

Title: Update on Acute Hospital Preparedness for Covid-19

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Action required

- For noting
- For discussion
- For decision

Approved for future publication: **YES**

1. Introduction

Some four weeks on from the national entry into Level 5 of the Plan for Living with Covid it is important to review the capability of our acute system to continue to respond to Covid-19 while managing the resumption and/or continuation of non-Covid acute services to the greatest extent possible.

2. Overview of the current position in the acute hospital system

As the pandemic continues, the acute sector continues to grapple with the need to provide necessary non-Covid services while at the same time responding to Covid itself and minimizing risk to patients and healthcare workers. The HSE and the Department are working together to ensure care is provided in the safest way possible, and both are committed to ensuring that the significant funds made available in Budget 2021 are utilised effectively to underpin continued service delivery.

Data from the HSE show the numbers of patients awaiting an inpatient/daycase procedure was 74,860 in October, a fall of almost 14% from the peak of 86,946 in May but still some 7,000 more than in October 2019. The outpatient waiting list continues to rise and now stands at 612,817 although the rate of increase does at least appear to be slowing. Further, the data on outpatient attendances also indicate a system that is becoming more balanced in terms of Covid/non-Covid care, with almost 78,000 new attendances in September compared to a low of 32,525 in April. There are similar patterns of a recovery from a low point in non-Covid services to an improved position today across disciplines, and an overview of service delivery in regard to scheduled care generally, and in key service areas is set out below at Section 3.3. The number of inpatients with Covid continues to decline and is reported at 274 as of 17 November with 34 Covid patients in critical care.

A very significant challenge pertains to Covid outbreaks in our hospitals, as we have seen recently in Naas, Letterkenny and Limerick. These large outbreaks resulted in a significant curtailment of elective treatments across all three sites, with Naas halting all but critical work. Such outbreaks are particularly disruptive as staff diagnosed with Covid and staff deemed close contacts are unable to attend work, thus quickly and dramatically reducing hospital capacity. The HSE is currently working to define an approach to improve the evidence base on risk to HCWs in acute settings and this will be the subject of a separate paper for NPHET. International evidence in this area is limited.

3. Capacity and surge planning

Availability of beds is significantly down from the approximately 2,200 beds reported at earlier phases of the pandemic (noting that in the context of staff redeployment, these beds were not staffed at that time), and as of Tuesday 17 November 2020, the HSE reported the number of available general acute hospital beds as being 276 (excluding critical care). This would suggest an approximate occupancy rate of 98% as of 17 November - as previously noted to NPHET, the aim is for hospital occupancy to remain at a level that allows for surge capacity to respond to increased demand for Covid care periodically, and the recommended occupancy level as noted for NPHET in June was 80-85%. The current high rates of occupancy therefore underline the increasing challenges for the acute hospital system. These high occupancy levels leave hospitals vulnerable to small changes in the operating environment.

However, it is reported that ED demands continue to fall significantly across all patient profiles in the last two weeks. While this reduction in demand has been significant in easing some of the pressures across the system, it is a concerning development and unlikely to last.

According to the Governance and Performance Division's Monthly ED Performance Report, the number of patients waiting on trolleys in October was less than half that in October 2019. This reflects the year to date position also, with the number of patients counted on trolleys year to date being again less than half of the 2019 numbers for the same period.

ED attendances in October were down almost 9% on September, however, and down nearly 16% on October last year. Of the nearly 95,000 patients who attended the ED in October this year, nearly 27,000 were admitted.

The average daily number of delayed transfers of care is also lower than this time last year, at 411 compared to 657 for the same period in 2019 and to 216 for week ending 7th April 2020 (week 14).

ECDC checklist and surge plans

The HSE has advised that the ECDC checklist for hospitals preparing to treat Covid-19 patients, was used by hospital preparedness committees in preparing for the initial surge of Covid in the early spring, and it remains an important tool that can help to ensure hospitals are prepared as they can possibly be for Covid admissions. The HSE has advised that surge plans are the subject of review in recent weeks to ensure plans are in place and up to date.

