

Covid-19 update for Kent Health Overview and Scrutiny Committee – January 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 13 January 2022, the position in Kent and Medway was:

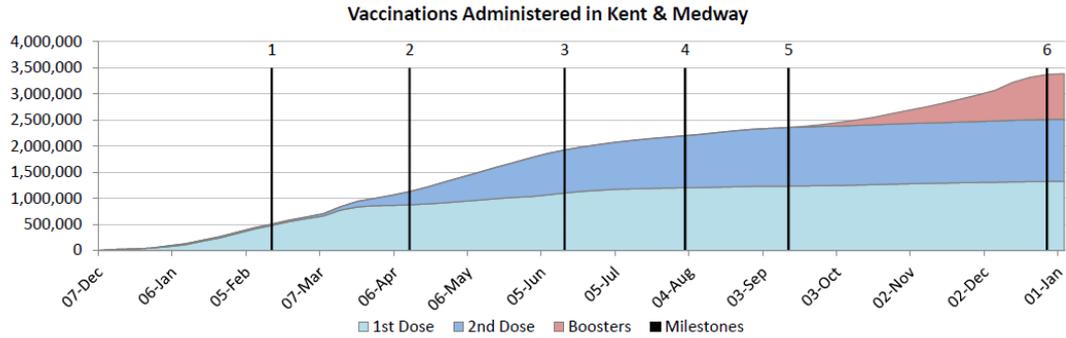
- 3,718,097 vaccines in total
 - 1,409,030 first doses
 - 1,302,681 second doses
 - 1,006,386 third/booster doses

From local data the latest highlights are:

- 90% of people in the top nine priority groups have had a booster.
- 67% of all groups aged 18-49 have had a booster
- 83% of all eligible groups have had a booster

1.1.1 A YEAR IN NUMBERS

The Covid-19 vaccine programme in Kent and Medway has been an extraordinary story of thousands of NHS staff, partner agencies and volunteers working together to mobilise the biggest vaccination programme in the history of the NHS. The graph and table below chart the progress of the vaccine programme from our first vaccine given in December 2020.



Key	Cohort	Milestones	Cumulative vaccinations
1	1-4	14 Feb 2021	455,230
2	5-9	15 April 2021	1,142,047
3	10-12	18 June	2,043,046
4	13 (16-17 year olds)	4 Aug 2021	2,354,119
5	16 (12-15 year olds)	13 Sept 2021	2,473,572
6	Deadline for boosters	31 Dec 2021	3,601,600

1.2 VACCINATION OFFER FOR UNDER 18S

The vaccination offer to under 18s has changed since the last report to HOSC. The offer has been extended and now includes:

Age range and risk level	Covid-19 vaccination offer
16 to 17 years (all)	2 doses 8 weeks apart; and booster dose 91 days after 2 nd
12 to 15 years (higher risk)	2 doses 8 weeks apart; and booster dose 91 days after 2 nd
12 to 15 years (no added risk)	2 doses of vaccine, 12 weeks apart
5 to 11 years (higher risk)	2 doses (10 micrograms dose) 8 weeks apart

For all under 18s there should be a minimum 4-week interval between a Covid-19 infection and receiving any dose of the vaccine.

Vaccination of 12 to 15-year-olds is now being given through the schools immunisation programme and available through booked/walk-in clinics at specific vaccination centres approved to vaccinate under 16s. The Kent Community Health NHS Foundation Trust has begun a second round of school visits to offer the second dose and first doses to any child not already vaccinated.

Current uptake for under 18s is summarised below:

- 16 to 17 years: 69% first dose, 66% second dose
- 12 to 15 years: 56% first dose, 13% second dose
- 12 to 15 years at risk: 60% first dose, 26% second dose

1.3 VACCINATION AS A CONDITION OF EMPLOYMENT

Vaccination as a Condition of Deployment (VCOD) comes into force from 1 April 2022 and will apply across the public, NHS and independent health sector. It requires affected people to be vaccinated with two doses, meaning first doses must be done by 3 February. Guidance defines those in scope of the regulations as:

The regulations apply to health and social care workers who are deployed in respect of a CQC regulated activity, who have direct, face-to-face contact with service users. This include individuals working in non-clinical ancillary roles who enter areas which are utilised for the provision of a CQC-regulated activity as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and cleaners), regardless of contracted hours or working arrangements. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope.

The CCG has been coordinating a joint group of workforce leads from local providers to assess the potential impact of staff who do not wish to be vaccinated. Our local NHS Trusts all have staff vaccination rates between 93% and 96% for first doses, based on current information. Data for general practice and other affected services is being compiled.

