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COVID-19: Overview of the effects on local NHS services

30 July 2020

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COVID-19 – setting the scene

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The COVID-19 public alert level is currently Level 3 (Coronavirus epidemic is in general circulation).

However the NHS remains in Level 4 National Incident: An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

This means the NHS in Norfolk and Waveney remains subject to nationally mandated commands, which can be issued at short notice.

It also remains the case that all available resources in trusts, practices and in commissioning are directed towards supporting the frontline clinical response.

Even though, to many people, it may feel that coronavirus is “going away” it is not, it is still here. Many NHS services continue to operate under emergency procedures to protect patients and staff and to ensure there is flexible capacity (in the event of a local outbreak or second wave or ‘spike’).

COVID-19 – setting the scene

A central collection is undertaken by NHSE/I each month using specified criteria for determining material service changes. Norfolk and Waveney has no service impacts that meet this criteria currently.

We are grateful for the space and support offered to the NHS in Norfolk and Waveney by our partners, stakeholders as we continue to focus both on our COVID-19 response, planning for further outbreaks and on delivering as many treatments to patients as we can within the current confines.

We would also like to place on record our thanks to all NHS and care staff who have responded with such incredible commitment to look after people, whether they had COVID-19 or not. Stories of staff leaving their families for many weeks to work in hospitals during the peak in March and April have been humbling.

It has become evident that members of the Black Asian and Minority Ethnic (BAME) populations – both patients and staff – have suffered disproportionately poorer outcomes in relation to COVID-19. This is one of our biggest concerns and is addressed later in this presentation.

