

NHS Greater Glasgow & Clyde	Paper No. 20/22
Meeting:	Interim Board
Date of Meeting:	Tue 19th May 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Dr Jennifer Armstrong, Medical Director

Paper Title

The Road to Recovery – Update 19/05/20

Recommendation

The Board is asked to note the progress in developing a system wide recovery plan

Purpose of Paper

To update the Board in the progress made in developing a system wide recovery plan for NHSGGC.

Key Issues to be considered

- Reshaping urgent care and responding to social distancing requirements
- Maximising digital opportunities to support timely clinical conversations with patients
- Supporting the redesign of mental health services in line with previous strategic plans
- Prioritising the resetting of acute services

Any Patient Safety /Patient Experience Issues

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better Care.

Any Financial Implications from this Paper

The financial implications of the strategic COVID recovery plan will be assessed as part of the planning process.

Any Staffing Implications from this Paper

There are likely to be a number of workforce implications, which will be progressed with Staff Partnership and HR as plans are developed.

Any Equality Implications from this Paper

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All plans will assess the impact on Equalities recovery.

Any Health Inequalities Implications from this Paper

All recovery plans will assess the impact on Health Inequalities.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

No

Highlight the Corporate Plan priorities to which your paper relates

Develop an overall recovery plan for NHS GGC, taking account of local, regional and national priorities to ensure a structured and phased approach to recovery, maximising the potential for redesign and new ways of working to support the overall MFT strategy.

Author: Fiona MacKay Associate Director of Planning

Date: 15th May 2020

The Road to Recovery – Update 19/05/20

1. Introduction

The Interim Board approved a paper on 5th May 2020 describing the principles and processes being put in place to develop a strategic COVID recovery plan for NHSGGC. This paper provides an update on progress made, which will form the basis of our final plan. On 14th May 2020, Boards were asked by the Interim Chief Executive of NHS Scotland for the next phase of their COVID-19 Mobilisation Plan. This work will also inform that response.

2. Governance

The Recovery Tactical Group and clinical advisors have worked closely with the Acute and the HSCP Tactical Groups to progress a number of workstreams. The group of clinical advisors has been extended to include representatives from nursing and Allied Health professionals. Staff Partnership are involved at all levels of the planning, and the Area Partnership Forum has received an update.

3. Acute Services

A template has been developed with eHealth to capture key information across all services. This will be completed by all specialties, working across sectors to ensure that priorities are consistent. It includes information about new services and ways of working, use of technology, waiting lists and financial and workforce implications. Each specialty has been asked to identify urgent and high priority needs based on national guidance and clinical knowledge. A cross system approach sees senior operational and planning managers work together with clinicians to support the work and ensure consistency. The output from these templates will be analysed and reviewed by the Acute and HSCP Tactical Groups in the next week. Specialties have been asked to maximise the use of eHealth, and the collection of this information will allow us to set a baseline and trajectory for increased use of Attend Anywhere and other remote consultation methods which will help patients receive timely and safe clinical care. This will also help the organisation to work effectively in response to social distancing requirements.

4. Mental Health

Similar information is being collected across mental health services, including CAMHS. This will allow us to demonstrate how urgent waiting lists will be prioritised and in what timescales. A model of care for mental health assessment has been established as part of the COVID response, and this has been successful in directing people with mental health problems to the appropriate service without a lengthy ED attendance. The service is consistent with the wider Mental Health Strategy for supporting unscheduled mental health care. Over the next few weeks, the model will be reshaped to ensure longer term sustainability and to link with Addictions Services.

5. Unscheduled Care

Access to emergency and urgent care had significantly changed during the COVID period, and the reduction in attendances gives us the opportunity to redesign services to support our drive to reach and maintain our 4 hour wait targets. Previous recovery planning to respond to escalation had identified areas for service change which we have been able to implement quickly in the last few weeks. With the need to keep staff and patients safe, and implement social distancing practices, we are developing plans to increase appointed urgent care and support increased use of video and telephone consultation. This early clinical conversation will ensure patients are quickly directed to an appropriate pathway which may not require a face to

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face consultation. A number of pieces of work are being quickly progressed while ED attendances remain at a lower level:

- I. Active ED direction/signposting – A consistent model, based on the learning from practices during the COVID period will be implemented in all GGC ED sites.
- II. Mental Health Assessment Unit – A reshaped sustainable mental health assessment model will be developed based on the assessment centre model established during COVID.
- III. GP assessment/triage – Work with NHS24 and primary care has begun to build on the learning of the community COVID hub and assessment centres.
- IV. Professional to professional advice – We will look to extend the use of Consultant Connect and other professional to professional advice systems.
- V. Communications/Engagement – The unscheduled care work will be underpinned by a strong public messaging campaign promoting the advantages of increased use of video and telephone consultation

6. Facilitating Remote Consultations

One of the barriers to increasing levels of remote out-patient consultation is the requirement for concurrent clinical investigations, especially blood sampling. Pre-COVID, a model of community phlebotomy was being developed in GGC with a single point of access for primary care. Models in other areas have been reviewed, and there are clear advantages to patients in being able to have a timely conversation with a clinician, informed by blood test results. To facilitate this, a redesign of traditional hospital/clinic phlebotomy services is being scoped.

7. Next Steps

Over the next week, this work will be brought together with work being progressed in Workforce and Workplace, to form a comprehensive recovery plan which will be brought to the NHS Board and will inform the response to NHS Scotland.