



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Winter Preparedness Plan 2024/25

Ministerial Foreword

As winter draws closer, our already under pressure Health and Social Care (HSC) system must again stretch itself yet further to provide the best possible care to all those who need it. We know from previous years that people become sicker for longer over the winter months and this brings additional pressures to a service already feeling the strain and facing long-term financial challenges.

It is vitally important that I pay tribute and recognise the immense dedication, commitment and effort shown by our staff across HSC. I want to thank each and every one of them for continuing to provide high quality services in the most difficult of circumstances and looking after some of the most vulnerable and in need people in our society.

Of course, winter pressures are no surprise and planning for the coming period begins in springtime. Across the HSC system, there is a collective responsibility to ensure robust plans are in place to provide operational resilience throughout the anticipated extreme operating context of the 'winter' months, which in reality run from October to March. In order to try and manage these pressures, my Departmental officials have been working with the Trusts and other key stakeholders on the development of locality plans, with a focus on: maximising ambulance capacity; reducing time spent in Emergency Departments awaiting clinical decisions; and timely discharge from hospital for those that no longer need to be in a hospital setting.

The following Winter Preparedness Plan sets out some of the steps being taken to manage these additional pressures. I must, however, be clear that while the measures outlined can mitigate winter pressures, they will not prevent them. I have recently set out part of my longer-term vision to improve HSC services through the reconfiguration framework, but addressing the current situation in the long-term will require sustained effort, additional recurrent funding and support across the political spectrum.

In the meantime, I am again calling on the public, as in previous years, to help protect our services by imploring all those eligible to receive their annual

vaccinations, including the new RSV vaccine, which is being made available this year for older adults and pregnant women.

Mike Nesbitt
Minister of Health

Introduction

Given current pressures, this will once again be a difficult winter period for HSC. To get through this, while providing the best possible care to those who need it, HSC and the public must work together in partnership.

The following Winter Preparedness Plan sets out some of the key measures and steps that the Department, the Trusts and other key partners are taking to prepare for the coming period, including the provision of additional resources for Primary Care and for the Care Home sector, along with a focus on getting those people fit to leave hospital back into the community as quickly as possible.

The Plan also sets out the measures that the public can take to help ease pressures in the Health and Social Care system, from getting all eligible vaccines – including the new RSV vaccine, which is available for older adults and pregnant women – to utilising the most appropriate services at the appropriate time, such as Community Pharmacy. Patients and their families also have a role to play by being flexible about temporary community placements, to free up acute hospital beds for the sickest patients. Continuing with basic steps such as practicing safe hand hygiene and following public health advice are further ways in which we can all help protect HSC and those most vulnerable in the community.

Working collaboratively across the system will ensure that we maximise what can be done within the available resources.

Keeping Well in the Community

Everyone has a role to play in protecting our services across the challenging winter period.

Where people feel unwell, beyond the usual coughs and sniffles, HSC asks them to first consider advice and guidance provided by their local community pharmacy.

Where this isn't appropriate, the GP should be the first port of call.

For those patients that do need to attend a hospital site, we encourage the use of local Phone First services.

Local Phone First services are now available across all Trusts and using these services will help ensure patients save time, are directed to the right care and help them to avoid busy waiting rooms, as well as ensuring EDs focus on those patients who really need to be there. Phone First also enables Trusts to appropriately isolate patients with suspected infectious diseases, such as measles, to avoid the risk of transmission to other patients in waiting rooms or open wards.

Like in previous years, timely discharge from hospital, when a patient is declared medically fit to go home, will again be a key focus for HSC this winter. Timely discharge plays a significant part in freeing up beds for those who need them and helps to reduce lengthy waits in Emergency Departments. Communication, including social media messaging, will help explain to the public how timely discharge saves lives and helps with hospital flow, allowing the sickest patients to be admitted and treated in hospital. Timely discharge also reduces the risks of further infections, muscle loss, risk of falls, low mood and confusion, which are all risks to patients staying in hospital longer than necessary.

HSC will be working with community and voluntary partners and local councils to remind the public to take sensible precautions when going about their daily lives to avoid falls and to call on local communities to help keep an eye on older relatives and neighbours, to help them stay well and safe. Falls and accidents are more prevalent during the cold, icy weather, so we all need to help look after each other. Winter

continues to be a particularly difficult time for older people who may be lonely, isolated or need extra help.

Vaccination Programmes

The Department has taken steps to prepare a COVID-19 booster and influenza vaccination programme ahead of this winter with both vaccines largely being administered together in one visit. In addition, the Department has introduced a new universal Respiratory Syncytial Virus (RSV) immunisation programme for older adults and for pregnant women, for infant protection, from September 2024.