Daily lab confirmed cases of COVID-19

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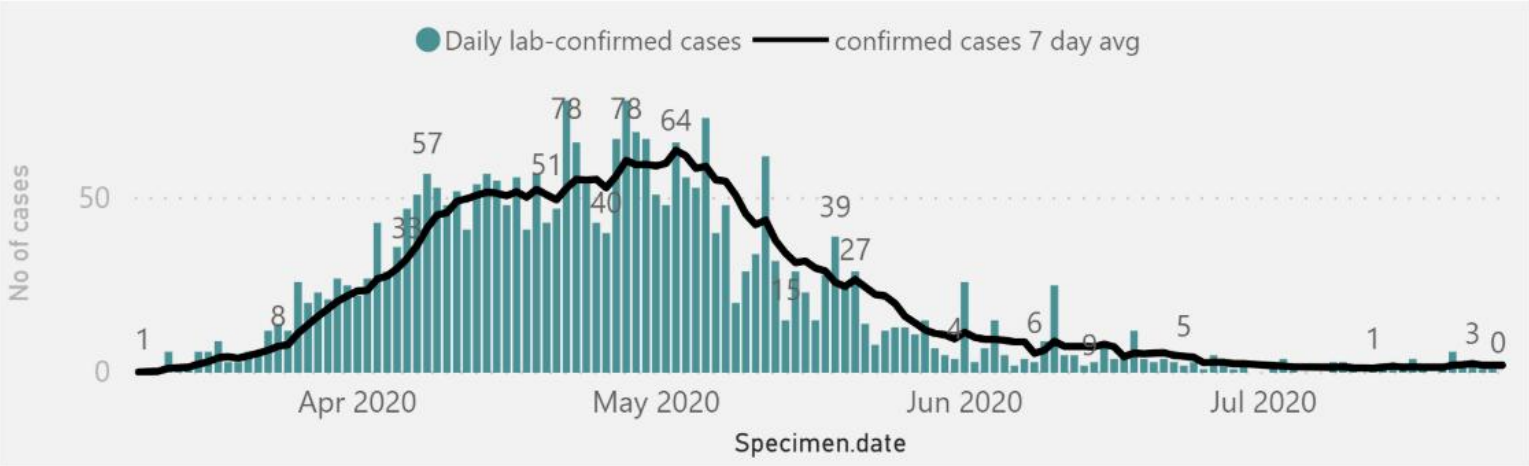
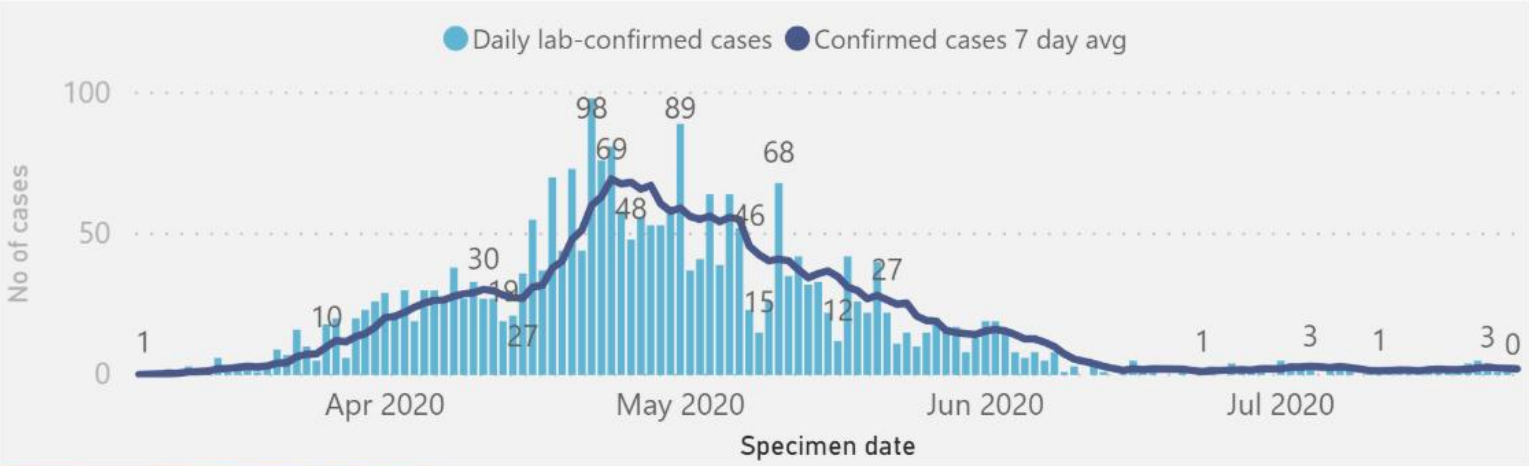
Norfolk



Suffolk



Up to 25 July, there have been:

- **Norfolk**: 2,889 cases (320 people per 100,000).
- **East Suffolk**: 878 cases (354 people per 100,000).
- These are lower than the regional rate (395 per 100,000) and national rate (460 per 100,000).

https://coronavirus.data.gov.uk/

Outbreaks of COVID-19 in care homes

Local Authority	Number of care homes	% reported an outbreak
Breckland	53	56.6%
Broadland	65	31.8%
Great Yarmouth	42	24.4%
King's Lynn and West Norfolk	47	29.8%
North Norfolk	68	28.4%
Norwich	30	40.0%
South Norfolk	43	34.9%
Norfolk	**348**	**34.7%**
East Suffolk	81	60.5%

About 35% of care homes in Norfolk and about 33% of care homes in Waveney have had an outbreak, compared to a regional average of about 48%.

