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To: NHS Chief Executives

cc Chief Officers
Chief Executives of Local Authorities
COSLA

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Dear Colleagues

COVID-19: MOBILISATION PLANS: NEXT PHASE OF THE NHS RESPONSE

I would like to thank you once again for the work undertaken to develop and update local mobilisation plans in response to the COVID-19 emergency, since March. You and your planning partners have undertaken an extraordinary reorganisation of local services in a matter of weeks, leading to a number of remarkable achievements. These have included:

- The creation of surge capacity for COVID-19 through the re-provisioning of acute beds and by quadrupling the base number of adult ICU beds. The NHS Louisa Jordan was also set up within a matter of weeks, and will continue to act as an important safety net; offering over 1,000 additional beds, if required.
- A rapid and unprecedented reconfiguration of primary and community care services with staff working together across acute and primary care, and in partnership with NHS 24 and the Scottish Ambulance Service, to protect communities and reduce the rate of infection; through early identification, testing, triage and treatment of patients showing COVID-19 symptoms, presenting to the COVID hubs and assessment centres.
- Your contribution, working within local Health and Social Care Partnerships, to reduce the level of delayed discharges by over 60%; prioritising home first and delivery of other innovative solutions to prevent admission and facilitate rapid discharge from hospitals. You have also started to deliver an enhanced, proactive system of assurance around the safety and wellbeing of care home residents and staff, through strong leadership by Directors of Public Health working very closely with partners in local government and integration authorities.
- You have also transformed how many services are delivered with the introduction of *Near Me* consultations, community led outpatients (e.g. diabetics and emergency community eye treatment centres); shifting traditionally acute sector care and treatment successfully into community settings.

As we step into the next phase of mobilisation and beyond we need to retain and build on these positive changes; and on the innovation and transformation that has been achieved; particularly the use of digital technology to enable more people to have more of their care at home or in the community.

We also need to build on Scotland's strong track record on quality and safety. For more than a decade we have prioritised safe, person-centred and effective care. As informed by the Quality Strategy, and underpinned by a commitment to quality improvement and the Scottish Patient Safety Programme, we have made huge strides in improving outcomes for those we serve. As we seek to recover from this crisis, we need to keep that focus on quality.

Planning for the Next Phase

COVID-19 is likely to be with the us for some time to come and, whilst we have seen a plateauing of demand for acute occupancy in recent weeks, the mobilisation of support to care homes needs to be significantly increased. This remains an emergency for the NHS in Scotland with all that entails but we are now entering the next phase of the response. What is clear is that, in line with the Government's *Framework for Decision Making*, we will need to achieve a careful balance in managing our healthcare capacity going forward. As informed by expert advice and modelling, we will need to continue to protect our core capacity to respond to the virus, alongside the commitment to treat emergency, urgent and maternity cases.

In terms of a national acute provision for COVID 19: we have 4,250 general beds including 585 in ICU (with the potential to surge to 700). However, our modelling data shows a gradual reduction between now and the end of July in terms of COVID-19 bed requirements, which we need to safely factor into our planning. We will write to you under separate cover with guidance on what we expect your Board to maintain as a COVID-19 response for ICU and general acute beds in the planning period to the end of July.

We also need to ensure that there is sufficient capacity to accommodate the expected increase in activity in those urgent areas that were protected as part of the initial COVID-19 response (e.g. emergency care and cardiac/stroke/cancer services).

We are already seeing an upturn in activity in some of these areas in response to the 'NHS is open' campaign. Boards will need to continue to carefully consider the configuration of emergency care service: ensuring effective provision of both a regular and COVID-19 response. This may mean that we pursue a policy of making emergency care more scheduled. To aid our thinking and to provide advice on this from a whole system perspective, I have asked our national unscheduled care strategy group to convene at the earliest opportunity.

As pointed out above, significant activity will continue to be required for the care home sector; not least on infection prevention and control, testing, and to replace staff who are self-isolating. This is an immediate priority for the coming weeks, and deployment of your resources should be driven by the expert assessment of your Public Health Director, Nursing Director and Chief Officer/s; based on national policy and best practice. To aid this, a national support group has been set up, chaired by the Chief Nursing Officer.

Understanding what we need to keep in reserve to deal with the existing priorities of COVID-19; for urgent, emergency and maternity care; and in respect of supporting the care home sector, will be paramount in establishing what capacity there is to **safely and incrementally** restore services which have, at least in part, been paused due to COVID-19.

