

# Covid-19 update for Kent Health Overview and Scrutiny Committee – March 2022

Content of this report is accurate for the deadline of paper submissions. Verbal updates will be provided at the committee meeting.

The report is provided by the Kent and Medway Clinical Commissioning Group (KMCCG) on behalf of the Integrated Care System. It is an overview to the NHS response to the pandemic and includes work being delivered by a wide range of NHS partners.

## 1 Vaccination programme

### 1.1 SUMMARY OF PROGRESS

Official figures on vaccine progress are published nationally each Thursday. As of 17 February 2022, the position in Kent and Medway was:

- 3,817,619 vaccines in total
  - 1,425,156 first doses
  - 1,333,260 second doses
  - 1,059,203 third/booster doses

From local data the latest highlights are:

- 90% of people in the top nine priority groups have had a booster.
- 71% of all groups aged 18-49 have had a booster
- 84% of all eligible groups have had a booster

Current uptake for under 18s is:

- 16 to 17 years: 71% first dose, 51% second dose
- 12 to 15 years: 61% first dose, 26% second dose
- 12 to 15 years at risk: 63% first dose, 31% second dose

### 1.2 VACCINATION AS A CONDITION OF EMPLOYMENT

The Government has confirmed its intention to withdraw the legislation that requires staff deployed to patient facing NHS roles to be double vaccinated. A Government consultation on revoking vaccination as a condition of deployment across all health and social care ran from 9-16 February 2022. We await further information from Government on next steps.

The large majority of NHS staff have already taken up the offer of vaccination and we continue to encourage everyone working in health and social care to use the vaccine to protect themselves and others.

### **1.3 VACCINATION INEQUALITIES**

The vaccination programme is continuing to reach out to those who have not taken up the vaccination or not completed the full course. Medway Council's Public Health team has helped the programme identify priority cohorts where up-take is lowest and we have a vaccine inequalities task and finish group in place. Priority groups for our inequalities work include:

- People who are homeless
- People with learning disabilities
- People who are pregnant
- Care workers
- Under 30s
- People from Black ethnic groups
- People from Eastern European backgrounds
- Areas of deprivation with low uptake.

Using £100k from NHS England, we have targeted our audience and have been:

- working with 18 to 29-year-olds, the highest number of individuals who haven't received the first dose of the Covid-19 vaccine
  - Key messaging: Don't miss out because of Covid-19. The vaccine reduces the chances of you getting ill, it's also needed to travel to some countries.
  - Overarching comms: Facebook, Instagram, podcasts, Spotify, digital display (YouTube and Snapchat to be confirmed)
  - Targeted work in Canterbury, Medway and Thanet – working with primary care networks, councils, community groups and education providers to host:
    - pop-ups in key locations, targeted communications being planned – text messaging and leaflet drops
    - pop-ups supported by vaccine ambassadors
- working with staff from food banks to provide education and vaccine opportunities for people using their services – in a staged approach
- held a clinic specifically targeting people with learning disabilities
- working with homeless people, starting in Medway, to education and provide vaccine opportunities – in a staged approach
- carrying out a door-to-door knocking pilot, with the ability to provide translations
- continued promotion of the vaccine to pregnant women, including a Facebook live event.

### **1.4 VACCINATING HEALTHY FIVE TO 11-YEAR-OLDS**

On Wednesday, 16 February, the Government announced that all healthy 5 to 11-year-olds will be offered two paediatric doses of the Pfizer Covid-19 vaccination, with a rollout start date of April 2022.

We are now finalising the delivery plans for this age group, which are mainly expected to be outside of school hours. We are not yet inviting healthy five to 11-year-olds to clinics, but the programme for clinically extremely vulnerable children in this age group is under way.

### **1.5 TREATMENTS FOR PEOPLE AT HIGHEST RISK OF COVID-19**

The NHS is offering new antibody and antiviral treatments to people with Covid-19 who are at highest risk of becoming seriously ill. From 10 February 2022, eligible people can now use a positive lateral flow test (LFT) to be referred for treatment; previously a positive PCR test was required. It is important that the treatment starts within five days of a positive test.

Most people who have conditions that put them in the highest risk category will have been contacted directly through nationally co-ordinated messages with information about how to get these treatments if needed. The CCG and our partners across the NHS have also been promoting the treatments through external channels.