Private hospital capacity

The Department's Governance and Performance Division has advised that the HSE is currently in negotiations with private hospitals regarding the provision of capacity in the event of a surge. The HSE has advised that private hospitals have indicated in principle that they would be willing to assist in the event of a surge. The lessons learnt from the last arrangement are informing the discussions.

In addition, the HSE has completed a procurement process to secure access to additional acute services and diagnostics from private providers, which is required to address anticipated shortfall over the next two years. A panel has been put in place, following which each hospital can run mini competitions for the services they need. The HSE can also run national level tenders covering all groups. In the meantime, the Department has approved a HSE temporary arrangement for the treatment of patients in private hospitals. Funding of up to €25m has been sanctioned for this purpose.

Critical care

At the beginning of the year, baseline critical care capacity was 255 beds as set out by the National Office of Clinical Audit. The HSE is generally reporting that between 280 and 285 beds are open, with the number of beds open on any given day subject to fluctuation as a result of available staff and other operational considerations. This follows on from funding provided this year as part of the Covid response, and this additional capacity will be retained and augmented through additional investment in Budget 2021.

As of 6.30pm, 17 November, there were 272 adult critical care beds open and staffed. 242 of these were occupied, including 34 Covid-19 patients. Again, the balance of Covid and non-Covid care is very different now to earlier in the pandemic, with the significant majority of patients in critical care being non-Covid patients.

North-South Memorandum of Understanding on Critical Care

A Memorandum of Understanding in relation to cooperation on an all-island basis in regard to provision of critical care was signed by the Chief Medical Officers of Ireland and Northern Ireland on 9 November. This MoU provides a formal framework to manage the transfer of patients between jurisdictions in cases where critical care capacity has been overwhelmed in either jurisdiction. Senior clinicians have also been engaging directly to ensure readiness for mutual support should the need arise. It should however be emphasised that that public health measures introduced recently on both sides of the border are intended to "flatten the curve" and thus avoid the need for either jurisdiction to avail of such arrangements.

4. ECDC Updated Risk Assessment

An update to the ECDC Covid-19 Risk Assessment was published on October 23rd. The ECDC assessment outlined the deteriorating epidemiological situation across the EU and UK and identified the interventions necessary to slow and reverse this trend. The ECDC paper found that Ireland, like the majority of European countries, had an epidemiological situation of 'serious concern,' with an increase in test positivity accompanied by an increase in hospital and ICU admissions.

In the period following the publication of this update, the entry into a Level 5 response phase was clearly having a positive impact on the trajectory of Covid in Ireland, with a 23 percent drop in the 14-day incidence rate and the fastest improving incidence of Covid in Europe being reported in early November. However, more recent data on daily cases is much more concerning, with challenges becoming increasingly evident in particular localities, including clusters associated with some workplaces and funerals. More broadly, although the majority of the public continue to comply with public health guideline, there is anecdotal evidence from media reporting that compliance is not universal, and this of course makes control of the virus extremely difficult.

In this context, the interventions identified by ECDC remain key to our Covid response. These focus on, firstly, reduction of transmission, through public health measures, testing, isolation and contact tracing on the one hand, and secondly, protection of those at higher risk and healthcare workers, and **ensuring access to healthcare** which is addressed below.

5. Ensuring Access to Healthcare

5.1 Acute Capacity

As the pandemic continues, the acute sector is having to grapple with the need to provide necessary non-Covid services while at the same time responding to Covid itself and minimizing risk to patients and healthcare workers. The HSE and the Department are working together to ensure care is provided in the safest way possible, and both are committed to ensuring that the significant funds made available in Budget 2021 are utilised effectively to underpin continued service delivery.

As noted earlier, there are patterns of recovery in non-Covid services in overall inpatient and daycase procedures and increased outpatient attendances. There are similar patterns of a recovery from a low point in non-Covid services to an improved position today across disciplines. An overview of service delivery in regard to scheduled care generally, and in key service areas is set out below at Section 5.3.

