

# NHS Shetland

<b>Meeting:</b>	<b>Shetland NHS Board</b>
<b>Meeting date:</b>	<b>13 December 2022</b>
<b>Agenda reference:</b>	<b>Board Paper 2022/23/49</b>
<b>Title:</b>	<b>Winter Plan for Ensuring Service Sustainability including the Festive Period 2022-23</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services; Brian Chittick, Director of Community Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Kathleen Carolan, Director of Nursing &amp; Acute Services</b>

## 1 Purpose

Please select one item in each section and delete the others.

**This is presented to the Board/Committee for:**

- Decision

**This report relates to:**

- Annual Operating Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Winter Plan 2022-23 describes the health and social care service provision and special arrangements that will be put in place during the festive season by NHS Shetland and Shetland Islands Council and through the winter period.

The Plan has been developed jointly by the Director of Nursing & Acute Services and the Director of Community Health & Social Care with input from Scottish Ambulance Service (SAS) setting out the patient transport arrangements that underpin effective planned and unscheduled care services.

It will be presented to the Board and the Integration Joint Board for approval.

Sections shown in yellow have not yet been agreed or validated and further changes will be added as information is received, recognising this is a dynamic plan and an operational document. The escalation arrangements are also in draft until the scenario planning exercise has been completed. The Appendices will also be updated following the scenario planning exercises and reflect our current escalation arrangements without specific adaptation to manage pressures this winter or new/emerging guidance.

## **2.2 Background**

The Scottish Government directs winter planning, and it is the responsibility of Health Boards and Councils to ensure that there are robust and effective plans in place to ensure the continuity of service provision over the winter months, and especially over the festive season. This year, the plan continues to address the need to maintain services through the pandemic and additional guidance has been developed in order to provide COVID secure pathways for all patients and residents.

## **2.3 Assessment**

The Winter Plan will be communicated/enacted by both the Council and NHS and sits alongside the national winter campaigns co-ordinated by NHS 24, which will be locally advertised to ensure our residents know what services are available over the festive season, and how to access them.

### **2.3.1 Quality/ Patient Care**

There is a particular emphasis on ensuring that elective services are sustained through the winter months and there is forward planning in January 2023 to deal with any backlog from the festive period (e.g. increasing surgical capacity, outpatient services, diagnostics, availability of patient transport, and care packages to support timely discharge). The plan describes the arrangements over the festive period and notes the need to monitor demand for services and develop plans to address them.

We will hold a scenario planning exercise to test the plan prior to the festive period.

### **2.3.2 Workforce**

We have developed rosters for winter months early so that we can try and mitigate any key workforce gaps to ensure that we have robust arrangements in place to address winter service pressures. This is particularly the case over the festive period where we will have more limited service provision. We also have theoretical plans in place for mutual support across agencies if the need arises.

### **2.3.3 Financial**

Unscheduled care, delayed discharge, redesigning urgent care and access target allocations have been aligned to support the delivery of the plan.

### **2.3.4 Risk Assessment/Management**

Consideration has been given to the need for business continuity planning associated with the potential for industrial action from healthcare unions as well as other industrial action proposed/ongoing which may impact on logistics/procurement.

Enhanced monitoring of service performance are in place with the review of daily measures to support effective service delivery and patient flow. We have also introduced in 2022, whole system huddles to discuss system pressures in real time to help manage and mitigate risks.

### **2.3.5 Equality and Diversity, including health inequalities**

The aim of the plan is to provide an ongoing response to winter pressures, to ensure that service provide where possible a 'business as usual' level of response and where that is not possible, an escalation plan to deliver 'safe' levels of care whilst working through system pressures. The aim of this is to ensure that we do not build up further backlogs and compound the pre-existing health inequalities and/or further reduce services through crisis management approaches.

### **2.3.6 Other impacts**

Nil

### **2.3.7 Communication, involvement, engagement and consultation**

The plan has been developed by Directors, Heads of Service across the whole system, including Local Authority and other NHS service providers such as NHS24 and the Scottish Ambulance Service (SAS). Various iterations of the plan have been shared with the Hospital Management Team and the Health & Social Care Partnership Management Team.

### **2.3.8 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Management Team, 7 December 2022

## 2.4 Recommendation

The Board is asked to:

- 1) Approve the winter 2022-23 plan
- 2) Note that planning is a dynamic process and any emerging issues will need to be addressed. Any significant changes will be brought to the Board's attention.

## 3 List of appendices

The following appendices are included with this report:

Appendix 1	Winter Plan 2022-23
Appendix A	Escalation Protocol: Hospital Patient Flow
Appendix B	Surge Capacity Protocol: Additional Acute Beds
Appendix C	Escalation Protocol – Safe Staffing
Appendix D	Patient Placement Protocol
Appendix E	Adverse Weather Plans & Transport Disruption



# WINTER PLAN

## CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER THE WINTER PERIOD 2022-23

**Version 1 created 19/10/2022 template**

**Version 2 created 05/012/2022 with contributions from Heads of Service**

**Version 3 created XXXX completed on (following the pre-festive season plan test)**

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## 1. Introduction

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2021-22 but there were significant challenges as a result of the omicron variant, COVID sickness in our workforce and the impact of that across the whole system. Winter 2022-23 has the potential to also be challenging as we continue to manage the impact of COVID 19 and the increasing demand for emergency care and delays to planned care.

This winter plan for 2022-23 has been developed from critically appraising what went well and what lessons were learnt from previous winters, both from within the organisation and from debriefing with other health boards as part of the Scottish Government Health Directorate's winter planning programme for the NHS, which also includes representation from local authorities. This year, we have also taken learning from our response to the COVID 19 pandemic and the remobilisation of services in 2022.

## 2. Primary Care Services

### a) Shetland non OOH Co-operative – 4 practices – 3,500 patients

The OOH arrangements for the 4 practices (Unst, Yell, Whalsay and Hillswick) shall be as per normal over the winter and festive period, with each individual practice providing their own out of hours cover. Access to District Nursing services for patients registered with the Hillswick practice is via the District Nursing service for Brae which is included in the OOH co-operative section. No additional resources or capacity is planned. Each practice will have in place their own contingencies for any increased demand over the coming months with Board level support offered if services become overwhelmed due to epidemic or staff absence. Those areas would then be covered by the OOHs GP Co-operative, locums and patients transferred to the Gilbert Bain Hospital.

On the islands of **Yell, Unst and Whalsay** the Community Nursing services will continue to provide a service over the winter and festive periods as noted below:

Date	Day	Daytime Provision	OOHs Provision
December 24 <sup>th</sup> 2022	Saturday (weekend)	<b>On call and Essential visits only</b> by one nurse contacted via community nursing answer phone	One nurse On-call on each island contact via information on health centre community nursing answer phone
December 25 <sup>th</sup> 2022	Sunday (weekend)	Essential visits by one nurse, can be	Normal on call service

		contacted via community nursing answer phone	provision
December 26 <sup>th</sup> 2022	Monday (PH)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision
December 27 <sup>th</sup> 2022	Tuesday (PH)	<b>On call and Essential visits only</b> by one nurse contacted via community nursing answer phone	One nurse on call on each island contact via community nursing answer phone
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	Normal Working day	Normal on call service provision
December 29 <sup>th</sup> 2022	Thursday (normal working day)	Normal Working day	Normal on call service provision
December 30 <sup>th</sup> 2022	Friday (normal working day)	Normal Working day	Normal on call service provision
December 31 <sup>st</sup> 2022	Saturday (weekend)	<b>On call and Essential visits only</b> by one nurse contacted via community nursing answer phone	One nurse on call on each island contact via community nursing answer phone
January 1 <sup>st</sup> 2023	Sunday (weekend)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision
January 2 <sup>nd</sup> 2023	Monday (PH)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision



January 3 <sup>rd</sup> 2023	Tuesday (PH)	<b>On call and Essential visits only</b> by one nurse contacted via community nursing answer phone	Normal on call service provision
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District Nursing teams on Mainland Shetland will operate a weekend level service on 24, 25, 26, 27 and 31 December with a normal working days on 28,29, 30 December.

This work pattern will be repeated for 1, 2 and 3 January 20223 with normal working services resuming from Wednesday 4 January 2023.

Normal oncall arrangements are in place for the entire festive period. Clinical Team Leaders will also be on duty during the festive period.

**b) Shetland Out of Hours Co-operative Area – 6 practices – 18,750 patients**

The Board’s normal OOH arrangements will continue throughout the winter period for 6 practices (Bixter, Brae, Walls, Lerwick, Levenwick and Scalloway) with a single GP on call for home visiting, dual response and GP advice for the co-operative area.

The Community Nursing service provides a 24/7 service via a combination of shifts covering the time period 0830-2130hrs, with an on call service overnight from 2130-0800hrs each day.

A&E continues to be available 24/7 with normal staffing levels. Patients will be encouraged to see their primary care practitioner where that is appropriate.

The resources available to the Board will match the predicted demand forecast by NHS 24 and our own forecasts based upon last year’s activity levels.

**Arrangements for the Festive Holidays for the Out of Hours Co-operative**

All items in **bold** are additional provision that the Board is intending to put in place locally to help manage the situation. All these additions are agreed locally and all GP shifts have now been filled. (N.B. Out of Hours arrangements run from 5.30pm to 8.00am the following day 365 days per year and during the day at weekends and public holidays).

Date	Day	Daytime Provision	OOHs Provision
December 24 <sup>th</sup> 2022	Saturday (weekend)	<b>NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 16.00</b>	24 hour cover by OOH GP via NHS24
December 25 <sup>th</sup> 2022	Sunday (weekend)	<b>No clinic</b>	24 hour cover by OOH GP via NHS24
December 26 <sup>th</sup> 2022	Monday (PH)	<b>NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 16.00</b>	24 hour cover by OOH GP via NHS24
December 27 <sup>th</sup> 2022	Tuesday (PH)	<b>NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 16.00</b>	24 hour cover by OOH GP via NHS24
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	Normal working day	One GP on call overnight via NHS24
December 29 <sup>th</sup> 2022	Thursday (normal working day)	Normal working day	One GP on call overnight via NHS24
December 30 <sup>th</sup> 2022	Friday (normal working day)	Normal working day	One GP on call overnight via NHS24
December 31 <sup>st</sup> 2022	Saturday (weekend)	<b>NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 16.00</b>	24 hour cover by OOH GP via NHS24
January 1 <sup>st</sup> 2023	Sunday (weekend)	<b>No clinic</b>	24 hour cover by OOH GP via NHS24
January 2 <sup>nd</sup> 2023	Monday (PH)	<b>NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 16.00.</b>	24 hour cover by OOH GP via NHS24
January 3 <sup>rd</sup> 2023	Tuesday (PH)	<b>NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 16.00</b>	24 hour cover by OOH GP via NHS24

### 3. Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 24 <sup>th</sup> 2022	Saturday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	No PTS
December 25 <sup>th</sup> 2022	Sunday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	No PTS
December 26 <sup>th</sup> 2022	Monday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	2x AM 2x PM
December 27 <sup>th</sup> 2022	Tuesday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1x PM
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	2x AM 2x PM
December 29 <sup>th</sup> 2022	Thursday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	1x PM
December 30 <sup>th</sup> 2022	Friday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	2x AM 2x PM
December 31 <sup>st</sup> 2022	Saturday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	No PTS
January 1 <sup>st</sup> 2023	Sunday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	No PTS
January 2 <sup>nd</sup> 2023	Monday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	2x AM 2x PM
January 3 <sup>rd</sup> 2023	Tuesday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X am 1 X pm

\*PTS on shift for PH but usually no scheduled care activity, however work activity could be negotiated locally.

