

T: 0131-244 2480
E: John.Burns@gov.scot

NHS Chief Executives

Sent via email

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Dear colleagues

COVID Omicron Update

Following the Chief Executive meeting earlier today I updated you on the SGORR (M) meeting this morning where there was discussion around the significant threats posed by the emerging Omicron variant. We subsequently shared the data and modelling providing greater detail on the issues and scenarios we are likely to face. It is now clear that there is significant risk of disruption to public services.

I am writing to set out measures intended to support NHS Scotland manage the continuing pressure. While Omicron impacts are still uncertain we know that these challenges along with the continuing pressure on your Board and staff mean we need to implement a series of actions to support the wider system.

The NHS in Scotland still remains on an emergency footing. I know that you and your teams have been working relentlessly to meet the needs of your local population. As we discussed at the meeting today this letter sets out the basis to enable you to take forward these measures and implement the necessary planning across your system. The implementation of these measures should not, stop you and your teams taking local action as needed to give you the flexibility of response to deliver the overarching aims.

Strategic Intent

As part of responding to the extreme pressures that could be faced by health and social care the overarching strategic position for the health and social care system will be

- Maintaining urgent and emergency care to maintain life and limb services
- Maximising capacity in our health and social care system.
- Supporting our workforce

The planning principles we need to work to, to deliver on this strategic intent are as follows:

- Maximise and realise all available capacity across NHS Scotland, Local Government and other relevant public bodies to support critical services.
- Step-down all non-urgent activity and non-essential services
- Re-deploying staff from non-critical activities to areas of urgent need
- Minimise delayed discharge to ensure effective flow through the health and social care system.
- National and local coordination of NHS and social care messaging.

Actions for NHS Boards

There are already actions underway locally including the package of measures that the Cabinet Secretary announced and you should continue to take these forward to realise benefits to support capacity across your system. At the start of this week I convened a small Health Care Planning Group to consider what actions we might further consider. Key points from CEO colleagues who participated were to be clear on planning principles, and I trust this letter will do that, as well as continue to support work of Discharge without Delay, Multi disciplinary teams supporting community based care and optimising Flow Navigation arrangements.

In addition Boards should now step up arrangements to stop all non-essential clinical and non-clinical activity and deploy that capacity and capability to critical areas.

Workforce

Modelling scenarios indicate the potential for covid-related workforce absence to be significantly impacted by rising case numbers of the Omicron variant. Indeed, our initial projections model covid-related absence levels that could exceed those that materialised at the peak of the first wave in April 2020. Those initial projections are currently being re-run to include new information on the Omicron variant that has emerged in the last few days and will be shared with boards as soon as it is available for issue. Thereafter modelling projections will be included in the weekly modelling and data pack.

Noting the very significant potential risks therefore to workforce availability, boards are asked to urgently do the following, in line with the contingency planning principles set out above:

- Accelerate current recruitment activity: all boards are in the process of recruiting new healthcare support staff as part of our winter planning activity. Boards are asked to expedite making offers of employment and bring forward employment start dates and induction training where possible.
- Maximise uptake of bank shifts, particularly amongst newly registered healthcare students, retirees and returners.

As discussed with Chief Executives earlier today, we are urgently exploring the feasibility of various options for the deployment of healthcare students. Given the practical and logistical issues, any change to the current policy on use of healthcare students is unlikely to take effect before the new year. There are a number of issues to consider including the likely positive benefit of healthcare student deployment on the provision of health services, the potential for further disruption to healthcare students' courses of study and how we continue to effectively manage these relevant, but potentially competing, risks and issues. Further detail will be provided as soon as it becomes available.

Based on the First Minister's advice given at the statement from 10 December 2021, boards are also asked to encourage staff to reflect on how the new guidance applies to them and their interactions with colleagues. Staff should consider whether any work events or social gatherings could be postponed to a later date. Staff should also be advised that when they decide to gather socially with colleagues, they need to follow the most recent guidance and take a lateral flow test on the day of the event, only attending if their result is negative

Healthcare Worker Testing

We are exploring the logistics to support increasing Healthcare worker (HCW) testing to daily. While the stock is available to facilitate increased testing, further details are to be agreed around the implementation of this policy and we will write to Board testing leads early next week.

