

## Re-mobilise, Recover, Re-design: The Framework for NHS Scotland



### Mobilisation Recovery Group

#### Note of Meeting 9

09:00-11:00, Friday 20 November, 2020 (via MS Teams)

#### Members Present (in alphabetical order)

John Burns	NHS Board Chief Executives' Group representative
Dave Caesar	Interim Deputy Chief Medical Officer, Scottish Government
Sandra Campbell	Convenor, Scottish Social Services Council
Iona Colvin	Chief Social Work Adviser
John Connaghan CBE	Interim Chief Executive, NHS Scotland
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, COSLA
Amy Dalrymple	Royal College of Nursing Scotland (deputising for Theresa Fyffe)
Nicola Dickie	Policy Manger, COSLA
Graeme Eunson	BMA Scotland (deputising for Lewis Morrison and will be replace him going forward)
Tom Ferris	Chief Dental Officer
Joe FitzPatrick MSP	Minister for Public Health, Sport & Wellbeing
<b>Jeane Freeman MSP</b>	<b>Cabinet Secretary for Health &amp; Sport (Chair)</b>
David Garbutt	NHS Board Chairs' Group representative
Cllr Kieron Green	Vice Chair, IJB Chairs & Vice Chairs Group
Philip Grigor	Scotland Director, British Dental Association
Annie Gunner-Logan	Coalition of Care and Support Providers
Clare Haughey MSP	Minister for Mental Health
Pauline Howie	NHS National Boards' representative
Jason Leitch	National Clinical Director (part of meeting)
Carey Lunan	Chair, Royal College of General Practitioners
Donald MacAskill	Chief Executive, Scottish Care
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Joanna Macdonald	Chair, Adult Social Care Standing Committee, Social Work Scotland
Peter Macleod	Chief Executive, Care Inspectorate
Kathryn McDermott	UNISON National Staff Side representative
Carolyn McDonald	Chief AHP Officer
Harry McQuillan	Chief Executive, Community Pharmacy Scotland
Patricia Moultrie	British Medical Association GP Committee (deputising for Andrew Buist)
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government
Diane Murray	Deputy Chief Nursing Officer
Peter Murray	Chair IJB, Chairs & Vice Chairs Group
James O'Connell	National Staff Side representative, UNITE
David Quigley	Chief Executive, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Alison Strath	Interim Chief Pharmaceutical Officer, Scottish Government
Ian Welsh	Chief Executive, Healthcare & Social Care, Alliance Scotland (part of meeting)
Carole Wilkinson	Chair, Healthcare Improvement Scotland
Andrea Wilson	Convener, Allied Health Professions Federation Scotland
Angela Leitch	Chief Executive, Public Health Scotland
John Thomson	Vice President Scotland, Royal College of Emergency Medicine
John Harden	Deputy National Clinical Director, Scottish Government

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### Apologies

Jane Anderson	UNISON representative
Marion Bain	Deputy Chief Medical Officer
Andrew Buist	Chair, GP Committee, British Medical Association
Linda Walker	National Staff Side representative, GMB
David Chung	Chair, Royal College of Emergency Medicine (now replaced by John Thomson)
Eddie Fraser	Chief Officers' Group representative
Theresa Fyffe	Director, Royal College of Nursing (Scotland)
Andrew Kerr	Health and Social Care Spokesperson, SOLACE
Richard McCallum	Interim Director, Health Finance, Scottish Government
Christine McLaughlin	Director for Planning, NHS Scotland, Scottish Government
Lewis Morrison	Chair of Scottish Council, British Medical Association (now replaced by Graeme Eunson)
Fiona McQueen	Chief Nursing Officer
Claire Ronald	National Staff Side representative, Chartered Society of Physiotherapy
Gregor Smith	Interim Chief Medical Officer
Linda Walker	National Staff Side representative, GMB

