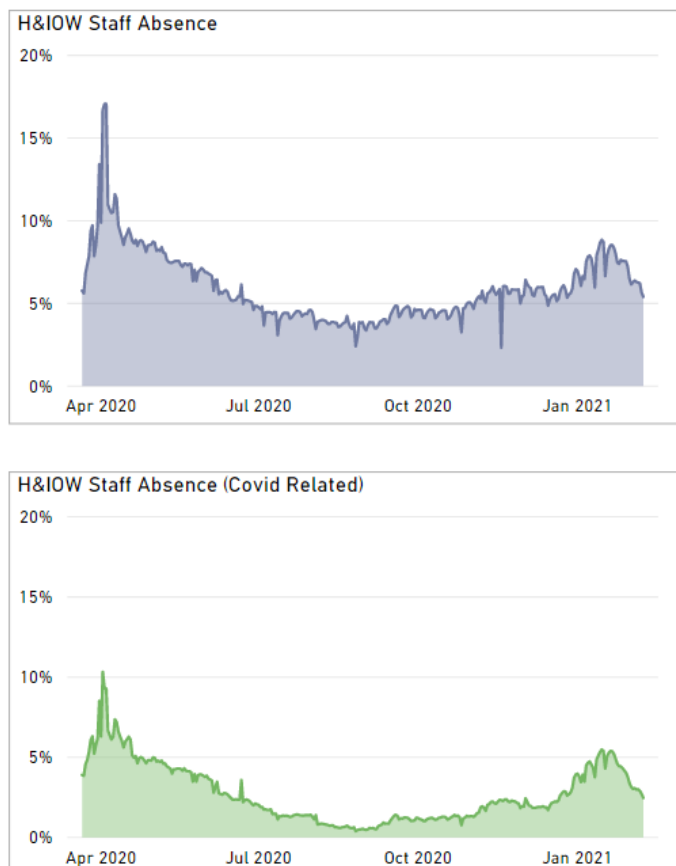
The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential COVID-19 symptoms.



The following graphs show the number of inpatients diagnosed with COVID-19, the number admitted with COVID-19, the number admitted with suspected COVID-19 and the number of patients with COVID-19 discharged. The third wave of COVID-19 saw a marked increase in case numbers, hospital admissions, general bed use and ITU bed use. At the peak of this wave bed use was more than double that of wave one, and currently (9 February, 2021) is still 1.8 times the peak of wave one.



The following graph shows the H&IOW staff sickness rate including the sickness rate related to COVID-19.



We continue to offer health and wellbeing support to our staff in a number of ways. Mental health and wellbeing programmes and bespoke support are in place for all staff groups.

The sharp increase in cases during December and January and the impact of COVID-19 on all NHS providers increased the winter pressures impacting on all of the health and care systems across HIOW, particularly Portsmouth and South East Hampshire. Work was carried out to refine our contingency plans to cater for this and the impact on services. These plans include:

- Working closely with Health Protection Boards to minimise the spread of infection in the communities and to keep people safe and well
- Optimising avoidable hospital admissions schemes to ensure local people are only admitted to hospital when needed
- Increasing hospital discharge schemes to ensure local people are discharged from hospital as quickly as possible when they are clinically fit for discharge
- Promoting the different services available to local people, including 111 First, to help them choose the most appropriate service when they need urgent care or advice
- Ensuring clear escalation processes are in place for acute hospitals to request mutual aid when required
- Working with partners to encourage compliance with the COVID-19 guidance – Hands, Space, Face
- Continued focus on the delivery of the COVID-19 vaccination programme.

### **3. COVID-19 Vaccination Programme**

The NHS continues to deliver the largest vaccination programme in our history. Across Hampshire and the Isle of Wight there are 64 vaccination sites including:

- Hospital hubs – where we know the Pfizer vaccine can be stored safely
- Local GP vaccine services – provided by GPs working together as Primary Care Networks (PCNs)
- Local pharmacy vaccine services
- Vaccination centres – large sites convenient for transport networks.

We continue to prioritise ensuring those in groups one to six receive the first dose of the vaccination, as follows:

1. Care home residents and staff
2. Those aged 80 and over and frontline health and social care workers
3. Those aged 75 and over
4. Those aged 70 and over and clinically extremely vulnerable individuals.
5. Those aged 65 and over
6. Those aged 16 to 65 in an at-risk group and unpaid carers

Both Hampshire and the Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS (which includes North East Hampshire), have now delivered the first dose of the vaccine to more than 95% of people aged 80 and over. We continue to perform extremely well in terms of vaccination rates across the region and other parts of the country and are doing all we can to drive uptake among eligible groups in our communities.

A breakdown of vaccination figures by NHS region and Integrated Care Systems/Sustainability and Transformation Partnerships are published [online](#) by NHS England and Improvement on a daily and weekly basis.

All eligible care home residents and staff across Hampshire and the Isle of Wight have been offered a first dose of the COVID-19 vaccination. We are now returning to care homes to vaccinate those who have not yet received the first dose due to illness or self-isolating.