All providers continue to promote the vaccination to the small percentage who have not taken up the offer already with 1-2-1 conversations as well as broader publicity.

1.4 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 is helping the programme identify priority cohorts where up-take is lowest and we have a vaccine inequalities task and finish group in place.

NHS England has recently made funding of approximately £100k per system available to support inequalities initiatives. We are currently finalising plans for how to use this money in Kent and Medway. 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

The approach for each group will include a tailored approach to:

- Communications and engagement -using the insights related to the specific factors related to any complacency or confidence in the vaccine to support uptake.
- Access –using local knowledge and insights about barriers in access and how these can be overcome.

1.5 VACCINATION CENTRES

To deliver the accelerated booster programme there was a significant increase in the number of sites offering jabs; with a mix of bookable and walk-in sites. In December 2021 there were over 75 sites across Kent and Medway.

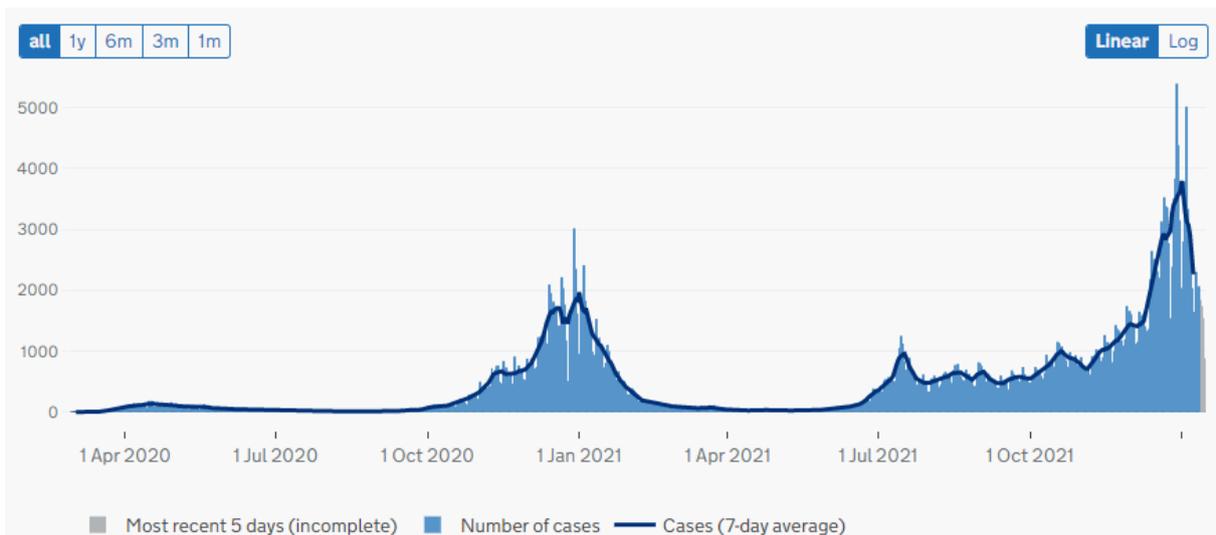
As we move to the next phase of the vaccination programme we are exploring options for ensuring a sustainable offer which balances patient accessibility with the system's ability to offer the capacity required from sustainable and efficient sites. The CCG vaccination team has been discussing options with vaccination services across each of the four Health and Care Partnerships. Detailed planning will require further information on national plans for additional doses of the vaccination.

