

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

Mobilisation Recovery Group

Note of Meeting 10

09:00-11:00, Friday 11 December, 2020 (via MS Teams)



Members Present (in alphabetical order)

Jane Anderson	UNISON representative
Derek Bell	Specialty Advisor, Elective & Unscheduled Care, Scottish Government
Heather Bryceland	Programme Manager of the 3R's Portfolio, NHS NSS
Andrew Buist	Chair, GP Committee, British Medical Association
John Burns	NHS Board Chief Executives' Group representative
Dave Caesar	Interim Deputy Chief Medical Officer, Scottish Government
Sandra Campbell	Convenor, Scottish Social Services Council
Andrew Cowie	Deputy Chair, BMA GP Committee (deputising for Andrew Buist)
John Connaghan CBE	Interim Chief Executive, NHS Scotland
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, COSLA
Amy Dalrymple	Royal College of Nursing Scotland (deputising for Theresa Fyffe)
Graeme Eunson	BMA Scotland (deputising for Lewis Morrison)
Tom Ferris	Chief Dental Officer
Joe FitzPatrick MSP	Minister for Public Health, Sport & Wellbeing
Eddie Fraser	Chief Officers' Group representative
Jeane Freeman MSP	Cabinet Secretary for Health & Sport (Chair)
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
Clare Haughey MSP	Minister for Mental Health
Pauline Howie	NHS National Boards' representative
Jason Leitch	National Clinical Director
Carey Lunan	Chair, Royal College of General Practitioners
Donald MacAskill	Chief Executive, Scottish Care
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Joanna Macdonald	Chair, Adult Social Care Standing Committee, Social Work Scotland
Peter Macleod	Chief Executive, Care Inspectorate
Kathryn McDermott	UNISON National Staff Side representative
Harry McQuillan	Chief Executive, Community Pharmacy Scotland
Diane Murray	Deputy Chief Nursing Officer
Peter Murray	Chair IJB, Chairs & Vice Chairs Group
David Quigley	Chief Executive, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Claire Ronald	National Staff Side representative, Chartered Society of Physiotherapy
Cleland Sneddon	Health and Social Care Spokesperson, SOLACE
Alison Strath	Interim Chief Pharmaceutical Officer, Scottish Government
Ian Welsh	Chief Executive, The Health and Social Care Alliance Scotland (The ALLIANCE)
Carole Wilkinson	Chair, Healthcare Improvement Scotland
Andrea Wilson	Convenor, Allied Health Professions Federation Scotland

Apologies

Marion Bain	Deputy Chief Medical Officer
Iona Colvin	Chief Social Work Adviser
Nicola Dickie	COSLA
Richard Foggo	Director of COVID Public Health, Scottish Government
Theresa Fyffe	Director, Royal College of Nursing (Scotland)
Angela Leitch	Chief Executive, Public Health Scotland
Richard McCallum	Interim Director, Health Finance, Scottish Government
Carolyn McDonald	Chief AHP Officer
Christine McLaughlin	Director of NHS Planning, Scottish Government
Fiona McQueen	Chief Nursing Officer
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government
Lewis Morrison	Chair of Scottish Council, British Medical Association
James O'Connell	National Staff Side representative, UNITE
Gregor Smith	Interim Chief Medical Officer
Yvonne Summers	Head of Operational Planning, Scottish Government
John Thomson	Vice President Scotland, Royal College of Emergency Medicine
Linda Walker	National Staff Side representative, GMB

In attendance

Donna Bell	Director of Mental Health, Scottish Government
Heather Campbell	Interim Deputy Director, Primary Care
Michael Chalmers	Director of Children and Families, Scottish Government
Alistair Cook	Principal Medical Officer, Mental Health
Christine Gilmour	Director of Pharmacy, NHS Lanarkshire
Aidan Grisewood	Interim Director, Primary Care, Scottish Government
Hugh McAloon	Deputy Director for Children & Young People's Mental Health, SG
Helen Maitland	Director of Unscheduled Care, Scottish Government
Sean Neill	Deputy Director, Health Workforce
Gwen Nicholson	Office of the Chief Executive, NHS Scotland
Gillian Russell	Director of Health Workforce, Leadership and Service Reform
Malcolm Summers	Head of Strategic Reform, Scottish Government

Official Support

Jack Downie	PS/Cabinet Secretary for Health & Sport
Andrew Fleming	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Dan House	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Sean More	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Marty Shevlin	Territorial Board Sponsorship & Ministerial Support, Scottish Government

Note of Meeting

Item 1: Welcome

1. The Cabinet Secretary started the tenth meeting of the Group by welcoming attendees. Ms Freeman also noted that this would be the final meeting for Carey Lunan, who is standing down as Chair of the Royal College of General Practitioners. The Cabinet Secretary thanked Carey for the significant contribution she has made to the Group. Ms Freeman also congratulated Eddie Fraser on his appointment as the new Chief Executive of East Ayrshire Council.