ONS registered COVID-19 deaths

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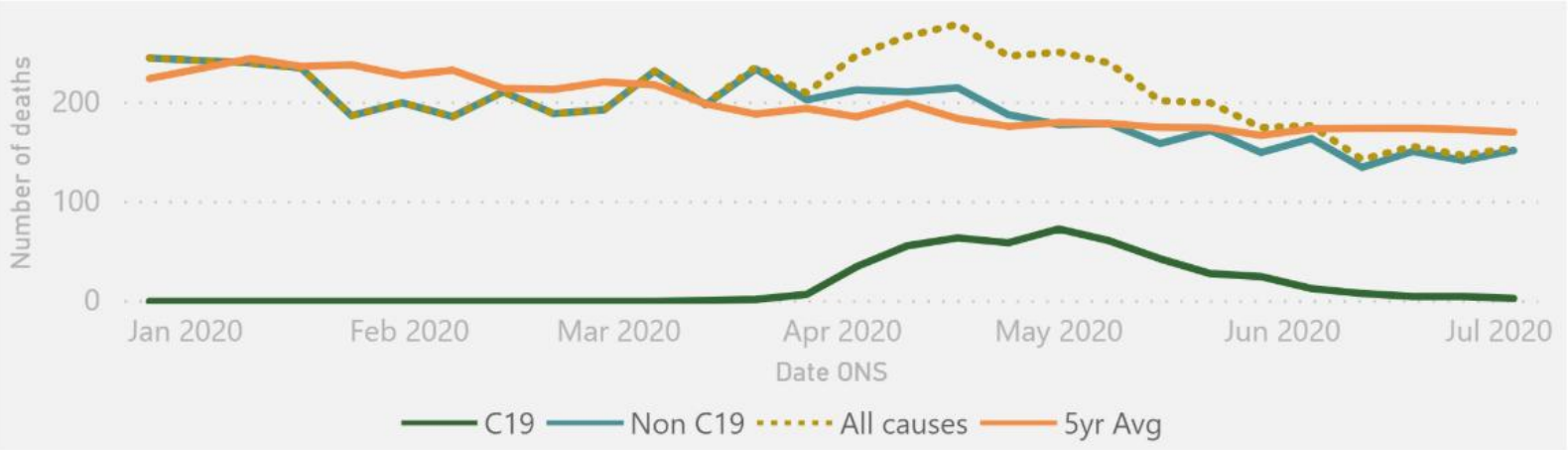
Norfolk



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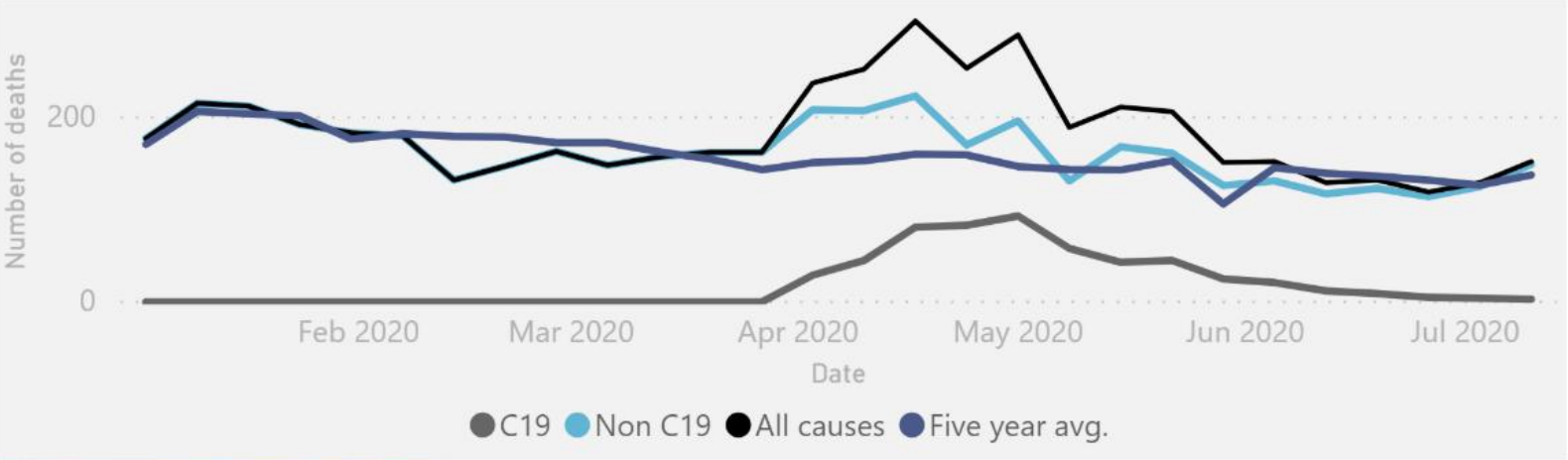

There have been:

Norfolk: 488 registered COVID-19 deaths.