The following groups will be offered a COVID-19 booster vaccine during autumn 2024:

- All adults aged 65 and over;
- Residents in a care home for older adults;
- Persons aged 6 months to 64 years in a clinical risk group (as defined in the Green Book); and
- Frontline Health & Social Care workers

These groups are also eligible for the influenza vaccine, as are all children aged two years of age to under 17 years of age, which is mostly delivered by a school-based programme for those in years 1 to 12. Household contacts of people with immunosuppression and unpaid carers will also be eligible for the influenza vaccine. Full eligibility criteria for both vaccines is available on the NI Direct website.

The programmes began as soon as vaccine became available, from early September for children and pregnant women, with older adults being offered vaccination from early October, in line with JCVI advice. The expectation is that the majority of vaccinations will be completed by early December 2024. The vaccination programmes will be implemented using a combination of GPs, community pharmacies and Trust-led vaccination clinics, with all providers encouraged to co-administer the flu and COVID-19 vaccines during the same visit.

All care homes across Northern Ireland have been paired with a community pharmacy partner who will ensure that residents and staff are offered both

vaccinations. Trusts are also operating a number of static clinics as well as mobile clinics to encourage uptake in areas where uptake is low. In addition, Trusts will offer vaccination to housebound patients who are unable to attend their GP surgery. Community pharmacies and Trusts will also provide an alternative option for those who do not attend their GP surgery. There are sufficient supplies of the various types of flu and COVID-19 vaccines in Northern Ireland to vaccinate all those who are eligible.

The objective of the programmes is to augment immunity in those considered to be at higher risk from COVID-19 and Influenza by providing protection during the winter months. Ensuring those who are eligible take this opportunity not only helps to keep them safe but also helps reduce pressures on our health system.

The PHA will be encouraging all eligible individuals to take up the offer of vaccination when invited to do so, with a focus on increasing uptake amongst healthcare workers.

Respiratory Syncytial Virus (RSV)

RSV is a common respiratory virus that can cause serious lung infections. For most people, RSV infection causes a mild respiratory illness. Globally, RSV infects up to 90% of children within the first 2 years of life and frequently reinfects older children and adults. While RSV infection can occur at any age, the risk and severity of RSV and its complications are increased in older adults and in neonates and small infants.

RSV contributes significantly to GP consultations, hospital admissions and mortality amongst older people. There is a significant burden of RSV illness in the UK population which has a considerable impact on HSC services, commonly leading to pressure on paediatric intensive care units and cancelled operations during the winter months. A typical RSV season in the UK starts in October, peaks in December, and declines by March.

From 1 September 2024, the RSV vaccine is being offered to the following cohorts:

- older adults turning 75 years of age, (with a one-off catch-up provided throughout the first year of the programme for those aged 75 to 79 years old); and
- pregnant women from 28 weeks gestation, aimed at providing infant protection.

All adults turning 75 years of age on or after 1 September 2024 will be offered RSV vaccination via their GP. This is a year-round, ongoing programme. Individuals who were aged 75 years old to 79 years old on 1 September 2024 are eligible as part of the catch-up campaign. These individuals remain eligible until the day before turning 80 years of age.

Other vaccines, including measles, mumps and rubella (MMR)

In addition to ensuring frontline healthcare workers receive the seasonal flu and COVID-19 booster vaccines, healthcare employers should ensure that all staff are up to date with their routine immunisations. Employers should ensure that they have evidence that their staff are protected against measles and rubella infection. Protection of healthcare workers is important for their own benefit and for the protection of their patients.

The Department has policy in place for a range of vaccination programmes for different eligible groups including children, pregnant women and older adults. Targeted programmes are also available for subgroups of the adult population. Ensuring the public are up to date with all vaccinations they are eligible for protects individuals from infectious diseases and their complications, as well as protecting their families and wider community. This in turn reduces the impact on community, primary and secondary care services.

Community Pharmacy

Community pharmacy is one of the four pillars of primary care in Northern Ireland and community pharmacies across the region provide vital services for local communities, including the dispensing of over 45 million prescription medicine items each year. Community pharmacies are often the first point of contact with the HSC, with an estimated 123,000 patients and members of the public visiting community pharmacies every day in Northern Ireland to access medicines and seek advice from

skilled pharmacists and pharmacy staff. They are accessible and convenient, with over 99% of the population living within five miles of a community pharmacy, and in some rural areas, community pharmacies can be the only readily accessible source of primary health care.