### In attendance

Donna Bell	Director of Mental Health, Scottish Government
Mairi Cameron	Strategic Reform, Scottish Government
Heather Campbell	Interim Deputy Director, Primary Care
Michael Chalmers	Director of Children and Families, Scottish Government
Alistair Cook	Principal Medical Officer, Mental Health
Richard Foggo	Director of COVID Public Health, Scottish Government
Derek Grieve	Director for Vaccinations Programme, Scottish Government
Aidan Grisewood	Interim Director, Primary Care, Scottish Government
Michael Kellet	Deputy Director, Scottish Government
Caroline Lamb	Director of Digital Reform and Service Engagement, Scottish Government
Helen Maitland	Director of Unscheduled Care, Scottish Government
Sean Neill	Deputy Director, Health Workforce
Gillian Russell	Director of Health Workforce, Leadership and Service Reform
Malcolm Summers	Head of Strategic Reform, Scottish Government
Yvonne Summers	Head of Operational Planning, Scottish Government

### Official Support

Catriona Bateman	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Sean More	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Andrew Fleming	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Marty Shevlin	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Jack Downie	Cabinet Secretary for Health & Sport, Scottish Government



## **Note of Meeting**

### **Item 1: Welcome & Introductions**

1. John Connaghan started the ninth meeting of the Group by welcoming attendees, noting that the Cabinet Secretary had been called to an urgent meeting but would be joining the meeting soon. He went on to touch on what was discussed at the last meeting, including an update on the pandemic and the Scottish Government's Strategic Levels approach to suppress the virus. He then mentioned the recently-published PPE Action Plan and the Adult Social Care Winter Preparedness Plan before updating the group on current and projected COVID-19 testing levels, noting that we are on track to meet the commitment to have testing capacity of 65,000 per day in Scotland by winter, with capacity at circa 30,000 in the w/c 16 November; and that the addition of three regional hubs in Grampian, Edinburgh and Glasgow will deliver an additional 22,000 tests per day by the end of the year. John also highlighted recent funding announcements.

### **Item 2 & 3: Note of meeting held on 30 October and matters arising**

2. No amendments to the draft meeting note had been received, and none were offered at the meeting. All items on the action log had been closed apart from items 33 and 34 which were ongoing. **The note of the meeting on 30 October was agreed and will be published on the Group's page on the Scottish Government website.**

### **Item 4: Winter Planning - Update**

3. The Cabinet Secretary joined the meeting and invited John Connaghan to update the Group on Winter Planning. John spoke to accompanying slides, reviewing where we have been up until now, and also focusing on future risks, particularly moving into January and February. John highlighted that, while across NHS Scotland there are 3,000 acute beds designated for COVID activity at this point in time, we need to plan to ensure we can respond to normal winter pressures, when demand typically grows by around 700-1000 beds.

4. Donna Bell spoke to the accompanying slides on the Adult Social Care Winter Plan, outlining the evidence-based approach which must be taken to protect people from the direct impact of COVID-19. She went on to highlight the critical issues affecting adult social care before touching on workforce issues, including the mental health and wellbeing of staff, recruitment and appointment, and staff movement.

5. Sean Neill spoke to the accompanying slides on the workforce and the work being done to ensure the right workforce is in the right place at the right time. Sean highlighted two broad themes to be addressed: firstly, looking at new jobs and new posts in the system, and secondly, effectively deploying existing resources to areas where they are needed most. He then spoke about working with boards to ensure the workforce can flexibly match peak in demand before finally touching on supporting staff wellbeing across health and social care.

6. John Connaghan ended this update by highlighting concurrent risks and the need to balance competing priorities, not least the demands on staff over the coming months and the maintenance of key critical services over the festive period and into early 2021, including in primary and community care; acute care including cancer care and screening and diagnostics; and social care.

## Discussion

7. The Cabinet Secretary invited comment on the presentation. Stuart Currie commented on the importance of being able to track delivery of the Adult Social Care Winter Plan to ensure any potential issues are picked up early and resolved at the earliest opportunity. He reflected that the feedback from local government colleagues is that they are content with the planning and engagement. It is recognised that the Plan is not finalised and set in stone, highlighting the importance of regular updates.