2. The Cabinet Secretary noted a number of developments since the last meeting of the Group, including: a new testing approach with all emergency, planned medical and surgical admissions tested for COVID-19; testing introduced for all patient-facing healthcare staff working in hospitals, COVID-19 Assessment Centres and the Scottish Ambulance Service; and the pathfinder testing of designated visitors trialled in 14 early adopter care homes, leading to the full roll out from Monday 14 December. Ms Freeman also commented on the very encouraging start to the COVID-19 vaccination programme; a fuller update would be provided as part of a substantive agenda item (Item 5) at this meeting.

Item 2: Notes of previous meeting held on 20 November 2020

3. One minor amendment had been received from Group members and this would be reflected in the final draft meeting note. There were no matters arising noted. As such, **the note of the meeting on 20 November was agreed and will be published on the Group's page on the Scottish Government website.**

Item 3: State of the Pandemic

4. Jason Leitch and Dave Caesar provided an update on the state of the epidemic; speaking to the accompanying slides. They noted that: at the beginning of the COVID-19 resurgence in September, the epidemic grew slower than in the initial wave in March, had a more sustained peak, and is showing a slightly slower fall; whilst the number of confirmed cases continue to fall they are doing so at a slower rate than in previous weeks; the 'R' rate had fallen to between 0.7 and 0.9 in Scotland; the majority of cases continue to be in West and Central Scotland; the most common recent reported exposures of confirmed cases are shopping and healthcare; hospitalisations, ICU admissions and deaths had reduced over the past week; that new cases in Scotland remain lower than other parts of the UK and continue to decline, as do daily deaths; and that there is likely to be an increase in cases in January and February, as a result of the Christmas arrangements; though there is some uncertainty about the rate of increase.

Discussion

5. In terms of impact on the NHS, John Connaghan reminded the Group that the presentation specifically covered COVID-19, whilst there are additional, significant non-COVID seasonal pressures on the NHS that must also be considered. COVID-19 pressures on activity which are particularly marked in Boards such as NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde and NHS Lanarkshire had already led to the postponement of some elective activity. Whilst John would return the operational risks under the winter planning agenda item, he concluded his initial comments by highlighting the key risk of staff absence: normal rates of absence across the NHS in Scotland tend to vary from 4% to 6%; COVID-19 absence across the country adds between 1% and 3.5%. Whilst the imminent reduction of the self-isolation period from 14 days to 10 days will help, we nonetheless need to be cautious and mindful of the cumulative impact of these risks as we look to the period until the end of March 2021.

6. Donald MacAskill confirmed that workforce pressures including staff absence are the primary anxiety in the social care sector; compounded by the necessary requirements to utilise staff in a different way and the additional, though entirely appropriate, pressures of testing and changes to visiting arrangements. It is also the time of year when social care workers tend to decrease their hours, which will not be possible this winter. This is further complicated by anxiety around the impact of the UK's exit from the EU: between 6% and 12% of the social care workforce is from the EEA; and there has been no usual international migration of staff to augment the workforce in recent months.

7. Graeme Eunson queried whether false positives from the lateral flow testing of staff could further undermine staff resilience; and whether this had been factored into planning for staff absence rates and modelling. The Cabinet Secretary responded by stating it was her understanding that these aspects were considered in the modelling (subsequently confirmed in the text chat by Gillian Russell), and reminded the Group that any staff who receive a positive lateral flow test will then receive a PCR test; helping to minimise false positives and any associated impact on workforce resilience.