Should the hospital reach alert status, then patient transport to discharge patients from hospital can be requested through the normal channels by contacting the Scottish Ambulance ACC (Ambulance Control Centre) by calling 0300 123 1236 where a controller will place the request on the system providing the patient passes

the PNA (Patient needs Assessment) whereupon a day controller will call back within the hour to confirm if this request can be accommodated or not.

There will be no reduction in the provision of emergency ambulance services over the holiday period. There is one fully equipped A&E ambulance vehicle with 4x4 capability based in Lerwick as well as other 4X4 equipped vehicles on the islands of Skerries and Fetlar.

NHS Shetland also provides patient transport OOHs, to support access to primary care and emergency care services, located at the Gilbert Bain Hospital.

Throughout this period there will be an Area Service Manager on duty and on call for day-to-day queries and a senior manager available in and oohs for strategic requests via the ACC.

Traditionally activity and demand in Shetland over the festive period has not shown an increase and there has never been a necessity to increase SAS cover. The SAS air assets will be operating as normal throughout the festive period to provide their support and emergency retrieval capabilities to Shetland.

If the hospital is on 'red' see appendix A. The PTS service should be contacted via the email below so that PTS services can fast track patient transfers [sas.ptsnorthsupervisor@nhs.scot](mailto:sas.ptsnorthsupervisor@nhs.scot)

#### 4. Dental Services

The Board delivered Emergency Dental Service will continue to operate throughout the winter including the holiday period. This provides 24/7 access to emergency dental care every day of the year in conjunction with the normal weekday service.

Over the festive season normal and emergency services will be provided as follows:

Fri 23/12/22	Montfield and Brae clinics, opening hours as normal covering emergencies/urgent
Sat 24/12/22	On call NHS 24 on 111
Sun 25/12/22	On call NHS 24 on 111
Mon 26/12/22 PH	On call NHS 24 on 111

Tue 27/12/22 PH	On call NHS 24 on 111
Wed 28/12/22	Montfield, GBH and Brae clinics, opening hours as normal covering emergencies/urgent
Thu 29/12/22	Montfield, GBH and Brae clinics, opening hours as normal covering emergencies/urgent
Fri 30/12/22	Montfield and Brae clinics, opening hours as normal covering emergencies/urgent
Sat 31/12/22	On call NHS 24 on 111
Sun 01/01/23	On call NHS 24 on 111
Mon 02/01/23 PH	On call NHS 24 on 111
Tue 03/01/23 PH	On call NHS 24 on 111
Wed 04/01/23	Clinics open as normal

On call arrangements patients call NHS 24 on 111 which is directed to Highland Hub who contact on call dentist on mobile 07827283762 (NOT FOR PUBLIC DIRECT USE).

Clinic phone numbers:

- Montfield Dental Clinic : (01595) 743200
- Brae Dental Clinic : (01806) 522461
- Yell Clinic : (01957) 702031
- Whalsay Clinic : (01806) 566469

GDS/Independent:

- Lerwick Dental Practice: (01595) 690265

## 5. Pharmacy Services

The community pharmacies in Lerwick, Brae and Scalloway will be closed on the December 25<sup>th</sup> and 26<sup>th</sup> and January 1<sup>st</sup> and 2<sup>nd</sup>. A rota with reduced hours is agreed for the 27<sup>th</sup> December (1300-1600, Laings Pharmacy, Kanterstead) and the 2<sup>nd</sup> January (1300-1600, Boots Pharmacy, Lerwick). On the 3<sup>rd</sup> of January Boots Pharmacy, Lerwick, will be open normally, with all other pharmacies closed. From January 4<sup>th</sup> onwards, all Pharmacies will be open as normal.

As part of the pre-Christmas publicity campaign NHS Scotland is undertaking, advice for patients on how to best utilise their community pharmacists will be

provided, including the availability of the Pharmacy First service from community pharmacies in Shetland. Patients accessing NHS 24 will be sign-posted to community pharmacy services where appropriate.

The hospital pharmacy will be closed on 25<sup>th</sup>-27<sup>th</sup> December and 1<sup>st</sup>-3<sup>rd</sup> January but open with reduced staffing on the 28<sup>th</sup> December and 4<sup>th</sup> January. The on-call service will be available throughout the festive period.

Appropriate stock levels to cover the extended period of closure will be allowed in each ward and department. However if significant shortages become evident the on-call service can be contacted.

Adequate oxygen will be kept within the hospital to accommodate the festive period and possible interruptions due to weather. Dolby Medical supplies all domiciliary oxygen and high use patients have oxygen concentrators. In addition concentrators are available for use in the hospital and high flow oxygen treatments are monitored and regularly reviewed.

Weather conditions are regularly monitored by the pharmacy team over the winter period and stocks are routinely adjusted accordingly

<b>Date</b>	<b>Day</b>	<b>Hospital Provision</b>	<b>Community Provision</b>
December 24 <sup>th</sup> 2022	Saturday (weekend)	On call provision	No service
December 25 <sup>th</sup> 2022	Sunday (weekend)	On call provision	No service
December 26 <sup>th</sup> 2022	Monday (PH)	ON call provision	Boots 10.30am -1.30pm
December 27 <sup>th</sup> 2022	Tuesday (PH)	Limited service 9am-5pm	Laings, Lerwick, 1300-1600
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	Normal service	Normal Service
December 29 <sup>th</sup> 2022	Thursday (normal working day)	Normal Service	Normal Service
December 30 <sup>th</sup> 2022	Friday (normal working day)	Normal service	Normal Service

Date	Day	Hospital Provision	Community Provision
December 31 <sup>st</sup> 2022	Saturday (weekend)	On call service	No service
January 1 <sup>st</sup> 2023	Sunday (weekend)	On call service	No service
January 2 <sup>nd</sup> 2023	Monday (PH)	On call service	Boots, Lerwick, 1300-1600
January 3 <sup>rd</sup> 2023	Tuesday (PH)	Limited service 9am-5pm	Boots, Lerwick – open normal hours 0900-1730  All other pharmacies closed

## 6. Healthcare Science and Allied Health Professionals Diagnostic Services

Date	Day	Medical Imaging	Labs	Audiology	Physiological Measurements
December 25 <sup>th</sup> 2022	Sunday (weekend)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
December 26 <sup>th</sup> 2022	Monday (PH)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
December 27 <sup>th</sup> 2022	Tuesday (PH)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1730	08.30-17.00, then on call	Answering phone messages only NO REPAIRS SERVICE	Inpatient Service Only
December 29 <sup>th</sup> 2022	Thursday (normal)	CT/Xray 0800-2030 then On-	08.30-17.00, then on call	Answering	Inpatient Service Only

	working day)	call Ultrasound 0800-1730		phone messages only NO REPAIRS SERVICE	
December 30 <sup>th</sup> 2022	Friday (normal working day)	CT/Xray 0800- 2030 then On- call Ultrasound 0800-1730	08.30-17.00, then on call	Answering phone messages only NO REPAIRS SERVICE	Inpatient Service Only
December 31 <sup>st</sup> 2022	Saturday (weekend)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
January 1 <sup>st</sup> 2023	Sunday (weekend)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
January 2 <sup>nd</sup> 2023	Monday (PH)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
January 3 <sup>rd</sup> 2023	Tuesday (PH)	On Call XR/CT Only	0900-1200, then on call	Closed	Closed
January 4 <sup>th</sup> 2023	Wednesday	Normal Service Resumes	Normal Service Resumes	Answering phone messages only NO REPAIRS SERVICE	Normal Service Resumes

**Podiatry Services – Service Provision & Staffing Levels**

DATE	SERVICE	STAFFING
Saturday 24 <sup>th</sup> Dec 2022	Weekend -No service	
Sunday 25 <sup>th</sup> Dec 2022	Weekend -No service	
Monday 26 <sup>th</sup> Dec 2022	PH – No service	
Tuesday 27 <sup>th</sup> Dec 2022	PH – No service	
Wednesday 28 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing - AL
Thursday 29 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing - AL
Friday 30 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing - AL



Saturday 31 <sup>st</sup> Dec 2022	Weekend – No service	
Sunday 1 <sup>st</sup> Jan 2023	Weekend – No service	
Monday 2 <sup>nd</sup> Jan 2023	PH – No service	
Tuesday 3 <sup>rd</sup> Jan 2023	PH – No service	
Wednesday 4 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing - AL
Thursday 5 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing - AL
Friday 6 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing - AL

Prior to this period, those patients who are assessed as requiring ongoing treatment over the festive period will be allocated appointments onto days when staff are in and working.

Community nursing will be contacted for other patients who require dressings on days when there is no Podiatry service.

A number of appointment slots will remain un-booked to allow for emergencies on 28<sup>th</sup>, 29<sup>th</sup> 30<sup>th</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>.

### **Dietetic Services – Service Provision & Staffing Levels**

Date	Day	Hospital DT	Community DT
December 24th2022	Saturday(weekend)	No Service	No Service
December 25th2022	Sunday (weekend)	No Service	No Service
December 26th2022	Monday (PH)	On call 08:30-16:30	On call 08:30-16:30
December 27th2022	Tuesday (PH)	On call 08:30-16:30	On call 08:30-16:30
December 28th2022	Wednesday	Normal working day	Normal working day
December 29th2022	Thursday	Normal working day	Normal working day
December 30th2022	Friday	Normal working day	Normal working day
December 31st2022	Saturday (weekend)	No Service	No Service
January 1st2023	Sunday (weekend)	No Service	No Service
January 2nd2023	Monday (PH)	On call 08:30-16:30	On call 08:30-16:30
January 3rd2023	Tuesday (PH)	On call 08:30-16:30	On call 08:30-16:30

## Occupational Therapy Services – Service Provision & Staffing Levels

Acute Occupational Therapy Services as below.