This winter, community pharmacies will support HSC priorities and population health by providing access to safe and reliable supplies of medicines, professional advice, and clinical services to prevent and treat illness. The skills of community pharmacy teams will be utilised to increase capacity within the HSC, manage acute demand, and support people to maintain their wellbeing and live healthy, active lives.

Providing public health services

As in previous years, it is anticipated that vaccinations for both flu and COVID-19 will be offered in over 300 community pharmacies located across Northern Ireland, offering vaccines to eligible patient groups and administering to residents of care homes.

In addition, over 500 community pharmacies will take part in 'Living Well' health promotion campaigns throughout the winter. During December 2024 and January 2025, a 'Stay Well This Winter' campaign will run, which will encourage and support people, including older adults and those with underlying health conditions, to take actions to ensure they stay well over the winter months. The campaign will advise people on measures to protect themselves from illness, how to self-care for minor illnesses and when to see the doctor. It will provide an opportunity to reiterate messages to promote vaccination and ensure antibiotics are used appropriately. Based on 23/24 figures, an average of more than 57,500 people engage directly with pharmacy teams during each campaign.

Over 500 community pharmacies will continue to provide Lateral Flow Devices (LFDs) to people with underlying health conditions who may potentially be eligible for antiviral treatment in the event of contracting COVID-19.

Providing access to medicines and the advice of pharmacists

Community pharmacies provide a safe and reliable service supplying prescribed and over the counter medicines and providing access to the advice of highly trained

pharmacists and pharmacy teams. All pharmacies can provide adherence support for people to take their medicines following assessment of need, in accordance with statutory requirements in the Disability Discrimination Act 1995.

All pharmacies offer an Emergency Supply Service for situations where people have run out of their medicines when their general practice is closed. Up to 16,000 items per month are supplied via this service including medicines for diabetes and inhaler devices, avoiding the need for patients to attend Out of Hours (OOH) medical services or Emergency Departments to access these medicines or go without essential treatment.

To enable the public to access medicines and the advice of pharmacists outside normal opening hours, there is a Sunday and Bank/Public Holiday rota service and a palliative care pharmacy network across Northern Ireland. To help maintain supplies of medicines during periods of severe supply disruption, pharmacies also have access to Serious Shortage Protocols (SSP). 19 SSPs were in use during 2023/24 and they enabled community pharmacists to supply a specified medicine or device when the prescribed item was not available.

Providing services to increase capacity in HSC and meet population health needs

'Pharmacy First' is a service provided by community pharmacies in Northern Ireland where people can seek advice and treatment for a range of illnesses and health conditions without the need to see a GP. All pharmacies offer the 'Pharmacy First for Everyday Health Conditions' service. Up to 14,000 people per month avail of this service and in 2023/24 166,852 patients were supplied a total of 194,618 medicines by their community pharmacist for the treatment of 13 common conditions.

The 'Pharmacy First for Emergency Hormonal Contraception (EHC)' service ensures that women and young people aged 13 years and over have timely access to sexual health advice and free EHC (including the provision of bridging contraception) when clinically indicated. The service is currently provided by almost 400 community pharmacies, which includes pharmacists who are independent prescribers. Up to 1,800 women and young people availed of this service each month during 2023/24, with nearly 22,000 consultations undertaken.

Following a successful pilot in 2022/23, the 'Pharmacy First - Uncomplicated Urinary Tract Infection (UTI) in Women Aged 16-64 years' service is now offered in over 450 community pharmacies across Northern Ireland. The aim of the service is to facilitate the assessment and treatment of women aged 16-64 years presenting with symptoms of lower urinary tract infection (LUTI) in the community pharmacy. Up to 1,400 patients per month avail of this service.

In 2023/24 a pilot 'Pharmacy First Sore Throat Service' was available from 43 pharmacies and offered a high-quality, efficient and effective clinical pathway for people aged five years old and over with sore throat, helping to free up GP time for management of other complex and urgent cases. Using point of care testing in the pharmacy setting, the service supports the appropriate use of antimicrobials and more fully uses the skills of pharmacists to deliver accessible clinical care. Over 6,700 people accessed the service between November 2023 and March 2024, helping to relieve pressure on other urgent care services. Following positive evaluation, a 'Pharmacy First Sore Throat Service' will be offered to all pharmacies in winter 2024/25. The service will commence on 1 December 2024.

