

Mobilisation of key clinical services

Analysis based on Mobilisation Plans and other Health Board data

June 2020





Introduction:

- On 31 May, the Scottish Government published *Re-mobilise*, *Recover*, *Re-design*: the Framework for NHS Scotland. The Framework sets out how NHS Boards will follow national and local clinical advice in order safely and gradually to prioritise resumption of some paused services over the coming weeks and beyond, while retaining sufficient capacity to deal with COVID-19.
- NHS Boards have now submitted their plans to safely and incrementally remobilise services which had been paused due to Covid-19, in the period to the end of July this year.
- This paper provides a headline summary of the position on a Board by Board basis, broken down into individual specialties.

Information shown on slides:

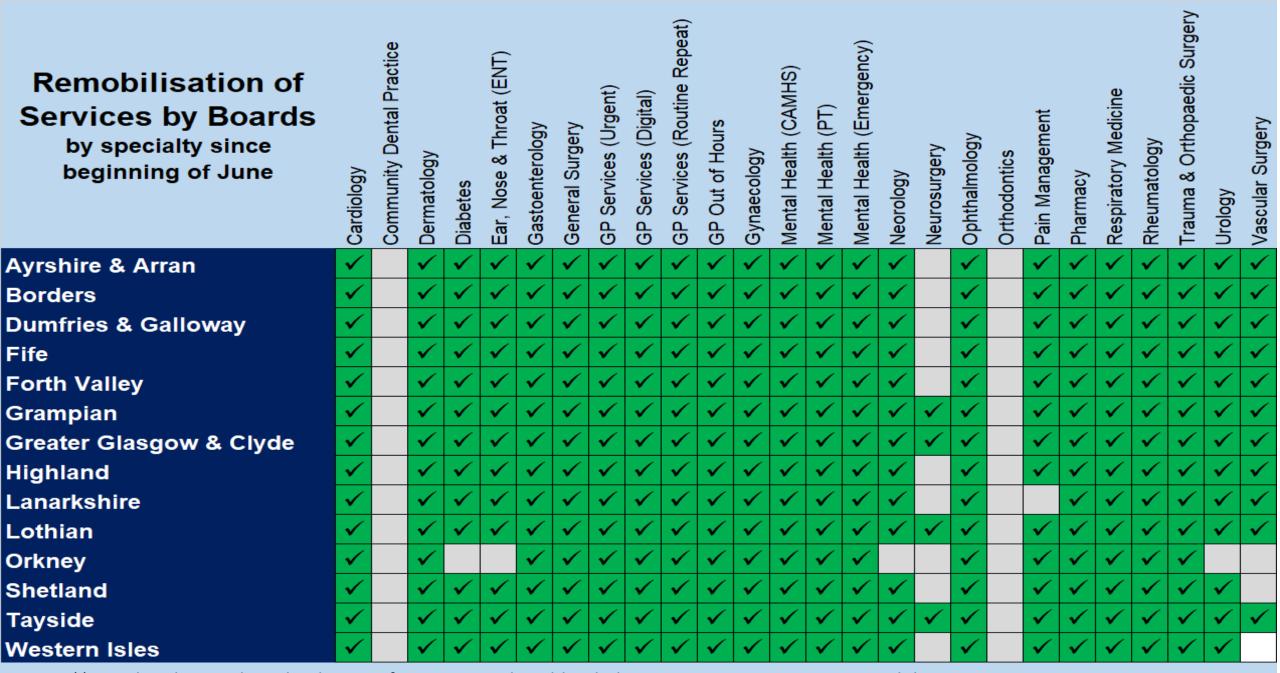
- The first slide details **plans for services** to the end of July and is based primarily on information provided by Health Boards in their mobilisation plans.
- The second slide covers services at **specialty level** since the beginning of June and is based primarily on weekly management information collated by Public Health Scotland.
- The final slide notes some examples of innovations which have taken place recently and are now being embedded into business as usual.