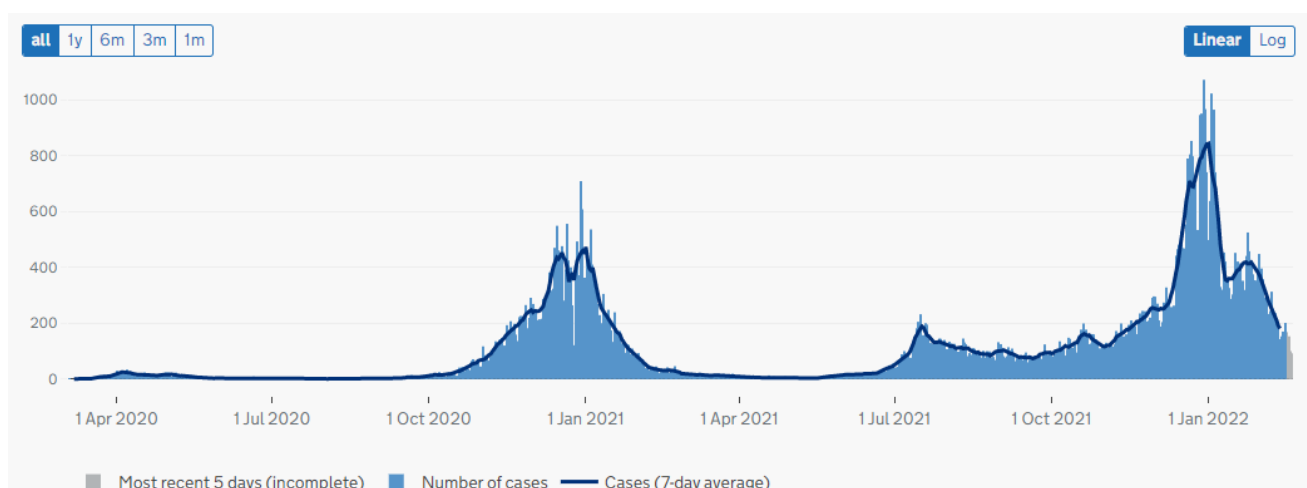
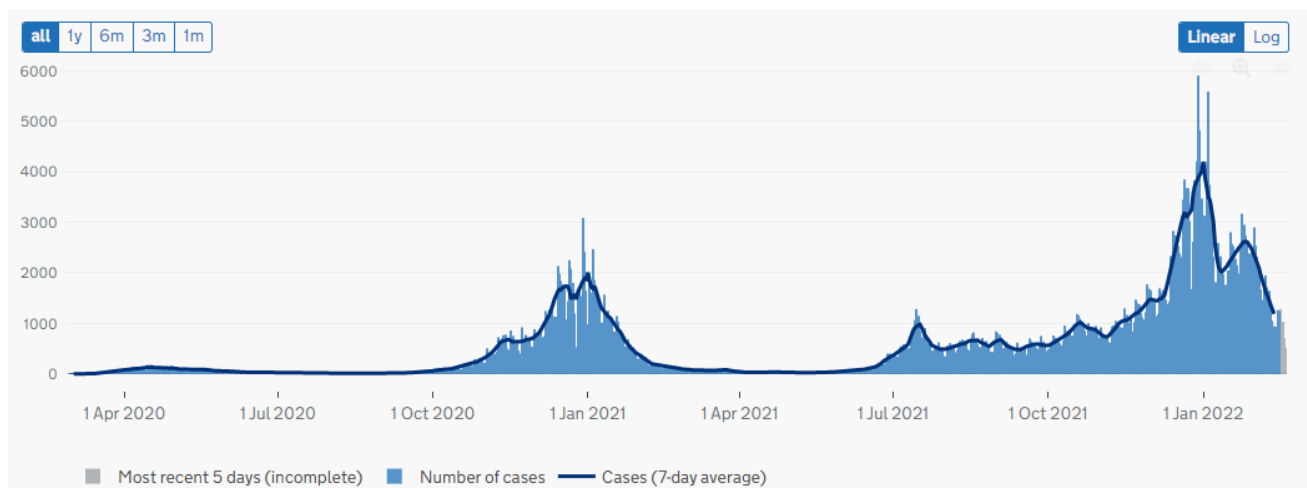
## 1.6 SPRING BOOSTERS

The Government announced on 21 February that a further booster will be offered to all those aged 75+ and those who are aged 12+ and are at greater risk from Covid-19.

