Mobilisation Recovery Group (MRG2)

Note of Meeting

0900-1100 hours on Tuesday 14 July 2020

Via WebEx

Members Present

Jeane Freeman (Cabinet Secretary)	Cabinet Secretary for Health & Sport, Scottish Government
Andrew Buist	Chair, British Medical Association GP Committee
John Burns	NHS Board Chief Executive's representatives
Sandra Campbell	Convenor, Scottish Social Services Council
Dr David Chung	Chair, Royal College of Emergency Medicine
Iona Colvin	Chief Social Work Adviser, Scottish Government
John Connaghan	Interim CEO, NHS Scotland
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA)
Stephen Deans	National Staff Side representative - UNITE (deputising for James O'Connell)
Tom Ferris	Chief Dental Officer, Scottish Government
Eddie Fraser	Chief Officers' Group representative
Theresa Fyffe	Director, Royal College of Nursing (Scotland)
David Garbutt	NHS Board Chairs Group representative
Cllr Kieron Green	Vice Chair, IJB Chairs & Vice Chairs Group
Philip Grigor	Scotland Director, British Dental Association
Annie Gunner Logan	Coalition of Care and Support Providers
Philip Grigor	Scotland Director, British Dental Association
Clare Haughey	Minister for Mental Health, Scottish Government
Pauline Howie	NHS National Boards
Andrew Kerr	SOLACE, Health and Social Care Spokesperson
Angela Leitch	Chief Executive, Public Health Scotland
Jason Leitch	National Clinical Director, Scottish Government
Dr Carey Lunan	Chair, Royal College of General Practitioners
Donald MacAskill	Chief Executive, Scottish Care
Edith Macintosh	Interim Executive Director of Strategy & Improvement, Care Inspectorate
Harry McQuillan	Chair, Community Pharmacy
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government
Dr Lewis Morrison	Chair of Scottish Council, British Medical Association
Diane Murray	Deputy Chief Nursing Officer, Scottish Government
Peter Murray	Chair IJB, Chairs & Vice Chairs Group;
David Quigley	Chair, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Claire Ronald	National Staff Side representative - Chartered Society of Physiotherapy
Professor Jackie Taylor	President of RCPSG and Vice Cabinet Secretary of Scottish Academy (deputising for Miles Mack)
Linda Walker	National Staff Side representative – GMB
Ian Welsh	Chief Executive, Healthcare & Social Care, Alliance Scotland
Carole Wilkinson	Chair, Healthcare Improvement Scotland

Apologies

Joe FitzPatrick	Minister for Public Health, Sport & Wellbeing, Scottish Government
Richard Foggo	Director of Population Health, Scottish Government
Joanna Macdonald	Chair, Adult Social Care Standing Committee - Social Work Scotland
Peter Macleod	Chief Executive, Care Inspectorate
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
James O'Connell	National Staff Side representative - UNITE

In attendance

Donna Bell	Director of Mental Health, Scottish Government
Heather Campbell	Interim Deputy Director, Primary Care
Aidan Grisewood	Interim Director for Primary Care, Scottish Government
Richard McCallum	Interim Director of Health Finance, Scottish Government
Christine McLaughlin	Director of Planning, Scottish Government
Rose Marie Parr	Chief Pharmaceutical Officer, Scottish Government
Gillian Russell	Director of Health Workforce, Leadership, and Service Reform
Yvonne Summers	Head of Operational Planning, Scottish Government

Official Support

Andrew Fleming	Official Support, Scottish Government
Angela Gibson	Official Support, Scottish Government
Helen MacDonald	Official Support, Scottish Government
Marty Shevlin	Official Support, Scottish Government

Note of Meeting

Item 1: Welcome & Introductions

1 The Cabinet Secretary started the second meeting of the Group by welcoming attendees and particularly welcoming Angela Leitch and Linda Walker to their first meeting.

Item 2. Note of meeting held on 29 June, 2020

2 One comment was received from Annie Gunner Logan in respect of paragraph 22 of the draft note of the previous meeting. This change was accepted; along with a note to record the attendance of Ferris and Carole Wilkinson at the meeting. A further change was recorded in the chat box from Carey Lunan, which was also accepted.

The Note of Meeting of 29 June 2020 was RATIFIED, subject to the changes outlined above.

