

Isle of Wight CCG Policy and Scrutiny Committee for Adult Social Care and Health

1st March 2021

Agenda Items

This presentation provides information relating to CCG/Primary care in line with the stated areas of focus from Policy and Scrutiny Committee for Adult Social Care and Health on:

- Long Covid
- Vaccination programme
- Staff Sickness and Absence
- Discharge and flow
- GP referrals across practices
- Future proofing
- Mutual Aid

Long Covid

Covid Oximetry @ Home

- Patients with Covid most at risk of poor outcomes are best identified by oxygen levels (pulse oximetry). The use of pulse oximetry to monitor and identify 'silent hypoxia' and therefore predict/prevent rapid patient deterioration at home is recommended for this group.
- Therefore a Covid Oximetry @ Home service became operational in December for those >65 years old with COVID diagnosis either symptomatic or suspected, and <65 years old who are clinically vulnerable.
- Once identified, patients are delivered the pulse oximeter and taught to use the equipment
- They are then monitored by the community respiratory team in close collaboration with the patients GP
- Referrals to the service peaked in January (circa 60) as the number of Covid cases increased, however, as predicted the numbers of referrals have fallen

Long-Covid

- For some people, COVID-19 can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID".
- Patients who have suffered from Covid and identified by their GP or other healthcare professional or have been recognised as suffering from Long Covid, via the Covid Oximetry @ Home service are offered post-Covid rehabilitation.
- All patients that are referred through the Long COVID service are holistically assessed by a community Allied Health Professional (AHP), in conjunction with access to weekly multi-disciplinary team input. They have access to the 'Living with COVID' App which enables clinical rehabilitation to be combined with digital interventions helping clinicians monitor outcomes whilst offering patients education, support and encouragement.
- Currently the number of patients have remained static at <10

Vaccination Programme

Covid vaccination

- The island is extremely well serviced for vaccination provision with six sites (hospital hub in hibernation currently) geographically and strategically placed to allow the best access for island residents - within the parameters of the National Covid Vaccination Programme

Primary Care Network (PCN)

- PCN vaccine sites were established and rolled out in a phased approach during December 2020
 - Wave 1: Newport, 15th December,
 - Wave 2: West-Wight 18th December,
 - Wave 3: South (Shanklin Site) and North & East: Westridge Site, Ryde 22nd December
- The PCNs have been responsible for vaccinating patients from the Joint Committee on Vaccination and Immunisation (JCVI) cohorts 1-4 (all residents in a care home for older adults and their carers, all those 80 years of age and over and frontline health and social care workers, all those 75 years of age and over and all those 70 years of age and over and clinically extremely vulnerable individuals)
- The target to vaccinate people in these groups with their first dose by 15th February has been achieved
- PCN sites have moved to target cohort 6, (Cohort 6: All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality) alongside second doses.
- Patients are generally telephoned to arrange an appointment.

Hospital hub

- Went live on 7th January. The focus for their delivery was frontline health and social care staff. The hospital hub has since been 'hibernated' but will be reopening at the end of March to undertake 2nd doses

Covid Vaccination Centre, Riverside

- Riverside Vaccination Centre went live Monday February 1st.
- Accessing the Riverside Centre is via a national booking system – people receive letters of invitation.
- Initially vaccination centres were focussed, alongside the PCN sites on JCVI cohorts 1-4, whilst the aspiration to ensure vaccination of this vulnerable group was a key priority.
- The Vaccination centre is currently focussing on cohort 5 – all those 65 years and over

Staff Sickness & absence within Primary Care

Activity has been maintained to pre covid levels following the initial lockdown.

The directive given to focus on the covid vaccination and reduce primary care business as usual has reduced overall primary care regulated activity by c15%, which has not affected access to primary care for their registered patients.

Oversight

- Practices provide daily information on staff sickness via 'SitReps'
- Information is collated for the whole island to give the status against the Primary Care escalation matrix

The process of management is:

- SitRep completed by Practice and sent to IW CCG PC inbox
- The information is collated and rated against Matrix
- The rating allows for cogent decisions to be made regarding service delivery
- Anything urgent is alerted to Locality Director (Primary Care)

Current status:

- As an island we are at Level 4 - currently 4-7 Practices out of 12 are struggling with workforce. It should be noted, it is not always the same practices struggling with workforce, over this second surge many practices have rallied following periods of staff absences, only to be replaced by another practice.
- Additionally, demands on Primary Care to deliver the vaccination programme have further exacerbated staffing issues.