Potential service developments

It is aimed to pilot the introduction of a further condition, shingles, to the 'Pharmacy First' service in approximately 50 pharmacies this winter. A three-month pilot commencing on 1 January 2025 will enable assessment of the capability of the service to further displace activity from other areas of urgent care for this condition. 4,711 prescription items were issued for aciclovir and valaciclovir between November 2023 and March 2024, and inclusion of shingles within the 'Pharmacy First' service offers the potential for some of this GP workload to be managed solely within the community pharmacy setting.

Communication

Ahead of winter 2024/25, details of available community pharmacy services will be integrated into existing urgent and emergency care treatment pathways, including 'Phone First'. Information about available pharmacy services has been provided to GP practices and OOH services to encourage appropriate referral.

During this winter, a public information campaign will aim to: encourage people to use medicines wisely; only order what they need on prescription; and signpost to advice on self-care. Engagement with Sure Start and with community and voluntary organisations through the Building the Community Pharmacy Partnership (BCPP) programme will also raise wider awareness of available pharmacy services.

Information and support with management of medicine supply issues will be provided to community pharmacies via an ECHO online training session scheduled for October 2024, while the potential for engagement with GPs via the GPNI platform is also being explored. A recorded webinar on 'Managing Medicines Shortages' is also available to pharmacists via the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) website.

Three workshops raising awareness of the implications of the Windsor Framework for medicines and the pharmacy sector have been scheduled across Northern Ireland in October 2024 and have been promoted to pharmacists via the NICPLD website. An ECHO online training session is also scheduled for community pharmacists in November 2024.

Primary Care

As in previous years, General Practice will continue to play a crucial role in helping to manage additional service demand and to keep people safe this winter. Approximately 200,000 patient consultations are being carried out on a weekly basis by GP practices, with approximately 50% of these being face to face. It is critical that GP practices are supported in delivering this core service.

This winter, the Department will:

- Provide £3.4m in funding to both General Medical Services (GMS) and GP OOH services to support practices increase their capacity to meet the anticipated growth in demand over the winter; and
- Provide £4.6m to assist GP practices across Northern Ireland to deliver proactive support and care to those in nursing and residential care homes, through completing medical care plans, including assessing whether referral to an ED is needed.

As a result of this expenditure, we anticipate the delivery of around 10,000 medical care plans for patients in nursing and residential care homes and over 9,000 additional sessions to help manage winter pressures in general practice.

Hospital Care

Urgent and Unscheduled Care

Local Phone First services are now operational across all Trust areas, to support the timely management of less urgent cases away from ED, with patients calling first for nurse triage prior to an appointment being scheduled for their care.

Urgent Care Streams are fully operational through Urgent Care Centres or Minor Injury Units/Areas in each Trust area. These streams offer treatment to suitable patients with urgent medical conditions that are not immediately life-threatening but require face to face assessment and/or timely access to diagnostics within 24 hours, without having to attend/queue in ED.

In addition to local Phone First services and Urgent Care Streams, all trusts intend to provide greater access to Rapid Access Clinics, providing direct access via GP referrals, without the need for an ED attendance for less urgent conditions. Rapid Access Clinics support same day/next day access for patients and provide timely specialty assessment and treatment across a range of conditions, including respiratory, cardiology, gynaecology, neurology and ENT.

More information on specific Trust initiatives can be found below in the working collaboratively/working locally section.

Elective Care

As was the case in recent years, the Department is determined to ensure that hospitals continue to have a relentless focus on the delivery of elective care services this winter. Given the current waiting times and the challenging financial position, it is essential that the Department fully utilises all available capacity as we come into the winter period. The Department will continue to work with Trusts to drive the performance and efficiency agenda to ensure that current resources are fully maximised.

The increased focus on day surgery provision is also pivotal to ensure resources are maximised and to help protect elective services during winter. Given the expected

bed pressures over this period, Trusts will continue to increase their day surgery provision, with day surgery being the default for many surgical procedures.

Elective capacity has been enhanced and streamlined through continued development of the regional Day Procedure Centres in Northern Ireland, which will help to protect elective care from unscheduled pressures throughout the winter months. Day Procedure Centres have been established at Lagan Valley Hospital and Omagh Hospital, treating routine patients across a range of surgical specialities. Additional endoscopy sessions at Lagan Valley and Omagh have also increased the capacity to deliver up to 9,000 additional procedures per year. These centres provide activity that is ring fenced and protected from normal winter pressures.

Elective Overnight Stay Centres have also been established at the Mater, Daisy Hill and South West Acute Hospitals for intermediate complexity surgery that may require an overnight stay in hospital. In addition, the Day Procedure Centre at the Duke of Connaught Unit at Musgrave Park Hospital has transformed day case orthopaedics, allowing a significant reduction in waits for orthopaedic carpal tunnel and similar procedures.