Item 3. Matters arising not on the agenda/actions

a. Future Meeting Dates/Days

3 Following views provided by Group members, it was noted that Fridays were identified as the day which suits most members to meet. As a result, future meetings of the Group will be on Friday 31 July and 14 August at 0900-1100; and fortnightly thereafter.

4 Cllr Stuart Currie highlighted the COSLA Leaders meeting is also on Fridays and so this may, on occasion, be problematic for him. However, he would seek to overcome this and attend where possible.

b. Forward agenda planning

5 The Cabinet Secretary thanked Group members for their suggestions on future agenda items following the last meeting. Having reviewed these, substantive agenda items for the next two meetings were set as follows:-

i. Meeting No 3 - 31st July 2020:
   a. Workforce planning for health and social care (including recruitment, retention, education & training);
   b. Workforce - leadership, culture, welfare and support; and
   c. Unscheduled Care Group

ii. Meeting No 4 - 14th August 2020:
   a. Mental Health;
   b. Public Health; and
   c. NHS Board Mobilisation Plans (provisional)

6 As per the term of reference, the Cabinet Secretary advised that, where possible, papers should be developed in collaboration with colleagues.

7 The Cabinet Secretary reiterated that she remains keen to receive thoughts on future meetings and for members to continue to send these to her via the secretariat.

Item 4: Covid-19 Landscape

8 Jason Leitch reviewed the experience to date of the Covid-19 pandemic, placing it in a national and global context. In his presentation, he provided an overview of the trend in the number of new Covid-19 cases, hospital admissions, deaths over the duration of the pandemic. In comparing the average of (all) deaths over the past 5 years, he estimated that Covid-19 deaths reached their peak of between 500-600 cases per week during April, 2020 and noted that the peak of the first wave was seen in the third week of April, 2020. He reported that, for the past 5 days there have been zero death registrations, and no excess deaths have been seen in the past 10 weeks.

9 In addition to fatalities, Jason noted other negative outcomes arose from Covid-19, including chronic and long lasting effects on survivors, which impact on worsening of comorbidities (dementia, vascular, heart disease, diabetes, chronic obstructive pulmonary disease, for example). There are also the wider effects caused by physical distancing, e.g. mental health, loneliness, unemployment, hardship, etc.

10 The Group also heard about the current estimated R number (the rate of transmission) in Scotland, and received information on the estimated size of the infectious pool in Scotland.

11 It was noted that urgent suspected cancer referrals and A&E weekly attendances had declined significantly during the peak of the first wave but were now beginning to return to normal - both were currently at around 70% of their pre-Covid levels.

12 Globally, he noted that limited testing and challenges in the attribution of the cause of death due to Covid, particularly in Latin America and South East Asia, meant that the confirmed deaths may not be an accurate account of the true number worldwide, with an estimate of deaths being more likely to exceed 100 million. In comparison to other global public health emergencies seen since 2002, the number of cases and deaths, still rising, signalled that Covid-19 is a unique global public health emergency and the worst ever seen in living history.

13 Jason talked about the experience recently gained from managing a cluster of cases identified in Dumfries and Annan noting that this incident had been well managed. However, having suppressed the virus in Scotland thus far, he was concerned about the possibility of a second wave following the release of lockdown arrangements, in particular the re-opening of bars and churches this week as experienced in other countries, e.g. Israel and Melbourne. He flagged even greater challenges as we look beyond this into the winter months where more deaths are routinely seen. He reminded the Group that the experience of the Spanish flu was that there was a second wave, which was more destructive than the first.

14 Jason's final slide discussed a driver diagram which sought to deliver no new Covid-19 cases for 28 days, and ultimately zero cases which it was agreed provided a good platform for a future discussion.

15 The Cabinet Secretary thanked Jason Leitch for his presentation, reminding members of the importance of the backdrop for discussion around the remobilisation and recovery of the NHS and, indeed, the importance of feeding lessons learned into planning for the second phase.

<u>Discussion Points</u>:

16 There was extensive discussion of Jason's presentation and a range of comments were made. Harry McQuillan noted there was a need to ensure consistency of message to the whole population about Covid-19 and its prominence. Peter Murray spoke of the role of the third sector in supporting that messaging,

specifically in relation to communicating the impact to communities, enabled through IJB plans. Cllr Currie spoke of the importance of keeping the R number low and retaining caution whilst restrictions are being eased.

