

Portsmouth City Council Health Overview and Scrutiny Panel
17 September 2020

Portsmouth Hospitals University NHS Trust update

Portsmouth Hospitals University NHS Trust (PHU) is updating the Health Overview and Scrutiny Panel on the following items of interest:

- NHS 111 early mover
- Trust response to COVID-19

1. NHS 111 first early mover

1.1 Introduction

This paper provides an update on implementation of a new initiative that provides an additional, more convenient way for patients in Portsmouth and South East Hampshire (PSEH) to access urgent care via an enhanced NHS 111 service.

1.2 Background

The COVID-19 pandemic has had a significant impact on the delivery of NHS services and on the ways in which our communities choose to access healthcare. Patients have accessed NHS care in different ways locally, choosing to seek alternatives to presenting at the Queen Alexandra Hospital (QAH) Emergency Department (ED), including contacting NHS 111, their GP, or their local Minor Injuries Unit, Urgent Treatment Centre or other services.

The period of restricted movement introduced in the UK to help reduce the spread of COVID-19 led to a sharp reduction in patients attending Emergency Departments including at QAH, and an increase in patients instead contacting NHS 111 in the first instance.

However during the course of the past weeks and months there has been an increase in patients attending EDs locally and across other parts of the country.

On 30th June 2020, Stephen Powis, Medical Director of NHS England and NHS Improvement, announced at the Health and Social Care Select Committee that Portsmouth would be one of two areas to pilot a “call first” approach before attending their local Emergency Department (ED).

An ambition that all systems will have implemented a minimum specification of the clinical model by December 2020 was set out at the NHS England and NHS Improvement Board Meeting in Common held on 28 July 2020.

Portsmouth University Hospitals NHS Trust (PHU), South Central Ambulance Service NHS Trust (SCAS), Primary Care Alliances, out-of-hours providers and local Clinical Commissioning Groups continue to work in partnership to provide this additional, more convenient way for patient to access urgent care at Queen Alexandra Hospital (QAH) in Portsmouth.

1.3 Enhanced access to urgent care

Working with our partners, we continue to support patients in our communities to access the clinical service they need, the first time. In-line with national guidance, if a patient in Portsmouth and South East Hampshire needs medical help and it is not a life-threatening emergency, they are encouraged to call 111 first. If the patient's condition is not assessed as being a medical emergency but they are advised to attend the ED at QAH, their health advisor will book them a time slot to attend where clinically appropriate. Their advisor can also direct the patient to a more appropriate NHS service depending on their needs, such as:

- Their GP practice
- A local pharmacy
- St Mary's Urgent Treatment Centre in Portsmouth
- Petersfield Community Hospital Minor Injuries Unit
- Gosport War Memorial Hospital Minor Injuries Unit

Working with our partners, as of 2 September, more than 1,120 patients have attended a booked time slot at the ED at QAH. The ED remains open at all times and anyone experiencing a medical emergency can still attend the department or call 999.

The safety of our patients remains our highest priority and this initiative helps us to keep our patients safe with social distancing in our Emergency Department, while supporting patients to access the right care, the first time, in a more convenient way.

1.4 Clinical Assessment Service

This initiative is supported by a Clinical Assessment Service (CAS) which is run by local GPs who receive details from NHS 111 of patients in Portsmouth and South East Hampshire who may be better cared for in areas other than the ED at QAH.

The support of the CAS has been instrumental in providing timely triage for patients, in turn reducing the numbers of patients requiring ED or ambulance services and directing patients to more appropriate services for their needs. This had included giving self management advice, signposting to local pharmacies, redirecting patients to Minor Injuries Units or Urgent Treatment Centres or booking patients back in to primary care where appropriate.

1.5 Full system test days

Four test days have now been held to robustly test the full clinical model. During these test periods, patients attending the ED have been directed to one of six iPads, or a telephone if they prefer, which have been installed at the front door to the department, to contact NHS 111 where appropriate.

All patients who walk in to the ED continue to be assessed in a timely way and receive emergency care and treatment, should this be required.

1.6 Next steps

Findings from the four full system test days are currently being evaluated. Final recommendations on the clinical model are due to be presented to the Project Board in September.

Further updates will be provided to members as the initiative develops.

2. Trust response to COVID-19

2.1 Introduction

This paper provides an update on our response to the COVID-19 pandemic, which remains a priority for the organisation and has a significant influence on our planning for the months ahead.

Local prevalence of COVID-19 has reduced in-line with the national picture. We continue to implement all national guidance as we monitor and respond to emerging evidence about COVID-19, prevalence of the virus and impact. Regular Gold command meetings are ongoing and continue to support our clinically-led decision making.

We continue to work closely with organisations across the Hampshire and Isle of Wight Local Resilience Forum on a co-ordinated response to the pandemic and with our partners on plans to support restoration and recovery.