Inpatient elective bed capacity has also been enhanced by the expansion of Post-Anaesthetic Care Unit beds across the region. The Department is continuing to work with Trusts to ensure that these beds are fully utilised, which will help support elective services coming into winter. The Regional Prioritisation and Oversight Group will also continue to play an important role in supporting the equalisation of elective waiting times by facilitating the transfer of patients across Trust boundaries.

Service users can also help protect elective services by making sure that they attend appointments when scheduled or provide timely notice when this is no longer possible. Appointments where patients 'did not attend' (DNAs) and cancellations on the day by patients are costly, reduce the efficiency of the service and can prevent other patients from being seen. Given our lengthy waiting lists, it is essential that we protect available capacity. Reducing rates of DNAs and cancellations on the day is a key focus of the performance and efficiency agenda set out in the Elective Care Framework, published in May 2024.

If patients are unable to attend their appointment, they should let the hospital know as soon as possible using the contact details on their appointment letter/text message so that the spot can be offered to another patient.

HSC also continues to work to minimise the impact of cancellations. All efforts are made to backfill cancelled theatre slots with other clinically appropriate patients and Trusts are increasing the use of text reminders which will help support the early notification of patient cancellations. Trusts are also working to ensure they minimise hospital-initiated cancellations.

Mental Health and Learning Disability

Existing, significant regional bed pressures across mental health and learning disability inpatient services, including delayed admissions from Emergency Departments, continue. These pressures are likely to become more pronounced as demand for beds across the health system increases during winter months. Regional work is underway within mental health involving all HSC trusts, to plan for improved timely discharge of patients to community placements and to prevent admissions through increased community support, including crisis services. Trusts have also agreed to adopt a networked regional approach to Learning Disability inpatient beds to make best use of this limited resource, with the Department also working with Trusts to help expedite Learning Disability delayed discharges and to free up available capacity across the system.

The Department's Direction under the Mental Health (NI) Order 1986 provides greater flexibility for Trusts and the Regional Emergency Social Work Service (RESWS) to rotate suitably trained staff during protracted waits for admission beds. This will help alleviate the current pressures on Approved Social Workers, who are required under statute to remain with the patient until they are admitted to hospital.

Paediatrics

Following a meeting of the Child Health Partnership Steering Group, a working group under the chair of a consultant paediatrician and Co-Director from BHSCT has been convened to look at winter planning for paediatrics. The group will build on previous years' plans and experiences that have ensured winter contingency plans are in place each year. The major issue facing paediatric units annually is the increase in

RSV infections that can impact on the most vulnerable children. As well as the potential pressures as a result of RSV, Trust teams have also been planning for the potential for an increase in pertussis and measles presentations. Planning for a potential increase in pressures has commenced for the upcoming winter months, with the working group meeting regularly to discuss regional issues. Local Trust teams also carry out Trust-wide planning, which is ongoing.

An RSV Hub, that includes the senior paediatric teams from across Trusts and NIAS, has been established for a number of years and can be activated as and when required. As in previous years, the Hub is made up of strategic managers and makes decisions to address capacity issues and ensure that tertiary services, such as the Paediatric Intensive Care Unit, are protected, as well as ensuring children can be treated in the right place at the right time. The service can also link with other multi-disciplinary partners where necessary, e.g. with colleagues in primary care.

The main priority for contingency planning for this winter is to try to ensure access to tertiary services are maintained throughout the main winter pressures period.

Social Care

Home care continues to make a real difference to support people to live at home; however, this high-volume service is under pressure. By way of example, in one typical week in September 2023, there were 590,838 visits, comprising 295,000 hours of home care provided to 23,249 people across Northern Ireland. While the number of visits has risen when compared to data for 2022, home care services remain under pressure as there continues to be more demand than available supply. In March 2024, Trusts were reporting 3,800 people had unmet need for some or all of the home care that was required. The forward look is similar, with the Department anticipating that demand will continue to outstrip supply, despite the fact that home care is vital in supporting many people to leave hospital in a timely way.

HSC needs the continued support of those who are medically fit to leave hospital to do so. In some circumstances, this may mean accepting a care home placement if a home care package is not immediately available or waiting at home, with family support, until home care is sourced. Trusts continue to offer 'discharge to assess' options, so people can have their need for a care package assessed at home rather than waiting in hospital for that assessment. This is all being done to ensure that valuable hospital beds are used for those who need them most, while also recognising the implications associated with remaining in hospital when you no longer require hospital intervention.