East Suffolk: 219 registered COVID-19 deaths.

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

COVID-19 deaths in care homes

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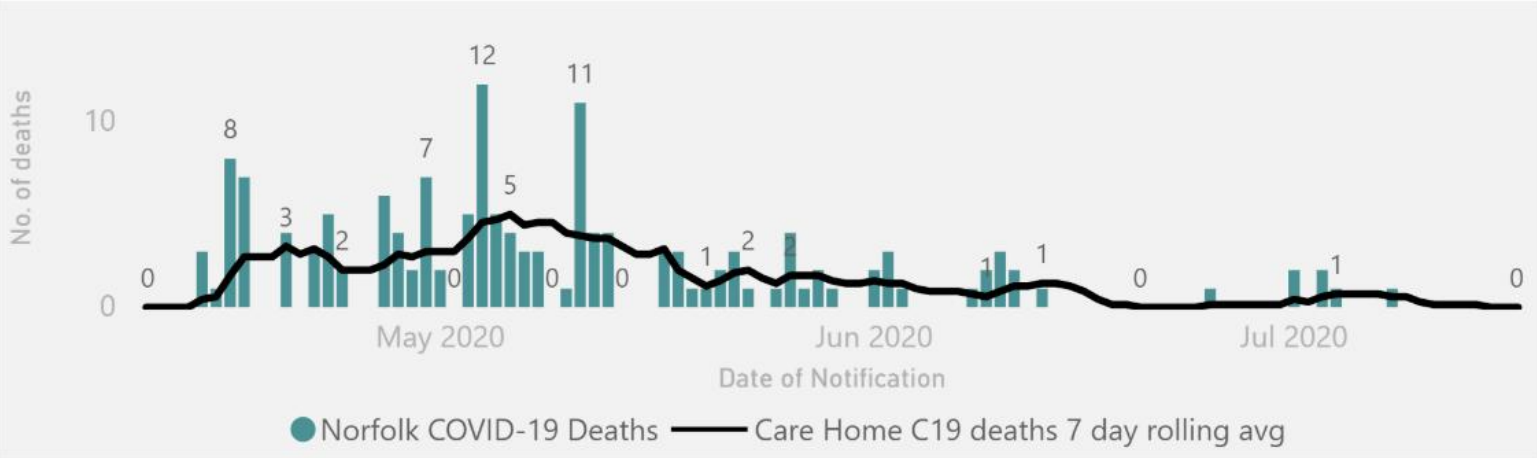
Norfolk



Suffolk

There have been:

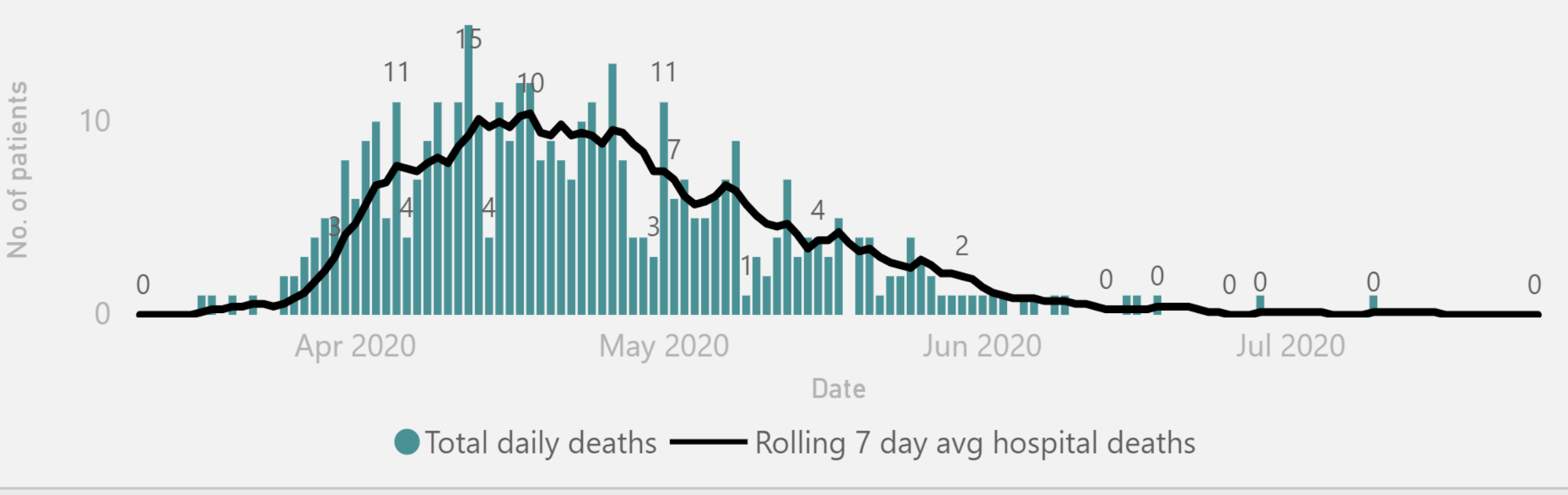
Norfolk: 151 COVID-19 related deaths in care homes (20.4% of the total deaths in care homes).

Suffolk: 194 COVID-19 related deaths in care homes (26.1% of the total deaths in care homes). 77 of these were in care homes in East Suffolk.

These are both lower than the national rate of 31.1%.