DATE	SERVICE	STAFF AVAILABLE
Monday 19 <sup>th</sup> Dec 2022	Normal service	2 OTs
Tuesday 20 <sup>th</sup> Dec 2022	Normal service	2 OTs
Wednesday 21 <sup>st</sup> Dec 2022	Reduced service	1 OT
Thursday 22 <sup>nd</sup> Dec 2022	Normal service	2 OTs
Friday 23 <sup>rd</sup> Dec 2022	Reduced service	
Saturday 24 <sup>th</sup> Dec 2022	Weekend -No service	
Sunday 25 <sup>th</sup> Dec 2022	Weekend -No service	
Monday 26 <sup>th</sup> Dec 2022	PH – No service	
Tuesday 27 <sup>th</sup> Dec 2022	PH – No service	
Wednesday 28 <sup>th</sup> Dec 2022	Reduced service	1 OT
Thursday 29 <sup>th</sup> Dec 2022	Reduced service	1 OT
Friday 30 <sup>th</sup> Dec 2022	Reduced	1 OT
Saturday 31 <sup>st</sup> Dec 2022	Weekend – No service	
Sunday 1 <sup>st</sup> Jan 2023	Weekend – No service	
Monday 2 <sup>nd</sup> Jan 2023	PH – No service	
Tuesday 3 <sup>rd</sup> Jan 2023	PH – No service	
Wednesday 4 <sup>th</sup> Jan 2023	Reduced service	1 OT
Thursday 5 <sup>th</sup> Jan 2023	Normal service	2 OTs
Friday 6 <sup>th</sup> Jan 2023	Normal service	2 OTs

### Physiotherapy Services – Service Provision & Staffing Levels

DATE	SERVICE	STAFF AVAILABLE
Saturday 24 <sup>th</sup> Dec 2022	Weekend -No service	
Sunday 25 <sup>th</sup> Dec 2022	Weekend -No service	
Monday 26 <sup>th</sup> Dec 2022	PH – No service	
Tuesday 27 <sup>th</sup> Dec 2022	PH – No service	
Wednesday 28 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing – AL Urgent seen and vetting
Thursday 29 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing - AL Urgent seen and vetting
Friday 30 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing - AL Urgent seen and vetting
Saturday 31 <sup>st</sup> Dec 2022	Weekend – No service	
Sunday 1 <sup>st</sup> Jan 2023	Weekend – No service	
Monday 2 <sup>nd</sup> Jan 2023	PH – No service	
Tuesday 3 <sup>rd</sup> Jan 2023	PH – No service	
Wednesday 4 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing – AL Urgent seen and vetting
Thursday 5 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing - AL Urgent seen and vetting
Friday 6 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing - AL Urgent seen and vetting

Prior to this period, those patients who are assessed as requiring ongoing treatment over the festive period will be allocated appointments onto days when staff are in and working.

Urgent slots will be available as usual on these dates 28<sup>th</sup>, 29<sup>th</sup> 30<sup>th</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup>.

Community physiotherapy will be provided on a needs based assessment however there will be a reduced service to enable ward cover but all essential visits and contacts will be made.

### **Speech and Language Therapy – Service Provision & Staffing Levels**

DATE	SERVICE	STAFF AVAILABLE
Saturday 24 <sup>th</sup> Dec 2022	Weekend -No service	
Sunday 25 <sup>th</sup> Dec 2022	Weekend -No service	
Monday 26 <sup>th</sup> Dec 2022	PH – No service	
Tuesday 27 <sup>th</sup> Dec 2022	PH – No service	
Wednesday 28 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing – Ward Cover available
Thursday 29 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing – Ward Cover available
Friday 30 <sup>th</sup> Dec 2022	Normal hours	Reduced staffing – Ward Cover available
Saturday 31 <sup>st</sup> Dec 2022	Weekend – No service	
Sunday 1 <sup>st</sup> Jan 2023	Weekend – No service	
Monday 2 <sup>nd</sup> Jan 2023	PH – No service	
Tuesday 3 <sup>rd</sup> Jan 2023	PH – No service	
Wednesday 4 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing – Ward Cover available
Thursday 5 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing – Ward Cover available
Friday 6 <sup>th</sup> Jan 2023	Normal hours	Reduced staffing – Ward

		Cover available
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## Public Health

There will be the usual Public Health (health protection) support available 24/7 over the festive period. During normal working hours the Shetland Health Protection Team will be contactable via the Public Health Office ext 3340 or Montfield reception ext 3060 as usual, with competent person/consultant cover from the Shetland Director of Public Health until 3<sup>rd</sup> January, and from colleagues in the Island boards from 4<sup>th</sup> January. During the public holidays and out of hours, the usual on –call rotas will apply: with the 1<sup>st</sup> on-call person being Shetland based, and the 2<sup>nd</sup> on-call person being one of the Island Board consultants. On-call staff are contactable through the GBH switchboard.

The Council Resilience Team has a rota in place and they can be contacted via the GBH switchboard if there is a major alert escalation and multi-agency response is required.

The Vaccination Team will run clinics on XXX for people who are eligible for autumn /winter vaccinations but still not been vaccinated, and for those still eligible for primary doses of COVID vaccination. From 19<sup>th</sup> December until xxx January there will be no planned vaccinations clinics but urgent vaccinations can be arranged by emailing the Vaccination Team on [shet.vaccination@nhs.scot](mailto:shet.vaccination@nhs.scot) (e.g. COVID vaccination for a patient due to start on immunosuppressant therapy, or public health requested post exposure vaccinations)

## 7. Facilities

The Estates Team operates an on call rota which can be accessed via the GBH switchboard and this is in place 24/7. A procedure for determining the priority for on call requests out with Lerwick is held on the senior manager on call shared drive.

Details setting out deliveries (e.g. supplies) and collections (e.g. specimens) during the festive period will be circulated by the Estates Team.

Other Facilities services will have a modified service over the festive season and availability is shown below:

Date	Day	Daytime Provision	OOHs Provision
December 24 <sup>th</sup> 2022	Saturday (weekend)	Domestic – as normal weekend rota Serving – Open Kitchen – Skeleton Staff Laundry – 8am – 2pm	Pager Support 7pm-5am
December 25 <sup>th</sup> 2022	Sunday (weekend)	Domestic – as normal weekend rota Serving – Closed Kitchen – Skeleton Staff 6am - 2pm Laundry - Closed	Pager Support 7pm-5am
December 26 <sup>th</sup> 2022	Monday (PH)	Domestic - Normal working day Serving – Closed Kitchen – Skeleton staff 6am - 2pm Laundry - Closed	A&E only Pager Support 9pm-5am Additional cleans should be authorised by Silver Command
December 27 <sup>th</sup> 2022	Tuesday (PH)	Normal working day	A&E only Pager Support 9pm- 5am Additional cleans should be authorised by Silver Command
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	Normal working day	A&E only Pager Support 9pm- 5am Additional cleans should

			be authorised by Silver Command
December 29 <sup>th</sup> 2022	Thursday (normal working day)	Normal working day	A&E only Pager Support 9pm- 5am Additional cleans should be authorised by Silver Command
December 30 <sup>th</sup> 2022	Friday (normal working day)	Normal working day	A&E only Pager Support 9pm- 5am Additional cleans should be authorised by Silver Command
December 31 <sup>st</sup> 2022	Saturday (weekend)	Domestic – as normal weekend rota Serving – Open Kitchen – Skeleton Staff Laundry – 8am – 2pm	Pager Support 7pm- 5am
January 1 <sup>st</sup> 2023	Sunday (weekend)	Domestic – as normal weekend rota Serving – Closed Kitchen – Skeleton staff 6am - 2pm Laundry - Closed	Pager Support 7pm- 5am
January 2 <sup>nd</sup> 2023	Monday (PH)	Domestic -Normal working day Serving – Closed Kitchen – Skeleton staff 6am - 2pm	A&E only Pager Support 9pm- 5am Additional cleans should be authorised by Silver

		Laundry - Closed	Command
January 3 <sup>rd</sup> 2023	Tuesday (PH)	Normal working day	A&E only  Pager Support 9pm- 5am  Additional cleans should be authorised by Silver Command

## 8. Community Mental Health Services

### Mental Health OOHs Rota

The Community Mental Health Team have arrangements in place to manage mental health needs during the festive period and psychiatric emergencies will be actively managed. Community Psychiatric Nurse rota is in place for the festive period and held at the GBH reception. Assistance from Royal Cornhill Hospital in Aberdeen is also available to hospital based Consultants and the on call CPN/Psychiatrist (who will be contacted by CPN if necessary) as required.

The local team have clear protocols in place for the management of mental health presentations to the hospital and in the community. The team will provide their day time operating hours and include on call during the weekends and overnight, so in effect providing a 7 day service. The on call rota has a backup system in place to cover any potential covid related issues or sickness.

### **Community Psychiatric Nurses (CPNs)**

Date	Day	Daytime Provision	OOHs Provision
December 24 <sup>th</sup> 2022	Saturday (weekend)	On call CPN	On call CPN
December 25 <sup>th</sup> 2022	Sunday (weekend)	On call CPN	On call CPN



December 26 <sup>th</sup> 2022	Monday (PH)	On call CPN	On call CPN
December 27 <sup>th</sup> 2022	Tuesday (PH)	On call CPN	On call CPN
December 28 <sup>th</sup> 2022	Wednesday (normal working day)	Business as usual	On call CPN
December 29 <sup>th</sup> 2022	Thursday (normal working day)	Business as usual	On call CPN
December 30 <sup>th</sup> 2022	Friday (normal working day)	Business as usual	On call CPN
December 31 <sup>st</sup> 2022	Saturday (weekend)	On call CPN	On call CPN
January 1 <sup>st</sup> 2023	Sunday (weekend)	On call CPN	On call CPN
January 2 <sup>nd</sup> 2023	Monday (PH)	On call CPN	On call CPN
January 3 <sup>rd</sup> 2023	Tuesday (PH)	On call CPN	On call CPN

## 9. Surge Capacity Hospital Services

As a result of the ongoing system pressures we have put in place specific arrangements for the winter of 2022-23.

The narrative below sets out how we intend to manage emergency and elective patient flow in line with the requirements to maintain acute, elective and respiratory pathways.

### Acute General Beds

Our core bed capacity for general acute service provision is 41 beds, plus 2 higher dependency (level 2) beds. The beds are arranged across two acute units (medical ward has 21 beds and the surgical ward has 20).

As part of winter preparedness, we can increase our general bed capacity by 2-3 to support surge requirements. There is an infectious disease bay (three beds) to ensure we have a long term facility in place to support patients with an airborne infectious disease. This bay will be fully operational with a compliant ventilation system in Q4 of 2022-23. Gender segregation may not always be possible.