Alongside increased testing of staff, we ask health board colleagues ensure optimisation regarding adherence to current infection, prevention and control (IPC) measures in and beyond patient zones in hospitals, inclusive of canteens, offices and changing rooms. Also, local monitoring support akin to wave one assistance will be in place, with personal protective equipment (PPE) officers, including a focus on fluid resistance surgical masks (FRSM) and FFP3, also making sure that face fit testing for FFP3 continues especially for staff managing aerosol generating procedures (AGPs) and risk assessed areas. Further information is contained in the Winter Respiratory Guidance that was published on the 29th November.

Isolation Policy

You will be aware that the existing self-isolation policy for health staff who are household or passing contacts of covid-19 positive cases, exempts them from the requirement to self-isolate for 10 days, where they are:

- double-vaccinated;
- where they are and remain asymptomatic,
- where they undertake PCR test (which returns a negative test result before returning to work), and;
- where they undertake daily LFD testing for the remainder of the 10 day period.

This policy will remain in place, subject to the following substantive update, staff must be double-vaccinated and have received a covid-19 booster vaccination.

In accordance with the terms of this existing policy: staff are ordinarily expected to return to work and to comply with the testing requirements set out therein.

Primary care

General Practices should remain accessible in line with the arrangements you have developed in your Board Areas. Nationally, the escalation framework - [https://www.sehd.scot.nhs.uk/pca/PCA2020\(M\)02.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2020(M)02.pdf) - to allow the managed reduction of GP services, where locally appropriate, remains in place. Boards should notify Scottish Government if there is any movement of practices between escalation framework levels.

The Covid Community Pathway guidance issued on 1 November enables Boards to consider their local population needs in making decisions on the continuation of CACs in their Health Board area and offers a flexible approach to this. This guidance has not been superseded

but it is now imperative that local arrangements are continually reviewed in light of current circumstances and services stepped up should that be the best course of action in line with local agreement.

As the Out of Hours GP services remain fragile in many Boards. I would ask that Boards consider how resources can be pooled to offer the best resilience for patients requiring urgent access to GP services across the in hours and out of hours period.

Planned Care

I recognise that as part of your planning you will review your planned care activity. The Clinical Priority Framework remains in place to guide decisions and to support the delivery of urgent care and urgent cancer care. Gordon Frame and his team stand ready to support.

Urgent and Unscheduled Care

We have seen continued pressure in our Emergency Departments and much work has been done to take forward improvements through the Redesign of Urgent Care I would ask that as part of your planning we continue to maximise RUC pathways and associated work

Drug and Alcohol Services

Continuing face to face drug and alcohol services should be considered essential, as should maintaining dispensing arrangements in harm reduction treatments.

Vaccination

Providing protection through vaccination should be considered to be a critical service as it forms one of the most effective responses to covid-19 in order to reduce the impact of disease severity and therefore additional demands on both primary and secondary care. Separate communication has been issued on the need to further accelerate our efforts to vaccinate as many people as quickly as possible and I know you will continue to do all you can to support this.

Furthermore, we would encourage you to leave no stone unturned in encouraging and supporting efforts to ensure the workforce in both health and social care are fully protected by both a full primary course of vaccination and a booster as a means to both protect them and the patients and colleagues they will come into contact with.

It will be important to protect the vaccination and Test and Protect teams to help our response against Omicron.

National Response Coordination

We are now reviewing the national response coordination for NHSS and I will update you in the course of next week of these arrangements including the reporting expected from Boards

The work you and your teams have done and continue to do in responding to the pandemic has been exceptional and I want to record again my thanks to you all

You will want to be aware a letter will be also be sent from the Deputy First Minister to begin mobilising resilience plans to address the emerging situation we face. A copy will be sent to Chief Executives as well as COSLA and other stakeholders.

John Burns

John Burns
NHS Scotland Chief Operating Officer