**Health and Care October 2020 report to the Executive of the Joint Forum of Community Councils in West Lothian.**

**Access to New Medicines with Potential to Treat COVID-19**.

The Scottish Medicines Consortium (part of Healthcare Improvement Scotland) continues to contribute to the RAPID C-19 initiative, aimed at expediting access to new medicines that may be beneficial in the prevention and/or treatment of COVID-19. The team is working with the National Institute for Health and Care Excellence (NICE) to prepare summary briefings on medicines in clinical trials and published evidence.

SMC contributed to a scientific advice meeting led by NICE about the antiviral Remdesivir, and following this, the sponsor pharmaceutical company is expected to submit for health technology assessment (HTA) by both agencies later in the year. SMC has regular discussions with other international HTA agencies, including CADTH in Canada and PBAC in Australia, to share knowledge on the approach to new medicines that may be effective in COVID-19.

**Supporting Carers in West Lothian.**

In early September I reported on the Carers Strategy. IJB members asked for further information on the support for unpaid carers. The West Lothian Health and Care Partnership invested £3.8 million in 2019/20, an increase of £981k over 2017/18. The funding ensures the provision of respite and short breaks from caring, ensures all carers who meet the eligibility criteria have a personalised Adult Support Plan or Young Carers Statement in place, and that information and advice services are available to all carers in West Lothian.

Between October 2018 and August 2020, 620 Adult Carer Support Plans were completed. To support that activity two additional Social workers were employed based within Adult services and Services for Older People. In 2019/20 there was a 12% increase, versus 2018/19, in people accessing respite and short breaks.

*I smiled at one point when I noticed the report referred to the “implantation” of the Carers Act, rather than “implementation”. It occurs to me though that it might be the right word as there is a need for the measures in the new Carers Act to be implanted into the culture of how officialdom deals with carers!*

**Medicines Regulation Following EU Exit**.

From January 2021, the Medicines and Healthcare products Regulatory Agency (MHRA) will be the sole regulator for medicines and devices in the UK. In response, Healthcare Improvement Scotland’s health technology assessment functions, including the Scottish Medicines Consortium (SMC) and the Scottish Health Technology Group (SHTG) are strengthening their strategic engagement with the MHRA. Acting on behalf of HIS, SMC has become a member of the Core Strategic Group (CSG) established by MHRA with National Institute for Health and Care Excellence (NICE).

The aim of this group is to ensure an integrated approach to access and approval of new medicines, involving both regulation and HTA. The CSG meets monthly. SMC has identified seven work packages as priorities for involvement, including licensing routes, regulatory routes, real world evidence and patient engagement. The resource implications of this work are currently being considered.

**Primary Care West Lothian**.

All **GP practices have been provided with additional staff** to help reduce GP workload. This includes a mix of physiotherapy advanced practitioners, mental health nurses, pharmacists, pharmacy technicians and link workers. The Mental Wellbeing Hubs also play an important role in urgent care provision.

Recruitment to other staff groups was paused due to COVID-19 but has resumed. Recruitment of pharmacists continues to be slow and challenging with significant “churn” as some new staff gravitate to the city after a short period of time and replacements need to be recruited and trained.

GP practice **Buddy Groups** were set up at the beginning of the pandemic to assist with business continuity in the event of staff illness but all practices have remained open and none have needed support from their buddy group.

Primary care is normally a **fast-moving, high-volume environment**, but the increased time required for cleaning between patients and the need to keep patient numbers in waiting rooms low, both have a substantial impact. Even if more staff hours were available to resume pre-COVID-19 activity levels, physical space in health centres is constrained, limiting the scope for additional clinics. Two West Lothian practices are participating in a pilot of remote working to free up space in practice buildings.

**Practice stability** has continued to be good. No practices have restricted or closed lists. Currently only 4 practices have any GP or Advanced Nurse Practitioner vacancies.

**REACT Hospital At Home** has continued to develop, working closer with care homes and GPs. Primary care capacity has been stretched with an increase in requests to undertake more home visits. At the same time, routine outpatient clinics such as the Parkinson’s Disease service could no longer operate and all patients had to be assessed at home. The possible development of a West Lothian Parkinson’s Disease Specialist Nurse role is being considered.

**Non-Communicable Diseases**.

NCDs include heart disease, stroke, diabetes, cancer and lung disease. **These diseases are responsible for around 39,000 deaths every year in Scotland** – that’s two thirds of all deaths. Around 24% of deaths from NCDs are estimated to be preventable through public health actions to reduce the number who smoke, the amount of alcohol we drink and levels of overweight and obesity.