## 2 Covid-19 cases and deaths

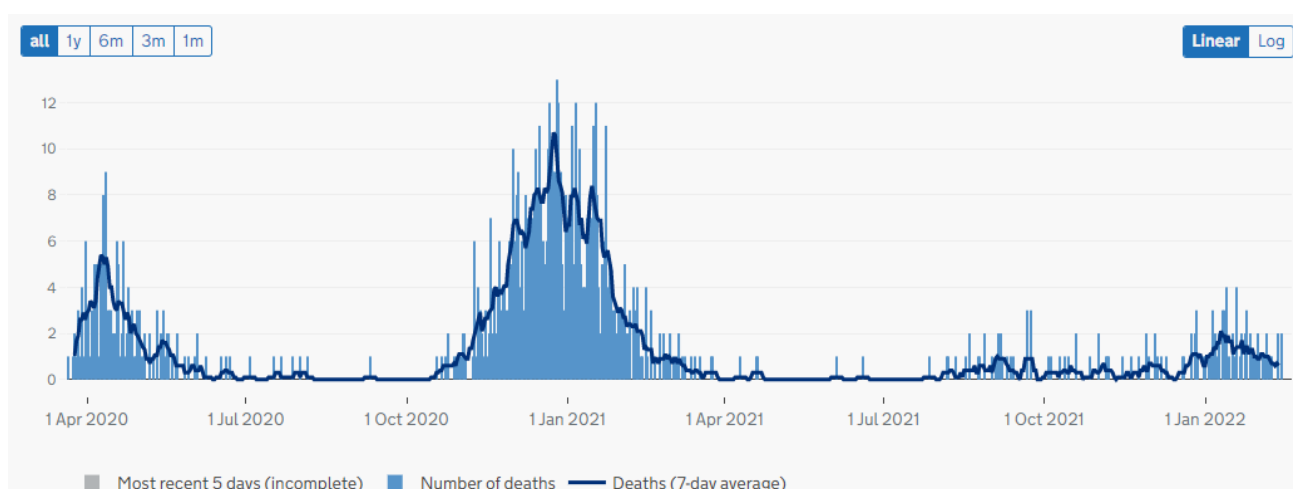
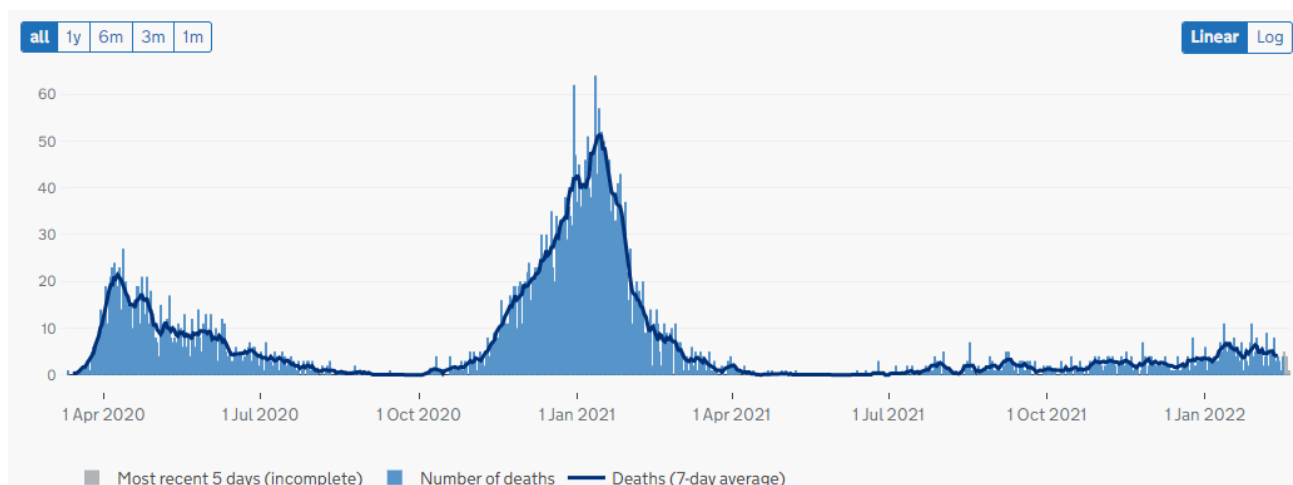
**Cases** of community infection increased significantly with the Omicron variant, but rates are now falling. For 21 February, infection rates per 100,000 were 524 in Kent and 455 in Medway (compared to around 1,000 in mid-January).

