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| **Introduction** |

Over the past three months, the NHS in Scotland has been on an emergency footing and has risen to the very significant challenges posed by the Coronavirus (COVID-19) pandemic. Capacity for intensive care and for those needing hospitalisation was made available at short notice in the first few weeks of the pandemic so that our health service could cope with potential worst case demands. The Scottish Government has now asked NHS Boards to develop local recovery and mobilisation plans to set out how clinical care which was paused can safety restart.

This recovery plan describes how NHS Golden Jubilee will resume elective surgery. NHS Golden Jubilee is being used as a national resource to accelerate recovery in urgent cancer diagnostics and surgery, cardiothoracic services and high volume elective orthopaedics and ophthalmology Ambitious plans have also been developed to increase capacity and enable recovery of our own waiting list. These plans are designed to improve patient access to treatment and support the delivery of:

* increased capacity for urgent and ‘critical to life’ services; and
* development of ‘green’ (non-COVID) elective surgery pathways to support the recommencement and expansion of elective surgery and diagnostic programmes.

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| **Overview of our key services** |

Provision of key services will include:

* **Cancer Surgery (new)** – A small range of surgical cancer services will be established and supported by increased medical, nursing and support services. Workforce will be recruited through either direct recruitment, joint appointments or secondments and rotas.
* **Early Access to Diagnostic Services** **(new)** – Work is underway to review options to create a diagnostic hub offering testing for patients on suspected cancer pathways as well as access to colonoscopy for patients with suspected colorectal cancer. The Hub would receive referrals for patients with a high likelihood of cancer, enabling them to have multiple essential tests carried out to accelerate diagnosis.
* **Increase in Core Capacity** – Theatre sessions will be extended and six-day working will be introduced in a phased manner. This will provide optimal use of the facilities and supplement core capacity for orthopaedics, cancer and cardiac surgery.
* **Optimised Cardiology Pathways** – The cardiology pathway has been reviewed and will now provide further support to Boards.

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| **What new services will we provide?** |

NHS Golden Jubilee has recently been collaborating with a number of Boards to develop standard operating procedures which will allow us to deliver a range of urgent cancer surgeries.

To optimise patient care and develop pathways, there will be a focus on providing a small number of core cancer surgeries which are linked to national demand. There will also be a smaller provision of complex cancer surgery which will require considerable Intensive Care Unit care following surgery.

Prioritisation of services to be established at NHS GJ will be decided in by agreement with Scottish Government Access Team and based on national demand. Recent work with partner Boards suggests that core services may include:

* Colorectal Cancer Surgery supported by diagnostic colonoscopy;
* Osteosarcoma and Orthopaedic stabilisation of Metastatic Bone Disease;
* Gynaecology/Urology Cancer Surgery;
* Ear, Nose and Throat (ENT) Cancer Surgery;
* Upper Gastrointestinal (GI) Cancer Surgery; and
* Breast Cancer Surgery (including sentinel node and reconstruction).

We will support the delivery of these and other cancer surgeries including colorectal cancer surgery and breast cancer surgery. Initial discussions have outlined that colorectal may be the most significant service area as we move into the next phase of support.

A ‘green’ pathway has been developed for urgent suspected cancer patients requiring diagnostic endoscopy. Our Colonoscopy service resumed in May using one procedure room and a second procedure room is now available to support further additional activity within NHS Scotland. The capacity of this service will increase to provide a robust pathway for colorectal diagnosis and surgery. This will align with the national growing demand of patients waiting for urgent diagnosis and surgery, with a risk of outcome impact if rapid clinical pathways are not available.

We are working with Scottish Government cancer programme leads to explore options to establish a fast track diagnostic hub where non-specific, but serious symptoms, can be investigated in an accelerated manner. In agreement with Scottish Government colleagues we will develop options to create a fast track cancer diagnostic hub which will offer a range of diagnostic tests to support subsequent cancer surgery. Existing diagnostic capacity will be extended to support cancer diagnosis and treatment through:

* Diagnostic Endoscopy (colonoscopy only);
* Computer Tomography (CT) including CT colonography if required;
* Magnetic Resonance Imaging (MRI);
* Laboratory testing, including COVID-19;
* Cardiac and Respiratory Physiology; and
* Ultrasound.

