

Health and Wellbeing Boards update

December 2021

1. Omicron emergency boost

- On 12 December, the Prime Minister, together with the NHS, launched an urgent national appeal calling for people to get jabbed.
- It came as the UK Chief Medical Officers increased the UK Covid Alert Level from Level 3 to Level 4 due to a rapid increase in cases of the Omicron variant.
- Recent data suggests that vaccine efficacy against symptomatic infection is substantially reduced against Omicron with just two doses, but a third dose boosts protection back up to over 70%.
- Between 8 December 2020 and 12 December 2021 973,122 first doses have been given in Devon while 904,812 second doses have been given and 486,736 third and booster doses. A total of 2,365,868 doses
- There is still need for ongoing caution and we will continue to be very clear around the need for regular self-testing, hand washing, use of masks and social distancing.
- Even after a long, difficult and intense year, teams across Devon have rallied and are providing additional capacity to help us achieve our target – their dedication is outstanding. Thank you also to everyone who continues to come forward for the vaccination.

2. The Devon response

- The NHS in Devon is rising to the challenge, working flat out to deliver jabs, save lives and ensure the NHS is not overwhelmed this winter with an influx of Omicron cases.
- In Devon, we need to increase the average number of weekly vaccinations given from 55,000 to 112,000 - this is a huge task at short notice and people in Devon are being thanked for their patience while arrangements to increase capacity are made.
- Local people are asked to be patient with staff and volunteers, who are continuing to work tirelessly. Most patients are polite, but too often, verbal abuse is leaving staff in tears and deeply distressed as they seek to do their job. In the words of Emergency Department consultant Dr Tony Hudson, of the Royal Devon and Exeter NHS Foundation Trust: "We do everything we can to get people the care they need as quickly as possible while ensuring those with the most urgent needs are prioritised. In return, we ask that people continue to be polite, patient and respectful towards us - kindness makes such a difference to our day."
- To deliver the ramped-up vaccination programme, NHS staff will need to be redeployed away from non-urgent services. This means that all primary care services will focus on urgent clinical need and vaccines, and some non-urgent appointments may be postponed until the New Year.

- Additional capacity is always being added to the national booking service (NBS) and demand is high so the advice is to persevere and keep checking back but please do not phone your GP about vaccinations - they will contact you if needed, and they cannot help with national booking service enquiries.
- Drop-in/pop-up clinics will be advertised through media and social media when they are available and when sites have availability.
- We will prioritise people who are housebound and those who are vulnerable.
- When attending vaccination sites, be prepared for a wait. Bring warm clothes, a flask of tea, anything that helps you while you wait. Staff are doing everything they can to get you seen, so please be kind and bear with them. If you are frail or have mobility difficulties, or if you are pregnant, there are people looking out for you to take you to seating areas and if you need help, please tell a marshal.
- Use public transport where possible when accessing vaccination sites as demand is high and traffic congestion has been reported at many sites.
- Across our hospitals some of the sickest patients in intensive care are not vaccinated. You stand the greatest chance against Covid if you are triple vaccinated, and if you haven't had any yet, the more you do to progress your vaccination status the better protected you are against Covid.
- Dr Sarah Wollaston, newly appointed leader of Devon's health and care system, has urged people who haven't yet had a Covid-19 vaccine to reconsider. Dr Wollaston has been volunteering as a vaccinator alongside GP teams in Exmouth – *see picture*.



3. Increasing vaccinations in Devon

Large vaccination centres

- Have moved to seven-day-a-week operation (subject to fixtures at Home Park, Plymouth)
- Have extended their opening hours, in many cases to midnight, and in some cases beyond
- Vaccinations will be offered at the majority of sites on the Bank Holidays of Monday 27, and Tuesday 28 December (but staff will be given a well-earned break on Christmas Day, Boxing Day and New Year's Day)

Vaccination centres run by GP practices / primary care networks (PCNs)

- At present, there are 20 GP led Local Vaccination sites across Devon
- Two thirds of the GP practice groupings (PCNs) are offering Covid vaccination clinics
- Many sites have added additional clinics and extended their opening hours and days for these sites
- The remaining PCN's have all agreed to support the vaccination programme over the Christmas period either through providing pop up clinics or providing staff support other vaccination clinics.

Community pharmacy

- Opening hours and days of operation are being extended
- Discussions are taking place to bring more community pharmacy sites online

Outreach programme

- Staff are being redeployed to support the programme
- Further clinics are being arranged in isolated, rural and very popular (for example, Exeter city centre) locations, as well as places where uptake is known to be lower

Additional measures

- An additional site has been reopened at North Devon District Hospital in Barnstaple and appointments are available through the national booking service
- We are redeploying staff wherever possible to help as vaccinators and administration support to the programme
- A coordinated media and social media campaign by health and care partners is underway to encourage people to take up their vaccine
- A drive-through service has been set up at Greendale, Exeter and will be opened during periods of high footfall at the center/
- The number of walk-in and pop-up sessions have increased