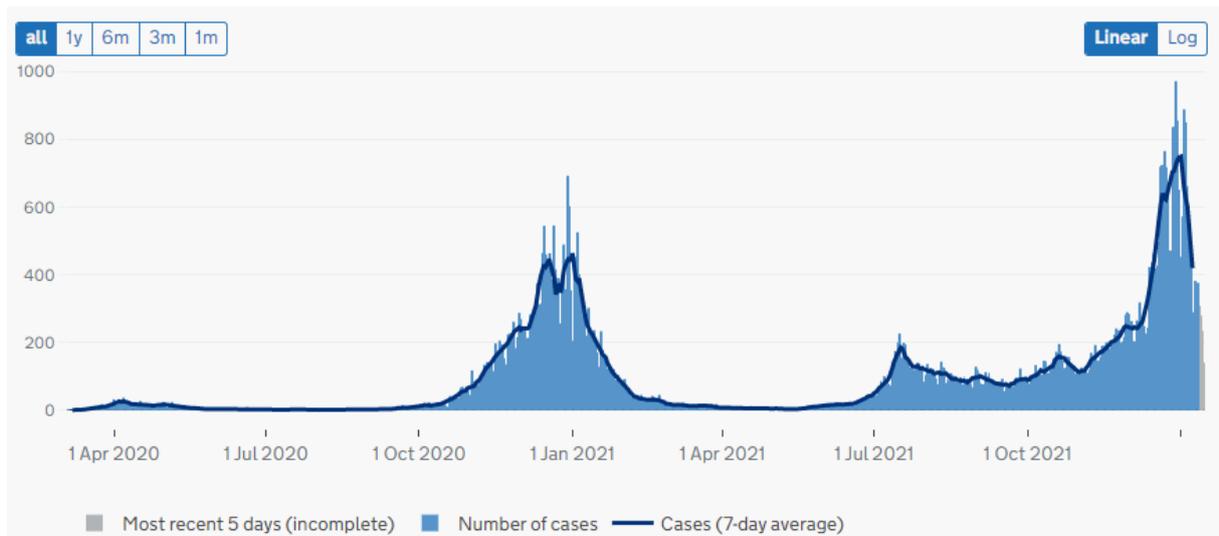
Maintaining the 'evergreen offer' for people who are not yet vaccinated and completing boosters for those who have been unable to get one due to a recent covid infection will require vaccination centres to continue running in the months ahead. The potential demand will however be relatively low compared to peaks of the programme. Whilst the vaccine continues to need deep freeze storage and has strict regulations around transportation it is likely that there will be fewer vaccination sites and a move back towards booked appointments. It is recognised that this would be less convenient for some patients and we will continue to work with local authority partners to ensure there is transport support for vulnerable people.

2 Covid-19 cases and deaths

Cases of community infection increased significantly with the Omicron variant, but rates are now falling. For 16 January, infection rates per 100,000 were 996 in Kent and 1,052 in Medway (compared to around 300 in mid-November).

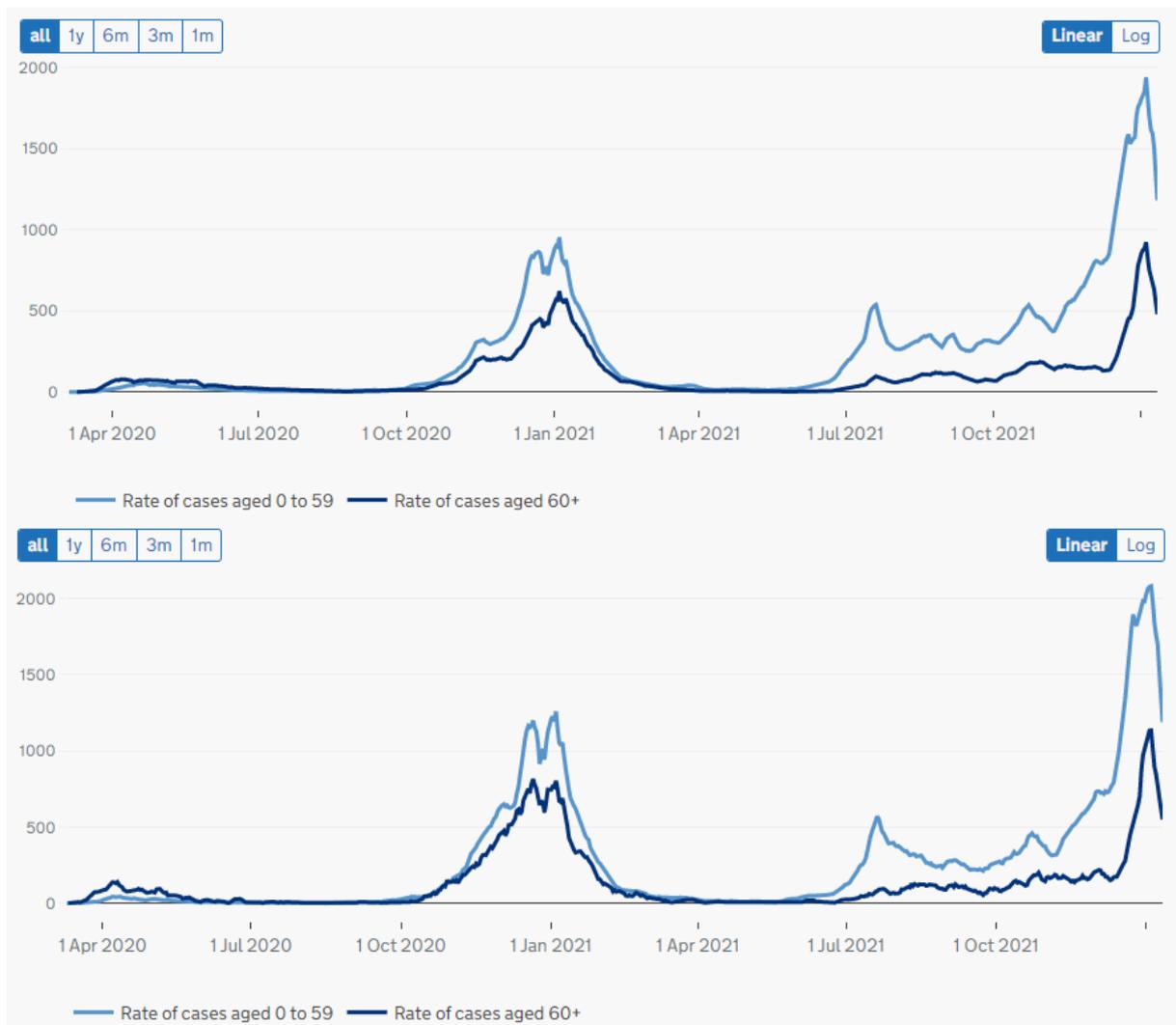
The graphs below show the trend in **daily confirmed cases** over the duration of the pandemic (Kent first graph and Medway second graph):





