

Written Ministerial Statement

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Department of Health

WINTER PREPAREDNESS

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Mr Swann (The Minister of Health): The health and social care system is facing another incredibly challenging winter. COVID-19 continues to circulate and we are likely to see other infections, such as winter flu, adding to pressures this winter. The ongoing cost of living crisis is also expected to impact on population health with resulting demand for Health and Social Care (HSC) services.

Our workforce continues to experience relentless pressure. I would like to take this opportunity to thank all health and social care staff across all areas of the service including primary care, community care, the independent sector and secondary care for their tremendous effort and commitment. Your continued resilience is needed now more than ever to see us through this winter.

In this difficult context, I have asked the health and social care system to comprehensively plan and prepare for what lies ahead. This winter planning spans across all service areas and this statement summarises the extensive plans and actions taken across secondary care; social care; primary care; workforce; vaccination programmes; COVID-19 testing; and COVID-19 treatments.

Secondary Care – Unscheduled Care

The focus for this winter is two-fold: To effectively manage and coordinate unscheduled care; whilst also protecting elective care services.

In terms of unscheduled care, my Department has established a multi-disciplinary Unscheduled Care Management Unit (USCMU) to implement a robust system approach to managing unscheduled care demand. The overarching aim is to enhance timely access across the whole unscheduled pathway.

The USCMU has put in place a regional unscheduled escalation protocol, which allows Trusts to escalate pressures. The Unit also deploys the Hospital Early Warning Score (HEWS) to identify when pressures are building in the system. This will ensure effective oversight of pressures across the system and will allow my Department to work with HSC Trusts and the Northern Ireland Ambulance Service (NIAS) to take effective action when required.

In terms of capacity, the focus of the USCMU has been to agree baseline bed availability for unscheduled care, elective care and specialist services in our hospitals. In addition, there has been a strong focus on bed availability in Trust run community facilities, which are essential in helping to get patients out of hospital to allow new patients to be admitted to a bed.

Robust performance management processes are also in place to ensure that these beds are kept open throughout the winter months. In addition to existing beds, funding has been provided to open 45 additional temporary hospital beds in the Ulster Hospital, with a further 48 permanent beds to come on stream at Antrim Hospital by February 2023. In the coming months, once capital works have been completed, Belfast Trust will permanently reopen two wards, 37 beds in total, in the Belfast City hospital.

£30m has also been provided to HSC Trusts to mitigate significant pressures across a range of Community and acute hospital services. This includes funding for specialist packages of care for children and adults across a range of services, and funding for social care provision.

A whole system approach is being taken to improve patient flow between hospital and community. This includes improving discharge pathways for those patients in Emergency Departments who require hospital admission. To finalise these regional winter planning arrangements, the Department is hosting an Unscheduled Care Summit with service providers on 9 November 2022.

The Department is also working with NIAS and the 5 HSC Trusts to develop improvement plans to reduce ambulance waiting times. The plans include action to reduce arrivals by ambulance to Emergency Departments where an alternative care pathway is more appropriate; to provide more advice over the phone to patients where feasible; and to improve the handover process at Emergency Departments to reduce unnecessary waits. In addition, funding of £2.6m has been provided to NIAS to train an additional 48 paramedics, adding them to the frontline workforce this winter. This is in addition to funding in the last few years to train an additional 144 paramedics.

Longer-term change is also required to unscheduled care services and I am pleased to announce to the Assembly that I have today published my Department's response to the public consultation on the Urgent and Emergency Care Review. I launched the consultation in March this year, setting out my vision to improve services and the service user experience, by making it easier to access the most appropriate services as quickly as possible. This included three strategic priorities to strengthen and improve urgent care services. The consultation ran for 15 weeks and saw impressive engagement, with a wide range of feedback received from a diverse range of stakeholders. I am pleased to say that there was broad support for the proposals as outlined in the public consultation.

Implementing the reforms outlined in the consultation will not happen overnight. The proposed service changes will require time and patience; however, given the current position, it is important that we move quickly and without delay. I have, therefore, already established an Implementation Programme, with associated oversight structures, within my Department. These structures reflect the need, in implementing the Review, to work across Primary, Secondary and Community Care services in a whole system approach.

I have also commissioned NHS England to begin work on a 'Getting It Right First Time' review of emergency medicine for Northern Ireland. This work will provide us with new metrics and tools to provide more accurate information on how best to meet the demand for emergency care.

It is important to acknowledge that we are not coming to this work from a standing start. The No More Silos programme has been in operation since October 2020 and has implemented some of the early findings from the Review, coupled with some of the learning and new ways of working adopted as a result of the crisis response to COVID-19. Urgent Care Centres and localised Phone First services are available in a number of Trusts and, up until 30 September 2022, have been utilised by over 306,000 patients across Northern Ireland. The successful pilot of the Urgent Care Centre on the Royal Victoria Hospital site gives us an excellent model to build on as we move forward.