17 David Garbutt was concerned around the added impact seasonal flu could have on the situation and enquired whether there were plans for making vaccinations mandatory for health and social care workers this year. The Cabinet Secretary advised that flu vaccinations for healthcare staff had been discussed previously across the UK and were, once again, a factor for consideration moving forward. She reiterated that a decision around this issue would be made based on sound clinical advice and following engagement with staff side bodies.

18 Summing up the discussion, Cabinet Secretary spoke of the great challenge the virus had caused for the country but that Scotland had done well because people had conscientiously followed the guidance provided. However, she expressed a concern that, in seeing improvement, people may now feel that the threat is diminished. This is not the case; the virus remaining both vicious and damaging. She noted there is a need for constant vigilance to keep the virus suppressed while also taking forward work to remobilise the Health Service in Scotland.

Item 5. Risks & Mitigations

19 The Cabinet Secretary invited John Connaghan to take the meeting through his presentation on risks faced from Covid-19 and proposed mitigations.

20 John placed the discussion on risks and mitigations across health and social care in context by starting his presentation looking at performance covering scheduled care, cancer, and primary and community care.

21 Focusing on scheduled care, John noted while prior to Covid-19 there had been a 40% reduction in the number of outpatients waiting greater than 12 weeks for a new outpatients appointment, as a result of the virus and the pausing of scheduled care, the number of new outpatient waiting more than 12 weeks for their appointment had risen rapidly and dramatically and was now at the highest number ever seen. This was affecting all areas of the service – acute, primary care and cancer. He noted that the overall size of outpatient list had remained stable throughout the Covid-19 period. In terms of inpatients and day cases, a similar pattern to the above was apparent with a significant increase in the number of patients greater than 12 weeks for their treatment (Treatment Time Guarantee); and the size of the overall list increasing a little.

22 Cancer treatment had been an area of delivery which the service had sought to protect as far as possible. Analysis of available data suggested that, by and large, the service had been successful in this task given that the number of cases with a diagnosis had declined slightly over the period. However, he noted that a significant backlog had arisen for cases with no diagnosis.

23 Analysis of primary and community case management information highlighted a substantial reduction in out of hours weekly service consultations due in the main to a significant reduction in primary care centre and emergency centre attendances. Telephone advice consultations had increased three fold. Other than a spike at the onset of the virus, prescribing patterns had remain relatively constant.

24 John highlighted that this performance data flagged a number of risks, not least that pent up demand on scheduled care (as highlighted above) would begin to collide with winter and Covid pressures, due resources (staff, beds, theatre, and ITU capacity) required to cope with winter and Covid-19 pressures. This pointed to a need to consider how best to prioritise cases and activity and John concluded this section of his presentation by discussing models for clinical prioritisation, which a number of Royal Colleges and professionals throughout the UK had been working to develop throughout the pandemic. An example, developed by the surgical Royal Colleges was circulated, outlining 4 stages to clinically prioritise activity.

25 In turning to the discussion on risk, John recapped on the principles and objectives for safe and effective mobilisation contained in Re-mobilise, Recovery, Redesign: Framework for the NHS in Scotland. He then went on to discuss risk management process before assessing some of the key risks facing NHS Scotland and the wider system of health and social care. These included the requirement to plan for winter, the continuing need to maintain capacity at short notice for Covid 19, The loss of productivity and the impact of the last 4 months on staff. John also presented for discussion a series of potential mitigations against each risk and invited comment on whether the list of risks and potential actions was sufficiently comprehensive . John was pleased to note the alignment of this assessment with the recent publication of the Academy and Medical Science Report.

Discussion Points:

26 The Cabinet Secretary invited comments on John's presentation. In commenting on the need for a system clinical prioritisation, Jackie Taylor noted that it was much easier to write a clinical prioritisation for surgical specialties, as the number of sub specialties is limited, however, it is significantly more difficult to write for medical specialties, where there are many more sub specialties. She went on to comment that it was pleasing to see a whole system view of health and social care as fixing one area without it impacting on another, which was paramount. She noted the need for public messaging and that it would be helpful to have an open and honest discussion around how to identify the right patient, at the right time for the right service.