2.2 Risk assessments and support for our staff

We continue to take action to support colleagues identified as being at higher risk from COVID-19.

In-line with initial national guidelines we have carried out risk assessments for groups of staff or individuals who are at higher risk due to pregnancy, age or underlying health conditions.

Mark Cubbon, Chief Executive, has written to all staff from ethnic minority communities to explain support offered by the Trust and has met with colleagues via our Race Equality Network and across the organisation to understand concerns. Following these discussions and in-line with national guidance requirements, colleagues from ethnic minority communities were asked to complete a work health assessment with their manager.

Additional support is being provided to help any remaining members of staff to complete their assessments.

As we continue our focus on supporting the health, safety and wellbeing of colleagues we have extended risk assessments for all colleagues who have not been assessed to date, to date, to understand whether there are additional staff who may be vulnerable to the virus and recommend where further action is needed.

2.3 Health and wellbeing support

We have a range of support available for all our staff covering emotional, social, financial and physical wellbeing. Our staff support line and manager support line continue to be open daily to provide advice, guidance and access to professional occupational health support and welfare services.

Colleagues raised the need for a more suitable multi-faith prayer room and we have created an additional, bigger prayer room with an accompanying wash and change room. We asked colleagues about the support they would find most helpful and are prioritising short and longer term counselling and practical support such as additional locker space, outside benches, cycle storage and a fruit and vegetable stall. We continue to monitor the uptake of the services on offer and modify the support in response to feedback we receive.

2.4 Testing

We have continued to support the national testing strategy, providing antigen swab testing for patients, staff and their families. Our testing programme supports the track and trace strategy to identify individual incidences of infection. Anonymised results from the nationwide testing programme also provide information on the prevalence of COVID19 in different regions of the country and help better understand how the disease spreads.

At the end of May, we also began antibody blood tests for individuals across the Trust and for our healthcare system partners. The blood test demonstrates that someone has developed antibodies as a result of having COVID-19 in the past. In-line with national expectations, all staff have been offered an antibody test and 82% have taken up the offer.

We are recruiting healthcare workers to the national SIREN study, which will help establish whether antibodies indicate immunity to COVID-19.

2.5 Clinical research trials

The Trust is taking part in a number of COVID-19 clinical trials, providing the opportunity for patients to participate and increasing the potential to develop treatments that benefit patients quickly. The RECOVERY trial is testing a range of potential treatments for COVID-19. The REMAP-CAP trial for critically ill patients with community acquired pneumonia uses an innovative trial design to evaluate multiple interventions simultaneously.

In June we saw the announcement of the first positive results from the RECOVERY clinical trial, with the steroid Dexamethasone shown to reduce deaths by one third in ventilated COVID-19 patients and by one fifth in patients requiring oxygen. Our PHT team recruited 117 patients to the trial, giving our patients the opportunity for new treatments and making us the seventh largest contributor of the 176 UK recruiting sites. We have now incorporated the treatment into the clinical care of our patients.

2.6 Support from colleagues, local communities and partners

Throughout the pandemic, the entire workforce across our organisation have been exceptional, changing shift patterns and working practices, undertaking additional training and redeployment, working from home and introducing essential new processes and procedures. Our volunteers continue to support patients, their families and loved ones, while playing an essential part of our work every day. We are extremely grateful for the continued support for our staff from our local communities.

Our thanks go to our local communities for their positive response to the national lockdown measures, a crucial factor in preventing transmission of the virus in Portsmouth and South East Hampshire.

Local co-operation between health and social care partners is also a fundamental part of our collective response to the virus. We appreciate the increased levels of support and collaboration that our partners have provided and this will continue to be key in the months ahead.

2.7 Phase Three Plan

Throughout the COVID-19 pandemic we have prioritised the delivery of urgent and cancer work. We achieved all of our waiting time targets for the diagnosis and treatment of cancer in June and have a plan in place to safely increase the volume of elective activity based on clinical need. We continue to prioritise urgent and cancer services for our patients while increasing capacity for routine elective patients, maintaining patient safety and following all national guidance to reduce the risk of COVID-19 transmission.

In this third phase of COVID-19 our priorities include safely increasing our capacity for non-COVID-related health services in-line with our plan, while preparing for winter and maintaining our preparedness for additional COVID-19 patients and potential local outbreaks of the virus. We have contributed to the development of the local outbreak plans created by Portsmouth City Council and its partners, and by Hampshire County Council, and continue to work closely with our partners on plans to support restoration and recovery.

Our plan also includes arrangements for supporting the extended flu immunisation programme and the potential impact of EU exit and continued support for individuals and team across the organisation.

We have appointed a Director of Recovery to lead this complex piece of work across all four divisions and corporate areas of the Trust until March 2021.

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