4. Impact on local NHS services

- We are clinically prioritising services in primary care and across the NHS to free up maximum capacity to support the COVID-19 vaccination programme over the next few weeks, alongside delivering urgent or emergency care and other priority services such as cancer
- That could include pausing routine and non-urgent care and redeploying staff to support delivery of COVID-19 vaccinations
- This means some appointments will need to be postponed
- Further guidance is expected from the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA)
- Following the Government's call to accelerate the Covid-19 booster vaccination programme, the majority of our GP practices have, at very short notice, reallocated the majority of their workforce to delivering Covid-19 vaccines over the next two weeks.
- Patients should continue to contact their GP practice for urgent health advice, but are urged to consider calling in the new year if it can wait, or if they can get help from another service such as a pharmacy, to allow teams to prioritise delivery of the vaccination programme.
- There is a wealth of self-help health information on the NHS website – www.nhs.uk – including reliable guidance on managing common winter illnesses. The [HANDi paediatric app](#) has been developed by paediatric consultants for parents and provides access to home care plans, as well as GP and hospital clinical guidelines, for the most common childhood health care conditions.
- Cancer checks will continue to be prioritised. People who are concerned about symptoms which could be cancer should continue to contact their GP. This could include a new lump, blood in wee or poo, or a condition that isn't getting any better. People will be seen in person if they need to be examined, but most conditions can be discussed by phone, or by video call with a clinician.
- Please be kind to the reception team who are working under huge pressure to help everyone get the help they need this winter.

5. Integrated Care System for Devon – leadership appointments

- **Dr Sarah Wollaston** has been appointed chair of the Integrated Care System for Devon (ICSD) for the next 12 months. Dr Wollaston, a practising GP in Devon, was MP for Totnes from 2010 to 2019, during which time she served as chair of the Health and Social Care Select Committee in the Commons for five years.
- Dr Wollaston succeeds **Dame Suzi Leather**, who has chaired the Devon health and care system since 2018.
- Dame Suzi had announced that she would not be seeking further office as the chair of the ICS for Devon. However, she agreed to continue in the role for a short period after a national recruitment process run earlier in the year did not appoint to the position of Chair Designate for Devon's new Integrated Care Board (ICB).
- Dr Wollaston, who lives in South Devon, has worked in hospital and primary care settings and returned to clinical practice during the pandemic as a GP and to help with the COVID vaccination programme. She was recently awarded an honorary fellowship with the Royal Society of Medicine in recognition of her work in public health and scrutiny of health policy.
- **Jane Milligan** has been formally appointed to the role of Chief Executive Officer for the new Integrated Care System for Devon (ICSD), when it officially comes into being from 1 April 2022.
- Following a rigorous national process for all new ICS Chief Executive Officer posts, NHS England has now approved Jane in this role. Jane joined the Devon system in April 2021, having previously worked in north east London.

6. Winter pressures

Factors causing the pressures include:

- Sustained demand for Covid beds. Although numbers are currently lower than previous waves, there is a significant impact on beds and staffing available for other patients including those who are due to undergo planned procedures
- High numbers of people attending emergency departments (ED) - many of these patients are very unwell and need to be admitted into hospital beds. Bed occupancy is very high in all our hospitals.
- People using ED inappropriately. People who have an emergency should attend ED but those who attend for treatment for minor conditions will have a very long wait and are putting unnecessary pressure on these already stretched services. Only use an emergency department in a genuine emergency.
- Delays in discharging people from hospital. Existing pressures are impacting on social care providers' ability to deliver their services, meaning that care packages in the community are difficult to resource. This means that there are many people in hospital who are ready to leave, consequently we can't use their beds for patients who are waiting in ED. The NHS is working with [local authorities](#) on a number of [measures](#) to relieve these pressures.
- Pressure on staffing due to staff absences and job vacancies - there are vacancies across the health and care system. For example, we need at least 1,000 more social care workers locally and there currently 1,400 NHS vacancies in Devon.
- Demand for NHS 111 is up to 12% higher than expected on some days

7. Devon Long Term Plan

- A working group has been established to oversee the development of the Long-Term Plan Case for Change and the Business Case for any possible public consultation.
- The group includes Liz Davenport (CEO lead for the Long Term Plan); Carol Beckford, who has joined to support the planning of the Plan; Dr Rob Dyer, who is supporting and working with clinicians and others to develop the case for change; Dr David Greenwell, and a communications representative.
- The Group are looking to develop three versions of the Plan, tailored to specific audiences:
 - A summary version, which will be used within the system to set out why change is needed.
 - A longer technical document (primarily aimed at clinicians, senior leaders, and regulators) with greater detail on the drivers for change and the impact, costs and benefits.
 - A public-facing document that explains the proposals simply and coherently. This will be supported by a wide range of other channels to reach as many people as possible.
- The Case for Change will take a population health lens, not just an acute agenda, with strong financial and business intelligence components.
- The next steps are to finalise and agree the timelines, and process for involving the public and stakeholders.

8. Emergency Department Survey Report

- NHS Devon Clinical Commissioning Group commissioned Healthwatch in Devon, Plymouth, and Torbay to [engage with people using Emergency Departments in Devon](#).
- Healthwatch volunteers and staff conducted surveys in four emergency departments (EDs) across Devon: Torbay Hospital (Torquay), Derriford Hospital (Plymouth), North Devon District Hospital (Barnstaple), and the Royal Devon and Exeter Hospital (Exeter).
- 407 people completed the surveys across the 4 EDs in Devon.
- Healthwatch also gathered feedback via its three local websites from people who had used one of the four EDs in the past two months.

Next steps

- The findings were shared extensively within the CCG, with urgent care leads, hospital trusts and other partners, where the approach, engagement and findings was welcomed.
- The CCG has used these detailed findings to help improve services, patient experience and access to services across the system.
- In response to this report, the urgent care system in Devon is developing an action plan and has discussed the findings at a system-wide urgent care summit. This action plan will determine the issues that need to be addressed within the wider system.