### Intensive Care (level 3)

We will retain a shadow rota for staffing to support patients who require invasive ventilation via the respiratory pathway. An operational plan, setting out how the Consultant Anesthetists will open a respiratory theatre (and consequences for elective care provision) is available on TEAMS in the winter planning folder.

### Higher Dependency Care (level 2)

As part of our core capacity we have a 2-3<sup>1</sup> bedded HDU which is situated in the acute surgical unit and we have maintained this area to support patients with non-respiratory illness. In addition to this, we have identified a respiratory HDU pathway which is part of the respiratory unit. This will be staffed by our HDU team working on a buddy system with the nurses supporting the acute medical ward. Additional training has been provided to enable us to provide additional HDU nursing capacity across the Hospital site.

### Utilising the Gilbert Bain Hospital Site for COVID resilience and increasing the delivery of other services

We have put in place acute, elective and respiratory pathways for all clinical specialties and this has included zoning the hospital campus which we have achieved by:

- Creating a 10 bed respiratory unit for patients, which is part of the acute medical ward. This level of bed capacity will ensure that we have adequate provision for patients presenting with suspected coronavirus and form part of our winter planning requirements as we expect an increase in patients overall who have respiratory symptoms. This unit includes isolation rooms that can be used to offer NIV if required. Gender segregation may not always be possible.
- Utilising the remaining 31 acute beds across the Hospital for patients who do not have respiratory illness (this will be a combination of patients requiring acute medical and surgical care, as well as making provision for children and patients with acute mental health crisis).
- Utilising the surge capacity beds (2-3) to provide additional inpatient capacity in extremis by converting the HDU into a 2-4 bedded bay for general admission. Any emergency admissions requiring level 2 care would be managed in Recovery or in two Ambulatory care beds within DSU depending on acuity and

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<sup>1</sup> We can depending on the needs of the patients, support up to three HDU patients in the unit but that would be as part of an escalation plan rather than the usual operating/staffing arrangements

teams available to support care provision. Appendix X sets out the details of the escalation plan. If there is a significant surge in emergency care activity, then we will limit elective work until emergency demand reduces and can be managed through the agreed emergency bed capacity allocated.

- Elective ambulatory care will continue during the winter months via the Day Case/Ambulatory Care Unit.
- Both theatres will be available for emergency and elective activity and patients with respiratory symptoms will be identified so that they can receive appropriate testing and treatment.
- Patients attending Outpatients (Adult, Children's and Maternity) will be asked to complete the respiratory screening assessment and asked to undertake a lateral flow test before a consultation if they have any of the key respiratory symptoms associated with COVID 19.
- Zoning the Maternity Unit to create a respiratory pathway for women attending the delivery suite.

## Emergency Care

Ensuring we effectively manage our emergency care flow is critical in being able to continue to offer elective and planned care in all settings and across the whole system. Following local evaluation of ED presentations, we have put in place a Same Day Emergency Care (SDEC) flow for patients who need assessment and treatment, but do not meet the criteria for ED. The SDEC will be open when staffing is available on weekdays.

In addition to this, we have revised our out of hours primary care service and put in place a Primary Care Emergency Centre (PCEC) presence in the ED at weekends rather than offering Primary Care weekend drop in clinics. These approaches will enable us to schedule some of the emergency care activity and increase the number of patients who can access a telehealth consultation via the Highland Flow Navigation Hub. GPs and/or ANPs will provide a PCEC in ED on Saturday and Sunday (and Public Holidays over the Festive season) between 12 noon and 8pm<sup>2</sup>.

All ambulatory patients will be asked to complete the respiratory screening assessment in order to determine transmission risk for COVID 19.

Symptomatic patients who require admission to hospital will receive a PCR test and assumed to be a presumptive COVID case until a negative test is confirmed. Patients will be admitted to a side room or empty bay if their respiratory symptoms are the main reason for admission. If they have been admitted with an acute surgical problem, then they will be risk assessed and admitted to the surgical unit (with transmission based precautions) once a negative PCR test has been confirmed.

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<sup>2</sup> Please note that the PCEC may not be open for a continuous 8 hour period, it may be open for shorter periods of time, depending on staff availability

## Respiratory Illness and Children

Primary Care teams have also put in place a respiratory consultation pathway for patients requiring face to face assessment. This includes the assessment of children presenting with respiratory illness e.g. Respiratory Syncytial Virus (RSV).

Children will be assessed and if necessary admitted to hospital with RSV. The Consultant Paediatricians will provide support post admission, to help with treatment planning for children who do not meet the criteria for transfer to RACH. Similarly, the Specialist Paediatric Nurses will also provide support to the acute unit teams when children are admitted so that we have a 'virtual ward' approach.

### **Maintaining effective care and safe staffing levels**

We do not have plans to employ extra staff to cover the winter period, although we have the facility to utilise extra clinical and non-clinical staff as required through flexible working and bank arrangements. Rosters will be put in place for October 2022 to January 2023 including shifts for the festive period and ongoing through the winter months.

We look to use all of our beds and staff flexibly as and when required to ensure that we can continue to provide safe staffing levels and safe and effective patient care, particularly where there may be peaks in demand for services and/or reduced access to key staff e.g. because of challenges in recruitment etc. All staff co-operate in this type of arrangement to ensure that we can provide continuity of care for patients with acute presentations and ongoing care requirements whilst in hospital.

The safe staffing escalation plan is shown in Appendix C.

### Monitoring whole system patient flow

We closely monitor patient flow, particularly as we move into winter planning activities to ensure that we have the capacity available to provide hospital based care, including acute rehabilitation.

Bed occupancy is reviewed at least twice daily, with known elective demands and planned dates of discharge (PDD) identified when services are on amber/red from a capacity perspective, so that managers can ensure that elective activity can continue safely throughout the period. Severe weather reports are cascaded to all Heads of Department.

If demand for inpatient services exceeds the bed base available, then silver command (Acute and Community) will be contacted to consider options available,

including calling a health and social care major alert and setting up contingency plans.

Patients who are ready for discharge may not have discharge medicines organised but patients can still transfer into the community if they have an up to date Intermediate Discharge Letter (IDL) which is shared with the receiving care team/care home first. This can be used to transcribe key medications onto the MARS sheet. These discharge arrangements are only necessary if the hospital is on 'RED' for capacity and it is an agreed action following a review of the PDDs for patients in the hospital and the patient flow escalation plan is followed.

The patient flow escalation plan is in place to ensure that we effectively manage emergency and elective admissions throughout the hospital, which is shown in Appendix A. The protocol for 2022, reflects the need to consider patient placement for clinical specialty and the requirement to consider the patients COVID 19/respiratory status. An additional escalation plan to support decision making for patient placement has been developed and is shown in Appendix D

In addition to this, a critical care huddle will be instigated in the week before Christmas (following on from the morning Hospital huddle) to assess and understand patient acuity across the Hospital system and will form part of the risk assessment as to whether any services or elective activity needs to be stood down.

Waiting times monitoring meetings will take place on December 22nd and December 29<sup>th</sup> 2022 (virtually) to ensure that appropriate monitoring of shared services and pathways will continue seamlessly, including the organisation of cancer pathways.

Daily reporting will be used to identify any trends/forecast future pressures, although in reality it is easy to spot special cause variation in such a small system through routine root cause analysis of ED breaches.

In addition to this, it is critical that we continue to initiate programmes to support community based services in parallel with the changes which are taking place in hospital so that we have a 'whole system' approach to older peoples care.

As a result of the development and extension of community based services over the last three years, we have seen a down turn in bed occupancy (17 % across the two acute units); particularly where it is associated with people requiring rehabilitation or other care that could otherwise have been delivered in the community. There is a multi-agency group that looks at discharge planning and there is close collaboration with the Council to try to prevent any undue delays occurring. Close working between Pharmacy, Community, Hospital and SAS is in

place to ensure that planned discharges take place before 12 noon (whenever possible).

Since Summer 2022, the average number of people who were delayed in hospital is in the range of 5 to 10 per week. This is an increase on 2021 where we have maintained generally low numbers of people delayed in hospital over the last 5 years. As noted in the winter plan, all community services have put plans in place to manage the needs of individual clients and so we are not predicting that the number of people delayed in hospital will increase during winter months.

We will follow the pre-discharge COVID 19 testing requirements for patients transferring to Care Homes from Hospital, as set out in the Adult Social Care Winter Plan<sup>3</sup>.

The Intermediate Care Team will continue to provide their normal service over the festive periods with specific arrangements in place for individuals on the caseload and due to be seen over the 2 holiday weekends. For operational reasons the Intermediate Care Team and Montfield Support Services will be working closely together to support individuals in either setting in order to continue to ensure that there is responsive whole system working across the care sector at this time.

## 10. Community Care Services

Hospital staff will continue to work closely with local authority partners, and through the H&SCP will meet the needs of patients in the community and ensure that hospital in patients are discharged appropriately in a timely manner back into the community with proper support. The single shared assessment process “With You For You” is now embedded into practice for health and social care staff.

### (a) Social Work Service

The Social Work Offices will be closed for the four public holidays over Christmas and New Year (25<sup>th</sup> to December 27<sup>th</sup> 2022 and 1<sup>st</sup> and 3<sup>rd</sup> 2023 January 2022). A duty Social Worker (contactable via the main hospital reception) will be available to deal with **emergencies**.

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<sup>3</sup> <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

### **(b) Care Centres for Adults**

All care centres will be open as usual and can be contacted directly using the contact details in the Shetland Directory. During the festive season, the Social Care Service will use any spare capacity within the care centres to support the provision of emergency residential short breaks required throughout this period. This resource can be accessed via the duty social worker only over the festive period.

Work is ongoing to make best use of resources to either avoid an unnecessary hospital admission, or to expedite a speedy discharge from hospital. There is a daily bed state for care centre bed capacity, which is shared across community and acute services.

### **(c) Care at Home**

This will operate as normal except where service users choose to get support from their families over the public holidays. Meals on wheels will not normally be provided on the public holidays but alternative arrangements will be made as required. Any queries about Care at Home during the festive period (excluding public holidays) should be addressed to the local Care Centre. **Contact on public holidays should be via the duty social worker.**

In the central area, Care at Home staff are contactable on 744313 (excluding public holidays). All requests for assessments should be made to the duty social worker.

### **(d) Mental Health Community Support Service, Annsbrae House**

Annsbrae's services for adults with mental health problems will be provided in line with individual service users' care plans during the festive period. Tenants can contact staff out of hours by using their Community Alarm. Annsbrae out of hours service can be contacted via duty social work on 01595 695611.

### **(e) Adult Services**

#### **Adult Services (LD & ASD) – Supported Living and Outreach**

Supported accommodation services will operate as normal during the festive period.