As the vaccination programme progresses at pace we continue to work in partnership to understand and tackle inequalities, addressing individual concerns and circumstances including medical history, age and ethnic background.

In support of this, we have set up a joint working group comprising of communications and engagement leads across the NHS and local authorities in Hampshire and the Isle of Wight. This group is working closely together to deliver a dedicated Black, Asian and Minority Ethnic (BAME) communications plan which aims to:

- Engage with BAME communities, increase awareness and enhancing understanding of the vaccination programme and how the process works
- Identify and address concerns from our BAME communities about the COVID-19 vaccine programme
- Understand and address existing barriers for our BAME communities using NHS services, such as communication, language and/or culture.

Community outreach work with BAME groups is underway in a number of areas. This vital work is supported by a range of materials and activity including shared key messages for all partners, a dedicated voluntary sector communications pack, case studies, media work with community broadcasters and social media activity.

We are working in partnership to engage with groups identified by our public health partners as being at risk of inequalities related to the vaccination programme to understand potential barriers and how these can be tackled. Key themes from this work will be used to further target our local communications approach and outreach work.

#### **4. HIOW NHS progress of the Third Phase of the NHS Response to COVID-19**

The Third Phase of NHS Response to COVID-19 guidance, issued in July 2020, sets out the following three priorities for the rest of 2020/21:

- A. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally
- C. Doing the above in a way that takes account of lessons learned during the first COVID peak, locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Our progress to date on these includes:

- There are now only a small number of service changes that were enacted in response to the COVID-19 pandemic, which have not reverted to their previous methods of access. These include:
  - Urgent care in Portsmouth and south eastern Hampshire which has been reconfigured to be offered via 111 First, with the appropriate engagement underway (as reported at previous committee meetings)

- Cessation of all domiciliary dental care across the area due to social distancing in line with national guidance. This is being reviewed on a quarterly basis

All other services have either been restored to original methods of access or with the use of digital and telephone access continuing where required to maintain infection control and social distancing requirements

- New Forest Birth Centre – Following temporary closure due to staffing levels, the birth centre has reopened and is providing services with the necessary COVID-19 safety requirements. The change did not affect antenatal and post-natal services which continued to run at the birth centre during the temporary closure
- The number of patients waiting over 52 weeks and total waiting list size levels had stabilised prior to the third wave of COVID-19, and until December, we were meeting the targets agreed with NHS England for both total waiting list size and over 52 week waiters. However, non-urgent elective activity ceased during January and February (urgent and cancer procedures were maintained) and the number of patients waiting over 52 weeks, and the total list size, has risen further
- The number of patients waiting over 40 weeks has increased, and we have 400 over 78 week waiters – the system priority is to ensure these patients are treated
- Cancer standards are being delivered and recovery trajectories for activity are within 5% of target. Cancer capacity has remained fully restored
- Inpatient elective, MRI and CT activity levels have all been maintained at 80% of historic levels, even during the third wave
- Primary care activity has also reached its planned recovery levels, at 95% of historic activity. Face-to-face activity remains at 60%
- Two-week wait referrals are now at 96% of previous levels and we have arranged extra capacity to see these patients

## **5. HIOW Primary Care Services and Pharmacy, Dentistry and Optometry Services (commissioned by NHS England and NHS Improvement)**

GP practices continue to work hard to safely deliver care to the population. Patients can access their GP by phoning or contacting them online to arrange to speak to a GP or nurse over the phone or via video link as soon as possible. Face-to-face appointments are available to patients if clinically necessary, but patients may be asked to discuss their conditions over the phone or online first to assess what would be most appropriate for them. Patients that do visit are asked to avoid waiting rooms or queuing and arrive at the time of the appointment. They are also asked to wear a mask, wash their hands before arriving and to socially distance.

We have promoted how local people can access primary care by supporting GP practices with an 'access to general practice communications toolkit'. This explains how patients can safely access GP practices. We have also included messages about how and when to access primary care in our winter communications work.

Pharmacy services remain open with some operating to different hours to ensure they are able to catch up with requests and clean.

All dental practices providing NHS services are able to provide face-to-face care. All practices are offering a telephone triage service for both their regular patients and other members of the public. During this they can provide advice, prescribe medication to relieve pain or treat infections and can make a clinical decision if they feel that the patient needs to be referred to one of the urgent care hubs if they are unable to carry out the necessary treatment at their own practice.

High street optometry practices continue to provide face-to-face routine patient appointments. However, infection control and social distancing measures mean that the number of patients who can be sight tested during testing sessions is reduced.

## **6. Seeking the views of local communities**

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this we are continuing to:

- Work with local authority partners to engage with BAME and seldom heard communities about accessing the COVID-19 vaccination programme
- Work with our Local Resilience Forum partners to track engagement work being undertaken by partners and other agencies to develop a bank of insight
- Work with the local authority Health Protection Boards
- Plan how we work closely with Healthwatch to understand the views of our seldom heard communities
- Work with our local Primary Care Networks to support them to engage with local communities on the evolution of their services.

## **7. Recommendation**

The Committee is asked to note this update briefing.