8. John Burns then spoke about the recently-published Clinical Prioritisation Framework, noting that in terms of planning care it allows and supports local flexibility. John described how the Framework can be used locally, setting out that in NHS Ayrshire & Arran there is a clinically led surgical restart group looking at how they are managing and balancing elective care, with priority around Priority 1 and Priority 2 cases. He went on to highlight bed assumptions as an important point at the moment in planning activity, and that plans will need re-shaped depending on a number of factors, including workforce availability, the prevalence of COVID-19, demands of winter, and COVID assumptions. He ended by highlighting the importance of the redesign of urgent care as a component in how they work clinically to support their citizens and minimise their attendance at A&E.

9. Dave Caesar spoke next on the different angles from which they must try to understand how best to optimise a reduction in the isolation period, as well as the use of all testing technology coming online. He stated that the original science around reducing social mixing is still the most effective way of reducing transmission. So whilst there is no news at this point on the isolation period and testing to assist with that, the learning from the mass testing programmes in England, and those that are likely to happen in Scotland from December, will be explored and will form part of the considerations going forward.

10. Donald MacAskill then spoke on the concerns around EU Exit, concerns that originate from what he felt was a lack of engagement at both local and national planning levels of social care providers. He then highlighted areas of concern such as stockpiling and clinical waste management. He stated that there needs to be robust engagement with social care providers in the planning process around EU Exit. Finally, Donald highlighted workforce as an area of concern, including how to balance guidance and evidence in terms of restrictions on the use of staff on multiple sites, with the availability of staff at a time of year when recruitment from outside of Scotland would normally peak but that isn't happening.

11. Annie Gunnar Logan spoke on the third sector, saying that they are still working hard to keep support in place, however a key concern is financial sustainability, noting that some services are operating at reduced capacity (or not at all) due to restrictions in place or staff self-isolation, however there are still costs to be met. Annie recognised that a significant sum of money has been allocated for that purpose and noted the funding must be used judiciously, and that one solution would be to redeploy staff elsewhere across the sector. However, at the same time, there are restrictions in place on the movement of staff. Having consistency and measures in place that are compatible would be helpful.

12. George Crooks asked if new treatments available are affecting length of stay. John Connaghan responded to say that we don't have enough evidence at this stage to say either way and that Public Health Scotland (PHS) would have to do a subset analysis on length of stay which we could then look at. Dave Caesar agreed that this needs to be formally evaluated.

13. James O’Connell then spoke on staff movement, stating first that it is worth being mindful of any contractual and legal implications of having staff providing cover one another, before reiterating the point already made about the conflicting priorities with restricting staff movement. He then went on to talk about staff rest and relaxation (R&R) hubs set up in hospitals, which he says were really welcomed by staff. He ended by highlighting the fact that the R&R hubs are being removed to increase clinical capacity; however, a focus on staff mental health and wellbeing needs to be maintained.

14. Carey Lunan spoke next on the whole system approach, highlighting the work they are doing to encourage GPs to get involved in work on winter pressures. She said that they are putting together a simple, high-level directory which will tell GPs who they need to speak to in their board area if they want to work out-of-hours shifts, making it as easy as possible for individuals to do that. She ended by welcoming the focus on awareness of interface working between primary and secondary care, stating that it improves safety and efficiency and allows GPs to sense-check whole system working. The Cabinet Secretary felt the work to make it easier for GPs to volunteer to cover out-of-hours shifts was important work.

15. Graeme Eunson spoke on the communications aspect of planned care, outlining the on-going concern with appointment letters to patients still advising of a 12 week treatment time guarantee for receiving treatment, when that is simply not realistic in the current climate. This is adding additional pressure in other parts to the system. He stated the importance of wide-reaching national communication across the country setting out that the health service is going to look different. The Cabinet Secretary noted both she and the First Minister put this message across publicly at every given opportunity.

16. Peter MacLeod spoke on the resilience of the social care workforce, echoing the comments already made, particularly in respect of deployment of staff and the need to recognise that this needs careful management. The Care Quality Commission in England are considering this, and the Pandemic Response Group are also looking at this. He then highlighted the point that we are again seeing the impact in care homes during this current phase of COVID-19, reminding us that there must be renewed focus in this area.