Resilience Support

- The escalation plan shows how the CCG responds to support the practices to maintain their service – which is by offering extra appointments in the Primary Care Resilience / Hot Site Service.
- This enables acute on-the-day demand to be managed remotely. Therefore Practice staff that are able to attend the Practice can manage other crucial services.

Discharge

With the support of national funding there has been significant focus on ensuring efficient and effective discharge and patient flow through the system over the last few months set as part of the first wave recover plans.

These include schemes to supplement capacity and improve process with the acute, community and across both bedded and non bedded care.

These schemes are under constant review to ensure delivery and good value for money along with patient and staff experience. Recent indications show that Length of Stay (LOS) improvements have been made including:

- Impact on acute bed occupancy compared to a longer standing rate of c98% is currently c80%;
- It appears a 2 day reduction in LOS in acute stays is being maintained;
- A reduction in in LOS over 7 and 21 days. (*2019: 7day of 123 people v 57 people now and 2019: 21 day of 49 people v 16 people now*)
- An average 12 day improvement in LOS acute bed prior to rehab
- An average 24 day improvement in LOS in step down placements
- An average 23 day improvement in Rehab and Re-ablement LOS
- EDD set has moved from a baseline of 55% (to over 75% in July and consistently meeting 68% currently)
- ECS performance demonstrates significant improvement from 2019 v 2020. (c80% in 2019 to regularly now achieving over 90%)

GP Referrals

- Levels of referrals from General Practice have fluctuated since March 2020 being at their lowest during peak covid waves (a low of 25% in wave 1 and 87% during the summer recovery period).
- On average GP referrals from March 20 to Jan 21 are c35% lower than the same period 2019/20.
- The benchmark corresponds in general with other mainland areas.
- When comparing levels of referral between Island Practices there is little difference.
- Referrals are lower across all specialities, however those impacted on larger actual numbers include podiatry, orthopaedics, rheumatology, ophthalmology, respiratory, gynaecology and urology.
- Cancer 2 week referrals are also lower than pre covid levels c30% but have been increasing over recent weeks.
- Rational for lower referrals could covers a broad spectrum of negative and positive factors which are being analysed with the support of the ICS to support recovery planning.
- However, there is concern over the impacts on those people that have not presented to be seen

Future proofing

Significant lessons, knowledge and experience has been gained through the response, planning and recovery phases we have faced over the last 12months. We will also continue to learn through the next stages.

- After action reviews and positive changes in ways of working were adopted as the norm.
- Some pre covid transformational schemes have been expedited such as tech related initiatives.
- Many temporary covid driven changes, enhancements and improved access has / will be sustained.
- Key Learning includes:
 - System Joint working and mutual support aid
 - Best approaches to managing restrictions due to Infection Prevention Control including across all settings
 - Establishing and Managing Testing, Vaccinations
 - Significant learning in modelling and planning
 - Rapid response to national directives and changing circumstances e.g. new variant
 - Preventative measures and
 - support services for the vulnerable
- Next step recovery planning will consider the value of sustaining temporary measures in place and the demand and capacity planning will consider risks and mitigations of future pandemic.

Mutual Aid

The relationships and mutual support offered across the system locally has strengthened significantly over the last year including:

- Secondments and joint responsibility across the system to support operational response and recovery stretching from:
 - Implementing emergency response such as field sites, testing centres and vaccination centres.
 - Implementation of improvement and support services such as the discharge schemes, onwards care and mental health services.
 - Management of resilience forums.
- There has been productive joint working and support from the Military and the Independent Sector to increase capacity.
- GP and Primary Care Networks working collaboratively to delivery services and response.
- The system has worked coherently to manage recovery planning, finance and provide assurance to our regulators.
- As we move forward we will be working closely with our mainland colleagues to support management of the increasing scale of recovery required and to ensure equity.