Secondary Care - Elective Care

I am determined that our hospitals continue to have a relentless focus on delivery of elective care services this winter. I acknowledge that this will be challenging, however we owe it to our population to continue to deliver these essential services.

In response to the challenges facing elective surgery during the Covid pandemic, I established the Regional Prioritisation Oversight Group. This group has ensured that the clinical prioritisation of time critical and urgent cases, across surgical specialities and across Trust boundaries, has been consistent and transparent. This has maximised all available theatre capacity. This regional approach has also minimised the risk of a postcode lottery and has ensured the allocation of theatre capacity on a clinical prioritisation basis. The work of this group has supported the equalisation of waiting lists and has facilitated the transfer and treatment of patients between Trusts, across a wide range of specialities including colorectal surgery, breast surgery, paediatric surgery and urology.

The Regional Day Procedure Centre at Lagan Valley Hospital has been operational since Autumn 2020 and continues to support a range of surgical specialities. Approximately 4,600 patients from across Northern Ireland have been treated at this facility and a further approximately 9,000 patients

have received endoscopy or biopsy procedures at the centre. This additional regional capacity has helped to address long waiting times.

Omagh Hospital has also been established as a Regional Day Procedure Centre. When fully operational it will see seven regional theatre lists per week across urology and general surgery – two specialities with some of the longest waits. Going forward, this means an extra 1,750 patients across these specialities will be treated per year. In addition, 10 regional endoscopy sessions at Omagh Hospital will see an extra 3,000 patients per year.

However, not all patients and not all types of surgical procedures are suitable for a Day Procedure Centre. The nature of the surgery, or the patient's clinical circumstances, may mean that an overnight stay in hospital is required. There are huge numbers of patients on our waiting lists to whom this applies. Therefore, in line with the Review of General Surgery and the strategic direction articulated in the Elective Care Framework, the Mater Hospital is becoming an Elective Overnight Stay Centre. This will be a centre for intermediate complexity surgery requiring an overnight stay and will include a range of surgical specialties. The implementation of the Mater as an Elective Overnight Stay Centre is taking place on a phased basis, initially with day procedures and then a move to procedures requiring an overnight stay. The first day procedure patients have been seen and overnight stay patients are expected in November 2022.

On 19 October 2022, I announced that Daisy Hill Hospital in Southern Trust will become an Elective Overnight Stay Centre for patients requiring intermediate complexity surgery with an overnight stay. These types of centres are designed to provide a dedicated resource for less complex planned surgery/procedures. The aim is to enhance the quality and consistency of care, improve productivity and help bring down waiting lists.

The elective orthopaedic service was largely downturned as a result of the pandemic. This has made already unacceptable waiting lists, much worse. Orthopaedics has recovered to a degree after the Department established an Elective Orthopaedic Surgery Board. A key priority this winter will be to continue elective orthopaedic services and to that end I expect 'ring-fenced' staff and beds to be available.

I have also taken action to utilise capacity in our three independent hospital providers. Contracts were established in April 2020, providing HSC Trusts with full access to these independent sector hospital facilities. This additional capacity has ensured that over 7,000 patients have had their time critical or urgent procedure. This partnership arrangement is still in place, albeit at a reduced level, as we continue to expand core HSC capacity.

Cancer services remain under significant and sustained post pandemic pressures and this has been further compounded by extreme workforce challenges. There is a need to move forward urgently to implement the actions outlined in the NI Cancer Strategy, which will help to rebuild and to transform our cancer services. In this context, maintaining scheduled cancer services during the winter months remain a key priority.

I am pleased to also highlight an innovation launched by Belfast Trust this week in the approach to children's health. The Trust has launched the Paediatric Symptom Checker, an online tool to provide trusted advice to parents helping them to make informed decisions about their children's health. This has been developed by the Trust's Paediatric Emergency and General Paediatric Team, in consultation with Alder Hey Hospital and the Healthier Together Programme. This Symptom Checker details symptoms regularly seen in the Emergency Department at Royal Belfast Hospital for Sick Children. I would encourage every Member to raise awareness of this important resource, which can be found on the Belfast Trust website: [Children's symptom checker | Belfast Health & Social Care Trust \(hscni.net\)](https://www.belfast-trust.nhs.uk/childrens-symptom-checker)

Care Home & Domiciliary Care Sector

We continue to work on a whole system approach. The Department in conjunction with other stakeholders including the Public Health Agency, Regulation and Quality Improvement Authority and care providers, continues to focus on domiciliary care and care home placements. This is critically important in facilitating discharge from hospital of patients with complex needs.