Source: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

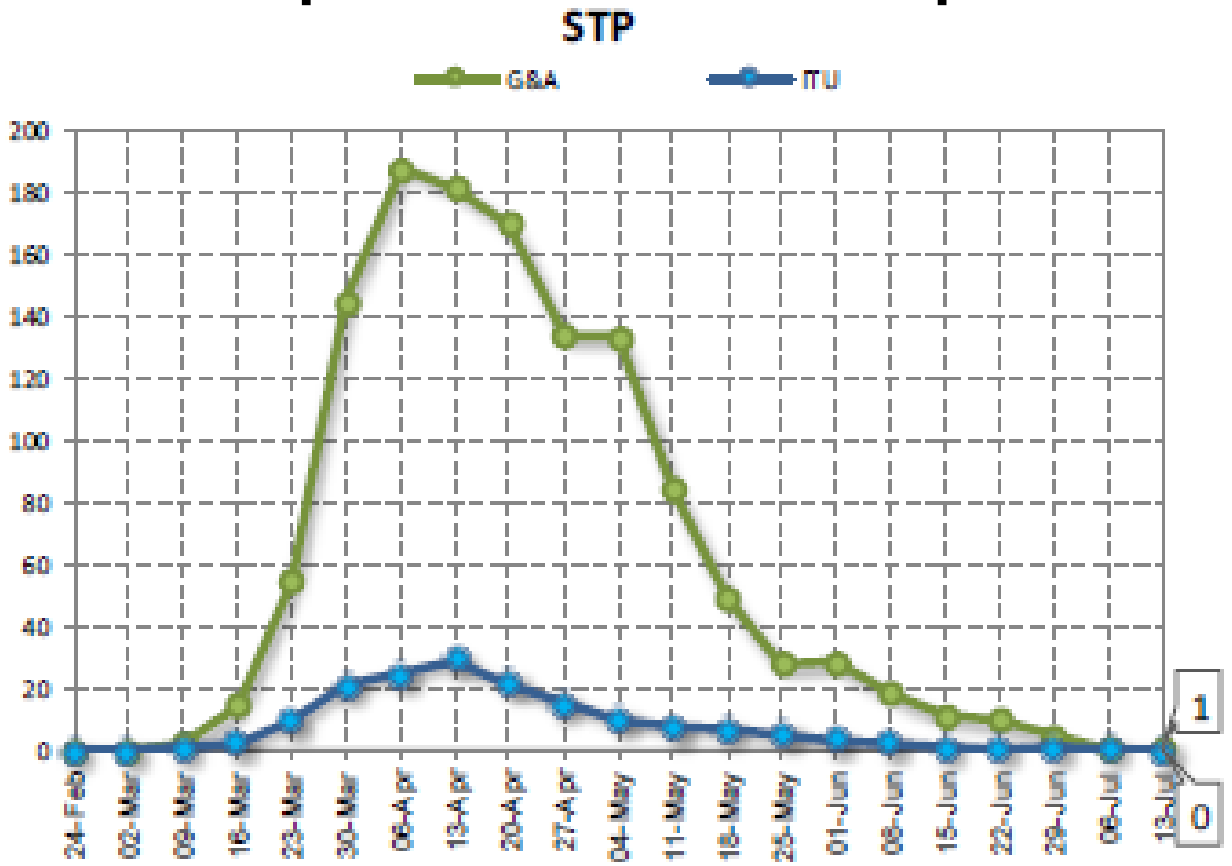
COVID-19 deaths in hospitals



There have been 421 COVID-19 related deaths in NHS hospitals in Norfolk up to 25 July 2020.

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/

COVID-19 patients in acute hospital beds



Our hospitals have capacity in terms of available beds, including in ITU, ventilators and mortuary spaces. The challenge for our acutes now is maintaining a focus on COVID-19 at the same time as starting to restore elective care.

Health inequalities (BAME and diabetes)

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BAME

There is clear evidence of marked ethnic inequalities in the risk of adverse outcomes from COVID-19 infection – both hospitalisation rates (possibly ITU admissions) and mortality.

What we are doing or could do locally includes:

- Conduct occupational risk assessment for all staff (NHS and non-NHS organisations).
- Make sure information and resources are available in accessible formats and multiple languages.
- Improve system data and recording of ethnicity, e.g. in clinical and staff record systems.
- Improve the prevention and treatment of long-term conditions in vulnerable groups.
- Proportionate resource allocation to the most deprived areas/populations.
- Improve wider workforce knowledge and commitment to addressing social determinants of health.

Diabetes Protect NoW

- 1 in 3 people in the UK who have died from COVID-19 had diabetes.
- Diabetes Protect NoW is a Population Health Management Project making use of Eclipse, building on learning from Covid Protect. Our aim is to improve support for people with diabetes who have previously missed care processes.

Primary care

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GP practices have transformed how they work and care for patients:

- All GP practices in Norfolk and Waveney have moved to **phone and digital triage** (over 80% are using online consultation systems).
- **Many GPs and practice staff are working from home**, supported by technology provided by the CCG (including 400 laptops (with webcams), 500 standalone webcams, 500 headsets and 50 iPads).
- The majority of GP practices are now offering patients **video appointments**, as well as phone appointments.
- Arrangements are in place for patients with COVID-19 (or symptoms) who need to see a GP or practice nurse face-to-face, including **hot sites and 'zoned' areas of larger practices**.
- 104/105 practices signed up to provide **enhanced care to residents of care homes**, including weekly check ins, medication reviews and care and support planning.

We are **scaling-up plans to recruit roles from the direct patient contact workforce group**, e.g. social prescribers, paramedics, community pharmacists and mental health workers to help fill some of the clinical capacity issues as we reinstate non-urgent work.

Locally we have supplied more than 623,000 items of PPE to GP surgeries, care homes and smaller providers.

Mental health

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Mental health services have:

- Increased use of **phone and video appointments**, e.g. phone calls increased by over 12,000 between February and June to community crisis services, countered by face-to-face contacts reducing by 8,500.
- **Moved services online**, including webinars run by the Wellbeing Service and the Recovery College.
- Rapidly launched '**First Response**', a 24/7 helpline offering immediate support for people experiencing mental health difficulties during the coronavirus pandemic.
- Commissioned **Kooth** and **Helios** to help young people through the coronavirus pandemic and beyond.
- Supported some of **our most vulnerable service users to find suitable accommodation**.
- Accelerated the **recruitment of our PCN mental health teams**, to help prepare for the anticipated increase in demand. We are planning further COVID-19-related expansion of primary care and community services.