17. Andrea Wilson spoke about Allied Health Professionals being re-deployed in the first wave to support other critical services, and was clear that they remain supportive of working together and to redeploy AHP staff to support social care services, community care and primary care - for example, supporting the flu vaccination programme. However, this should not be done in detriment to the critical services provided by AHPs, such as the rehabilitation of those recovering from Covid-19, keeping people safe in their own homes to prevent admission to hospital, as well as other services that keep people safe, including children and young people’s services.

18. Patricia Moultrie picked up on Andrea’s point and agreeing the importance of using the right people in right place. Local systems need the flexibility to agree best use of GP time. Having Local Medical Committees as principle agents to work with Boards to agree what is best use of GP time in local systems, rather determined centrally, will be helpful and enables local system to change and adapt to local pressures and priorities.

19. Donna Bell, Sean Neill and the Cabinet Secretary then agreed that **issues raised will be picked up off-line, including EU Exit, workforce and the concerns raised around the loss R&R spaces for staff, which are seen as really important for staff health and wellbeing.**



20. Finally, on **national messaging on the 12 week treatment time guarantee**, **John Connaghan advised that work on communications, both at local and national level is under consideration, and John will pick up at the next Chief Exec meeting**, and that, on James O’Connell’s point regarding workforce, that he **(John) will speak to Sean Neill offline about whether or not health board websites clearly flag what support is available to staff**.

### **Item 3: Reform of Unscheduled Care**

21. Helen Maitland spoke to accompanying slides about the ongoing work on the redesign of unscheduled care, discussing the work which has been carried out with NHS Ayrshire & Arran acting in a pathfinding capacity. She gave a broad update on how NHS Ayrshire & Arran are faring with the project so far, noting that a great deal of learning has come from the initial stage of the project, and that early feedback from both staff and the public has been positive. She then gave an update on how NHS 24 is doing with regard to the project, and again, the feedback was very positive. She went on to speak about the independent review from a team under Sir Lewis Ritchie before finally touching on the project’s national readiness to roll out.

### **Discussion**

22. The Cabinet Secretary invited comment on the presentation starting with John Burns. John reported on some of the positive feedback from patients and their families on their experiences of the new service. He said that he feels they are seeing real benefits in the care they are providing to citizens. He mentioned that there have been some issues in terms of workforce in relation to staff understanding of the process, and he feels that time needs to be invested in communication and relationship-building. He went on to highlight the ever-evolving nature of services and that they have refined, and that they have found the learning process incredibly helpful in allowing them to refine their approach. He then spoke about the importance of the relationship with the Scottish Ambulance Service (SAS), saying that he thinks there is more opportunity for communication between the health board and the SAS. On workforce, he said that they have populated the new area with volunteers, but the way forward would be to embed this with core staff so it becomes a core component of what they deliver as an urgent care service. Finally, they are undertaking a self-assessment to contribute to the work led by Sir Lewis Ritchie which will provide an assessment on whether project is ready to move to a broader roll out. This will be available for discussion on Monday (23 November).

23. Sir Lewis Ritchie thanked those involved for their work to date and said that he will be in a position to discuss this further following the submission of his report on Monday.

24. John Thomson asked a question of Helen Maitland regarding the earlier presentation, highlighting one slide which mentioned patient choice after clinical assessment. John asked how this lines up with “right care, right place, right time” and if that means the patient can then choose to attend the emergency department. He then highlighted a concern about the sustainability of using existing staff to take on these new roles without having another workforce model in place, especially at such a busy time for the health service.

25. Graeme Eunson then asked how successful this project has been, and whether or not we have data on emergency department footfall; and who NHS Ayrshire & Arran’s senior decision makers are in the Flow Navigation Centre – what are their long-term staffing plans, and have they planned for rolling this out across the whole area?