### **Adult Services (LD &ASD) - Short Break and Respite Services (Newcraigielea)**

Individual families will be informed of the arrangements.

### **Adult Services (LD &ASD) - Supported Vocational Activity (EG@Seafield)**

Individual service users will be informed of the arrangements.

### **Emergency Requirement**

Any emergency requirement should be referred to the Duty Social Worker on 01595 744400 or 01595 695611.

### **f) Day Care – Community Care Resources**

Over the festive period Day Care services may reduce or cease and will not be provided on public holidays. Individual service users will be consulted about their plans. Alternative services will be made available to meet assessed needs e.g. Care At Home or short breaks.

When Day Care is closed enquiries about existing service users should be directed to the relevant care centre (Newcraigielea for adults with Learning Disabilities). If emergency day care is needed then Duty Social Work should be contacted.

## **11. Access to Clinical Information Systems**

The Key Information Summary (KIS) system is in place. The eKIS should provide key information to partner agencies e.g. Scottish Ambulance Service (SAS), as well as to NHS employees in primary and secondary care in the out of hours period and therefore will support the delivery of more appropriate care for individuals in the out of hours period.

All eKIS records should contain current information relating to the patients:

- Medical condition and treatment
- Main carer - their name and contact number
- Wishes which they may have about their care and treatment; and
- Preferred place of care



During 2020 in preparation for COVID an extensive programme of Anticipatory Care Planning (ACP) was carried out with all individuals who were identified due to their medical conditions to be on a shielding list having a contact from their GP practice and an ACP put in place. This has increased the number of people who have preferred place of care information available on eKIS.

NHS IT Services during the festive period can be accessed via a telephone service on the normal weekdays (not the usual helpdesk number). This number will be communicated to staff via the weekly newsletter and the intranet before the festive period. On the public holidays and out of hours the department operates an on-call service for urgent issues. This can be accessed via GBH reception.

## 12. Bad Weather Contingencies

In the case of severe weather, which may restrict patient and/or staff movement, the primary care services will be managed locally with each individual practice covering their own area and patients. Care at Home is already managed on a locality basis with Care Centres acting as hubs.

Community Nursing Services also operate a locally based service in times of severe weather with staff working from their local Health Centre and providing essential visits as weather and staffing numbers permit. This would continue for the duration of the adverse weather.

Hospital based staff will be provided with accommodation, and would travel when able to do so. Staff wishing to remain in Lerwick who reside out with the town for the duration of a shift pattern will be entitled to the provision of accommodation and meal tokens<sup>4</sup>, which will be managed by the Facilities Manager.

A decision whether to invoke the Board's Inclement Weather Policy will be taken by Gold command. The most recent national advice is shown in DL (2022)35<sup>5</sup> which can be found on the Scottish Government website. Entitled: NHS Scotland: Interim National Arrangements for Adverse Weather.

For council employees the SIC Adverse Weather Policy should be followed. Information about transport services and adverse weather can be found in Appendix E.

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<sup>4</sup> Staff will be provided with basic provisions and access to the emergency snack vending machine as required.

<sup>5</sup> [DL\(2022\)35.pdf \(scot.nhs.uk\)](#)

Rooms are available in NHS staff accommodation as part of the Inclement Weather Policy and allocation of these rooms over the Festive period will be via the Senior Manager on call. Keys are held at Gilbert Bain Reception.

If emergency accommodation is required to support a member of staff who needs to self isolate (e.g. a visiting clinician) then this can be organised via the Facilities Team. There is an on call roster available via GBH Reception for Facilities staff who will help identify appropriate accommodation options.

Any additional spend associated with invoking the Inclement Weather Policy should be attributed to the following job code: ZWINTER.

Business continuity plans are in place for all key Clinical Services. Decisions would be taken to invoke multi-agency support via Shetland Multi-agency Response Plan or to deal with pressures beyond normal local capacity in the NHS via the Board's Major Emergency Plan.

Council and NHS staff are reminded before each winter to ensure that their vehicles are prepared for inclement weather, and all Council and NHS owned vehicles are prepared in the same way.

The cost of winter tyre replacement should be identified by Heads of Service and discussed with the respective Directors responsible that that service area.

### **13. Preparation and Implementation of Norovirus Outbreak Control Measures & Influenza Planning**

The Infection Prevention & Control Team has been expanded to manage the increased workload due to COVID and the provision of additional support to Care Homes, Support Services and Health Centers.

The previous respiratory pathways have been discontinued with a move back to business as usual. Appendix 21 COVID-19 Pandemic Controls for Acute NHS settings including Scottish Ambulance Service (SAS) and dental services and Appendix 22 Community IPC COVID-19 Pandemic have been added to the National Infection Prevention & Control Manual (NIPCM). These appendixes aim to summarize the remaining pandemic measures which exist in addition to the NIPCM and provide links to helpful resources, guidance and policy documents.

Chapter 3 "Healthcare Infection Incidents, Outbreaks and Data Exceedance" in the NIPCM is available via a hyperlink in the "Outbreak Folder" on the Infection

Control Portal on the Intranet and provides all the necessary guidance to be followed. The Outbreak Folder contains additional localized protocols and flowcharts for use in the management of an Outbreak. These generic resources support the management of any infectious disease outbreak including COVID, Norovirus and influenza.

There is a local Norovirus Season communication plan which covers distribution of national resources to health and care settings and awareness raising with the public and specific settings such as schools and nurseries. The Antimicrobial Resistance Healthcare Associated Infections (ARHAI) update for Norovirus for 2022 has not yet been received.

Previous ARHAI Norovirus Control Measures and resources to support the 'Stay at Home Campaign' message are easily accessible to all staff on the Intranet via the Infection Control Portal.

Extensive work has been undertaken by the Infection Prevention & Control Team to support all Care Homes, Support Services and Health Centers in the provision of safe and effective care across all these environments. In addition there is a programme of Integrated Care Assurance Visits in place for the Care Home Sector. Support is provided to help teams implement guidance changes promptly and effectively.

Health and care staff will continue to be reminded of the need to remain absent from all health and social care work for the appropriate timeframes if symptomatic. Correct Mask Etiquette and Hand Hygiene will also continue to be reinforced.

The Infection Prevention and Control Team (IPCT) frequently review the appropriateness of procedures to prevent outbreaks when individual patients have "infectious" symptoms e.g. patient placement, patient admission and environmental decontamination post discharge. Procedures will be updated immediately if additional advice is received from ARHAI or other agencies that improve the management of such outbreaks.

There is now a purpose built three bedded bay on Ward 3 specifically dedicated for the management of infectious cases.

The public will be informed about any visiting restrictions in health and care settings which might be recommended as a result of an outbreak. The response to any incidents and outbreaks within health settings will be led by the Infection Control Doctor (Microbiologist) and Infection Prevention & Control Team, supported by the Health Protection Team as required. The response to incidents and outbreaks in social care settings and in the community will be led by the Health Protection Team supported by the IPCT for community care settings. A Problem Assessment Group may be held initially to understand a situation; and if

an incident or outbreak is declared, then an Incident Management Team will be called to subsequently manage the situation. The Chair of the PAG /IMT will decide who else needs to be involved or represented and this may include Public Health Scotland. A review will be held after any significant incident or outbreak to ensure system modifications to reduce the risk and impact of potential future outbreaks.

National Reporting Tools will be used to report any cases/ clusters/ outbreaks within the hospital setting to ARHAI.

Adequate IPCT cover across the whole of the festive holiday period will be in place with an OOH Public Health on call Rota in place to provide health protection advice and management for incidents and outbreaks.

NHS Shetland is prepared for rapidly changing situations and this will be assessed on a daily basis at the Hospital Huddle with additional bed management meetings put in place in conjunction with the IPCT/ HPT as and when required e.g. the closure of multiple bays/ ward.

There are now specific versions of the National Infection Prevention and Control Manual to support practice within Care Homes, Primary and Community Care settings. There is additional Infection Prevention and Control advice, support and training available to Care Homes, Primary and Community care teams via the Infection Prevention and Control team.

The Board has the following in place relevant to pandemic and winter planning:

- (As above)
- A local Major Emergency Plan for the hospital and departmental business continuity plans which cover healthcare capacity
- Infection control and outbreak guidance for residential care settings is provided by Public Health Scotland – there is a hyperlink available on intranet directly to outbreak guidance. There is also norovirus guidance for care settings.
- There is an oversight group for care home assurance led by the Director of Public Health, with a key focus on infection prevention and control in care settings.

### **Specific COVID prevention and control activity**

- There is continuing local publicity to encourage the public to take precautions to prevent the spread of COVID primarily but also flu and norovirus.
- Staff have access to LFD kits at home to test prior to coming on shift if symptomatic

- The Health Protection Team works closely with Environmental Health in the identification and management of outbreaks, especially through Port Health.

### **The Autumn / Winter (Seasonal Flu and Covid) vaccination programmes 2022-23**

- This year we have been delivering both an extended flu vaccination programme and a covid vaccination programme including covid boosters and primary courses. Co-administration of flu and covid vaccines is done wherever possible.
- The programme commenced in September with the bulk of the activity ceasing on 5<sup>th</sup> December. However there will be further catch up activity continuing until the end of the programme on 31<sup>st</sup> March 2023.
- The extended seasonal flu immunisation programme includes the offer of flu vaccine to all those aged over 50, people in clinical risk groups, all NHS staff, all care staff who provide personal care, all unpaid carers, all pregnant women all pre-school children and school pupils, and pupil facing school staff. Rates across all groups last year was increased, and we anticipate rates will remain high this season.
- The covid vaccination programme includes boosters for all those aged over 50, people aged 16 and over in clinical risk groups, unpaid carers, people who live with those who are immunosuppressed; and all health and care staff who provide frontline services. In addition we are still vaccinating children aged 12-15 and people aged 16 and over who have not yet completed their vaccination course.
- All those eligible have been offered an appointment; or invited to make an appointment / attend a walk in clinic. Most appointments have been at the Gilbertson Park Games Hall Vaccination Centre but patients from the islands and Hillswick, and all those aged 80 and over, have been offered appointments at their own GP practice or NDI nurse clinic. Care home residents have been offered the vaccination in their care home; housebound people have been offered in their own home.
- Patients requiring a hospital setting (due to risk of anaphylaxis etc) have been vaccinated in hospital clinics and children have been vaccinated in dedicated children's clinic sessions. The vaccination team has worked with the Learning Disabilities nurse to offer appointments in the most appropriate setting for individuals. Pregnant women may have received flu vaccine from their midwife (if declined covid booster), but have been invited to attend the Vaccination Centre and practice clinics for covid vaccination and flu/covid co-administration.
- Health and care staff have been invited to request a vaccination appointment with Occupational Health (various settings) via their manager, and latterly have also been able to attend the walk in clinics at Gilbertson Park.