We have revised our estimate of the additional demand that COVID-19 will place on services, now estimating that primary care, children and young people and older people's services will see an increase of approximately 20%.

In addition to close monitoring and prioritisation of waits, we have instigated quality improvement programmes in key areas, starting with children and young people's services.

Children's services

- There is **concern around the impact on young people of deteriorating parental mental health**, employment and increasing pressure on families who are spending more time together, along with the impacts of not having support from trusted adults (teachers) and friends. This is likely to manifest later into the recovery period.
- As well as introducing **Kooth and Healios**, during lockdown there was a focus on updating the **Just One Norfolk** website with links and materials regarding mental health available to children, young people and their families
- The ongoing transformation programme will continue, but with greater focus on **aligning with education settings** to ensure that support, knowledge and skills are boosted in the school communities to identify and meet need at the earliest opportunity.
- It has been identified that children and young people with mental health distress will be driven by genuine issues with education, employment and housing – particularly those in the 18 to 25 age group who will be more affected by the reduction in job opportunities. **Work with employers, district and local councils will be key** to avoiding pathologising responses to legitimate life challenges.

A&E, referral to treatment waits and hospital bed occupancy

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A&E

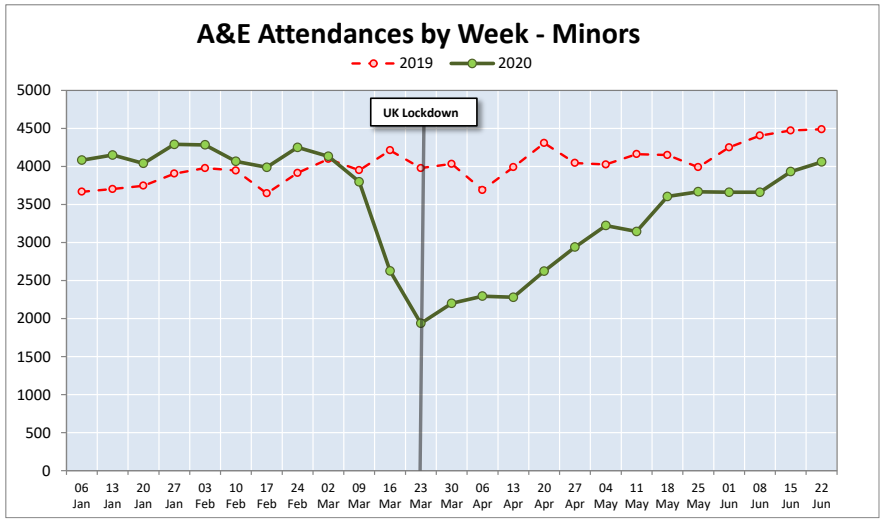
- Attendances for less complex reasons have returned to 90% of pre-COVID-19 levels.
- Attendances for more serious conditions have remained steady, recently increasing by 2%.