The graphs below show the trend in **daily confirmed cases** over the duration of the pandemic (Kent first graph and Medway second graph):



Source: 21 February 2022 <https://coronavirus.data.gov.uk/details/cases>

**Deaths** linked to Covid-19 remain relatively low as shown by the graphs below (Kent first graph and Medway second graph):



Source: 21 February 2022 <https://coronavirus.data.gov.uk/details/deaths>

As of 21 February 2022, cumulative Covid related deaths from the start of the pandemic are:

	Deaths within 28 days of positive test	Covid-19 recorded on death certificate
Kent	4570	5,071
Medway	873	903
<b>Total</b>	<b>5,443</b>	<b>5,974</b>

### 3 Hospital pressures

Through December and January hospitals have been extremely busy with a mix of Covid-19, the usual winter increases in demand, and the on-going work to address planned treatment backlogs.

The sheer number of infections in the community and the infection moving into older age groups meant hospitalisations increased considerably from the position of around 200 in November to 460 in early January. Through February we have seen Covid-19 related hospital admissions reduce again. On 21 February 2022 there were 280 Covid-19 patients in hospitals across Kent and Medway; of which 8 were in intensive care.

### 3.1 Nightingale Super Surge Hub at William Harvey Hospital

Nightingale Hubs were created to provide additional capacity for local services in the event they came under very intense pressure linked to the Omicron variant. Preparing super surge units was the right thing to do; but thankfully they unit at William Harvey Hospital has not been needed. NHS England has confirmed that the structure will be removed by 31 March 2022; in line with units in other parts of the country that have also not been needed.

## 4 Elective care treatments

All local hospitals worked to maintain elective treatments through December and January despite significant pressure from Omicron and other urgent care demands. The latest figures show that despite this pressure positive progress was made on reducing the number of people waiting longest and other measures of elective waits were maintained at broadly similar rates as November.

### 4.1 December performance

Latest figures for elective care waiting lists were published on 10 February, providing data for December 2021. Compared to November, the figures show a reduction of 183 Kent and Medway patients waiting over 52 weeks (compared to an increase of over 1,000 patients across the whole South East Region in the same period). The average waiting time has increased by just over one week, and the percentage of people treated within 18 weeks of referral fell by 2.2%.

	Total incomplete pathways	Total within 18 weeks	% within 18 weeks	Average waiting time (weeks)	Total 52 plus weeks
April 2021	143,974	92,867	64.5%	10.7	7,963
May 2021	150,752	103,028	68.3%	10.5	6,815
June 2021	153,366	108,888	71.0%	9.9	6,010
July 2021	160,380	113,860	71.0%	10.2	5,765
August 2021	162,175	113,778	70.2%	10.8	5,757
September 2021	168,618	116,997	69.6%	11.1	6,093
October 2021	170,307	116,497	68.4%	11.3	6,225
November 2021	171,344	118,025	68.9%	10.8	5,948
<b>December 2021</b>	<b>172,207</b>	<b>114,816</b>	<b>66.7%</b>	<b>11.9</b>	<b>5,765</b>
SE England Nov 21	812,356	537,772	66.2%	11.8	28,828

Source: National Consultant-led Referral to Treatment Waiting Times Data 2021-22, 10 February 2021

<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/>

The table below provides the Kent and Medway level data for December 2021 on the ten specialties with the highest number of 52+ week waits:

Treatment Function	Total number of incomplete pathways	Total within 18 weeks	% within 18 weeks	Average (median) waiting time (weeks)	92nd percentile waiting time (weeks)	Total 52 plus weeks
Trauma and Orthopaedic	23,015	13,923	60.5%	13.1	50.4	1,709
General Surgery	20,047	12,300	61.4%	13.2	49.2	1,397
Ear Nose and Throat	15,418	7,806	50.6%	17.6	47.3	996
Gynaecology	14,718	9,495	64.5%	12.5	38.0	569
Urology	10,106	6,547	64.8%	11.9	39.3	388
Other - Surgical	10,046	7,081	70.5%	11.1	34.7	177
Ophthalmology	16,541	11,151	67.4%	12.1	30.0	162
Plastic Surgery	1,773	1,048	59.1%	14.9	42.9	91
Gastroenterology	11,377	7,550	66.4%	12.1	32.5	50
Cardiology	7,082	4,893	69.1%	11.3	32.7	45

