

Written Ministerial Statement

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Department of Health

WRITTEN STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER MIKE NESBITT: 06 NOVEMBER 2024 – WINTER PREPAREDNESS

Published at 3pm on Wednesday 6 November 2024.

Mr Nesbitt (The Minister of Health):

Introduction

There is no doubt that the Health and Social Care (HSC) system is again facing a very difficult winter period. While there are ongoing pressures across the system year-round, it is clear that people become sicker, for longer, over the winter months. This is particularly true of our frail, older population, who are particularly vulnerable at this time.

Of course, winter pressures are no surprise and that is why we begin the planning process in springtime, to ensure that we can mitigate, as far as possible, the additional pressures that we know we will face. This includes measures to keep the population well in the community, including the use of community pharmacy, and measures to protect primary care, hospital care and social care.

Protecting services during the winter months has become more challenging in recent years, however, with the squeeze on departmental finances and the lack of a multi-year budget, meaning that there just isn't additional money available to the system. In this context, it is important to recognise the efforts of our workforce across HSC, who continue to pull out all the stops to manage these relentless pressures. I would like to thank all staff, in all areas of the service, including in primary care, in secondary care, those working in community care and those working in the independent sector, for their gargantuan effort and commitment. Without them, we have no health service.

It is against this backdrop that partners across the system have been working in collaboration to plan and prepare for what lies ahead and I will today publish a high-level Winter Preparedness Plan, setting out the key measures being taken to protect our services for the people who need them.

Keeping well in the community

Working in collaboration means all of us playing our part to protect our services. This can be as straightforward as ensuring that, where appropriate, we utilise community pharmacy services rather than attending the GP, or using Phone First services when we do need to attend an acute hospital site, or those eligible receiving the appropriate vaccinations. All of these steps will help ease system pressures.

Timely discharge from hospital is crucial to freeing up beds for those who need them most and to help reduce lengthy waits in Emergency Departments; therefore, I am calling on people to leave hospital as soon as they are deemed fit to do so. This may, on occasion, mean accepting a temporary community placement in a care home or nursing home, until a preferred placement becomes available. While I recognise that this can at times be inconvenient for a period, this one step goes a long way to improving flow through the system and freeing up vital services.

Vaccination programmes for COVID-19 and influenza will again be running this year and we have also added a Respiratory Syncytial Virus (RSV) vaccine for older adults and pregnant women from 28 weeks gestation. If all those people who are eligible take up the vaccine opportunities open to them, not only will it help keep these individuals safe, it will also help to reduce pressures on primary and secondary care services.

The community pharmacy is often the first point of contact with HSC for members of the public and it has a vital role to play in protecting other primary care and secondary care services over the winter

period. Community pharmacies supply essential medicines and provide professional advice and clinical services under the 'Pharmacy First' service, all of which help to prevent and treat illness. Additionally, community pharmacy plays an important role in administering COVID-19 and flu vaccines and in the delivery of 'Living Well' health promotion campaigns, to help people stay well over the winter.

Primary care

General Practice will continue to play a crucial role in helping to manage demand and keep people safe this winter, with my Department providing an extra £3.4m to fund both General Medical Services and GP out of hours services to help practices meet additional demand. A further £4.6m has also been provided to assist the delivery of pro-active support and care to those in nursing and residential care homes.

Hospital care

For urgent and unscheduled care, there are now Phone First services available in all Trusts, which can support management of less urgent cases away from busy Emergency Departments or assist with booking appointments into urgent care services. I would encourage everyone to utilise these services, when appropriate.

Urgent care streams are also operational across all Trusts, allowing those with less serious conditions to be treated in a timely manner, without having to attend or queue in an ED. These services are supplemented by Rapid Access Clinics, which provide direct access via GP referral, supporting same day/next day access for patients and timely access to speciality assessment and treatment across a range of conditions.

