NHS SCOTLAND

COVID-19 – Framework for Decision Making

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland

May 2020

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Foreword

Over the past three months, the NHS in Scotland has been on an emergency footing and has risen to the very significant challenges posed by the Covid19 pandemic. Capacity for intensive care and for those needing hospitalisation was made available at short notice so that our health service could cope with potential worst case demands in the first few weeks of the pandemic.

Staff have shown incredible resolve and flexibility, in many cases being deployed into new roles and into new ways of working across our national health and social care system.

This could not have been achieved without the cooperation and support of a range of organisations including trade unions and staff representatives, professional bodies, clinical networks and our partners in local authorities and in social care.

Urgent care service, such as for emergency care, cancer care, mental health, maternity and paediatrics, have been maintained throughout.

It is now time, cautiously and safely, to begin to start to restart as many aspects of our NHS as is possible. Our initial focus will be on services where further delay for individual patients would seriously risk their situation deteriorating and the condition worsening.

This is not straightforward. This framework document outlines how the NHS in Scotland will work to make the changes necessary to make this increase provision of services a reality.

Over the next 100 days our NHS has three core tasks;

1. Moving to deliver as many of its normal services as possible, as safely as possible;
2. Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19;
3. Preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

Clearly none of this can be achieved overnight, and we will keep our NHS on an emergency footing over this period to support their delivery.

Restoring normal services should not, though, mean losing the gains of the recent period in the swift rollout of new techniques, technology and clinically safe but faster pathways to care for patients. The rapid introduction of digital means of safe access across our primary and secondary care is one of the hallmarks of our response to the current emergency and we want to retain as much of that good practice as possible.

The principles outlined in this document serve as a blueprint for how our Health Boards' will take forward their plans in stages. Each Board, including national boards, is required to submit a first stage plan to the end of July. These plans will be constructed with local partners and government will take advice from our clinical, scientific and health and social care delivery partners on what services to safely resume and by when.

Jeane Freeman MSP
Cabinet Secretary for Health and Sport

Introduction

On 11 March we wrote out to Health Boards requiring them to develop local mobilisation plans as an initial, whole system response to the COVID-19 emergency. In the initial mobilisation phase, the NHS created unprecedented surge capacity to treat and care for COVID-19 patients, both in hospitals and in the community, whilst protecting emergency, cancer, maternity and urgent treatment, where clinically appropriate. In recent weeks, NHS Boards' local health protection teams have also played an increasingly important role, alongside local government, in supporting care homes through the pandemic. Crucially, at no point to date in the outbreak has the NHS had insufficient acute or critical care capacity to deal with COVID-19 and emergency demand.

As we move forward into the next phase of mobilisation, we must continue to safeguard robust COVID-19 resilience and support for social care, whilst working with Health Boards and their planning partners on how paused services across the whole system will be safely and incrementally resumed. This move to the next phase, which will arguably be more challenging than the initial response, recognises the growing risk of rapidly rising waiting lists and potential non-COVID harms; particularly in the context of releasing COVID restrictions; and the need to have in place and operational other key, and interdependent, strands of our response, e.g. *Test and Protect*.

The response to the pandemic has also led to some remarkable and innovative developments in service delivery for the benefit of patients; particularly via the use of digital technology, to enable more services to be delivered at home or in the community. Whilst we will want to retain as much good practice as possible in the next phase, longer-term, wider reform of health and social care, will be taken forward separately, as part of the Renew programme.

The Framework for NHS Mobilisation sets out how Health Boards will safely and incrementally prioritise the resumption of some paused services, while maintaining COVID-19 capacity and resilience. The range of clinical and other priorities that underpin the Framework, and that are set out in this paper, will be kept under review in partnership with Health Boards, Integration Joint Boards, Local Authorities, Royal Colleges, professional bodies, unions and other key stakeholders. This will be taken forward under the *Framework for Mobilisation Recovery Group*, chaired by the Cabinet Secretary for Health and Sport.

We will continue to work closely with clinical networks, NHS boards and our partners in the Royal Colleges, unions and representative bodies and local authorities, informed by this framework and taking account of local circumstances so that local plans are as realistic and robust as possible. Whilst we remain on an emergency footing, implementation of these and subsequent Board plans will be contingent on the agreement of the Cabinet Secretary for Health and Sport.