- Pre-school children have been invited to make an appointment with their GP practice for the flu vaccination, and all primary and secondary school children have been offered the flu vaccine at school clinics, delivered by the school nursing team. Teachers and NHS staff eligible only for flu vaccine have been able to make appointments or attend walk in clinics as above.
- Clinics for both booked and walk in appointments have been running five days a week at the Gilbertson Park Games Hall Vaccination Centre and will continue until 3<sup>rd</sup> December. There will then be a limited catch up service until 19<sup>th</sup> December and further ad hoc clinics until end March if required (eg for newly pregnant women, or people under 50 newly diagnosed with a clinical risk condition).
- Details of vaccine uptake can be found here:  
[https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-28-september-2022/flu-and-covid-19-vaccination-uptake-in-scotland-dashboard /](https://www.publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-28-september-2022/flu-and-covid-19-vaccination-uptake-in-scotland-dashboard/)
- By 20<sup>th</sup> November 2022 overall uptake of covid vaccination amongst all groups was 67% (Scotland 61% and for flu was 60% (Scotland 54%).
- Since 1<sup>st</sup> April 2022 we have had a dedicated vaccination team to deliver all vaccination programmes, managed through the Public Health Directorate and supplemented by community and primary care nursing teams and bank staff (for this seasonal programme).
- There is also a dedicated team of staff scheduling appointments at the Gilbertson Park clinic and administering the programme as a whole, supported by the primary care administration team and practices. The programme is also supported by significant staffing capacity from Public Health, Pharmacy, Occupational Health, Child Health and Estates & Facilities. School Nursing delivers the school based programmes. Staff training has been facilitated by staff development and public health and clinical team leaders, utilising the national training resources on Turas.
- There has been considerable local public communications (social media local media, and via local businesses and organisations) for both the covid and flu vaccination programmes, led by the communication team and vaccination teams.
- All covid vaccinations and flu vaccinations (other than those given in maternity) are recorded on the Vaccination Management Tool which feeds into EMIS. Uptake is monitored weekly through national dashboards, Scottish Government flash reports and locally collected data.

## **Surveillance**

- The Health Protection Team and the laboratory monitor local infectious disease notifications and lab reports, and act on exceedances over expected prevalence.
- The Health Protection Team receives and circulates the weekly infection pressure bulletin issued by Public Health Scotland, which keeps NHS

- Shetland up to date regarding the national influenza situation (and other seasonal / respiratory infections).
- Two local GP practices are signed up for respiratory infections surveillance scheme.

Other local plans include:

- A local Public Health Outbreak and Incident Plan, based on national guidance
- A Hospital Outbreak Plan
- Business continuity planning (both for NHS Shetland and other Community Planning partners) which includes consideration of staffing in the event of high absences
- Communication and media handling
- Surge capacity agreements

The Health Protection Team follows the current, national Public Health Scotland and Scottish Government guidance for management of covid, influenza, norovirus and other infectious diseases.

The Infection Prevention & Control Team has been expanded to manage the increased workload due to COVID and the provision of additional support to Care Homes, Support Services and Health Centers.

The previous respiratory pathways have been discontinued with a move back to business as usual. Appendix 21 COVID-19 Pandemic Controls for Acute NHS settings including Scottish Ambulance Service (SAS) and dental services and Appendix 22 Community IPC COVID-19 Pandemic have been added to the National Infection Prevention & Control Manual (NIPCM). These appendixes aim to summarize the remaining pandemic measures which exist in addition to the NIPCM and provide links to helpful resources, guidance and policy documents.

Chapter 3 “Healthcare Infection Incidents, Outbreaks and Data Exceedance” in the NIPCM is available via a hyperlink in the “Outbreak Folder” on the Infection Control Portal on the Intranet and provides all the necessary guidance to be followed. The Outbreak Folder contains additional localized protocols and flowcharts for use in the management of an Outbreak. These generic resources support the management of any infectious disease outbreak including COVID, Norovirus and influenza.

There is a local Norovirus Season communication plan which covers distribution of national resources to health and care settings and awareness raising with the public and specific settings such as schools and nurseries. The Antimicrobial Resistance Healthcare Associated Infections (ARHAI) update for Norovirus for 2022 has not yet been received.

Previous ARHAI Norovirus Control Measures and resources to support the 'Stay at Home Campaign' message are easily accessible to all staff on the Intranet via the Infection Control Portal.

Extensive work has been undertaken by the Infection Prevention & Control Team to support all Care Homes, Support Services and Health Centers in the provision of safe and effective care across all these environments. In addition there is a programme of Integrated Care Assurance Visits in place for the Care Home Sector. Support is provided to help teams implement guidance changes promptly and effectively.

Health and care staff will continue to be reminded of the need to remain absent from all health and social care work for the appropriate timeframes if symptomatic. Correct Mask Etiquette and Hand Hygiene will also continue to be reinforced.

The Infection Prevention and Control Team (IPCT) frequently review the appropriateness of procedures to prevent outbreaks when individual patients have "infectious" symptoms e.g. patient placement, patient admission and environmental decontamination post discharge. Procedures will be updated immediately if additional advice is received from ARHAI or other agencies that improve the management of such outbreaks.

There is now a purpose built three bedded bay on Ward 3 specifically dedicated for the management of infectious cases.

The public will be informed about any visiting restrictions in health and care settings which might be recommended as a result of an outbreak. The response to any incidents and outbreaks within health settings will be led by the Infection Control Doctor (Microbiologist) and Infection Prevention & Control Team. The response to incidents and outbreaks in social care settings and in the community will be led by Public Health supported by the IPCT. A Problem Assessment Group may be held initially to understand a situation; and if an incident or outbreak is declared, then an Incident Management Team will be called to subsequently manage the situation. The Chair of the PAG /IMT will decide who else needs to be involved or represented and this may include Public Health Scotland and Scottish Government representatives. A review will be held after any significant incident or outbreak to ensure system modifications to reduce the risk and impact of potential future outbreaks.

National Reporting Tools will be used to report any cases/ clusters/ outbreaks within the hospital setting to ARHAI.



Adequate IPCT cover across the whole of the festive holiday period will be in place with an OOH Public Health on call Rota in place to provide public health management for outbreaks.

NHS Shetland is prepared for rapidly changing situations and this will be assessed on a daily basis at the Hospital Huddle with additional bed management meetings put in place in conjunction with the IPCT/ HPT as and when required e.g. the closure of multiple bays/ ward.

There are now specific versions of the National Infection Prevention and Control Manual to support practice within Care Homes, Primary and Community Care settings. There is additional Infection Prevention and Control advice, support and training available to Care Homes, Primary and Community care teams via the Infection Prevention and Control team.

The Board has the following in place relevant to pandemic and winter planning:

- (As above)
- A local Major Emergency Plan for the hospital and departmental business continuity plans which cover healthcare capacity
- Infection control and outbreak guidance for residential care settings is provided by Public Health Scotland – there is a hyperlink available on intranet directly to outbreak guidance. There is also norovirus guidance for care settings.
- There is an oversight group for care home assurance led by the Director of Public Health, with a key focus on infection prevention and control in care settings.

#### **Specific COVID prevention and control activity**

- There is continuing local publicity to encourage the public to take precautions to prevent the spread of COVID primarily but also flu and norovirus.
- Staff have access to LFD kits at home to test prior to coming on shift if symptomatic
- The Public Health Team works closely with Environmental Health in the identification and management of outbreaks, especially through Port Health.

## **14. Disaster Recovery Plans**

There are business continuity plans for each area of health board business, designed to ensure that services continue to deliver and support patient care. Additional work has been undertaken by all services to develop a remobilisation plan and this reflects at a high level, the business continuity plans we have put in place specifically to deliver services during the pandemic. In addition to this, Heads of Service have been asked to review all business continuity plans that are out of date to ensure they are fit for purpose during the winter months.

Business continuity plans are also in place to manage water ingress into the Hospital (which is a risk to elective service delivery and access to A&E). The updated business continuity template has been circulated to Heads of Service for completion.

## **15. Escalation Procedures & Management Control**

The Health Board and the H&SCP has in place a Gold command on call Director who is able in real time to instigate any of the above contingencies. Gold command will be the first point of contact for local or national escalation procedures and will provide real-time feedback to partner organisations on the service delivery capacity locally.

Contact details for the Gold command are available to all partner organisations via switch.

Gold command will contact Corporate Services on call so that they can update messages to staff and patients if escalation plans need to be enacted.

The Council Resilience Team has a rota in place and they can be contacted via the GBH switchboard if a major alert escalation and multi-agency response is required.

### COVID Response – Mutual Staffing Support

In the case of a sudden unpredicted surge in demand or unexpected absence of medical staff in the hospital setting, the shifts will be covered by the other doctors available within the hospital with support from consultant colleagues and/or leave would be cancelled. Some supplementary staff (junior doctors) have been assigned to medical teams pre-emptively to support winter pressures during the COVID pandemic.

If activity levels increase to such an extent that the usual patient flow management arrangements in the hospital or community are exceeded then we will move to an internal major alert planning which would facilitate the cancellation of leave for all

staff required to support the emergency management plan. Twice weekly briefings have been put in place for the festive period and will continue if required for the first 4 weeks into 2022, to assess the impact of the omicron variant. A whole system public health meeting (three times per week) has also need put in place as a shadow arrangement in case it needs to be stood up by Gold command.

In preparation for an enhanced COVID response across the organisation there are plans in place to provide staff mutual aid across hospital and community nursing and between nursing and the care sector. Specific individuals within Community/Primary Care Nursing with specialist skills and relevant experience, have been identified who augment the theatre team to support the care of critically ill patients if needed, particularly if we see a rise in the number of patients with severe illness as a result of COVID.

Specific individuals working within the Acute sector who have District Nursing experience would be released to support outbreak situations in the community. If there is additional support required in a Care Home setting to support an outbreak, then the District Nurse will be freed up in the locality from caseload holding duties to manage the clinical care of individuals in the outbreak situation with backfill being provided into their caseload and staff team. In extremis, nursing staff from the staff bank or other settings may be asked to volunteer to provide support in the Care Home setting as per DL (2020) 13<sup>6</sup>

These arrangements are reflected in both the Remobilisation Plan (September 2021) and the Care Assurance Framework to support the Care Home Resilience.

Silver and Gold Command can use the mutual aid arrangements to ensure that safe staffing levels are maintained and continuity of care is provided as part of the winter plan enactment.