**Ahead of the 2021 Scottish Parliament election**, the British Heart Foundation has come together with nine other charities to call for action on the ways tobacco, alcohol and unhealthy food and drinks are promoted and marketed, as well as greater availability of support and treatment services to reduce their impact and prevent thousands of deaths a year.

The charities make 8 recommendations regarding the availability, marketing, pricing and promotion of tobacco, alcohol and foods high in fat, sugar and salt. They also suggest new approaches to providing support services to help people who want to quit smoking, reduce their alcohol intake or to lose weight. *I note one of those is to actually implement the actions from the Diet and Healthy Weight Delivery Plan*.

**Mental Health West Lothian**.

The two **Community Wellbeing Hubs** opened to patients in June 2019 and are a “one-stop shop” for those with moderately severe mental health problems such as chronic depression and anxiety. They combine individual and group therapies with link worker support from third sector organisation Lanarkshire Association for Mental Health. They try to address practical problems and assist the patient overcoming social isolation. Additionally, stress relieving therapies such as mindfulness and yoga are available to encourage patients to try out non-medical approaches to their symptoms.

The Hubs were designed to be a high volume service. Prior to COVID-19 attendance grew steadily until February 2020, when 325 new patients were being seen. After a dip at the beginning of the pandemic, a phone support service was introduced and numbers have increased since. Overall, 2394 new patients contacted the service in its first year of operation.

The new **Community Mental Health Team** was established in September 2019 and became fully functional in February 2020. Its role is to support people with complex mental health problems living in the community. The team provides a blend of nursing, medical, psychology, social work and occupational therapy staff. All referrals come via the GP to a unified triage service. The range of patients eligible has increased to include conditions such as personality disorder and treatment resistant depression. There is a social work assessment of needs related to difficulties with day-to-day living skills or self-neglect, posing significant risk of hospitalisation or homelessness. From January to August 2020 the team received 212 referrals.

The development of the Community Mental Health Team alongside the new Mental Wellbeing Hubs, the restructuring of the Community Psychiatric Nurse service and the incorporation for the first time of psychology services, has added to the **challenge of who does what and where referrals should be sent**. Clarity will come as the service matures and all involved gain a better understanding of what each has to offer.

The Acute Care and Support Team **(ACAST)** is a mental health service based in SJH which accepts referrals from across the system, including A&E and GPs, and provides acute assessment and brief ongoing support for mental health patients in crisis. Referrals average around 35 per week, although that figure reached 70 in mid-July. Some trends have emerged during the pandemic:

* Increase in domestic violence.
* Increased frequency of misuse of a range of illicit substances.
* Increased frequency of alcohol misuse and dependence.
* Primary triggers for presentation due to personal financial pressures and loss of employment.

The **Mental Welfare Commission** undertook four inspections within mental health inpatient facilities during 2019/20 in the following areas:

* Intensive Psychiatric Care Unit – SJH.
* Pentland Court.
* Maple Villa.
* Ward 17 – SJH.

The reports were in the main very positive. Recommendations were made, however, about improving the quality of care plans and risk assessment documentation, input from pharmacy, improving the patient environment, compliance with adults with incapacity legislation and reviewing the remit of wards to consider the differing needs of patients.

**Scottish Health Survey 2019**.

Scotland’s Chief Statistician released the above survey results end September, providing information on the health, and factors relating to health, of adults and children in Scotland. Some key points as follows:

**Mental Health**. Self-reported rates of depression and anxiety continued to increase , with 14% of adults reporting two or more signs of anxiety (9% in 2008/09) and 12% two or more signs of depression (8% in 2008/09). 7% of adults reported ever having attempted suicide, the highest level recorded.

10% of adults reported feeling lonely often or all of the time in the last two weeks – 16% for those aged 16-24 and 5% for those aged 65-74.

**Food Insecurity**. 9% of adults in Scotland reported having experienced food insecurity in terms of worrying they would run out of food due to lack of money or resources during the previous 12 months, the same proportion as in 2018.

**Smoking**. The proportion of adults smoking was 17%, down from 28% in 2003 and the lowest level recorded to date. Exposure to second hand smoke has continued to decrease to 21% , down from 85% in 2003 and 38% in 2008/09.