Assumptions for Safe and Effective Mobilisation

- The mobilisation of NHS services will be based on modelling, national guidance and professional advice. Mobilisation also depends on local circumstances i.e. if one area of the country show signs of infection rates rising, we need flexibility to reduce service delivery if required.
- The number of COVID-19 patients in hospital has reduced and ICU cases fallen, therefore increasing physical capacity within the healthcare system, including staff; to allow a safe, phased introduction of elective/planned care and manage the unscheduled care pathways optimally as COVID-19 activity reduces.

Planning must ensure that:

- Surge capacity for COVID-19 patients is maintained to ensure resilience in the system to respond.
- Patient and staff safety are ensured by appropriate streaming of COVID-19 and non-COVID pathways across the health and social care support system.
- We retain capacity to deliver health components of *Test and Protect* and support in the care home sector.
- Strict infection control measures are in place.
- COVID-19 screening and testing policies are implemented in line with national guidance.
- Inter-dependencies are factored in, including transport.
- High quality care and support is delivered, including patient experience.
- New and effective ways of working are maintained and built upon.
- The impact of physical distancing measures across the health and care sector on capacity are continually assessed and mitigated.

NHS mobilisation plans will:

- Manage the backlog of planned care (outpatient and inpatient waiting lists) to minimise harm;
- Ensure unmet demand is managed and ensure safety, e.g. referrals and community based services;
- Manage the NON-COVID and COVID-19 unscheduled care demand, recognising that ED attendances and acute hospital admissions are increasing.

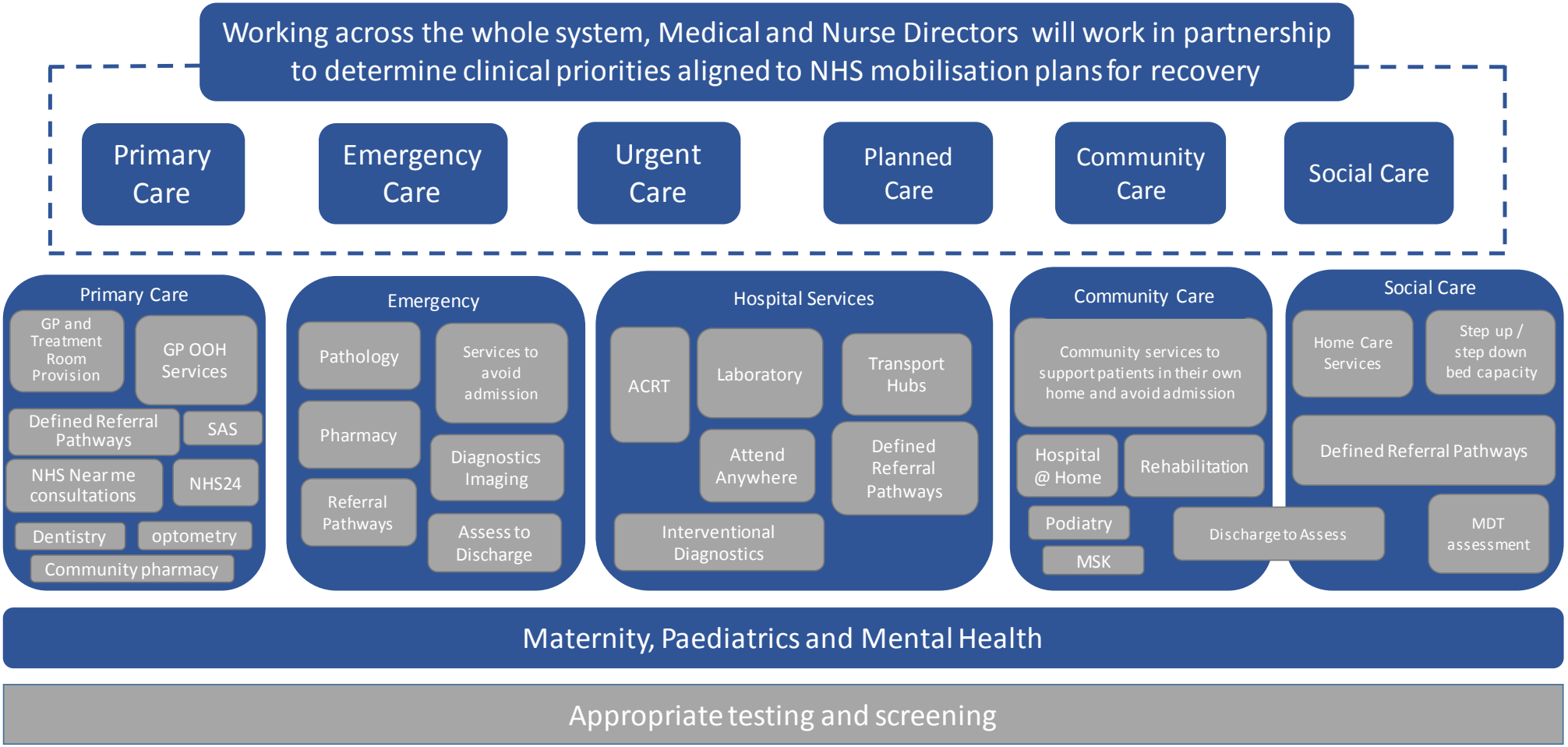
Principles for Safe and Effective Mobilisation