27 John Burns felt that this presentation reinforced many of the points which had been made by Boards and that a whole system approach was key. As we move forward, he felt it was important to build upon the strong public messages which had been so well received by the wider community. He felt that a process of clinical prioritisation would be necessary, noted that the safe practice around the impact of PPE donning and infection control would see reduced capacity in the system. NHS Boards would be discussing these issues with John Connaghan and colleagues whilst they fine tune their final remobilisation plan, along with whole system patient pathway plans.

28 Ian Welsh discussed the importance of ensuring service user involvement informed the necessary discussions on how we would take this work forward . This would require a central approach to do this efficiently and would be challenging within the timeframe.

29 Donald MacAskill highlighted the challenge for the care sector through a second wave of the virus and/or flu. He also reiterated the challenges social care will face as a result of Brexit.

30 Sir Lewis Ritchie advised that he wholly supported a trans sector approach to community and acute care and that there was a need to press on with digital innovation with resolve.

31 Lewis Morrison flagged a concern he was unsure whether enough attention was being paid to how exhausted staff are in the face of the challenges. He also advised that he personally works across a number of sites, including a community hospital, teaching hospital and district general hospitals where he was mindful of the frailties of digital technology, having to facilitate digital meetings at his home as the bandwith at his workplace(s) only supports telephone meetings/consultations. He wondered how a system around these methodologies could realistically be achieved.

32 Cllr Stuart Currie advised that a key issue for whole system approach was that it is easier to discuss than to deliver and that some services, such as children's services and housing, for example, would require attention. He noted that a huge amount of work has been done with community health partnerships where engagement was good but - with staff burnout a risk. There would be a need to utilise volunteers in order to deliver services.

33 Harry McQuillan was conscious that on hearing all the key dependencies across all sectors, each involved medicine and that this should be borne in mind.

34 Claire Ronald advised that a proportion of the workforce will be waiting on scheduled care waiting lists and of the need to be mindful that some of these staff would be lost for a period. In addition, the risk of Covid-19 in pregnancy has not disappeared and there is a need to give consideration as to how these staff will be utilised and be backfilled.

35 George Crooks reminded group members that there exist challenges for using all technology and today, for example, these have been overcome, with 52 people participating in a Webex meeting. This highlights that use of technology does not require to be complex. He went on to advise there are many tools which can be used for remote consultation and referral management, as are being used in Canada; and these can be done in short order.

36 Theresa Fyffe was invited to make further comment by the Cabinet Secretary prior to leaving the meeting at 1030. Theresa advised that she had found the presentations and discussion helpful. She hoped that the group would work together to support the important work of remobilising the NHS. She thanked the Cabinet Secretary for an informative debate.

37 Cllr Stuart Currie highlighted a need to consider how a whole system improvement resource, outwith the acute sector, would be resourced.

38 In responding to the points made, John encouraged members to review the Medical Scientist Report. He further noted that Boards were currently developing their mobilisation plans and were factoring in many of the above issues into these. He noted that these plans would be iterative, with regular reviews undertaken to assess performance but also make adjustments.

39 The Cabinet Secretary thanked everyone for their comments and input which would be used to inform the ongoing development of this work. She noted that there would be further discussion on risk and mitigation when board mobilisation plans are discussed on 14 August. 2020.

40 The Cabinet Secretary also noted that a number of issues had been raised about digital technology in health and social care and wondered if a discussion on this at a future meeting would be useful. She also emphasised the critical importance of ensuring the views of service users were taken into account, noting she had asked the Alliance to take work forward on this, advising that this would need to be done as soon as practicably possible so that it informs ongoing work. Finally she reminded group members that the data which had been drawn upon in some of these slides was management information and had not yet been verified or published. A set of slides suitable for wider sharing would be issued after the meeting.

Item 6. Primary & Community Care

42 The Cabinet Secretary invited Aidan Grisewood to take the group through his presentation on Primary & Community Care. Aidan advising how he would summarise the situation for primary and community care at “peak Covid” and now before drawing out some of the key themes we need to retain and build upon. He would then take comments and views in an ensuing discussion.