The Social Care Collaborative Forum continues to drive forward reform of adult social care to address some short-term measures, while planning for longer term transformation. The Collaborative Forum has eight workstreams, with representation from a wide range of social care stakeholders working together to co-produce the outcomes for their workstreams; however, in the context of a constrained financial environment, it is not possible to take forward all of the actions the Forum would like. The activities that the Collaborative Forum are taking forward will seek to maintain a balance between those actions aimed at delivering immediate improvements in the delivery of social care and those actions that are longer-term in nature, but which are an essential component of building the foundations for longer-term reform.

Domiciliary/Home Care

Trusts have been allocated recurrent funding of £697,000 to establish early review teams, which will help to make best use of the domiciliary care capacity that is available. The Early Review Team is being piloted currently across all five Trusts, with these teams responsible for completing reassessments of need within two to eight weeks of hospital discharge, with the aim of releasing capacity back into system if the patient's needs have reduced following return home. Each hour released is an additional hour that can be allocated to someone in need at the point of discharge or at home.

Early indications show improved outcomes for those receiving care and those in need of care. An assessment of 389 service users by the end of January 2024 led to the following outcomes:

- 44% of service users reviewed no longer needed their full package of care or were supported to live independently and did not need their package of care;
- 2% of service users reviewed required an increase in their package of care;
- 11.5% of services users were enabled to avail of other care supports; and
- 1,093 homecare hours were recovered and allocated to cases of unmet need

The Department continues to work with Trusts to assist them to complete timely annual reviews of home care, to ensure needs are identified and the service provided remains appropriate to the identified needs of the service user. This has the potential to free up additional capacity to support those who may need help over the winter.

While the number of home care visits increased in the last year, the Department needs to do more to meet demand; therefore, there has been an additional investment of £5M allocated to the Health Trusts for 2024/2025 (recurrently). This investment will specifically target independent sector provision of care packages for the over-65 population.

A £70m funding package across a range of social care services was provided in March 2024. The purpose of this funding was to ensure independent sector providers had the necessary funding to meet the challenges of increases to national living

wage; however, the funding provided to home care providers included an additional uplift to the regional rates to aid in the recruitment and retention of home care staff.

Care Homes

Care homes are a key element in supporting hospital discharge. For some people, when they leave hospital, they will choose to move to a care home on a permanent basis; for others, it is an interim move until they return home. The arrangements for transfer to a care home can take time and, for some, can cause a delay in discharge plans. The introduction of the Trusted Assessor/Care Home Liaison process is aimed at minimising delays in patients being transferred from hospital to care homes. Agreement has been reached to fund this model on a regional basis and Trusted Assessors/Care Home Liaison officers are currently operational in two HSC Trusts.

In addition, work is underway to identify an appropriate digital solution to collate real time bed availability, which will allow HSC Trusts to consistently monitor available Care Home bed capacity.

Allied Health Professionals (AHPs)

The 14 Allied Health Professional (AHP) services make up the second largest workforce in HSCNI. Recognising the full advanced scope of practice of AHPs and ensuring that their skills are maximised is important in helping to address winter pressures. AHPs are involved in numerous winter pressures initiatives as part of the wider Multi-Disciplinary Teams.

One such initiative is in the Southern Health and Social Care Trust, where AHPs are enhancing their staffing resource within the community services Early Review Team, and supporting the implementation of a single discharge team (SDT) to support the timely, safe and effective flow of patients and service users throughout their acute and community care services. The Early Review Team will focus on the early review of service users in receipt of a new or increased domiciliary care package put in place when discharged from hospital and/or living in community setting.

The SDT will act as a central point for all hospital discharges for those patients over 18 years old requiring a commissioned service on discharge. The Team will seek to enhance community in-reach to advise on appropriate pathways, engaging at

whiteboard meetings and at the bedside with patients and families, seeking to reduce overprescription of care and reduce the length of stay. The SDT will facilitate: discharges for patients requiring new domiciliary care; a change to an existing service or the restart of a previous service; promoting Self-Directed Support for hospital discharges; and nursing or residential care home placements, where appropriate. The SDT will also: make onward referrals to rehabilitation and recovery services; provide a single point of information gathering (for complex delay reports); escalate delays; and provide a problem-solving approach to facilitate timely discharge from hospital.

In addition, within unscheduled care the numbers of physiotherapists, occupational therapists, dietitians and speech & language therapists has been enhanced to support the provision of a Frailty Integrated Team (FIT) at the 'front door', with the specific aim of identifying frail, older patients as close to their ED presentation as possible. The immediate identification of these patients will enable the AHPs to work with their MDT colleagues to support the delivery of a comprehensive geriatric assessment and work in partnership with the patients and their families to support their timely discharge and improve home first pathways, such as Hospital at Home, discharge to assess (D2A) referrals and to monitor trends from ED.