Services that can resume most safely	Creating the safest environment and conditions for them to best meet the needs of the population. Putting the safety and wellbeing of our health and social care staff on a par with the rest of our population.
Achieving greater integration	The pandemic has demonstrated the crucial interdependencies between the different parts of the health and social care system, and with other parts of society. We will make sure our approach recognises the important connections between services and systems and helps them to work together. The framework that we take forward, in consultation with our partners including local government, staff and service users, will highlight the interdependencies and put in place processes to ensure resources are allocated where they are most needed to ensure the whole system operates effectively and efficiently.
Quality, values & experience	We will ensure that as we resume services, the highest standards of quality in care are maintained. We will practise Realistic Medicine. We will share decisions with patients based on what matters to them. We will also engage with the public, and workforce to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future rooted in individual and staff wellbeing.
Services close to people's home	The pandemic has resulted in a wave of community-based responses, highlighting the value of both technology but also the benefit to people's wellbeing of personal connections that listen to what the patient needs and what matters to them. Going forward there is a need to minimise unnecessary travel and increase the focus on 'net-zero' approaches. We will continue to support the move to more health care being provided in the community and closer to home. We will evaluate and develop the role of virtual consultations and Covid community hubs, ensuring that the people who are most vulnerable are not missing out.
Improved population health	This pandemic has highlighted the value of rooting our approach in the National Planning Framework, the importance of preventative practices and public cooperation. We will increase our work on prevention, improving life expectancy and promoting physical and mental health. Focus on putting in place services, environments and wider approaches that support people to live healthy lives.
Services that promote equality	This pandemic has exposed and exacerbated deep-rooted health and social inequalities. We will act to mitigate these and ensure that services are provided in a way that is proportionate to need. The framework that we take forward will focus on how to best support those that are most vulnerable (socially and clinically) in our society.
Sustainability	We recognise the financial sustainability challenges of the pre-Covid health and care system. We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities.

Objectives for Safe and Effective Mobilisation

Meet immediate individual needs			Changing Priorities		Renew to a better health and care system		
Covid Treatment Infrastructure	Non-Covid Urgent Care	Elective Care	Pandemic Response	Staff and Carer Wellbeing	Innovation and Integration	Ensure Equity	Better Outcomes
We will retain and build resilience	**We will minimise excess mortality and morbidity from non-covid disease**	**We will re-establish services, prioritised to clinical need reflecting population demand**	**We will focus on approaches that create better population health and wellbeing**	**We will support people to recover, including their mental health and wellbeing,**	**We will embed innovations and digital approaches**	**We will ensure the health and social care support system is focussed on reducing health inequalities**	**We will engage with the people of Scotland to agree the basis of our future H&SC system**
Maintain & enhance the total system infrastructure needed to sustain readiness for future Covid demand and future pandemics	Take action to identify the risks; act to minimise risks as much as possible; develop plans to mitigate risk post pandemic	Quantify the backlog and pent up demand; take action to manage the backlog and referrals over time to reduce delay, taking opportunity to reform wherever possible	Continuing to take action to suppress transmission of the virus including Test and Protect and action on nosocomial and care home infection.	Capture the interventions currently in place; identify additional actions required to support staff and include in the plan for recovery Emphasise the importance of wellbeing, kindness	Identify, and support innovation (including digital first); and other positive policy and reform opportunities. In every approach we will further integration.	Understand the needs of people and places; who are the most impacted by inequalities. Produce models of care based on what matters to them	Focus on improved population health and wellbeing; reductions in health inequalities; more sustainable and resilient services and communities; and better value.
Including Covid community hubs, capacity and surge capability in primary care, critical care, equipment, workforce, transportation, supply chain; strict segregation of health and care infrastructure; treatment innovation; role of the NHS Louisa Jordon	Including recognised risks relating to reductions in presentations; reduced access for cancer diagnostics and treatment; implications of temporary suspension of screening programme; care for those with long-term conditions	Including prevention and community-based treatment, managing the delays on referral and increase in long delays for treatment; establish the capacity required to diagnose and treat; including the use of independent sector to minimise waiting times	Recognising and dealing with the mental illness, domestic violence, child abuse, other safeguarding issues, lack of exercise, economic hardship; retaining best practice such as handwashing/ acceptance of vaccination and increased self care planning	Including physical and psychological needs; developing a new compact and new systems to support staff in social care, primary care, community care, mental health, critical care, acute care settings.	Including NHS Near Me - virtual consultations in primary and secondary care, remote diagnostics, new approaches to triage, agile workforce models, use of volunteers, remote working, pace and urgency to decision making, including robust business and financial plans	Including: Strengthen relationship-based approaches, and provision of support to those who might be missing (eg not using virtual methods, or who DNA from routine appointments).	Including: Reform the system, services and our measurement framework based on co-production with public and workforce and routed in NPF. Streamline decision-making processes. Maximise opportunities for capital investment based on new priorities