## 4.2 NHS Elective Recovery Plan

This section provides an update on the NHS England *Delivery Plan for Tackling the COVID-19 Backlog of Elective Care* published on 8 February 2022. All figures in this section and references to 'we' refer to the NHS as a whole, not Kent and Medway specific services.

The local requirements to meet the plan's objectives are being reviewed and will be reported to HOSC in a future meeting.

The plan sets out how the NHS will tackle the backlog in the months and years to come, focusing on four areas of delivery:

- Increasing health service capacity
- Prioritising diagnosis and treatment
- Transforming the way we provide elective care
- Ensuring better information and support to patients

### The scale of the challenge and impact on patients and staff

6 million people are now on the elective care waiting list, up from 4.4 million before the pandemic. These patients are at various stages of their treatment 'pathway', with approximately 4 in 5 waiting for care that does not require admission to hospital, such as diagnostic tests or outpatient appointments.

In addition to the known waiting list, estimates suggest that during the pandemic, over 10 million patients did not come forward for treatment when they may have needed it, including those worried about cancer symptoms. It is impossible to know whether these people do need treatment and, if they do, when they will seek it, making it difficult to estimate the impact this will have on both their outcomes and the overall waiting list. The size of the waiting list is likely to increase, at least in the short term. If around half the 'missing demand' from the pandemic returns over the next three years, particularly if this is earlier in the period, then NHS England expect the total national waiting list will be reducing by around March 2024.

The pandemic has shown how NHS staff can rise to major challenges, and how they can deliver transformational change for patients rapidly when needed. However, any solutions for tackling the Covid-19 backlog cannot rely on making the same staff work harder and harder.

It is critical that our delivery plans for elective recovery focus on building a bigger, more flexible and more engaged workforce. The pandemic has also shifted public expectations of accessing services, seen in the uptake of digital health. Where possible we need to build on this and offer more convenient solutions.

### Targets set out in the delivery plan

The Plan sets out how the NHS will deliver nine million more tests and checks per year by 2025. This means that over a three-year period, patients will be offered around 17 million more diagnostic tests – an increase in capacity of a quarter compared with the three years prior to the pandemic.

This expansion in diagnostic capacity will mean 95% of patients receive a test within six weeks of referral, while no patient will wait more than a year for elective surgery by March 2025. And by March 2024, 75% of patients will either have a diagnosis or have their cancer ruled out within 28 days of being urgently referred by their GP.

Local systems have also been asked to return the number of people waiting more than 62 days from an urgent referral back to pre-pandemic levels by March 2023.

To reach these targets, more than 100 diagnostic centres will be rolled out, and more surgical hubs will also be added to the network of 122 already operating across the country. The hubs focus on high-volume routine surgery so more patients can get seen more quickly, making efficient use of taxpayer resources, and creating extra capacity so emergency cases do not disrupt operations and cause cancellations or delays.

### Investing to support recovery

The NHS nationally has been supporting local teams to access funding to implement their own plans to boost elective treatment over the last year. Additionally, the Government has committed more than £8 billion of additional revenue funding in the three years from 2022-23 to 2024-25, supported by a £5.9 billion fund available for capital projects. This is in addition to the £2 billion Elective Recovery Fund and £700 million Targeted Investment Fund (TIF) already made available to systems this year to help drive up and protect elective activity. Under the TIF, the NHS is investing in over 870 schemes across more than 180 hospital trusts to increase capacity through expanding wards, installing modular operating theatres, upgrading outpatient spaces, expanding mobile diagnostics for cancer, upgrading MRI and screening technology, to tackle cancer and elective waiting lists and reduce waiting times. The £5.9 billion capital investment over the same period includes:

<b>£1.5bn</b>	towards expanding capacity through new surgical hubs, increasing bed capacity and equipment to help elective services recover
<b>£2.1bn</b>	to modernise digital technology on the frontline, improve cyber security and improve the NHS's use of data and redesign care pathways
<b>£2.3bn</b>	to help increase the volume of diagnostic activity and further reduce waiting times

## The strategy

Based on these challenges and the investment available, the Delivery Plan for Tackling the Covid-19 Backlog of Elective Care details action for the NHS in four key areas, summarised below.