**Other key points**:

* The proportion of adults reporting their **health as good or very good** was 72% (71% in 2018).
* 47% reported living with **long-term conditions** (46% in 2018).
* 66% of adults were **overweight** or obese, the highest level to date but not significantly different to levels over the previous ten years (between 64 and 65 per cent). **Obesity** levels remained steady at 29%
* The proportion of adults **drinking beyond the recommended** maximum has remained relatively steady at 24% since 2013.
* 7% of adults were **e-cigarette** users, a stable figure since 2015.
* 91% of adults reported having no issues with their **mouth, teeth or dentures**.
* 22% of all adults consumed five or more portions of **fruit and vegetables** a day (21% in 2003). *This is the most surprising statistic to me, although I confess to be one of the 78% who fail to do this*.
* 66% of adults met the guidelines for **physical activity** (150 minutes of moderate activity per week), the same level as 2018). The proportion of children meeting the guidelines was 69%, the lowest level in the time series.
* 15% of adults had a **cardiovascular condition**, 7% had doctor diagnosed **diabetes**, 5% had **ischaemic heart disease** and 3% had had a **stroke**. There was no significant change since 2018.

**Addictions Services West Lothian**.

**Referrals continue to grow**, with 1040 referrals between August 2019 and July 2020, a 10% increase on the previous year. There were an additional 257 referrals to HMP Addiewell.

The service can now evidence a **significant improvement** with the waiting times target being met every month since June 2019. This progress is the result of a plan which included voluntary sector partners receiving additional resources to support clients transferring from statutory services.

Last year **in Scotland there were 1,187 deaths from drug overdoses**, a 27% increase on the previous year and the highest since records began in 1996. 86% of these deaths resulted from opioid overdose. Research shows that injectable buprenorphine (**Buvidal**) can contribute to the reduction of opioid overdoses compared to current standard treatment, due to release at more stable levels, and a rapid and sustained blockage effect against other opioids. Doses last for either 7 or 28 days. The move to wider use of Buvidal was accelerated by lockdown as it offers a series of benefits:

* Removes the need for daily dispensing/ attendance at pharmacy.
* Reduces the number of health staff/ patient interactions.
* Improved treatment retention for homeless/ sofa surfing patients.
* Improved treatment outcomes for patients newly released from custody.

To date, 54 patients in West Lothian have been switched to Buvidal, with a high acceptability/ retention rate of 81%.

**Social Security Consultation**.

The Scottish Parliament Social Security Committee launched a consultation on 1 September, ending 14 October, seeking to understand how COVID-19 has impacted on people in Scotland and how Scottish social security can respond. The West Lothian Council considered their response on 6 October. The key questions in the consultation, and the Council officials’ draft responses, are as follows:

1. **What will the economic downturn look like for different people in Scotland and how should Scottish social security help them through it? In the context of UK social security and of other ways of providing support, what is the role of Scottish social security in an economic recession**? Although the impact of the crisis has been widespread, some workers are more likely to be adversely impacted than others:
* Those in particularly affected industries such as hospitality, tourism, entertainment and non-food retail as well as employees of small businesses reliant on cash flow.
* Those with insecure employment such as self-employed people, those with short-term temporary contracts, agency workers, zero hours contracts and individuals who identify as under-employed.
* Those employed in roles with less ability to work from home such as customer-facing roles or on-site work.
* Households where all earners are impacted. This is particularly true for single earner households such as lone parents or households where an adult is unable to work due to disability, illness or caring responsibilities.

Some key groups are more likely to fall into these categories, including women, young people and minority ethnic individuals. The introduction of the new Job start Grant and the Scottish Child Payment may go some way to support people to cope. It is suggested however that more support could be put in place for young people who are either unable to work or struggle to find work as the economy recovers. Scottish social security could provide a top up payment for under-25s to bring them in line with older claimants.

1. **Can, and should, Social Security Scotland do more than meet the expected increased demand for benefits and deliver on existing policy commitments? What should its ambitions be? Within the social security and borrowing powers available to Scottish Ministers what could be achieved and delivered**? Although it is clear that a role exists for Scottish social security \_ \_ \_ it is difficult to identify exactly how this could be delivered as the landscape is rapidly changing. The range of social security measures that can be implemented is limited by the scope of devolved powers.

Earlier control of all 11 benefits which has currently been pushed back to 2024, would allow for more flexibility and autonomy in how these are delivered. *For those of you who don’t follow these things in detail, I should point out that the transfer of these powers has been delayed at the request of the Scottish Government.*