5.2 Infection Prevention and Control

Following on from intensive work earlier in the year on infection prevention and control, funding of almost €3.9m was approved to address immediate IPC requirements, with full year costs of €7.48m also provided. It is recognised that there is a need to incrementally build IPC capacity in a co-ordinated manner over the coming years, and, in that context, Budget 2021 provided additional funding of €7m for comprehensive integrated IPC developments across acute and community services. This investment will facilitate the expansion of the work of the National Antimicrobial Resistance and Infection Control Team, the extension of infection surveillance, as well as further increased integrated capacity across services.

5.3 Delivery of non-Covid Care

While the number of patients receiving care for Covid-19 in our hospitals is lower now than at the time of the first peak, the continued delivery of non-Covid services (which were provided at a very reduced level in April and May) is challenging to say the least and requires services to continue to display innovation and resilience.

Scheduled Care Activity

Beyond the large-scale Covid outbreaks referenced above, the Governance and Performance Division also advises it has been made aware of an increase in the cancellation of elective surgeries at a number of sites. These cancellations are generally at short notice, and may arise from a number of factors, including in some instances increased ED attendance/trolleys, delayed discharges, and localised Covid-19 infection impacts. Although the disruption/cancellation of scheduled care as a result of an increase in unscheduled care is a recognised winter trend, it is less common for such cancellations to occur this early in Autumn. Any further increase in cancellation rates may negatively impact waiting times and could undo positive trends seen in the past few months.

Cancer Services

The National Action Plan on Covid-19 identified the continued delivery of cancer care as a priority. Cancer services continued to be delivered on the basis of risk assessment of treatment for individual patients, the prioritisation of time-sensitive treatment and the review of the location of the delivery of cancer services. Although there has been considerable focus on maintaining these critical services, it must also be acknowledged that they are operating at reduced capacity given the challenges of operating in a Covid environment as highlighted by the more detailed descriptions below.

Rapid Access Clinics

Rapid Access Clinics (breast, lung and prostate cancer) have continued to operate throughout the Covid-19 period. The NCCP, in conjunction with their Clinical Leads' Groups, issued guidance documents for their operation. Patients are being triaged in advance of their appointments, including through utilising virtual/telephone clinics where appropriate. Attendance to end September at urgent breast clinics is at 91% of 2019 levels, non-urgent breast at 69%, lung at 89% and prostate at 76%. Overall cancer diagnosis to end July was 88% of the 2019 figure, suggesting that urgent cases are being recognised in primary care settings.

Medical Oncology

While throughput was reduced, partly because of fewer patients coming forward and being referred, Medical Oncology Day Wards continued to operate, with some relocating for a time to private facilities, or to alternative locations in hospitals. However, the challenges of social distancing and infection prevention and control measures will continue to impact capacity in medical oncology. The number of new patients commencing chemotherapy up to June 2020 is at 88% of 2019 activity.

Surgical Oncology

Maintaining urgent cancer surgeries has been a priority, in line with the National Action Plan on Covid-19. Clinical Guidance documents were developed by the NCCP, in conjunction with the relevant Surgical Oncology Clinical Leads Group. In many hospitals, there was a focus on moving time sensitive and complex surgeries to private hospitals that had the required facilities and support services. Some access to private hospital facilities will continue to be required. Public patient cancer surgery numbers for the full year to June stand at 70% of 2019 levels.

Radiation Oncology

Radiation Oncology services have continued to treat all newly referred patients. Given the extent of the equipment involved and the nature of these purpose-built facilities, services have largely remained in public hospitals. The ongoing need for physical distancing and other infection prevention and control measures will result in some reduction in capacity from pre-Covid levels. The number of day case Radiotherapy Sessions (patients would have multiple sessions) to end June is at 84% of 2019 activity, while the number of patients completing treatment to end August is at 97%.

The Winter Plan commits to the restoration of cancer services to 95% of 2019 capacity and provided €2.35m to deliver on this commitment. A further €12m was subsequently secured as part of Budget 2021 to help achieve the 95% service restoration.