26. John Burns addressed Graeme Eunson's questions. On emergency department footfall, he said that it's hard to be definitive about the impact given that the impact Covid-19 had on reducing footfall by itself, but they are seeing a difference in how they can support demand for emergency department/minor injuries, and that early feedback reflects that scheduling has had a positive impact on patients and staff. John said it is also worth noting that the media message so far has been directed through social media, and that there is likely to be a wider impact as a result of print and broadcast media, and that will begin imminently. On Graeme's second question, John said that the decision-makers are a small number of GPs, some GPs with an extended interest in Ayrshire, but not taking away from general practice. Emergency department consultants are also providing support. John agreed with Graeme's point on sustainability, saying that they are keen to take a multi-disciplinary approach. He finished by saying that they have also incorporated home working into the system, and they are aware that they need to be flexible in their thinking to achieve the best results.

27. Stuart Currie made the point that word of mouth is the best communication possible. He said that once people have confidence in the system, they will talk to their friends and neighbours about it.

28. Carey Lunan stated that a big part of the success so far seems to be the support offered, which has been crucial to the whole-system understanding of why this change is needed and how it can work effectively. She said that she is keen to know, from a patient experience point-of-view, are we changing the behaviours of the right people? Recognising that behavioural change takes time, she wondered, are we changing the behaviour of people who would have self-presented to the emergency department, or are we changing the behaviour of the group who would have called their GP? She then asked are there particular demographics that this is working well for and those that it isn't?

29. The Cabinet Secretary and Helen Maitland summarised the main points raised, reiterating that they are keen to get this project on a strong foundation. **Finally, the Cabinet Secretary said that Sir Lewis Ritchie's views and any decisions about roll-out plans will be shared with this group.**

#### **Item 4: Vaccination Programme**

30. Caroline Lamb spoke to accompanying slides, giving an overview of where we are and what we know currently about the coming vaccinations, including the different companies producing vaccines, quantities and delivery, and the priority cohorts who will be our first target group to receive the vaccine.

#### **Discussion**

31. The Cabinet Secretary described this as a "whole public service approach," stating that colleagues in local government will be critical in working alongside the Scottish Government in the delivery of vaccines. She mentioned the use of local government premises which can be used as local clinics, and that the armed forces will be there to help with the non-clinical side of the project. **A further update will be provided at the 11 December meeting.**

32. Miles Mack asked if we can be sure that who is being immunised will be entered into GPs' electronic records.



33. Caroline Lamb said that this is fundamental, and that planning is based on the assumption that there will be two ways that things are recorded: in the app and in the GP data entry system. She said that in order to ensure this is all consistent, they have mapped the data fields across the systems, and the data flow is already set up in the app so it feeds into the GP IT system. They are also looking at methods to get this to flow into acute hospital systems. Finally, she said they are working to get additional data fields in both systems so they can be consistent about what they are asking GPs to record, giving Public Health Scotland (PHS) a simple job in analysis.

34. Amy Dalrymple requested an update on vaccinator workforce planning so far. Caroline Lamb advised that boards already have a significant vaccination workforce to deliver the seasonal flu vaccine, and that work is underway to ensure that as the seasonal flu campaign scales down and the COVID-19 vaccine scales up, this workforce is used effectively. She went on to say that they recognise that the workforce will need to be expanded, including all of the administration and support that goes with it. She said that we are engaging with the military for help in managing people going through vaccination centres in a COVID-safe way, and that the compliment of health and social care workers is increasing. Finally, she said that this is a whole-service approach, and that work has been on going with local authorities and the voluntary sector to support people going through vaccination centres.

35. Graeme Eunson asked whether the mRNA vaccine interferes with the proposed Innova Lateral Flow Test rolling out to NHS staff. He said that the current 0.38% false positive rate could be pushed up by immunisation. **The Cabinet Secretary said they will take that question offline and ensure that someone gets back to Graeme with an answer.**

#### **Item 5: Any Other Business and Future Meetings**

36. There was no other business. The Cabinet Secretary invited Group Members to approach the Secretariat with any suggestions for agenda items at future meetings. The next meeting is scheduled for Friday 11 December, starting at 09:00. **An update on Covid-19 vaccination and resilience planning and a winter update will be on the agenda.**

37. The meeting closed with the Cabinet Secretary thanking all presenters and Group members for their valued contributions.

**Scottish Government  
20 November 2020**