## 16. Publicity

The Council and NHS, in conjunction with service partners, will undertake a publicity campaign regarding winter preparedness and the festive period. This will describe steps people can take to help themselves such as ensuring prescriptions are ordered in good time, and ensuring they have at home some over the counter remedies for common ailments. It will also explain the arrangements for accessing care over the festive period, with specific information for patients on how best to use out of hours services. It will include details on when it is appropriate to use emergency services and when and how to use NHS Inform or NHS 24. Our

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<sup>6</sup> [https://www.sehd.scot.nhs.uk/dl/DL\(2020\)13.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)13.pdf)

website, which includes information about access to services and health information will also be included in promotional materials.

Right Care Right Place information on our website:

<https://www.shb.scot.nhs.uk/hospital/rcrp.asp>

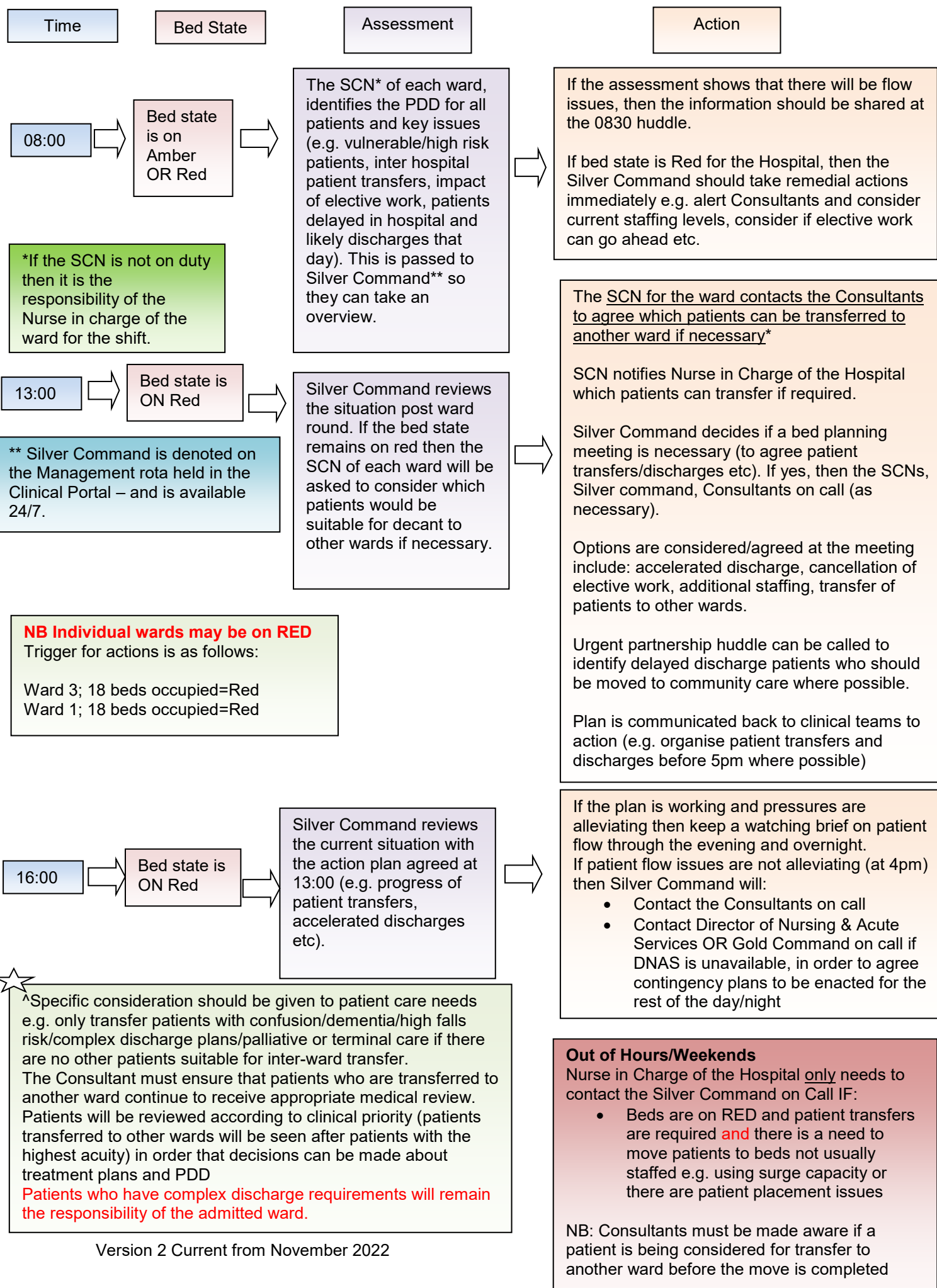
Publicity will include social media posts and a full-page advertisement in the Shetland Times the week prior to Christmas; press releases; information at health centres; dental clinics and community pharmacies. The link to the festive opening

times is shown below:  
<https://www.shb.scot.nhs.uk/documents/ChristmasOpenings2021.pdf>

Corporate social media posts on Facebook and Twitter will be focussed on winter messaging with particular emphasis during the festive season over Christmas and New Year.

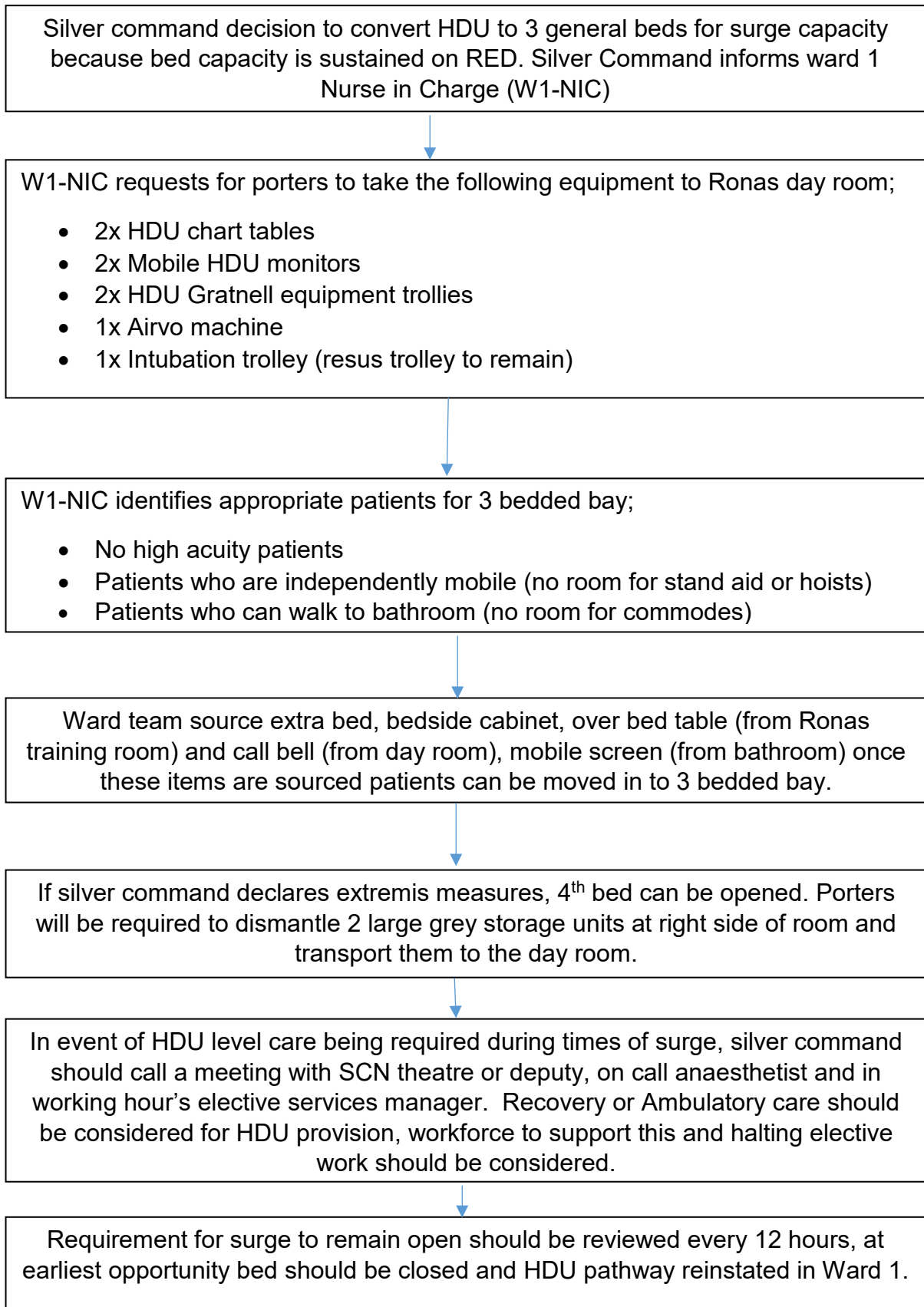
Local public health messages are also given out through the media and the Healthy Shetland social media account. In addition to this, NHS24 will contract with the local press and media to run a pre-festive publicity campaign.