1. ***If we look to do more, or differently,* what are the relatively easier changes that could be made to Scottish benefits that would not require significant additional capacity in Social Security Scotland**? There is concern that when the range of temporary changes to UK social security come to an end, this could create a cliff edge for many people, leading to financial shock. Scottish social security could look at providing interim payments to help bridge the gap. Links between Social Security Scotland and local advice and income maximisation services need strengthened, with robust referral mechanisms.
2. **What changes could be made that would not require significant input from the Department for Work and Pensions (UK)**? Responsibility for key out of work benefits is retained by the UK Government, so significant input would be required from the Department for Work and Pensions in terms of data matching exercises, financial input or other assistance in order to deliver meaningful changes. If this cannot be achieved, more activity to raise awareness of Scottish social security would be beneficial.
3. **What are the constraints and barriers of doing more in Scotland**? The main barrier to doing more in Scotland is that social security is not a fully devolved matter. The administrative structure of benefits and tax credits can be confusing and difficult to navigate with the DWP, Social Security Scotland and local authorities all having responsibility for delivery of different sources of support.
4. **Should the main focus be on discretionary funds or on entitlements? In terms of recovery from COVID-19, is it more effective to provide support through discretionary funds allocated to local authorities or through demand led benefits delivered through Social Security Scotland**? There is merit to both demand led entitlements and discretionary funds. A focus on entitlement provides more certainty and a safety net , while discretionary funds allow for better targeting of support.

The widening of the criteria for discretionary funds and more resource to administer them would be helpful. Joined up working is felt to be the best approach.

**COVID-19 West Lothian headline activity**.

Information taken from the Anti-poverty report to the September Community Planning Partnership Board:

* 27,600 West Lothian employees had been furloughed at August 2020.
* 10,000 potential job losses anticipated by April 2021.
* 5.9% unemployment in July, up from 2.8% in January; 10.4% youth unemployment.
* £571k if Scottish welfare funding disbursed between mid-March and mid-August, an increase of 26% since 2019.
* 19,489 food parcels delivered in July.
* The newly established Food Consortium has supported more than 3,800 households since March 2020.

**Dataloch Project update**.

I reported earlier in the year that I had got involved with the Public Reference Group for this Edinburgh University led data project. It is still in the early days and a lot of discussion still on Vision, Governance, Priorities and so on. An MS Teams meeting took place the other day and, although I did not participate, I have seen some of the paperwork. The next planned meeting will be in March and *I do intend to take part. I can’t go on impersonating Trump and not taking part*! In the meantime, here is a list of projects Dataloch has delivered or is currently working on:

* Direct and indirect effects of COVID-19 on acute cardiac care.
* Utilisation and value of procalcitonin in testing in NHS Lothian patients during the COVID-19 pandemic. *Procalcitonin is a marker of bacterial infection which can be measured in the blood*.
* A multi-disciplinary virtual or one-stop clinic for post-COVID patients. *Designing a new way of reviewing patients after discharge that involves the specialists talking to each other*.
* Weekly or fortnightly reports on COVID-19 cases admitted to NHSL secondary care to support regional research strategy.
* Diagnostic performance of the combined nasal and throat swab for COVID-19.
* Assessment of the benefit of adding COVID-19 serology testing on admission to try and optimise the diagnosis of COVID. *I think this is to do with adding in antibody tests more often*?
* Clinical characteristics and outcomes in consecutive hospitalised COVID-19 patients within South East Scotland; a multi-centre cohort study. *I think this is to do with identifying patterns amongst high risk patients*.
* Impact of the COVID-19 pandemic on the presentation, clinical care and outcomes of patients with suspected acute coronary syndrome. *Significant data required from the general population to act as a comparator to COVID population*.
* Scottish Index of Multiple deprivation in hospitalised COVID patients: descriptive epidemiological analysis and prospective, multi-centre, observational cohort study. *Approved with the caveat that the study be completed without full postcode data*.
* Albumin fuels a hyperinflammatory innate response which is detrimental to the host in COVID-19 disease. *Apparently low blood levels of the protein Albumin are a marker of damaging white blood cell activation*.
* Frailty and COVID-19.
* Rehabilitation for patients with COVID-19 admitted to hospital: predictors and outcomes.
* Prevalence, clinical characteristics and outcomes of patients with COVID-19 and acute or chronic renal impairment; an observational cohort study.
* Automated medical coding from free-text clinical notes for patient shielding. *For computer geeks this is something to do with AI “especially Natural Language Processing*.”

Now this has been very different from subjects I normally cover, but I hope that, for those of you who are, or were, medics or nurses or other health professionals, this means something to you. For the lay people like me, I am just interested to see that this kind of work is going on.

**West Lothian Anti-Poverty Strategy 2019-20 Annual Report**.

At the end of the reporting year, so about March of this year, **pre-COVID, some key indicators** were as follows:

* 12% of the West Lothian population are income deprived.
* 26% of children experience relative poverty.
* 78% of working age adults are in work.
* 14% of workers earn below the Living Wage.
* 23% of residents experience fuel poverty and
* 11% experience extreme fuel poverty.