43 He advised the first slide outlined the response taken in primary and community care to respond to Covid-19 which highlighted the key actions taken and outcomes realised. These focused around the core role of NHS inform, digital consultations, Covid pathways, community pharmacy and the Minor Ailment Service extension, on mental health and establishment of the “Clear your Head” website.

44 He noted that at the peak of the Covid response, a “protective ring” had been placed around key services, with the Covid hubs and community pharmacy taking the strain, resulting in Accident & Emergency (A&E) attendance and ambulance use dropping. Since then psychological referrals have increased and A&E attendance is also up to around 75% of pre Covid levels. The Covid response is still critical and impacts on productivity, with the overall challenge being to double up efforts in the long term. Some of the response to build and improve existing services were outlined in the presentation, such as Pharmacy First and use of NHS Near Me through the community pharmacy network (launches throughout July, 2020).

45 Critical enablers to increase recovery were highlighted, such as the seasonal influenza vaccine programme and cross system working; more independent prescribers in community pharmacy; ensuring digital technology is effectively accessed and multi-disciplinary team working widened. Work is ongoing around how to improve the interface between primary and secondary care and how to make this more efficient; electronic prescribing is an option for progression, as are options for better addressing health inequalities, including mental health practitioners.

46 Aidan summarised the approach by advocating clear pathways and a strong, shared care system which it is hoped would enable the patient to be more informed and involved in their care.

Discussion Points:

47 The Cabinet Secretary opened the discussion up by inviting Andrew Buist for his thoughts. Andrew, speaking from a general practitioner perspective, stated that he had been disappointed at the lack of data presented to represent the day time general practitioners who undertook 24 million consultations per year, 500,000 per week and that the group had heard more around the Minor Ailments Service having undertaken 18,000 per week. He went on to say that shielding had been a huge issue for GPs, with responding to the changing guidance challenging. However, GPs had managed to undertake 1.2 million key information summaries (KIS) between January to May and had transformed overnight to provide a workforce for the HUBS and Covid Assessment Centres. He welcomed the discussion around the proposals for unscheduled care on the agenda for the next meeting on 31 July, 2020. Carey Lunan echoed what Dr Buist had said but was pleased to see that there was a focus on health inequalities coming through and was keen that this was pursued, as opposed to discussed only. She wondered how we might mitigate for digital poverty and enable access to facilities, such as Near Me, to those who require it but lack digital access.

48 David Quigley highlighted that the role which Optometry played with 15,000 consultations per week across the community. He noted that they are well able to provide care through this approach, away from the acute setting, via their 800 practices with extended opening. The message he wanted to convey is that Optometry are there to help, have good technology available to quickly support other aspects of primary care.

49 Sir Lewis Ritchie noted that much of what had been discussed had been well intended but siloed in the past. It had come together in the response to Covid. He advised of the need to capture this moving forward, which although not easy to do was necessary. Digital technology was important, particularly so for remote and rural areas.

50 Rose Marie Parr reminded group members that medicine was the most common intervention in healthcare and in capturing what had gone well, it was important to be mindful of what to keep, what to leave or accelerate and renew, moving forward. With a network of 1,280 community pharmacies, they have been severely tested but had never stood down and should be used as a port of call to access a healthcare professional for advice, referral and treatment. She is looking to

grow further their network of independent prescribers to undertake medication review and use of Near Me technology. She reminded the Group that community pharmacy are also part of the public health framework and are able to contribute, e.g. seasonal influenza vaccine programme in winter, provision of alcohol interventions and an expanded emergency hormonal contraception service. Indeed, pharmacy are looking to the whole system approach and if barriers are removed undertake digital prescribing.

51 The Cabinet Secretary thanked everyone for their comments and input. She would reflect on the points raised before considering next steps in this area.

Item 7. Date of Next Meeting(s)

52 As noted at the start of the meeting, meetings will now take place fortnightly, on Fridays, with the next meeting scheduled for Friday 31 July 2020 at 0900 hours.

53 Presentation slides will be recirculated without management information to enable them to be shared out with the Group.

54 The meeting closed with the Cabinet Secretary thanking all members for their contribution and useful discussions.

55 The meeting concluded at 1100 hours.

Scottish Government
20 July 2020
Approved on 31 July 2020