Trauma

The NCLTS continues to engage with trauma and orthopaedic colleagues throughout the country on a continuous basis to mainstream many of the changes made during the initial response to Covid. In general, the principle of managing trauma patients is to minimise the time they spend in the ED (or eliminate it altogether) to reduce the potential for infection and to reduce the burden on the ED. This principle continues to be followed by encouraging patients, where appropriate, to attend Injury Units either directly or after assessment in the navigation hubs, expansion of Trauma Assessment Clinics and developing planned trauma care arrangements.

Organ Services

All transplant programmes are currently active, and all necessary action is currently being undertaken to ensure that organ transplant and donation services continue in so far as practically possible. However, it should be noted that decisions to proceed with donation and transplant are based on clinical risk-benefit assessments.

While services have resumed, due to the risk Covid-19 presents to transplant patients, reduced service levels are expected to the end of the year. The ODTI has advised that assessments for admission to transplant waiting list will also be impacted due to reduced bed capacity.

Dedicated ringfenced facilities for transplant – including theatres, ICU beds and recovered beds are required to sustain safe provision of transplant services in the context of Covid-19 and future winter surges and the ODTI is working to ensure this provision.

Maternity Services

Maternity hospitals have performed very well to date and have continued to keep women, babies and staff safe, while delivering quality care in very challenging circumstances and from outdated infrastructure. The fact that there has not been in a maternal COVID death in this country suggests that the measures taken have been appropriate.

The benefits of community midwifery services were clearly demonstrated, and this has copper fastened the intention to expand the rollout of such services.

The pandemic also necessitated the introduction of some virtual services and supports which have worked very well and helped maintain services. Such developments have the potential to provide new opportunities for innovative solutions going forward.

New guidance on visits to inpatient areas in acute hospitals, including in maternity hospitals was published on October 12th last. The guidance notes that a partner should generally be facilitated to accompany a woman in labour and childbirth and that while most hospital maternity in-patient stays are of short duration, it is generally appropriate to facilitate visiting by a partner through this period. It further advises that parents should be facilitated to visit an infant who is in the Neonatal Intensive Care Unit, with due regard for the need to manage the risk to all infants in the Unit. Maternity services are working to comply with the new guidance.

Gynaecology Services

A temporary Model of Care (MOC) for termination services in early pregnancy to apply during the pandemic, was developed in conjunction with the NWIHP and the HSE's Clinical Lead for Termination Services. This MOC provides for remote consultation for the purposes of accessing termination in early pregnancy and has ensured that termination services continued, uninterrupted over recent months

COVID-19 delayed the establishment of the National Mesh Specialist service in Dublin and Cork. Essential training on use of translabial scanners, involving consultant experts from the UK with a patient clinic, had to be cancelled. Unfortunately, due to ongoing situation, it is not clear when this necessary training can be rescheduled.

By June, and following the renewed advice from NPHE in relation to the delivery of acute care by appropriate clinical and operational decision making, some hospitals had returned gynaecology services to pre-Covid levels, whilst other hospitals through the use of private facilities were able to function at a level that approximated normal activity.

Nonetheless, the pause in the provision of gynaecology services has had an adverse impact on the waiting lists for gynaecology procedures. There was a significant jump in the inpatient/daycase (IPDC) figures with the onset of the pandemic restrictions in March. However, since the resumption of gynaecology services, these IPDC waiting list numbers have gradually declined and are now in line with the corresponding figures

from 2019. Outpatient waiting lists have increased steadily and it can be inferred that the resumption of non-COVID care has contributed to the increase in referrals for outpatient appointments since June.

The pandemic has underscored the value of the Ambulatory Gynaecology Model of Care. This will not only provide a better service for women by eliminating the need for multiple appointments, it will help improve clinical outcomes. In addition, ambulatory gynaecology provides a real opportunity to move services into a community setting and avoid the need to bring the patient to a hospital where COVID-19 might be prevalent.