AHPs will be able to utilise these well-established pathways and community-based services to facilitate timely discharge and prevent unnecessary admission and subsequent hospital acquired deconditioning. This model was piloted for three months between February to April 2024 across both Daisy Hill and Craigavon Area Hospitals. During this time, the enhanced frailty team assessed over 800 ED frailty admissions and saw an increase of over 100% in the numbers of patients assessed by the MDT on the same day as their ED presentation and the number of patients discharged home on the same day.

Working Collaboratively / Working Locally

Trusts have been asked to develop Unscheduled Care Preparedness Plans based around three key areas which were identified in the Getting it Right First Time Review of Emergency medicine, as follows:

1. Maximising ambulance capacity;
2. Reducing time spent by patients in ED awaiting clinical decision and next stage of care; and
3. Timely hospital discharge for patients who are medically fit for discharge

Over the last number of months, Trusts have been developing their plans with support from the Regional Control Centre and have engaged, where relevant, with other partners in their locality in the development of these plans. Maximising available capacity throughout the year is a key focus for 2024/25 and, working with the RCC, all Trusts have been implementing Trust and site-specific improvement plans to manage ongoing pressures and to support preparedness planning for periods of increased pressure, which often arise over winter and at holiday periods.

All Trusts now have control rooms in place, with extended operating hours to proactively manage the flow of patients through hospital sites and into community services. These are supported by the Regional Control Room which has responsibility for operational grip and oversight, ensuring effective oversight of system and Trust level performance and associated planning arrangements for Winter and holiday periods.

All Trusts are taking steps to promote earlier discharges and weekend discharge rates. Initiatives vary by Trust, but include use of Safer Patient Care bundles, increasing the accessibility and availability of discharge lounges, and quicker access to equipment in the community. Across all Trusts there is capacity to open an additional 323 adult escalation beds at times of extreme pressure to help improve flow from Emergency Departments.

The Belfast, Northern and South Eastern Health and Social Care Trusts are working with care homes to increase anticipatory care plans to reduce hospital admissions and improve patient experience at end of life.

The Northern Ireland Ambulance Service (NIAS) has fully established its Integrated Clinical Hub (ICH), where highly skilled senior clinicians can assist in establishing the best course of action and pathway for patient needs. This enhanced clinical team will increase the number of calls being reviewed by 30% to 40%, to reduce conveyances to Emergency Departments. This will improve capacity and ensure that emergency ambulances are dispatched to patients to provide a more efficient response and use of resources. Trusts are also supporting the ICH, through provision of mental health expertise in the ambulance control room at weekends. NIAS is also targeting calls through the Urgent Care Liaison Desk that meet agreed criteria, to support crews to make referrals for a range of pathways and alternatives to Emergency Departments, including Hospital at Home, falls pathways, epilepsy and diabetes.

Belfast Health and Social Care Trust is responding to pressures on mental health services by opening a mental health escalation pre-admission lounge to care for patients who have been assessed in the Emergency Department as requiring admission to an inpatient mental health bed in a more appropriate environment. The Trust will also open an ambulatory emergency surgery unit in October to provide investigations, care and treatment for emergency surgical patients who would previously have been admitted to hospital.

In October, the Trust will extend its Phone First service to include paediatrics, which will provide alternative options to parents who have concerns about their child's health. The Royal Belfast Hospital for Sick Children had an increase of five inpatient beds last year, which are now fully staffed and operational, with the hospital now having the capability to open a further seven spaces at times of extreme escalation.

As part of a focus to help manage more patients in their own home, the Trust developed a responsive single point of contact for community palliative care to improve access and support services. It will also increase Hospital at Home capacity to seven days per week, which will see the existing caseload increase from 30 to up

to 40 patients. In addition, the Trust is increasing capacity to deliver IV antibiotics at home from seven infusions per day to up to 15 per day.

Southern Health and Social Care Trust is implementing a nursing home pilot, working with GP services (in hours and out of hours), NIAS and care homes to improve the care experience for patients in this setting and to reduce demand on EDs.

Western Health and Social Care Trust has established a discharge coordination team, to ensure placement of the right patient to the right place at the right time. The Trust has improved access to Elderly Mentally Infirm (EMI) placements by re-designating seven general residential beds as EMI residential beds. In addition, the Trust will open 11 EMI beds and eight general nursing home beds. The Trust will also increase palliative care provision through opening an additional four beds in Omagh.