Consideration will also need to be given to which services are able to be provided virtually through the telephone or NHS *Near Me*. In line with clinical priorities (see below), the Scottish Access Collaborative and the Modernising Patient Pathway Programmes are able to support Boards with an accelerated rollout of the following:

- Expansion of remote consulting across all secondary care specialties through the telephone and *Near Me* (working with the programme as part of their wider health and social care scale up);
- Implementation of Active Clinical Referral Triage (ACRT) to support prioritisation and Patient Initiated Review (PIR) to optimise outpatient pathways;
- Implementation of the Effective Quality Interventions Pathways (EQuIP) to provide alternative pathways for benign skin lesions, varicose veins, hernias and haemorrhoids;
- Scaling up of Colon Capsule Endoscopy (CCE) to support delivery of Colonoscopy services;
- Scaling up of outputs from the Scottish Access Collaborative commissioned Speciality; Reports, working with the clinical networks to implement redesigned pathways of care in high volume areas.
- Waiting List Validation;
- Team Service Planning;
- Accelerating the Development of Enhanced Practitioners (ADEPt); and
- Enhanced Recovery After Surgery (ERAS) in Colorectal, Orthopaedics and Obstetrics.

In addition to the above, Health Boards will also need to consider what further re-organisation of services will be required, e.g. mutual aid and regional working; split of COVID and non-COVID sites and/or treatment pathways; and how we might use national facilities like the Golden Jubilee National Hospital and the NHS Louisa Jordan to support this.

Clinical Priorities

The Scottish Government's Interim Chief Medical Officer and National Clinical Director have provided an initial view on those services that could be prioritised in the next phase of Board mobilisation planning, as follows:

- cancer (especially referrals and treatments postponed);
- non-cancer urgent inpatients and outpatients (your clinical teams will have to take a view on which specialties and how many);
- outpatient therapies where delay will mean clinical risk increasing (e.g. macular degeneration, paediatrics, respiratory);
- mental health; and
- treatment room services (MSK, B12 injections, monitoring bloods, etc.).

This is not an exhaustive list as we wish to provide flexibility to you to respond on the basis of local clinical priorities. You will want to work closely with your Director of Pharmacy to ensure your mobilisation planning takes into account the availability of any associated medicines. We are now asking that Boards carefully consider local clinical priorities against the above list, and provide your local plan for the next phase.

Primary and Community Care

There are significant implications for primary, community and social care services which need to be considered as you plan for the next phase; not least recognising the current demand and the growing backlog of care that needs to be addressed. NHS Boards must work with Health and Social Care Partnerships and other planning partners to factor primary and community healthcare services into your mobilisation plans, and to fully take account of the implications for social care. It is critical that all parties – the Health Board, Local Authority and Integration Authority – work together to ensure planning is aligned. It is strongly advised that all Boards formally establish interface groups with primary/secondary care involvement to support whole system recovery (this could build on existing management groups).

Guided by the clinical priorities set out above, the focus for primary care should be on:

- resuming those services that have been suspended, delayed or deferred during the initial emergency response; including the review and management of all long term conditions and chronic disease, e.g. diabetic foot and hypertension clinics, adult screening programmes once these re-start; face to face appointments, where required; referrals to secondary care which may have been deferred/avoided;
- ongoing anticipatory care planning and delivery of care; particularly home visits for those patients in the shielding group and the over-70s non-shielding at risk group;
- service delivery, where clinically appropriate, should be via telephone and digital consultations; Boards have a responsibility in ensuring that practices have the appropriate hardware, software and connectivity infrastructure to maximise the use of digital technology;
- workforce resilience: ensuring the capacity and capability of the workforce to respond to the needs of their practice population including the future of the community hubs and assessment centres;
- helping move patients quickly through the system in line with plans emerging on locally agreed clinical priorities, i.e., urgent cancer referrals, other non-cancer urgent care; pre-referral diagnostic work;
- and preparedness on administering the next round of flu vaccinations.