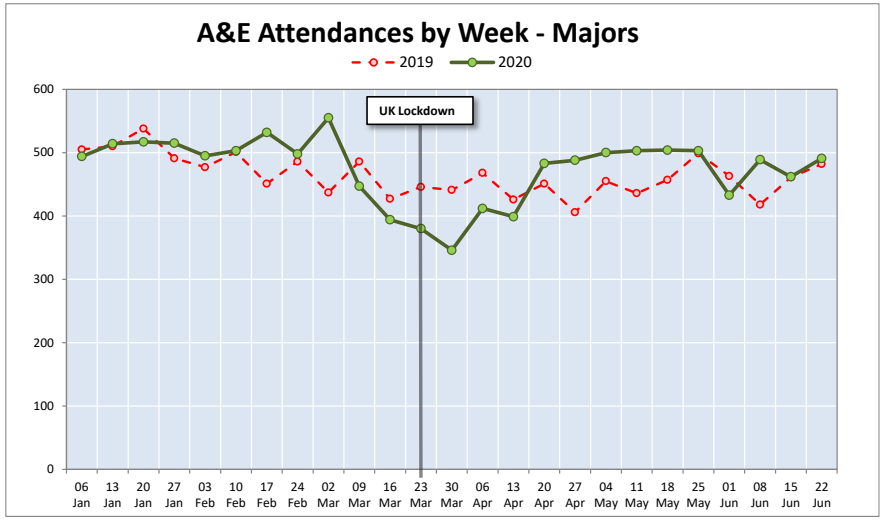
Referral to treatment waits

- 500% increase in video and telephone consultations for virtual clinics.
- Use of independent sector (c1,000 NHS patients per week).
- Prioritising our patients in line with national guidelines to minimise the risk of harm. Completing clinical harm reviews on our waiting lists for outpatients and surgery.

Hospital bed occupancy

- Working with system partners to reduce the length of time people spend in hospital who require ongoing care at home or in the community.
- Maintaining an Integrated Discharge Team and 7 day working with community support.





Cancer, diagnostics and community services

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Cancer

- Triaging of all patients as per national guidelines and harm reviews.
- Continued use of the independent sector to provide chemotherapy and cancer services.
- Tracking patients, conducting harm reviews and communicating with our patients to optimise capacity.

Diagnostics

- Triaging and prioritising patients according to national guidelines.
- Ongoing clinical review, patient tracking and application of harm policies.
- Priority is to re-establish endoscopy.

Community services

- Opened over 200 beds in community hospitals, residential care and mental health.
- Partnership approach to system discharge challenges with successful results.
- Flexible working and non-standard shift patterns to meet requirements with redeployment and retraining of staff.
- Monitoring waiting times with escalation as required and adhering to risk management policies and incident response mechanisms.
- Maintenance of critical urgent services during COVID-19.

Planning for phase three

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- We are working hard to safely restart health services, prioritising those who need care most.
- We have submitted draft plans for recovery of services to NHS England and NHS Improvement, known as our Phase 3 plan. These plans have not been finalised and agreed with our regulator.
- At this stage it is very difficult to advise members of the Health Scrutiny Committee of an exact timetable for recovery and restarting services for the following reasons:
    - The possibility of a second peak.
    - Requirement for external funding for part of the capacity for recovery.
    - We expect to receive detailed recovery plans for five specialities, which local systems will be expected to prioritise and execute under national direction and guidance. At the time of writing, only one of these specialties has been announced (gastroenterology).
- We will continue to keep members of the committee informed of progress.

Workforce

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We are launching #WeCareTogether, **our workforce strategy** developed by system partners, in August.

We are accelerating the work to **create a 'joint bank' of staff** across professions to work within health and care.

We also have opportunities to:

- Increase recruitment to **apprenticeships** through our Health and Care Academies
- Recruit local people into health and care roles who have been displaced as a result of COVID-19, e.g. people working in the local hospitality sector.
- Convert as many of the 1,043 **Bring Back Staff** to permanent posts as possible.
- Launch our **Reservist Programme**, which is being piloted here on behalf of the region.

To support BAME staff, we are working with Roger Kline to **develop a systematic plan to address inequalities** in our system. We are also conducting risk assessments and providing support, advice and guidance to managers and staff to ensure that our BAME colleagues and vulnerable groups are safeguarded.

We will roll out the **CARE brand for social care** to align with NHS brand for parity, leveraging the national social care recruitment campaign.

#WeCareTogether

In response to the murder of George Floyd on 25 May 2020 and the subsequent outpouring of support and #BLM campaign, the #WeCareTogether photo documentary collaborated with black members of our workforce to show our systems support. Emmie, Biban, Neuza and Ekaette's stories of working in N&W during the pandemic can be found on Instagram @wecaretogethernw