In the last financial year, I provided additional investment of £23m into the domiciliary care sector. A further £25m has been allocated this financial year to ensure that improved pay and conditions can continue, with the intention of encouraging more workers to the sector. HSC Trusts are maximising opportunities to digitalise current service provision to increase service capacity. They have also worked with domiciliary care providers to put winter plans in place with key actions to support improved flow of patients from hospital. This includes increased utilisation of rapid response homecare services, with a sole focus on hospital discharge, as well as the targeted use of Intermediate Care services.

Furthermore, Direct Payments, which offer service users and carers' more choice and control over how services are delivered, continue to be utilised to facilitate hospital discharge. I have recently provided an additional £7.1m to uplift the Direct Payment rates to allow for parity of pay with staff working in other social care sectors. This should increase service capacity in the system to complement other domiciliary care services provision.

I have also continued to provide financial support to the care home sector. In this financial year to date, £3.64m has been provided in COVID-19 support funding, to assist with the costs associated with, for example, provision of enhanced sick pay, additional PPE costs and additional home insurance costs.

However, I acknowledge that pressures and difficulties remain within this sector and that on occasions some patients are being asked to accept a care home placement at the point of leaving hospital whilst they await their domiciliary care package becoming available. In these instances, the Department has waived any care home fees.

Primary Care

General Practice will play a crucial role in helping to manage additional service demand and keep people safe this winter in the communities they serve. Recent figures indicate that General Practice are carrying out almost 220,000 patient consultations on a weekly basis. General Practice will also continue to play a central role in the delivery of the COVID booster and Flu vaccination programmes.

On 26th September 2022, I announced a package of £5.5 million to support service delivery in Primary Care through the winter period. This includes: £1 million in a new 'attract, recruit, retain' scheme to help hire GPs in hard-to-recruit areas; an additional £680k to enhance the support team for GP practices who are experiencing difficulty; £3m to support GP practices across Northern Ireland through the Winter period, giving practices the capacity to provide additional in-hours sessions to help meet heightened demand through the winter; and up to £880k of the additional investment to support GP Out of Hours services.

As part of winter planning, I have also put in place a Northern Ireland Local Enhanced Service, making £3m of funding of available to GP practices. This will allow practices to put plans in place to manage increases in demand and provide additional clinical patient care to help with winter pressures. This initiative has a particular focus on managing demand after bank holidays, with participating practices undertaking to remain open at lunchtime and to have no half day closures for the working week after bank holidays.

Community Pharmacy

Community pharmacies are one of the front doors to the Health and Social Care service, with over 500 pharmacies located across Northern Ireland, providing vital health services to both urban and rural communities, often in areas of high deprivation. Community pharmacies play an important role in the safe supply of medicines and provide advice and support to help people better understand their own medicines. Community pharmacists will also provide additional support this winter to some patients who need extra help to take their medication as intended by their doctor.

During the winter season, community pharmacies will also provide a 'Pharmacy First' service which enables patients to have a consultation, virtually or in a private area, with their local community pharmacist. Pharmacists can offer advice and treatment for common conditions like sore throats and

common colds, or minor ailments such as earache, athlete's foot or upset stomach, and are trained to recommend appropriate treatment and refer patients to other healthcare professionals as appropriate

Many pharmacies will also be managing patients with urinary tract infections which means patients can be given the appropriate advice and treatment without the need to contact their GP, helping to alleviate pressures on other parts of HSC, such as GPs or Out of Hours.

Pharmacies today also continue to play an important role in delivering both flu and COVID-19 vaccinations, with over 400,000 doses of COVID-19 vaccine administered by pharmacies across Northern Ireland since March 2021, including a lead role in the vaccination of vulnerable care home residents and staff.

In response to concerns raised by community pharmacies, a support package for the sector is being finalised. This package includes immediate interventions worth over £5.3m, plus a commitment to progress wider reform arrangements in collaboration with Community Pharmacy Northern Ireland.

Workforce

As I am on record stating on many occasions, our workforce **is** our HSC service. Unfortunately, significant vacancy pressures across the HSC system remains. In recognition of these pressures, I have already taken action to ensure more people are recruited and more people are trained for roles in our HSC. Actions include:

- Investment in the highest level of locally commissioned, pre-registration nurse training places, with 1,335 new nursing undergraduate places filled this academic year;
- Expanding the number of places on undergraduate Allied Health Professional courses commissioned by the Department by 41 places this year;
- Increasing the number of commissioned places for a primary medical degree to 306, with the opening of the new Graduate Entry Medical School at Magee; and
- Supporting the recruitment of international nurses across our HSC, with an allocation of £8m in 22/23 allowing the recruitment of 600 new nurses during this financial year.

The recruitment of nurses internationally into the Health & Social Care system is just one of the avenues being utilised, alongside the longer-term workforce strategy for growth in the domestic nursing workforce, to assist in meeting workforce demands. The nurses who arrive to work in our HSC system provide an immensely valuable contribution to the delivery of HSC services, let alone to our communities. Over the last four years, 1,127 nurses have been recruited internationally, of which 164 have arrived in this financial year so far. The HSC Trusts plan to recruit an additional 600 nurses in total in 2022/23.