Board planning should include consideration of the current and anticipated demand/resource needs of COVID-19 hubs and assessment centres. There may be potential for reduced operating hours or staffing levels as case numbers fall. However, Boards should ensure that they have robust plans in place to quickly increase activity in response to any resurgence of demand. We are in close contact with regional Health Board leads to discuss developing plans. In terms of out of hours services, there has been a reduction in activity since the middle of March, particularly around centre and home visits. However, Boards should ensure that local services are sufficiently staffed to cope with a resurgence in demand. Moving forward, the same considerations for use of technology, such as *Near Me,* will need to be taken into account prior to face to face consultations or home visits.

Wider Community Services

Optometry

The 53 Emergency Eye-care Treatment Centres (EETCs) have provided a valuable service for patients presenting with urgent eye issues within the community. Boards should support an increase in the capacity within these centres as soon as possible; to enable more of the essential care for patients at risk of detriment to sight or wellbeing, and who need to be seen urgently. Community optometrists are providing a valuable remote triage and consultation service to these centres and *Attend Anywhere* software should be available to all practitioners to enhance remote care.

Dentistry

Boards should increase the throughput in the 56 urgent care centres to manage acute and essential dental problems, including aerosol generating procedures, as far as safety and quality allows. Further, with revised patient flows in each practice to ensure physical distancing, you should plan for practices to reopen to see their registered patients for acute and essential care*,* as far as safety and quality allows. This will not include aerosol generating procedures. The Chief Dental Officer will liaise with your local teams to determine what is feasible in this area of service before we proceed.

Pharmacy

Boards should look to work with local contractor committees to increase the numbers and management of repeat prescriptions from the GP practice to community pharmacy. Boards will also want to support the national roll out of the NHS Pharmacy First Scotland service in community pharmacies.

Mental Health

COVID-19 will increasingly have a detrimental effect on the mental health of many people. The incidence of mental disorder related to anxiety, depression and responses to trauma is going to increase over the coming months. Levels of distress are already rising. Responding to ensure that people get the help they need will require effort, flexibility and innovation. To help us understand the current status of your service provision, and to support you as we move into this next phase, we require the following information in the mental health section of your mobilisation plan:

- Boards and HSCPs should develop a plan describing the actions required between now and the end of July to safely reinstate your clinically prioritised mental health services;
- Plans should clearly show your current baseline of service provision (detailing services which have stopped, consolidated or reduced) and your planned for provision by the end of the plan;
- These plans should describe your clinical priority areas for reinstating services in response to the changes implemented in your Business Continuity Plans, including:
    - Continuing focus on urgent and emergency services ensuring that they remain open and operational;
    - Resuming those scheduled services that have been suspended, delayed or deferred during the initial response; such as non-urgent CAMHS, Psychological Therapies, non-urgent Community Mental Health Team appointments;
    - Communicating with those referred, on waiting lists and those receiving care and treatment;
    - Establishing arrangements for COVID-19 positive inpatient settings, and non COVID-19 inpatient settings, and ensuring safe and effective inpatient care;
    - helping to move patients quickly through the system in line with the above clinical priorities;
    - Implementing virtual team working and clinical service delivery arrangements during the next phase and beyond, where clinically appropriate to do so;
    - Making online mental health wellbeing information, advice and support available to staff and the local population; and
    - Modelling likely future demand for mental health services; planning for and adapting services to meet this.
- Plans should also describe the dependencies required e.g. digital services infrastructure, accommodation, PPE, staff support arrangements and staff and patient travel arrangements;
- Plans should in particular describe how these arrangements will address the needs of particular priority groups during this phase, for example:
    - Those with a learning disability, neurodevelopmental disorder or dementia;
    - Vulnerable families, people living in poverty, ethnic minorities;
    - People who are shielding, and other vulnerable groups who are being asked to self-isolate;
    - Transitions e.g. from hospital to care placements, young people to adult services etc.
- Boards should work in partnership with Integration Authorities, Local Authorities and other stakeholders to estimate the anticipated rise in mental health need in the population and the response(s) required;
- The plans should include current arrangements in place to support staff mental health and wellbeing and how/if these will require to be changed/developed to ensure that staff are supported throughout the next phase.

The Mental Health Directorate will work with Board and HSCP leadership teams to support the development and implementation of mental health plans and will issue further detailed guidance, as required.