Clinical Priorities for Safe and Effective Mobilisation



Developing Clinically Led Whole System Pathways

This leadership team will work collaboratively to optimise performance, reduce costs and improve patient care. Many factors impact on the delivery of care to patients and will require a whole system approach of continuous improvement, digital innovation and sustainable delivery to ensure that: safe, equitable, person-centred, efficient, effective and timely care is provided.

Data, Research and Modeling for Safe and Effective Mobilisation

Modelling from a wide range of sources to inform our response over time

The outputs from this work will inform all three streams of activity to minimise harm.

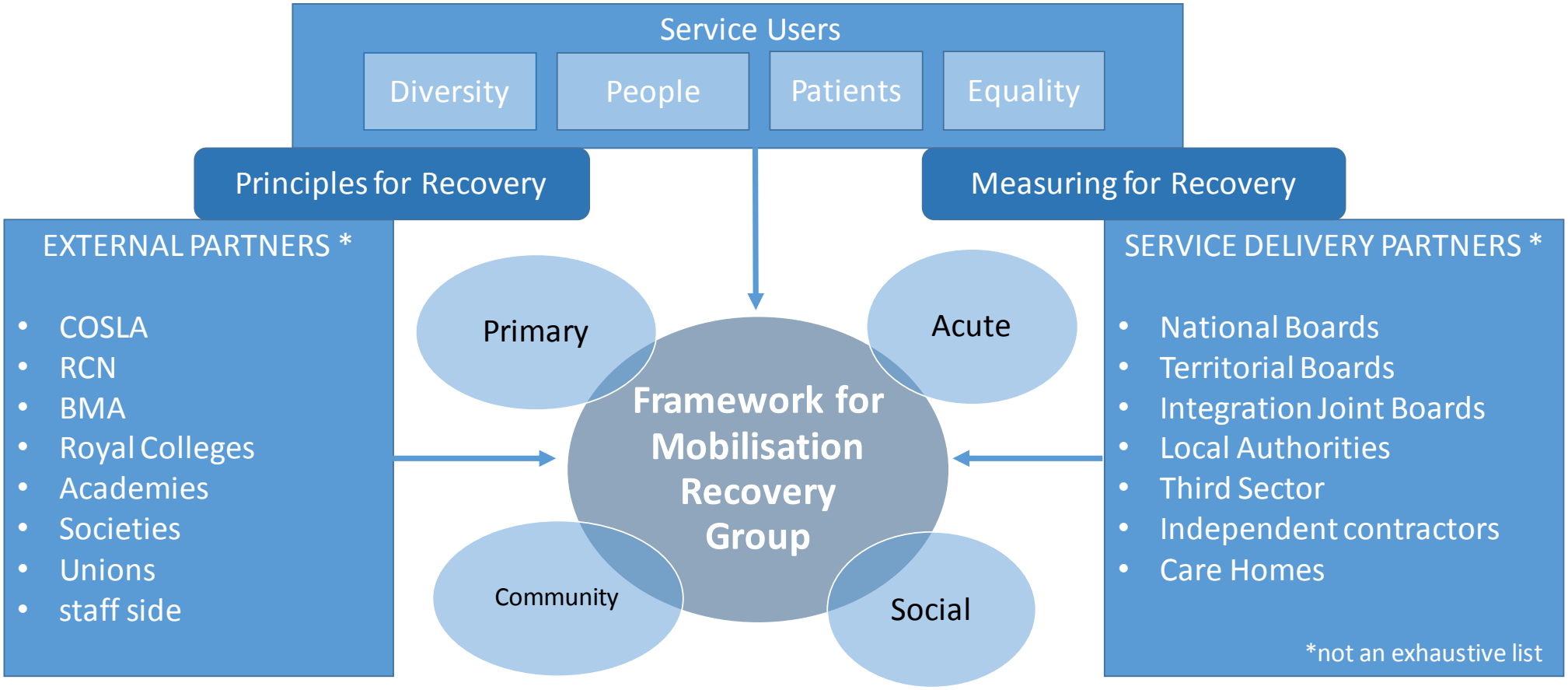
This will include:

- Modelling of the epidemiology of the disease, based on the statistical models and understanding of the epidemiology in a Scottish context.
- Modelling, research and data gathering on virology and immunology.
- Modelling, research on impact and analysis of all social distancing measures on health harms, including analysis of specific measures already implemented and future relaxation or tightening of these, or other, measures.
- Modelling, research data and analysis of citizen behaviour and impact on epidemiology.
- Modelling, research and data gathering and analysis on short, medium and long term direct physical and mental health impact of contracting COVID19 e.g. additional rehabilitation capacity for respiratory disease, trauma from ICU, long term damage (lung function, heart failure etc); wider burden of disease and; disability-adjusted life year (DALY) .
- Modelling, research and data gathering and analysis on short, medium and long term indirect impact of COVID19 on health harms e.g. impact of remobilising services towards acute- fewer presentation at ED, GPs?, referral rates, additional mental health concerns; wider burden of disease and; DALY.
- Research, Data gathering and analysis on impact of social, economic and community impacts of COVID19 e.g. impact of social distancing on community cohesion; social isolation; physical activity; diet; addictions; wider burden of disease and; DALY.
- Research, Data gathering and analysis of specific health harm impact on inequalities: poverty; multiple and complex disadvantage; protected characteristics; public protection and wider burden of disease and; DALY.
- Research, data gathering and analysis of impact on service response and workforce issues to ensure services, and people, remain resilient.

Information and input from: SAGE, SPI-M, CMO SAG, SG COVID Modelling Team, HSCA, PHS, Academia, 3rd Sector.

Partnership: Framework for Mobilisation Recovery Group

We will work with partners and stakeholders to mobilise the NHS in Scotland



The Mobilisation Recovery Group will draw on membership from external and service delivery teams as workstreams progress. We will work collaboratively to coproduce and deliver a whole system approach to mobilisation of the NHS in Scotland

Scottish Government COVID-19 Routemap

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	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	**As with previous phase but with the following changes:**	**As with previous phase but with the following changes:**	**As with previous phase but with the following changes:**	**As with previous phase but with the following changes:**
Health and social care	All non-urgent care health care services stopped and capacity focused on COVID-19 response: COVID hubs and assessment centres. Urgent care including dental and the creation of ICU capacity. Joint working to reduce delayed discharges by over 60% and prioritising "home first" and prioritisation of safety and wellbeing of care home residents and staff. Urgent and cancer care still available.	Beginning to safely restart NHS services, covering primary, and community services including mental health. Phased resumption of some GP services supported by an increase in digital consultations. Roll out the NHS Pharmacy First Scotland service in community pharmacies. Increase care offered at emergency dental hubs as practices prepare to open. Restart, where possible, urgent electives previously paused. Resumption of NHS IVF treatment has now been approved in Scotland and we are working with the 4 centres to resume services quickly and safely. Increase provision of emergency eyecare in the community. We will consider the introduction of designated visitors to care homes.	Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services. Reintroduce some chronic disease management which could include pain services, diabetic services. All dental practices open to see patients with urgent care needs. Urgent care centres provide urgent aerosol generating procedures. Prioritise referrals to secondary care begin. Increase number of home visits to shielded patients. Continue to plan with COSLA and Scottish Care to support and, where needed, review of social care and care home services. Phased resumption of some screening services. Expand range of GP services. Phased safe resumption of essential optometry/ ophthalmology services. Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so.	Emergency and planned care services delivered. Expansion of screening services. Adult flu vaccinations including in care homes and care at home. All dental practices begin to see registered patients for non-aerosol routine care. Urgent care centres to provide aerosol generating procedures. All community optometry reopens with social distancing safeguards. Some communal living experience can be-restarted when it is clinically safe to do so.	Full range of health and social care services provided and greater use of technology to provide improved services to citizens.

Notes: Above examples are illustrations, and are not intended to be comprehensive. Each phase description should be viewed as a general description rather than precise definitions of permitted activities.

All decisions on phasing will be kept under review as the research evidence base on the impact of the virus and the effectiveness of different interventions builds.

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