Northern Health and Social Care Trust has opened a Direct Assessment Unit (DAU) in Causeway Hospital, facilitating direct referral from GPs and NIAS, to ease pressure on Emergency Departments. The DAUs in Causeway Hospital and Antrim Area Hospital will also provide access to advice from Trust clinicians, which can help maintain patients in their own home and attend more appropriate services the same day/week. The Trust will commence a frailty service in-reach to ED in Antrim and the revisiting of the Causeway pathway. The Trust is also increasing care home capacity, working with the independent sector to develop an enhanced model of care for people with greater needs, such as dementia.

South Eastern Health and Social Care Trust is developing the Hospital at Home model, which will provide an extra 60 'virtual' beds over three localities, by utilising current capacity in its Enhanced Care at Home Teams and existing services, including Outpatient Parenteral Antibiotic Therapy (OPAT), the rapid response team and a vaccination team for COVID-19 Neutralising Monoclonal Antibodies (nMAbs). The Trust will maximise appropriate use of ambulatory hubs, using a 'push and pull' approach with ED, alongside existing GP access.

Performance Management

Performance management arrangements will remain in place at a regional level across all areas, to continue to provide a shared understanding of what service users

can expect, help identify where services are under acute pressure and support service improvement. In addition to regional level actions, there will be targeted areas for focus with individual Trusts, which will be identified by the Department's Strategic Planning and Performance Group to aid hospital flow and to minimise harm.

Due to the introduction of Encompass IT system, there will be necessary changes to the reporting of the key targets published for 2023/24, as there will be gaps in available information across all sites.

Departmental Winter Preparedness Workshop

To reinforce the ongoing planning and to supplement further the steps being taken to ensure system preparedness, a workshop was held in October 2024, bringing together over sixty participants from a diverse range of stakeholder groups, including representatives from the DoH's Urgent and Emergency Care Review Implementation Board, the Primary and Community Care Programme Board, and the Social Care Collaborative Forum. Representatives from HSC Trusts, agencies, the independent sector and service user and carer representatives were also in attendance.

The aim of the workshop was to reflect on experiences from the winter planning process across this year and previous years and to learn from both the successes and the challenges faced. By engaging in meaningful discussions, participants were able to share insights to help inform the approach to winter 2024/25, with a key focus on communication. The programme included presentations from key representatives, followed by table discussions that encouraged participants to explore actionable ideas to enhance proposals for service delivery during the winter months.

Key outcomes from the workshop emphasised the need for clear communication strategies to help the public navigate healthcare services effectively. Participants highlighted the importance of tailored messaging that resonates with diverse communities, particularly regarding alternative care pathways available through community pharmacies. Workshop participants agreed that effective use of various communication channels, including social media and local campaigns, was crucial to ensuring that vital information was accessible when needed. Messages focusing on self-care and prevention would also help to provide clarity on when to seek help from GPs, pharmacists, or urgent and emergency care services.

Collaboration emerged as a further critical theme, with participants advocating for stronger partnerships across the healthcare system, including independent and community care providers. Breaking down silos could enhance service delivery and patient outcomes. Engaging the wider community and leveraging local resources were identified as potential strategies for addressing healthcare needs. The importance of seamless transition for patients, especially during discharge processes, was also underscored, to ensure continuity of care.

Feedback from table discussions also highlighted how important existing Trust phone-first services were for accessing different services; however, participants pointed out that being successful in reaching specific services relied on having clear pathways within Trusts. It was highlighted that people often found it confusing to deal with multiple phone numbers. Participants advocated for one single access number as a potential longer-term solution, as long as there were clear pathways to help people access the services they needed.

Overall, the workshop generated a robust discussion and identified short-term and longer-term solutions to address some of the current challenges within the healthcare system. It was agreed that the group would come together again in the new year, to allow HSC to maximise opportunities to learn and adapt.

Conclusion

The focus this winter will again be about working together in collaboration to ensure that those who need our services most are able to avail of the care that they require.

The Winter Preparedness Plan outlines the steps that we can take as a system and as service users to help protect these vital services. If we utilise the available tools in the most appropriate manner, it will be to the benefit of everyone in our community.

While much work is under way to try to address the long-term issues within our health services, as in recent years, this winter will be challenging. If we continue to take a collective approach to do all we can to use the right services at the right time, we hope to mitigate the worst of the pressures. HSC staff will continue to give their all to ensure that the best care is provided and we must all play our part to help them to make this possible.