National Programmes

Currently all adult screening programmes have been suspended and will restart as soon as it is safe to do so. NSS has convened a series of programme boards to plan for restarting each of the national screening programmes. Territorial Boards are asked to consider their next phase plans in conjunction with NSS, and to provide a view on the local capacity that is available to enable the breast, bowel, cervical, diabetic retinopathy and abdominal aortic aneurysm screening programmes to be safety restarted; taking account of laboratory capacity and the interdependencies with diagnostics and treatment. This will ensure that the NSS recommendations to the Scottish Government at the end of May take a fully informed view on restarting screening, set against the capacity within the system and all the wider interdependencies.

We would also like to see the resumption of IVF treatment, as soon as it is safe to do so, and subject to the approval of Human Fertilisation and Embryology Authority. As such, the four NHS Assisted Conception Services in NHS Grampian, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside should put forward their application to the regulator to safely reopen clinics. We will continue to work with the four centres and the patient stakeholder group *Fertility Network* to adapt services.

Supporting Delivery

We recognise the need for our staff to have absolute clarity on what type of PPE they should wear in each setting and scenario. Updated guidance was published on 2 April for health and social care workers. This was agreed by the four UK Chief Medical Officers and Chief Nursing Officers, after a review of the existing guidance against the latest evidence and WHO advice; on the safest way to protect health and social care staff. The guidance - available on the COVID-19 pages of the HPS website - is regularly updated.

We know that robust plans are in place in all Boards, working with NSS, on the acquisition, use and deployment of PPE; including on local storage and stock activity to strike the right balance of need and supply. NSS will continue to carefully consider the potentially changing requirements for different types of PPE, as the expected increase in activity in a range of urgent areas rolls out; ensuring that there is a sufficient supply to maintain compliance with guidance. We would therefore continue to encourage detailed forward thinking on PPE supply in close conjunction with NSS.

Ensuring Plans are Robust and Informed

You will appreciate that it is particularly important you include Medical Directors, Nurse Directors, Directors of Public Health, Directors of Pharmacy, your staff side and unions in this work. In parallel, I will also be discussing this work with the Royal Colleges, professional and representative bodies, unions and COSLA. We will wish to consolidate your advice on local priorities with the advice from professional bodies and staff representatives as part of our agreement to your local plans.

The development of your next phase plans will also require the continued close involvement of your planning partners at both the local (e.g. Local Authorities and IJBs) and national level (e.g. National Health Boards); to ensure an effective whole system response, and that local people continue to be seen and treated in the right place; by the right person; and at the right time. We will be writing out to National Health Boards separately to ensure that they are informed of the need to support this work. National Boards will also need to produce their own next phase plans.

I am also conscious that the pressure on many of your staff will remain unprecedented; Boards will need to continue to offer enhanced and active support to ensure their wellbeing and safety. We also expect the plans to show how Boards have carefully considered the transport requirements for patients attending NHS centres; liaising with their local transport providers and building on the recent work undertaken in relation to Community Assessment Centres, which developed a range of local transport solutions.

In terms of the wider context, this request sits within the wider Scottish Government COVID-19 Framework to *Respond, Recover and Renew*; which looks to develop priorities and policies across sectors, focussed on improved population outcomes, in line with the National Performance Framework. NHS Board Chief Executives and others are already feeding into the scoping of this work, and you may wish to consider any emerging outcomes in your longer-term planning. We will continue to work closely across the health and social care system to ensure that our next steps align with, and contribute to, the longer term strategy.

Summary of Request

We are now asking you to submit your draft mobilisation plans for the next phase, covering the period to the end of July. Please note we anticipate that you will need to maintain a significant COVID-19 response in line with modelling assumptions. As such, we require that you set out in your revised plan which services can be re-introduced safely and on what timescale, whilst maintaining appropriate capacity to respond to COVID-19. The plans will continue to be informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to testing and PPE. Given the nature of the emergency, you will understand that much of this information is subject to frequent change. We will endeavour to keep Boards as up to date as possible on the key issues.

The first iteration of your Board's revised mobilisation plan for the next phase should be sent to me by noon on Monday, 25 May. Please also ensure it is also copied to NHSAnnualOperatingPlans@gov.scot. It is critical that appropriate consideration is given to financial sustainability as plans are taken forward; and we will to understand the financial and workforce challenges involved as part of our consideration of each plan. Given that we remain on an emergency footing, implementation of Board plans will be contingent on our agreement.

Yours sincerely

JOHN CONNAGHAN CBE
Interim Chief Executive, NHS Scotland