Item 5: Winter Planning

8. John Connaghan spoke to the accompanying slides, noting: the significant expansion of the testing programme across a wide range of settings; a cautious planning assumption of 2,500 re-purposed acute hospital beds nationally for COVID-19, taking into account the additional winter pressures the service will face; the cost of this necessary action, not least a very significant impact on elective capacity, with around 74% of all patients currently in the lowest clinical priority; the legacy being that many more patients clinically assessed as routine will have to wait significantly longer for treatment; and the important contribution to freeing hospital capacity inherent in the redesign of urgent care. **John suggested that the Group may wish to discuss in more detail the plans for the rapid recovery of electives from Q2 of 2021/22 at a future meeting.**

9. Gillian Russell spoke to the slides on workforce: recognising the fatigue, anxiety and pressures which had already been referenced; addressing that in a range of ways: being clear about prioritisation through redeployment and optimising capacity, including through the use of the accelerated recruitment portal; increased emphasis across sectors on training and education; alongside a continued focus on staff wellbeing. On the exit from the EU, Gillian confirmed that the number of planning meetings had been accelerated to consider the myriad of risks, including potential disruption to supply chains, and actions to mitigate these, as far as possible.

10. Donna Bell provided an update on the social care sector, including noting that there were 142 care homes with active, confirmed COVID-19 cases; some of these were presenting issues at the local level; for instance, in terms of providing support for homes that are struggling to maintain sufficient staffing; with plans in place to move local oversight groups into a more proactive position from early in the New Year, as informed by the significant learning to date, including the safety huddle tool which had proved extremely valuable.

Discussion

11. In terms of the redesign of urgent care, John Burns provided an update from the Board Chief Executives' experience of the first week since the national rollout, which had been largely very positive. On wider winter pressures, John reiterated that workforce pressures remain a significant risk, alongside hospital capacity as result of necessary infection control measures and increased lengths of stay. It will also be key for the NHS to retain as many of the positive and innovative changes made to the service as possible during the pandemic, in order to address the considerable challenge of the electives programme in 2021/22.

12. Miles Mack had been interested to read Sir Lewis Ritchie's report on the NHS Ayrshire & Arran pathfinder for the redesign of urgent care. He cautioned whether communications about the changes were effective across all Boards, particularly rural areas with fewer Minor Injuries Units, citing some examples in his own area where it had not been clear where some local patients should access care. **Helen Maitland subsequently undertook to follow this up with colleagues in NHS Highland.**

13. Stuart Currie reiterated the importance of learning the lessons from the pandemic and maintaining the positive and innovative changes we have seen across health and social care. Stuart also welcomed the testing in care homes which will help to significantly build the confidence of staff and the local communities they serve. He also recognised how the first adult social care winter plan had helped to focus efforts, as informed by experience.

14. Graeme Eunson reiterated that his biggest concern remains workforce resilience and the cumulative impact on further pressures on already exhausted staff. He also noted that a significant proportion of staff may either retire or seek considerable leave during 2021/22, once the emergency is over; cautioning that this may have an impact on the ability to address the backlog of electives, given the likely need for additional/weekend sessions.

15. John Connaghan explained that NHS Boards would shortly be issued with a commissioning letter for the next iteration of Remobilisation Plans, developed with their planning partners, and covering the period from April 2021 to March 2022. John assured the Group that the commissioning letter will explicitly mandate Boards to maintain and develop the new ways of working which have been hugely successful and popular; and are necessary for ongoing performance and resilience. *Re-mobilise, Recover, Re-design: The Framework for NHS Scotland*, published on 31 May, will continue to provide the over-arching context for remobilisation planning, including the principles and objectives for safe and effective mobilisation. The letter will also be clear that supporting staff wellbeing will continue to be a priority, recognising that the welfare of the workforce is a fundamental interdependency that cuts across every aspect of remobilisation planning.

16. Harry McQuillan welcomed the update and discussion; reiterating the commitment of Community Pharmacy Scotland to positively supporting services and colleagues throughout the winter and beyond. The Cabinet Secretary thanked Harry for his comments and took the opportunity to congratulate him and Community Pharmacy Scotland for their well-deserved recognition at the recent Scottish Health Awards.

17. Donald MacAskill referred to the challenges around ensuring the majority of social care staff are vaccinated for seasonal flu. He explained that, in some parts of the country, there has not been a tradition of social care staff being vaccinated. In other parts of the country, there has not been peer vaccination available in the same settings as previously. From his experience, uptake has been markedly improved when the vaccination can be taken to the care home, rather than expecting care home workers to travel for vaccination at other sites. In conclusion, Donald reflected that this was not an attitudinal issue; rather, it is an operational and practical one that he is committed to addressing with colleagues.