The one-year Departmental funding cycle seriously constrains assessment of affordability and frustrates long-term investment in medical training. We know from our ongoing programme of strategic workforce reviews that this investment is needed to deliver an optimum workforce. Given the multi-year nature of such training, it is essential that the Department has a multi-year budget to produce a three year training budget plan.

Vaccination Programmes & COVID-19 Initiatives

My Department has taken steps to prepare for both COVID-19 boosters and winter flu vaccinations ahead of this winter. In total, more than one million individuals are eligible for a COVID-19 booster and an influenza vaccine and I would encourage all those eligible to take up the offer.

I have launched an autumn COVID-19 booster vaccination programme, which commenced in September and it is currently on course for completion in December, in line with advice from the Joint Committee on Vaccinations and Immunisations (JCVI). The primary objective of the autumn booster programme is to augment immunity in those considered to be at higher risk from suffering a more serious outcome if they catch COVID-19 and thereby optimise their protection during winter. JCVI advised that the following groups should be offered a COVID-19 booster vaccine this autumn:

- all residents in a care home and staff working in care homes;

- frontline health and social care workers;
- all adults aged 50 years and over;
- persons aged 5 to 49 years in a clinical risk group;
- persons aged 5 to 49 years who are household contacts of people with immunosuppression; and
- persons aged 16 to 49 years who are carers.

The booster programme is being implemented using a combination of GPs, community pharmacies and Trust vaccination clinics. GPs are expected to administer the majority of vaccinations by inviting their eligible patients to attend a vaccination clinic. All care homes have been paired with a community pharmacy partner, who will ensure the residents and staff are offered vaccination. Trusts are also operating a number of static and mobile clinics. In addition, Trusts will offer vaccination to children in special schools and housebound patients who are unable to attend their GP surgery.

There are sufficient supplies of the newly approved bivalent vaccines in Northern Ireland to cover all those eligible for the autumn booster. JCVI will continue to monitor developments with regards to any new variants, hospitalisation numbers and other key variables before deciding if any additional COVID-19 vaccination measures are required. Plans are in place to enable a surge in vaccinations, if necessary, in response to any updated JCVI advice. Trusts will upscale their operations in the event of requiring the programme to be delivered more quickly, or to a larger number of people.

In parallel, the adult influenza vaccination programme is being rolled out to the same groups as the Covid-19 booster. The Department has encouraged co-administration with COVID-19 vaccination for those eligible for both vaccinations. For the most part, those eligible for the influenza vaccine should be notified by their GP. In addition, community pharmacies are continuing to provide an additional route to vaccination. I have retained the expanded children's programme, so school children up to year 12 will be offered the influenza vaccine, as well as children aged 2 to 4 years, and from 6 months of age to 2 years old for those children in a clinical risk group.

As I have highlighted at the outset of this Statement, COVID-19 is still with us. It is therefore important to highlight that timely public health advice, along with targeted COVID testing will support our winter plans. We have retained core capability, infrastructure and COVID tests to deliver proportionate increased testing. Key aims of this testing will be to continue to reduce negative outcomes for those in the highest-risk and vulnerable groups, to support clinical treatments and care, to support surveillance and to protect health and social care services. Should we face a heightened risk scenario, these will continue to be our core response objectives and any further measures will be considered as appropriate.

COVID treatments continue to be available for appropriate non-hospitalised patients across Northern Ireland through Health and Social Care Trust Outpatient COVID-19 Treatment Services. These services currently provide antiviral or neutralising monoclonal antibody treatments to patients who have received a positive COVID-19 test result, are thought to be at the highest risk from COVID-19 infection and who meet specific criteria for treatment. Research currently ongoing at a UK level is expected to help inform if there will be potential wider roll-out of antivirals over the winter.

Conclusion

There can be no doubt that the HSC is facing another extremely challenging winter. It will be difficult to maintain elective services, whilst also managing the expected surge in unscheduled care pressures. I am clear, however, that my Department and the wider HSC has done everything possible to prepare and plan for this winter.

We have taken a whole system approach and have mechanisms in place to effectively link all parts of our system. We are implementing our COVID and winter flu vaccination programmes and have arrangements in place to manage a COVID-19 surge this winter.

Today I have also published the Department's response to the Urgent and Emergency Care Review consultation. This sets the long term direction for managing unscheduled care and I look forward to the implementation of the proposals in due course.

I am confident that we have done all we can to support our staff in delivering essential health and social care services over the coming months. It will undoubtedly be challenging. I urge all Members of the House and the wider public to support our HSC staff, as they continue to look after us all this winter.