## Appendix A Patient Flow Escalation Plan (Acute Directorate) – NHS Shetland

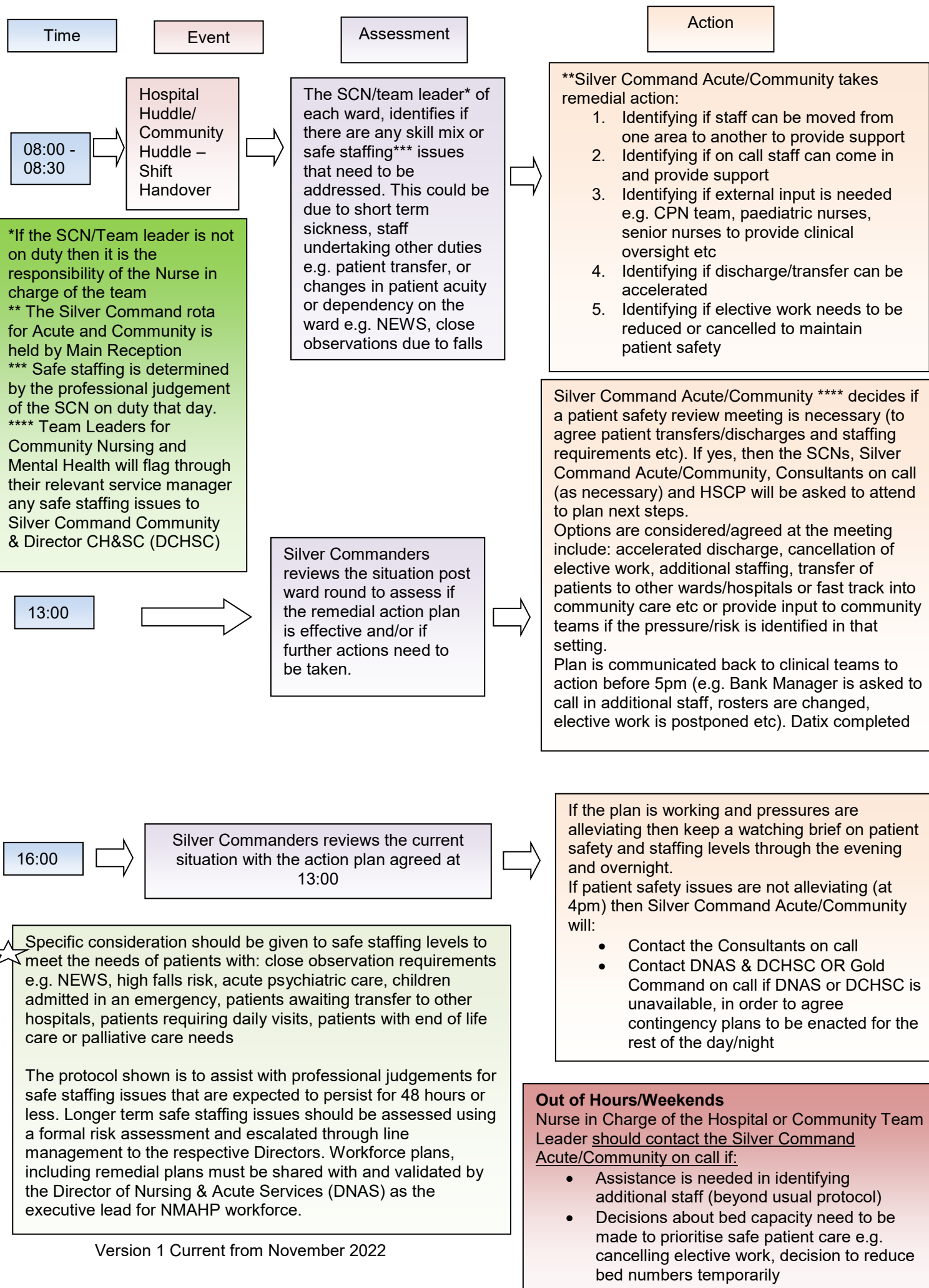


## Appendix B, Flow Chart

### Surge plan to create 1-2 additional acute beds, Gilbert Bain Hospital



## Appendix C Safe Staffing Escalation Plan – NHS Shetland





## Respiratory/isolation pathway for emergency admissions

**(Patients with COVID symptoms or patients triggering questions on the respiratory screening tool should be isolated until negative test result)**

Predicted date of Discharge (PDD) to be recorded in Track on admission to ward.

Admit surgical patients to Ward 1. Patients requiring isolation should be admitted to ward 1 side rooms. If a side room is not available, patient can be placed in an empty bay. Only confirmed positive cases can be cohorted together.

Admit medical patients to Ward 3. Patients requiring isolation should be admitted to ward 3 side rooms. If a side room is not available, patient can be placed in an empty bay. Only confirmed positive cases can be cohorted together.

If W1 is full, then start to admit into W3 beds. Inform Silver command and follow the bed escalation plan.  
Organise Senior MDT review of elective surgery for next 24 hrs.

If W3 is full, then start to admit into W1 beds.  
Inform Silver command and follow the bed escalation plan.

If both wards are full –the bed escalation plan will be triggered. Silver Command will agree if the winter plan surge capacity should be used and additional beds will be opened (see below). Triggering this plan means we will need to identify supplementary staffing to open additional beds – this is an internal major alert response and planned elective activities will need to be stepped down. Silver command (H&SCP) will be alerted as fast track discharges may be needed.

If W1 and W3 are both full then the 1-2 extra beds can be placed in HDU.  
An urgent review of elective surgical and ambulatory care activity will be undertaken. Silver command will decide what planned care work can continue based on context.

### Respiratory pathway

Side rooms should always be use for respiratory pathway or NIV where possible.

Positive pts and suspected **cannot be cohorted together.**

2 presumed COVID pts **cannot be cohorted together**

**Appendix D Patient Placement Plan 2022**



## **Appendix E Information for managers on transport services and data to support adverse weather contingency planning**

The Winter Gritting Map provides a breakdown of gritting coverage.

Priority 1 & 2 routes are gritted any day required.

Priority 3 – only in the event of heavy snow or ice. The gritters will deploy at the request of one of the blue light services.

<https://www.shetland.gov.uk/roads-footpaths/winter-roads-treatment?documentId=406&categoryId=20061>

Forecasting and weather data is prepared on an hourly basis from Weather Stations that feed into the Met Office main algorithm.

The main hub for SIC Roads information is Ross Jarmson (contact details held by Reception). During severe weather he is available 0500 – 1700 hours. He provides the info for weather related school closures.

Outside these hours Lerwick Police Station will provide the most up-to-date info regarding road conditions.

Hazard Manager which gives the yellow weather warnings over a 7 day period. Anyone can subscribe to this and receive email notifications. <https://hazardmanager.metoffice.gov.uk/weatherandwarnings>

SIC Ferries - <https://www.shetland.gov.uk/homepage/73/ferry-status>

This link provides Service Information and Voicebanks for service disruption and news. This operates out-of-hours. For more detailed out-of-hours information contact MRCC Lerwick on 01595 692976.

For email or SMS updates email below:

[ferries.admin@shetland.gov.uk](mailto:ferries.admin@shetland.gov.uk)



**NHS Shetland**

**Primary Care Capacity Challenge  
Escalation Strategy**

**2020**

## **Introduction**

This document details the escalation plan for dealing with capacity challenges in Primary Care Services in Shetland; the document sets out how decisions should be made on suspending or reducing primary care medical services in response to Covid-19.

It is accepted that the Covid-19 situation will present services with increasingly significant capacity challenges, both in terms of pressures of patient demand and in terms of staffing availability should staff become ill. Shetland has ten health centres providing services to 23,000 patients, and it is acknowledged that different levels of support may be required across Shetland, depending on the progression of Covid-19.

Practices requiring temporary suspension of services will be required to submit a notification form (Appendix A) when they need to reduce or withdraw services. This form will be considered by the Primary Care Escalation Committee, which has been set up for this process – the Committee will include the following individuals:

- Public Health Representative
- Non-Executive Director
- Chief Executive
- Primary Care clinical lead
- Primary Care Manager
- Chief Nurse Community
- LMC representative
- Medical Director

Where possible the forms will be considered via email, rather than convening people into one room. Responses to the suspension of services form will be made on the same working day as the form is received.

**PLEASE NOTE** – it is acknowledged that practices are dealing with daily changes, both with demand and staffing. To make this process as simple as possible, practices are asked to initially phone the Primary Care Manager at NHS Shetland to advise of the need to move to one of the escalation levels e.g. due to sudden lack of staffing. The escalation form should then be submitted later on the same day.

There are three escalation levels set out below, in line with Circular PCA(M)2020/02.

### **Level 1: Suspension of non-core activities**

There is no contractual definition of non-core activities but reduction of services at this level will include services such as minor surgery. Where possible, practices should continue to deliver services such as coil and implanon fitting, as the impact of reducing this service would be detrimental to patients.

Level 1 escalation will also include a temporary suspension of all non-essential visits by Health Boards to practices e.g. planned visits by the Board Executive Team.

As general good practice, health centres will be expected to encourage patients to telephone the practice rather than attending to make an appointment, and practices should consider temporarily suspending booking of new appointments for issues such as ear syringing, leg assessment, routine long term condition checks for stable patients. Practices should also consider, as part of level 1 work, the layout of their waiting areas – where possible, chairs should be 1 metre apart but if this cannot be done due to small size of waiting area, consideration should be given to “staggering” appointments so that as few patients as possible are in the waiting room at the same time.

### Level 2: Managed suspension of services

At this stage, it is recognised that it is not possible for an individual practice to continue to provide all core services to patients. Practices may need to request reduction of access to various services, e.g. suspension of pre-bookable appointments, changing building opening times etc. Practices need to be clear on the form in Appendix A as to the reason for the suspension; this may be because staff are having to work elsewhere e.g. practice nurses working in the testing pod, staff off ill etc.

Where level 2 suspension of services take place, practices will be requested to submit a daily situation report as to level of activity, any issues arising from suspension of services, and staffing levels. Each service suspension will be reviewed weekly.

### Level 3: Full suspension of services

When circumstances arises that means it is not safe or possible for a practice to continue to provide any services, the practice must notify the Health Board using the form at Appendix A. It is expected that this level will only be invoked where staffing levels are such that no clinical services can be provided, e.g. single handed GP falling ill. In this situation, the committee may seek to deploy a Health Board engaged locum and/or other staff to ensure that the practice remains open. However, where there is no other option than to close a practice, arrangements will be made for remaining staff to temporarily work in a neighbouring practice. Arrangements will also be put in place for patients to move to a different practice temporarily, with the Health Board flexing staffing to ensure the temporary practice is appropriately staffed to deal with the additional patients.

This strategy therefore proposes that across Shetland there will be reciprocal arrangements in place between practices to cover patient care where capacity is lost or significantly reduced, and the Local Medical Committee agrees with this approach.

Where a practice requires to invoke any level of escalation, there will be no financial penalty and payments to independent practices will continue as normal.

### Specific Requirements for Dispensing Practices in Rural Communities

Where a practice is a dispensing practices, special arrangements will be put in place on a case by case basis in the event that a practice applies for level 3 suspension.

These arrangements are currently under discussion and will be submitted to the LMC for consideration in the near future.

### Communications

In the event that a practice has to invoke any of the three levels above, the Health Board Communications team will assist in disseminating information to the public.

The Primary Care Manager will establish a protocol for the redirecting of patients from a closed surgery to an alternative local provider and this will be invoked where level 3 escalation is required.

# Notification form for GP practices: Reduction or withdrawal of primary care services

For the attention of.....

Practice name:

First lines of address:

Contact name & telephone number  
(person to be contacted in connection with this request)

The above named GP practice is informing *NHS Shetland* that it proposes to reduce or withdraw the following clinical services that it would normally deliver to its patients under the terms of its primary medical services contract with the Health Board. The GP practice should indicate whether it considers these proposals are at level 1, 2 or 3 as defined in the Covid-19 pandemic guidance.

Description of the clinical services that will be reduced or not performed (where a reduction is proposed, the extent of that reduction should be documented)  
(Please write "all" if surgery closure is intended)

Reasons that clinical services will be reduced or not performed  
(Please list staff absent from the surgery or document any other reason for request)

Please note the Health Board may validate these reasons at any time during or after any period of service suspension.

Expected duration of reduction or cessation in clinical services:

This proposal to reduce or cease certain clinical services is made without prejudice by the GP practice (contractor) in response to the effects of a Covid-19 flu pandemic

Signed.....

For and on behalf of the GP practice (contractor)

Date.....