18. Andrew Buist commended Sir Lewis Ritchie on his report on the pathway for the redesign of urgent care. Andrew commented that the rollout of the redesign would require significant clinical leadership, like that demonstrated in NHS Ayrshire & Arran under the pilot, to be successful. He noted concerns that NHS 24 may rely too heavily on general practice in terms of the redirection of patients under their triage protocols. Helen Maitland confirmed that her team is currently liaising twice a week with NHS 24 to ensure that any emerging issues are addressed; and that the approach to the wider redesign programme is fully informed by operational experience.

19. Sir Lewis Ritchie reiterated the importance of effectively learning lessons as the redesign programme is progressed. He explained that the goal is to ensure that the highest quality, most appropriate urgent care can be provided as close to home as possible, on a 24/7 basis. Sir Lewis felt that particular attention had to be paid to mental health and children, as part of this programme; and that the wider lessons could be of benefit to many nations.

20. The Cabinet Secretary concluded this agenda item by thanking the officials for their presentation and Group members for the helpful points that had been made.

Item 6: COVID-19 Vaccination

21. Caroline Lamb spoke to accompanying slides; giving an overview of the first week of activity and what we currently know about forthcoming vaccines, availability and supplies; the models for delivery; and the cohorts that are being prioritised to receive the vaccine. One of the most challenging aspects currently for planning and distribution is the ongoing uncertainty around how much vaccine will be available and by when. The currently available vaccine (Pfizer/BioNTech) is also significantly more complex and challenging than usual in terms of appropriate storage and distribution. Significant progress has nonetheless been made to ensure there is appropriate infrastructure in place, including data collection and management, to support the safe, consistent and effective delivery of COVID-19 vaccinations on an unprecedented scale.

22. Alison Strath explained that 50% of the vaccine stocks have to be withheld to ensure that each person has the necessary two doses, which adds to the challenge. Dave Caesar reiterated that the current vaccination is about reducing symptomatic infection, and that the priority is therefore to reduce mortality in the highest risk groups. It is not yet clear the effect that vaccination has on transmission of the virus.

Discussion

23. David Quigley welcomed the presentation and commented that the optometry workforce is very willing and able to support the forthcoming vaccination programme, subject to appropriate training – preferably in evenings if possible, to allow for other work commitments.

24. Harry McQuillan also welcomed the presentation and explained that pharmacists will have an active role in managing the expectations of the public in terms of the vaccination programme, and that Community Pharmacy Scotland stands ready to assist in any way they can.

25. Donald MacAskill recorded his thanks to Alison Strath and colleagues for the considerable work already undertaken to try and make the vaccination process as straightforward as possible for care homes. He reiterated that public expectations need to be managed carefully, in light of the current issues around supply of the vaccine. Donald also registered his concern about the significant amount of anti-vaccination material being promulgated on social media; some of which seems to be targeted at health and social care staff. He made the point that every effort should be made, via a wide range of voices, professions and influencers, to counter these messages on social media and elsewhere.

26. Carey Lunan reflected on learning from the up-scaled seasonal flu vaccination, pointing out the importance of an effective communications plan to ensure the public know how and when they will receive the COVID-19 vaccination; thereby, avoiding general practice phone lines being jammed with enquiries when these have to be protected for patient contacts. Jason Leitch confirmed that a comprehensive communication plan is in place, including the national helpline and a whole population door drop commencing the week of 5 January, 2021.

27. The Cabinet Secretary recognised and reiterated the need for clear and effective communications. In addition to the very significant marketing campaign that is planned, Ms Freeman asked SG colleagues to ensure that a letter is drafted for a range of primary care providers including pharmacy, audiology and optometry: clearly setting out the approach that will be taken to the COVID-19 vaccination programme; as well as providing information leaflets and posters for the benefit of the public in such settings, including general practices.

28. Graeme Eunson made the point that COVID-19 vaccinations should also be used as a health promoting event to signpost the public to other key services, such as the seasonal flu vaccine.

Item 7: Any Other Business and Future Meetings

29. There was no other business. The Cabinet Secretary invited Group members to approach the Secretariat with any suggestions for agenda items at future meetings. The next meeting of the Group is scheduled for Friday 22 January 2021 between 09:00 and 11:00.

30. The meeting closed with the Cabinet Secretary thanking all presenters and Group members for their valued contributions.

Scottish Government
11 December 2020