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COVID-19 Update

Birmingham Health and Wellbeing Board 24 November 2020

Context

- Current position
 - Birmingham = 337 per 100k case rate (as at 8/11/20)
 - Solihull = 282 per 100k case rate (as at 8/11/20)
- Challenges
 - Rising numbers and strain to protect Solihull and ROH as COVID free
 - ITU activity has increased by 30% on 09/11/2020 and over 65s continue to increase
 - Workforce resilience and availability is affected
 - Competing for Independent Sector capacity when there is a greater COVID impact
 - Restoring all elective services will be challenging given pressures



Background

- Wave 1 of COVID-19
 - Services suspended to manage COVID pressures in response to national guidance and local prioritisation
- Focus during the summer
 - Restoration and recovery focus with the aim of managing COVID in parallel with restored elective services
 - Clinical prioritisation and harm reviews carried out in light of longer waiting lists
- Wave 2
 - Surge plan in place
 - Increasing COVID hospital cases in comparison to bed occupancy levels during wave 1



Protecting emergency acute hospital capacity

- Heartlands, Good Hope and Queen Elizabeth Hospitals focused on COVID and emergency activity Solihull and the Royal Orthopaedic Hospital are COVID-free elective sites for most clinically urgent elective cases
- Joint staffing models in place
- Creating additional capacity through:
 - Gynaecology day cases transferred to Birmingham Women's and Children's NHS Foundation Trust
 - Patient divert in place at Heartlands to ease demand in acute Emergency Departments (ED)
 - Outpatients appointments reduced to release staff to support acute care for COVID and emergencies
 - Maximising the use of independent sector capacity across all sites to 100% to support ITU and endoscopy
 - COVID-19 assessment unit has been established at Heartlands Hospital
 - Children and young people due to transition to adult services to be supported by children's services to reduce impact on acute/ adult services.



Delivering elective care

- Solihull and Royal Orthopaedic Hospitals are working as COVID-free elective sites to support delivery of the system's elective programme for the most clinically urgent cases, defined as priority 1 and 2 in the national guidance
- Additional theatre lists that can be completed by the Royal Orthopaedic Hospital are being identified. This includes the delivery of cancer activity
- There is a need to review and release staff resource for ITU support, this will require temporary suspension in some elective activity, the system will prioritise emergencies, priority 1 and 2 patients
- Waiting lists will be reviewed, which will include clinical prioritisation. An ongoing review of capability and capacity will take place to carry out as much urgent elective surgery as possible.



Managing system flow and community capacity

- Medically fit for discharge patients being reviewed daily to support acute hospital to a community setting
- Additional staff in place at Medical Admissions Unit and Older People's Assessment Liaison Service (OPAL) at Good Hope and Queen Elizabeth Hospitals. To be established at Heartlands
- Two additional community wards opened and a community unit re-opened to provide additional community beds and release acute bed pressure, supported by the Dental Hospital nursing team and Royal Orthopaedic Hospital nursing and therapy staff
- Birmingham Community Healthcare NHS Foundation Trust and UHB are also exploring the post-acute fractured neck of femur rehabilitation pathway to release acute beds
- The Nightingale Hospital in Birmingham remains on standby ready to quickly stand-up to provide additional capacity, if necessary. This will be a national decision.



Mental health and primary care

- Ongoing mental health and wellbeing support is being made available to staff
- Ongoing work with communications and primary care is in place to help manage public expectations, during this pressurised period regarding managing and booking appointments
- ED divert went live on 05/11/20 this provides a diversion for patients presenting at Birmingham Heartlands Hospital with primary care conditions so they can be seen at Hobmoor Road to alleviate ED pressure
- Additional appointments at primary care at GP Referral Centres made available to support system pressures
- A new direct access number for paramedics has been introduced for clinical advice on conveyancing. General practices are providing clinical advice to indicate the most appropriate location of care for individual cases. This supports ambulance conveyance and alleviates pressures with ambulance turnaround times
- The Universal Enhanced Service Patient Offer will be paused focus will be on core provision until the pressure reduces.



Workforce

- We are working collaboratively on key system workforce data sets, including the impact of COVID on sickness absence.
- A system risk assessment is in development to ensure staff remain safe during COVID.
- The CCG staff are gearing up to support the system with the 2nd wave of COVID.



Vaccination plan

• Flu

- National target is to vaccinate 75% of our eligible population
- Public being encouraged to access flu vaccinations/attend flu clinics patient demand is high
- Vaccine deliveries under pressure but NHS England/ Improvement confirmed there is enough to meet demand
- Bulk of the vaccination programme is being undertaken by general practice in a COVID safe way
- Four mobile vaccination units, allowing general practice to hold clinics outside of the practice premises, and maintain COVID-security in place. Working with partner organisations to deliver vaccinations via pharmacies, care home residents, people who are housebound

COVID

- Detailed operational plans drawn up to deliver the COVID-19 vaccination, once the vaccine becomes available
- Delivery of the vaccine will be in accordance with the priority groups and timescales identified nationally. Local
 plans will include measures to identify and engage with seldom heard groups.