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| **What’s happening to existing services?** |

Heart, Lung and Diagnostic Services will ensure patient pathways are enhanced and improved by following the principles below:

* Urgent first;
* Virtual first;
* Reduced length of stay; and
* Faster access to treatment.

Within Cardiac Surgery, the annual activity is proposed to reach a maximum capacity of 1,500 which will be the highest number carried out at the Golden Jubilee National Hospital. This will be supported by consultant recruitment and significant service redesign. Capacity will be gradually increased by assessing patients with increased risk factors against clinical benefit while prioritising the most urgent patients.

To support this increasing activity, there will be a number of improvements to the patient pathway:

* Improved booking and scheduling processes to ensure patients are treated in clinical priority, reducing the wait for urgent patients – pooling North and West waiting lists which will ensure urgent cases are spread, making best use of surgeon capacity.
* One stop shop for cardiac surgery/pre-operative investigations.
* Flexible extended cardiac theatre working day to reduce on the day cancellations.
* Six-day working (if required) to be flexible across cardiac and thoracic surgery.
* Investigation of innovative technology to reduce time in theatre – e.g. rapid deployment aortic valves.
* Increased support to West of Scotland Lung Cancer Multi-disciplinary Team (MDT) with associated outpatient capacity.

In order to increase capacity, we will continue with this redesign and expanded service model. The model will be adapted to support activity as required working across Intensive Care Unit and High Dependency Unit, seven days per week and being flexible between Level Two and Level Three care. This redesign will be dependent on recruitment across all clinical staff groups, with the highest challenge being medical staff. It is expected that the redesign will progress during 2020/21.

Elective Interventional Cardiology services will return in a phased manner with all Cardiac Catheterisation Laboratories (Cath Lab) being operational by mid-July. Patients will be prioritised on their clinical need, taking into consideration risk factors such as age and existing long-term health conditions.

It is also planned that our new fifth Cath Lab will be fully functional from September 2020, which will enable an increase in activity. It is expected that this will allow the service to be responsive to the anticipated increase in demand when outpatient services are resumed.

Changes to patient pathways implemented to support improvement in care include:

* Catchment area for ST Elevation Myocardial Infarction (STEMI) being increased to include Dumfries & Galloway, Ayrshire & Arran and South East Glasgow.
* Direct access for Non ST Elevation Myocardial Infarction (NSTEMI) patients extended to include both intermediate and high risk patients.
* Patients not being repatriated to their local hospital following their procedure or if waiting for inpatient cardiac surgery.

Since changing the NSTEMI pathway, there has been an increase in over 20% of patients who have been admitted direct from the community, Accident and Emergency units and medical assessment units. This has significantly improved the pathway for this group of patients, resulting in rapid treatment and early discharge. Non-repatriation of patients has streamlined the patient pathway by reducing length of stay, reduced exposure to multiple health care environments and reducing demand on transport from the Scottish Ambulance Service.

We will continue to offer the extended direct NSTEMI programme and will not repatriate post-procedure for Greater Glasgow & Clyde STEMI and NSTEMI patients and Ayrshire & Arran NSTEMI patients until August 2020.

The pathway redesign will be reviewed at this time as there will be a requirement to release bed capacity for planned elective cases and additional cancer surgery. However, the clinical and economic benefits, including resource required to support permanent pathway modification, will be reviewed. Any identified permanent changes and resource requirement will be taken to NHS Golden Jubilee Board and West of Scotland Boards for approval.

Following a temporary pause of services within ophthalmology during the pandemic, cataract surgery has now recommenced in the mobile unit. Optometrists are assessing patients who were already on our inpatient waiting list to ensure they are still available and appropriate to be listed for surgery. It is planned that we will also be able to re-start outpatient pre assessments from early August 2020.

Phase One of the Hospital Expansion is expected to be completed by September 2020. Although the business case for Phase One describes opening four of the six theatres on completion, orders are being placed to equip all six theatres, which will create significant additional capacity. Every effort will be made to recruit staff for these theatres and associated clinics, however, this capacity could alternatively be made available to medical/clinical staff from other NHS Boards to support their recovery.