Additionally, we will continue to have a relentless focus on the delivery of elective care services this winter, particularly on day surgery provision and the enhancement and streamlining of elective capacity through the development of regional Day Procedure Centres. These services will help to protect elective care from unscheduled care pressures this winter, maintaining focus on reducing elective waiting lists.

Regional bed pressures for mental health and learning disability inpatient services continue and will likely increase over the winter period. To help mitigate this, work is ongoing across all Trusts to improve timely discharge into community placements and to prevent admissions in the first place, through increased community support, including crisis services. Trusts will also adopt a networked regional approach to learning disability inpatient beds, to help with delayed discharge and to free up capacity.

The Child Health Partnership Steering Group will continue to oversee work on managing winter pressures for paediatrics, with the most pressing issue being the increase in RSV and other infectious presentations. An RSV Hub has been established, including senior paediatric teams from across all Trusts, which will make decisions to address capacity issues and ensure that paediatric services are protected.

Social care

Home care services continue to make a huge difference, by supporting people to remain at home; however, like services across HSC, home care is under immense pressure. To help make the best use of capacity, Trusts have been allocated funding of almost £700,000 to establish Early Review Teams, to assess need and release capacity back into the system. A further investment of £5m has been allocated to Trusts to target independent sector provision of care packages for the over-65 population. Trusted Assessors/Care Home Liaison officers have been introduced in two Trusts, with the aim of minimising patient delay in transfer from the hospital setting to the care home setting.

Allied Health Professionals (AHPs) are also involved in a number of initiatives aimed at tackling winter pressures, as part of their work within the wider multi-disciplinary teams. This includes working as part of the Early Review Team and Single Discharge Teams to review support packages, enhance community in-reach and make onward referrals to rehabilitation and recovery services. The number of AHPs working in unscheduled care has also been enhanced to support the provision of a Frailty Integrated Team, which works in partnership with patients and their families to support discharge and improve home-first pathways.

Working collaboratively/working locally

My Department has again been working in close collaboration with the Trusts and other stakeholders on the development of Unscheduled Care Preparedness Plans (UCPPs), which involve the implementation of local initiatives within each Trust, to help them better prepare for the challenging winter period. The Trusts were asked to develop these plans around the three key areas identified in the Getting It Right First Time Review of Emergency Medicine:

- Maximising ambulance capacity;
- Reducing time spent by patients in ED awaiting clinical decision and next stage of care; and
- Timely hospital discharge for patients who are medically fit for discharge.

Trusts have developed their plans with support from the Regional Control Centre, which was established last year, and, where relevant, other partners in their locality. The Winter Preparedness Plan outlines a number of the initiatives included in the UCCPs, such as: the establishment of an Integrated Clinical Hub by the Northern Ireland Ambulance Service (NIAS), to help clinical decision-making; Belfast Health and Social Care Trust opening a mental health escalation pre-admission lounge, to care for patients requiring an inpatient mental health bed; Southern Health and Social Care Trust implementing a nursing home pilot, to improve the care experience for patients; the opening of a Direct Assessment Unit in Causeway Hospital by the Northern Health and Social Care Trust, to facilitate direct referrals from GPs and NIAS; the development of the Hospital at Home service in the South Eastern Health and Social Care Trust, with the opening of an additional 60 'virtual' beds; and the establishment of a discharge co-ordination team in the Western Health and Social Care Trust, to ensure placement of the right patient, to the right place, at the right time.

Conclusion

No-one should be under any illusion that this will not be another difficult winter for the Health and Social Care service; however, the Winter Preparedness Plan that I have published today sets out the key steps being taken to manage as best we can the challenges we know that we will face. I must, however, be clear that while we will do all in our power to mitigate winter pressures – and I again commend the staff across HSC who will do everything they can to minimise the impact - we will not be able to prevent them completely.

I was pleased to welcome Professor Bengoa back to Northern Ireland a few weeks ago. It was clear from my discussions with the Professor that addressing the many challenges that the HSC face will require sustained effort, additional recurrent funding and support across the political spectrum. In the meantime, 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.