### ***Increasing capacity***

While it is beneficial for both patients and the NHS to provide more care in or closer to patients' homes, many patients still require hospital care. We will put in place:

- Targeted plans to accelerate growth of the workforce, identifying gaps across key staff groups and sectors;
- International recruitment of more than 10,000 nurses this year, in particular those with experience in critical care and theatres and recruitment of 5,000 healthcare support workers. We will also continue to utilise the successful medical support workers scheme, enabling a wider range of doctors to contribute to service and expand the future medical pipeline
- The continued deployment of the 17,000 reservists in eight pilots
- Support the use of effective digital and data-driven solutions to speed up tests, freeing up clinical time and making full use of theatre capacity and other resources available, and;
- Make full use of capacity in the independent sector, through a national framework which ensures local teams can buy services at the same price as NHS hospitals are paid.

### ***Prioritising treatment***

The NHS is committed to tackling the longest waits, but also ensure that those in the greatest clinical need get the treatment they need quickly. To achieve this we will therefore:

- Task local systems to analyse waiting list data so they can identify and address any inequalities, expediting treatment for those who need it most;
- Develop a national network to offer patients who have been waiting a long time a choice of alternative locations to receive their treatment, with financial support for travel available to those who need it, and;
- Continue to invest in symptom awareness campaigns for cancer to encourage people to come forward to be checked out as early as possible.

### ***Transforming the way we provide elective care***

Patients told us when developing this strategy that they want flexibility, ease of access and more control over how they interact with healthcare services. We will achieve this by:

- Expanding Community Diagnostic Centres to provide more convenient options for people to get important tests and scans away from hospitals;
- Increasing surgical capacity through Surgical Hubs, and;
- Making outpatient care more flexible, giving patients and their carers the ability to access, specialist assessments and appointments at home, and arrange follow-ups as and when they need them.

### ***Better information and support for patients***

Engagement with patient groups has clearly indicated the need for improving communication to people while they wait. We will therefore shortly launch a new 'My Planned Care' online platform to, over time, provide:

- Information on their elective wait, including the waiting list size and average waiting times for their specialty at their provider;
- Support for patients to maintain or achieve their fitness to ensure their surgery can go ahead safely, and therefore reducing the number of operations which need to be cancelled, and;
- Patients taking up appointments away from their local hospital will be offered a comprehensive support package including travel and accommodation where necessary.



## 5 Conclusion and recommendation

The vaccine programme continues and overall take-up rates across Kent and Medway are positive. Planning for offering further doses is underway alongside continued delivery of the current schedule; however significant updates to the programme are unlikely until there are national announcements on next steps. We should be able to update the May 2022 HOSC meeting on how local vaccination services will be running the programme on a 'business as usual' basis.

All NHS services expect to remain very busy through the rest of the winter and in most cases throughout the next year, though the majority of the demand is not directly linked to Covid-19 infections. The whole health and care system is continuing to work together to respond in the most effective ways possible to maximise the quality and timeliness of care. This effort is increasingly focused on recovery of the backlogs and responding to high levels on non-covid demand.

For the reasons above we propose stopping these overview reports on Covid-19 (which have focussed on vaccination progress and hospital pressures). Instead, issues such as elective recovery progress and vaccine business as usual model can be addressed as topic specific papers agreed as part of the regular agenda setting discussions.

The majority of the data included in these reports continues to be publicly available for information and scrutiny; with updates published daily, weekly or monthly depending on the data set:

- **Covid-19 vaccination rates** – published weekly on Thursdays at <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>
- **Covid-19 infection rates, deaths, hospitalisations** – updated daily at <https://coronavirus.data.gov.uk/>
- **Elective waiting time data** – published monthly on second Thursday of the month at [www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/](http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/)  
This data will also be presented in a more public friendly way through the *My Planned Care* website launching in late February 2022. We will provide the website link when it is available

### Recommendation

HOSC is asked to note the report and agree that the Covid-19 update in this current format be stopped; with topic specific papers being agreed for future meetings.

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