**In the first two years of the strategy**, maximising income, dealing with debt, accessing better credit and becoming more financially resilient, achievements include:

* 805 individuals supported into work, education or training.
* 773 households facing eviction supported to remain in their homes.
* 2041 affordable new build homes completed.
* Local advice outreach sessions available in all multi-member wards.
* 1270 pregnant women and parents accessing specialist advice and income maximisation.
* 3513 individuals able to access advice services through health settings, including GP surgeries and SJH.

**St. John’s Short Stay Elective Centre**.

Stage 3 technical design contracts should be issued in October with changes raised by national bodies regarding COVId-19. The updated concept allows for:

* Future proofing against COVID-19 or similar infections.
* Ensuring the patient uses the same room before and after surgical treatment.
* Patient discussion and pre-operation checks carried out in their room to remove the need for theatre reception and waiting areas.
* The COVID-19 modifications will also deliver a better quality accommodation experience: single room, privacy etc.
* Direct patient access to SSEC to minimise transit through main hospital.
* Drop off points to allow private transport to be utilised.
* Single room admissions for both day surgery and inpatient accommodation.
* Revisions to ventilation strategy.

*So in relation to the above, I give you, from the NHS Lothian Board report,* ***my management-speak sentence of the year*** *so far*:

“The revised footprint of the building has been used as an opportunity to unlock the potential of the southern areas of the St. John’s campus to improve traffic flow and parking with positive feedback received from the St. John’s Traffic Management Group and a matrix of risk and opportunity will be presented to Project Board and LCIG in October to seek approvals to link infrastructure solutions to the Project plans.”

*I think what that means is that to make these changes, they will need to use more of the ground at the back*.

The Project Board has reviewed a communication plan and a further round of consultation is planned with events to wider stakeholder groups being scheduled for November.

**Alison McCallum**.

After 15 years with NHS Lothian, Professor Alison McCallum (Director of Public Health) is leaving to take up a 12-month secondment with Edinburgh University. She will be working on SPECTRUM, a collaborative looking at interventions to reduce inequalities. Katie dee, the Deputy Director, will step into the Interim Director role during the secondment.

**Test and Protect**.

Over the last seven days (at 12/10) NHS Lothian has seen a rise in the number of COVID-19 cases to 943. This has resulted in having to recruit a further 84 contact tracers to work in the Test and Protect service. The system has also started to see an increase in admissions to the acute sites, and after a period of no patients in ITU with COVID-19 these are starting to rise. On average, NHS Lothian is doing 3300 COVID-19 tests per day. Work is underway to explore the potential of creating a Regional COVID-19 Testing Hub which could give an increase in capacity of 6000 tests per day in the East of Scotland.

**Acute Car Parking**.

*There are a few paragraphs on this subject in the Executive Team report to this week’s NHS Lothian Board as follows*:

There was pre-existing pressure on parking across the acute campuses and these have been exacerbated by the COVID-19 climate. This involves a number of overlapping factors:

* The Scottish Government direction to make parking on the site free during the pandemic and during early remobilisation; increasing demand for parking from staff and visitors particularly on RIE site.
* Additional staff and patients visiting the campus as services migrate to the new RHCYP/ DCN facility.
* Relaxation of permits to prevent limiting staff parking during this time across sites.
* Current limited public transport capacity, which some staff and visitors may be unwilling to use.
* Ongoing and upcoming works/ builds to coordinate which may impact on temporary loss of parking or affect traffic flow in sites.

Due to the increased pressures and capacity issues facing our acute sites\_ \_ established a Pan Lothian Acute Car Parking Group to agree a refreshed, standardised model of Traffic Management for NHS Lothian Acute sites. This includes Royal Edinburgh Hospital, Royal Infirmary Edinburgh, St. John’s and the Western General.

This group will support sites and enable effective escalation as we remobilise services and manage increased traffic pressures across sites. A pan Lothian staff engagement plan has been developed for all sites to take a coordinated approach. This will include standardising the controls implemented across sites and aligning the timelines for these to go live.

This work will look to ensure:

* The safety of staff, patients and visitors on site.
* Control measures are standardised across sites.
* The risk of delays to clinics and appointments due to staff or patient delays in car park facilities is minimised.
* The risk of violence and aggression towards car park staff is minimised.
* Access to blue light routes is maintained and not impacted by gridlock traffic.

*I support parking being looked at properly BUT I worry when I see phrases like “standardised model” or “standardising the controls”, a solution for Edinburgh imposed on St. John’s. On the other hand, I could be totally wrong and everything will be wonderful*.

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