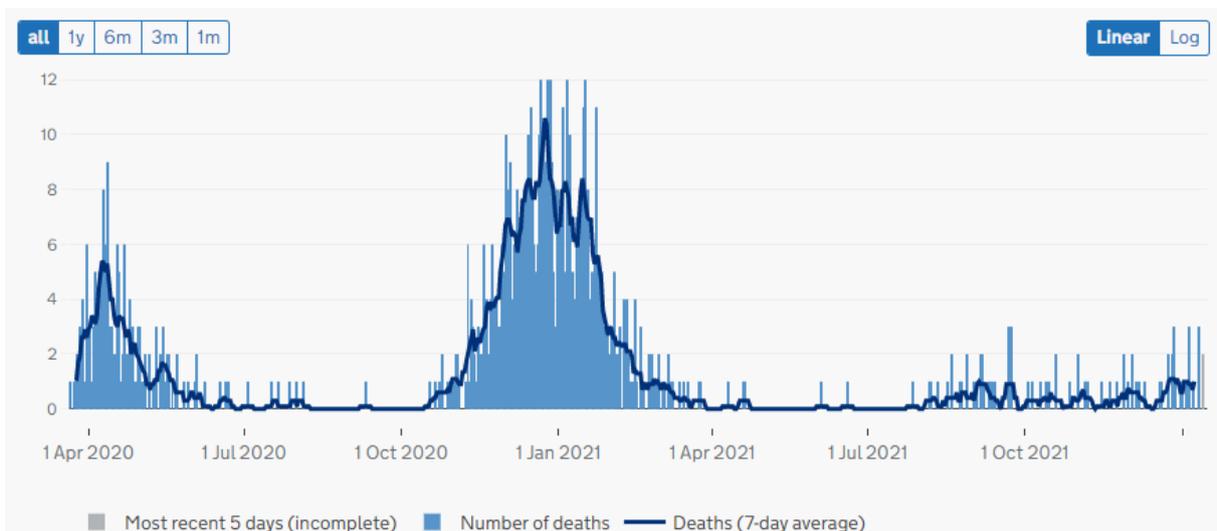
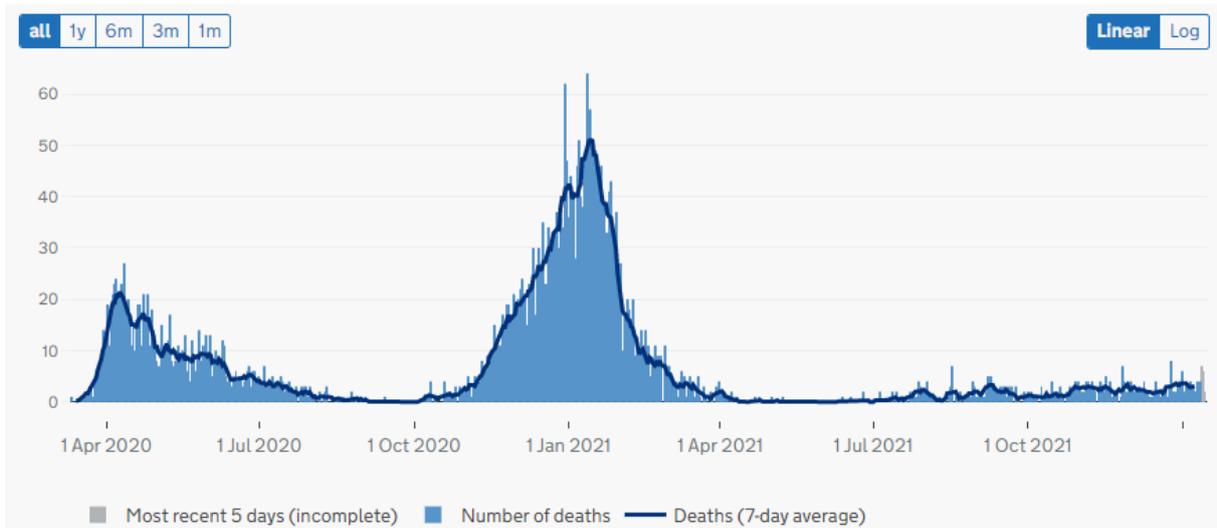
Source: 16 January 2022 <https://coronavirus.data.gov.uk/details/cases>