Important notes:

- Services are being mobilised on a phased and clinically prioritised basis.
- There will be a **phased and prioritised** recommencement of some **screening services** from 29 June, with final plans subject to Ministerial approval. The slide assumes that this approval will be in place.
- The extent to which Boards are able to return to **full service** is likely to be **restricted** by Covid related limitations such as physical distancing.
- The majority of activity relates to **urgent patients**, with a small number of non-urgent cases expected to recommence in the coming weeks. Where a service is ticked it does not necessarily imply a full resumption of all urgent and routine services.
- Activity in relation to both urgent and non-urgent patients is being supported by the embedding of innovations such as video consultations and patients should expect to see **new delivery methods** for many resumed services.
- Management information is not fully validated, but is sufficiently accurate to give an overview of activity.

| Remobilisation of Services by Board prior to end of July | Inpatient (Urgent) | Outpatients (Urgent) | Outpatient Referrals (Urgent) | Cancer 31 day | Emergency Admissions | A&E Attendance | Dentistry (Urgent) | Dentistry (Routine) | Optometry (Urgent) | Optometry (Routine) | Pharmacy (Community) | Pharmacy (Pharmacy First) | Mental Health (CAMHS) | Mental Health (PT) | Mental Health (Emergency) | Diagnostics (CT) | Diagnostics (MRI) | Diagnostics (X-Ray) | Diagnostics (Ultrasound) | Diagnostics (Upper Endoscopy) | Diagnostics (Lower Endoscopy) | Diagnostics (Cystoscopy) | Diagnostics (Colonoscopy) | Maternity | Paediatrics (Urgent) | GP Services (Urgent) | GP Services (Digital) | GP Services (Routine Repeat) | GP Out of Hours | NHS 24 | Ambulance Service | High Priority Screening (Bowel) | High Priority Screening (Cervical | High Priority Screening (Breast) | High Priority Screening (AAA) |
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| Borders | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | ✓ | \checkmark | ✓ | \checkmark | \checkmark | \checkmark | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | \checkmark | \checkmark | \checkmark |
| Dumfries & Galloway | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | ✓ | \checkmark | \checkmark | \checkmark | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | \checkmark | \checkmark | ✓ |
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| Lanarkshire | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
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| Orkney | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Shetland | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | ✓ | ✓ | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | \checkmark | ✓ |
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| Western Isles | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | ✓ | ✓ | ✓ | ✓ | \checkmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | \checkmark | \checkmark | \checkmark |

Note: Pharmacy First is listed as "amber" because it will be launched at the end of July, with interim measures such as extended Minor Ailments Service in place in the interim.



Notes: (i) Graphic shows a broad indicator of major specialties blended across inpatient, outpatient and day case activity;

(ii) where a service is not shown as having restarted, emergency service is available but not necessarily in the same Board area.

Building Innovation – Examples of Good Practice



- Since the beginning of March, there has been an increase from 300 to 14,000 per week Near Me video consultations.
- Over 100k video consultations have been undertaken over a wide range of specialties. E.g. 21k consults across mental health
- Growth has also been demonstrated across a range of outpatient services, particularly paediatrics (5k), oncology (1.6k) and neurology (1.4k).



- vCreate
- During the coronavirus pandemic, the secure video service was expanded for use in a 9-day compressed rollout to all adult and neonatal ICUs across Scotland, to help keep families connected to their loved ones.
- Patients and family report that it has reduced anxiety and it can help improve staff morale.



- Advanced ervice Practitioners in **Urgent** and **Community Care** (APs) aligned to a telephony/VC **Ambulance** triage/teleconsultatio n role for selected clinical presentations: timely support to patients and a better understanding of clinical needs. cottish
 - The team is now triaging around 10% of 999 demand, with around 45% of these patients managed without the need for a traditional ambulance response.

Review

Initiated

Patient

- NHS Borders have introduced Discharge Patient Initiated Reviews (PIR) which avoids patients attending unnecessary review appointments by discharging the patient with the option for them to opt-in back in directly to the service when support is needed.
- As a result, NHS
 Borders have
 reduced their
 return waiting list
 size by 30% from
 6th April to 4th May.



ssessment

Hubs

ommunity

- COVID-19 hubs were established on 23 March to provide exclusive triage and face to face assessment of patients with symptoms away from GP Practices and out of hours services towards assessment centres, over 49 in operation.
- Between 23
 March and 24
 May, 63,472
 people had a
 total of 75,976
 consultations



- NHS Western Isles have introduced Active Clinical Referral Triage (ACRT) in recent months which supports enhanced vetting of new patient referrals ensuring patients are placed on the most appropriate pathway at the outset and don't wait in unnecessary queues for face to face appointments.
- As a result, during the COVID period, NHS Western Isles have optimised this process to further reduce their outpatient waiting which is now half the size compared with January 2020.