National Ambulance Service

Throughout 2020 ordinary service delivery has been maintained, with over 1,000 emergency and urgent call outs and approximately 90 calls completed by the NAS Intermediate Care Service daily. The NAS has expanded the use of alternative care pathways, including community paramedicine and a pilot “see and treat” pathfinder project, as an alternative to ED conveyance. The NAS reports that Community Paramedics have attended to approx. 1,900 patients to end October, avoiding approx. 1,650 unnecessary emergency transports to an ED. The pathfinder service attends circa 30 patients per month, and the NAS advises that non-conveyance has avoided 20 unnecessary emergency transports to an ED monthly.

A challenge remains in respect of Community First Responder Groups. Since 27 March all NAS affiliated Community First Responder Groups have been stood down, in part due to difficulties with infection prevention and control.

NAS and Covid Testing

The NAS has continued to meet expanding residential and pop-up testing requirements, and it will continue to provide this important function as part of the ongoing response to Covid-19. Existing clinical assessment pathways have been amended to allow NAS clinicians, under protocol, to assess possible Covid-19 patients and determine whether transport to hospital or treatment at home is more clinically appropriate. All patients not transported under this clinical pathway are contacted within 24 hours. By emphasising treatment at home, the NAS ensures transport to an acute hospital in serious or life-threatening cases, freeing up ED capacity.

Blood Services

The IBTS introduced a number of changes to its blood donation clinics in March which allow for the maintenance of the blood supply to meet patient demand and ensure the safety of donors attending clinics. These remain in place while the IBTS has recommenced collections from first time donors. Laboratory teams and processing staff are back at normal capacity.

In the initial period of restrictions there was a significant drop in demand for blood products. The IBTS has advised that demand for red cells is currently at 98% of pre-Covid levels, and demand for platelets has returned to normal levels. The challenge for the IBTS is to maintain supply while operating in an environment of severe public health restrictions. The IBTS has advised that donor recruitment is becoming more difficult as the pandemic continues.

Convalescent Plasma

The IBTS has commenced a project to introduce Covid-19 convalescent plasma (i.e. plasma collected from patients that have recovered from an infectious disease) to the component range it offers. It is intended that the plasma produced from convalescent patients in Ireland will be used initially in a small pilot study at one of the academic hospitals and should this be successful a larger trial (subject to funding) will be rolled out across all major centres in the country.

HIQA recently published a Health Technology Assessment Scoping Review of Convalescent Plasma for the Treatment of Covid-19. The report concludes that, while at present there is limited evidence on the effectiveness of convalescent plasma, in the absence of viable treatment alternatives, convalescent plasma may offer a potential therapeutic option for patients at high risk of a severe course of disease.

6. Budget 2021

Budget 2021 provides for an unprecedented strategic investment in healthcare which will significantly improve patient experiences and clinical outcomes. An historic level of funding provides the opportunity to deliver real and permanent improvements to acute healthcare provision. In particular, this investment will serve to accelerate the implementation of a number of key national strategies, including the National Cancer Strategy, the National Maternity Strategy, the Trauma Strategy, the Paediatric Model of Care, the National Ambulance Service Strategic Plan and will provide for further development of organ donation and transplant services as well as the expansion of critical care capacity.

The implementation of these strategies and plans will continue to improve our capability to respond to the challenge presented by Covid-19, while providing the opportunity to fundamentally reform health service delivery.

7. Staff

The experience of the last number of months has been very challenging for staff across hospitals. The ongoing pressures and demands have placed extraordinary strain on staff for a prolonged period of time. As we approach winter and the ongoing reality of Covid, the HSE is examining the supports and actions that can be put in place to provide appropriate support in these times. Already services such as occupational health and HR are providing a lot of support to staff. The wider issues will be considered and addressed further in the Service Plan for 2021.

8. Conclusion

The Department and the HSE will continue to engage closely in regard to the range of challenges arising on the provision of Covid and non-Covid care across our hospital system. NPHET is requested to note in particular the shared and continuing focus on the continued provision of non-Covid care to the greatest extent possible during the pandemic.

ENDS