In recent weeks the number of infections in **people aged over 60-years-old** had increased, but is now falling again, as shown in the graphs below (Kent first graph and Medway second graph):



Source: 16 January 2022 <https://coronavirus.data.gov.uk/details/cases>

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



Source: 16 January 2022 <https://coronavirus.data.gov.uk/details/deaths>

As of 16 January 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	4370	4,924
Medway	828	869
Total	5,198	5,793

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 NHS across the UK has been planning for a potentially significant increase in hospitalisations linked to high Omicron infection rates in the community. The most recent data suggests Omicron causes a milder illness for most people compared to previous variants. Combined with high vaccination rates this means the numbers of people experiencing severe illness is lower than earlier waves. However, 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. On 14 January 2022 there were 410 Covid-19 patients in hospitals across Kent and Medway; of which 8 were in intensive care.

There continues to be regular cross-Kent and Medway operational planning involving all acute trusts, community trusts, ambulance services, mental health, social care and primary care in order to manage pressures. The CCG's Operational Command Centre (OCC) continues to co-ordinate this work and liaise with NHS England. Recent activity has included identifying additional super-surge bed capacity if it is needed and discharge initiatives to reduce bed occupancy.

- All acute hospitals have been exploring options to use space such as outpatients, education centres, gyms etc for opening additional inpatient beds.
- Community hospitals reviewing capacity and discharge opportunities.
- Maximising availability of care home beds and wider social care to support timely discharge of medically fit patients.
- Working with independent sector providers to identify additional capacity.
- Kent and Medway is one of eight systems to be given a Nightingale Super Surge Hub. This is a temporary structure based at William Harvey Hospital. Construction will be complete by the last week of January, but the unit will only be opened if absolutely needed due to all other surge capacity being full.

4 Elective care treatments

The current national priority is managing high levels of urgent and emergency care demands; however, all hospitals are seeking to maintain elective treatments. Standing down elective care is built into plans for managing further Covid-19 hospitalisations. We will only cancel appointments if we absolutely must, and for the shortest time possible. For people who are affected by a cancellation we apologise for the inconvenience. Appointments will be rescheduled as quickly as possible.

Latest figures for elective care waiting lists were published on 13 January, providing data for November 2021. The November figures show a reduction in the number of patients waiting over 52 weeks and a reduction in the average waiting time; compared to the increases that had been seen

in September and October. The South East England NHS region's combined data for September as a comparator.

	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
SE England Nov 21	803,179	546,990	68.1%	10.8	28,828

Source: National Consultant-led Referral to Treatment Waiting Times Data 2021-22, 13 January 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 November 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	22,728	13,841	60.9%	12.5	51.7	1,789
General Surgery	20,225	12,857	63.6%	11.7	50.0	1,459
Ear Nose and Throat	15,258	7,867	51.6%	17.3	48.8	1,016
Gynaecology	14,404	9,583	66.5%	11.6	37.0	574
Urology	10,012	6,581	65.7%	11.4	37.6	375
Ophthalmology	16,289	11,526	70.8%	11.9	29.0	183
Other - Surgical	10,294	7,575	73.6%	9.7	32.6	174
Plastic Surgery	1,788	1,110	62.1%	12.9	41.0	85
Gastroenterology	10,881	7,565	69.5%	10.9	31.7	47
Neurosurgical	1,033	766	74.2%	9.5	37.6	45

5 Conclusion

The vaccine programme delivered a major increase in boosters through December and continues to work to get more people vaccinated. Hospitals have seen very significant pressure through the holiday period but have coped well; and thankfully the level of community infection rates is now falling. All NHS services expect to remain very busy through the rest of the winter months, though the majority of the demand is not Covid-19 infections. The whole health and care system is working together to respond in the most effective ways possible to maximise the quality and timeliness of care.

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