While orthopaedic elective services were paused during the pandemic, the team initially supported Boards across Scotland by operating on patients requiring urgent orthopaedic revisions. From 1 July 2020, day case surgery slowly resumed with soft tissue knee, foot, ankle and hand procedures. On 15 July 2020 we extended this to include primary arthroplasty procedures.

Construction of Phase Two of the hospital expansion will soon start. It is expected that this will be completed by the end of 2022, providing an additional five orthopaedic theatres. The planned phased expansion of services does not take into account any backlog which has occurred as a result of disruption to routine elective surgery. Should there be a requirement to deliver additional activity at this stage, options of accelerating the phased opening of theatres will be explored.

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| **Service design** |

Service design is being driven by patient safety, clinical prioritisation and the need to reduce the delay patients have experienced as a result of the pandemic. However, due to physical distancing requirements, personal protective equipment (PPE) and cleaning regimes, it is expected that productivity will reduce and it will therefore take some time to recover and treat those waiting for elective surgery.

In order to minimise patient travel and exposure to infection, video and digital applications such as NHS Near Me will be used where possible. NHS Golden Jubilee aims to deliver healthcare through innovative digital solutions. A ‘Virtual First’ group has been established to oversee the deployment of innovative digital solutions to improve service delivery and patient experience. We will expand upon the use of NHS Near Me to provide remote consultations for patients before and after their surgery.

Patients will be able to access appointment details and information leaflets through the implementation of Patient Portal. COVID-19 symptom checker and Covid-19 test results will also be accessed through Netcall Liberty Hub, along with supplementary information depending upon the result of the test. Patients will also be able to provide information through the Patient Portal which will used to assess and monitor their conditions as well as uploading data from remote monitoring devices used by patients in their home.

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| **How will services be sustained?** |

The recovery plan which has been designed to support Boards across Scotland will require significant recruitment across the hospital and time to train newly qualified staff. In order to sustain delivery of services, the hospital will move to six-day working and extended days and will ensure there is sufficient Central Sterile Processing Department (CSPD) capacity either on site or through Service Level Agreement with neighbouring Health Boards.

To assist NHS Golden Jubilee to deliver new services, 4 East and 4 West have been recommissioned as ward areas. A significant amount of work has been undertaken to return Level 4 from office space to a useable clinical environment, meaning that wards 4 East and 4 West are now fully functional and ready for patients to be admitted.

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| **Funding** |

NHS Golden Jubilee capacity will be directly funded and allocated to NHS Boards by the Scottish Government.

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| **Workforce** |

We have a number of developments which require additional workforce including Phase One and Two of the hospital expansion, strategic developments including the opening of Cath Lab Five and also our Recovery Plan.

Staff required for the hospital expansion have been identified, however we have had to bring forward previously scheduled recruitment timescales as a result of the accelerated opening of theatres and provision of new services to support Boards in their recovery.

Whilst core clinical teams are being provided by NHS Golden Jubilee and supplemented by visiting surgeons and specialist team members, additional advertised posts are attracting significant interest. This blended staffing model will optimise patient experience and clinical outcomes. Work is ongoing on a speciality and Board basis to find the best approach to enable provision of effective, resilient and safe services.

Future staffing requirements will be taken forward as part of our Workforce Plan, which will allow us to align our workforce needs against the strategic direction of travel for the services we will provide. Organisational change, workforce risks and recruitment challenges will all be taken into consideration.

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| **Reducing risk and keeping people safe** |

During the pandemic, no hospital site can guarantee that patients will not acquire COVID-19 in hospital. However, significant risk mitigation steps that are being implemented with carefully managed pathways will minimise the risk and there is an opportunity to further strengthen these as experience and evidence grows.

NHS Golden Jubilee will remain a ‘Green’ or COVID-light site to minimise risk to patients who will be undergoing complex surgery. Patients will go through a strict selection process before being scheduled for surgery. Significant work will be undertaken to reduce risk wherever possible and, in agreement with referring boards and in consenting patients, there will be clear, transparent discussions regarding residual pathway risks to ensure informed consent prior to treatment.

Through pre surgery isolation (for 14 days), pre-testing elective patients and separating planned care pathways from emergency admissions, we will be able to maintain a relatively ‘clean’ site which will allow us to support urgent cancer and enable ongoing recovery of planned heart and lung services as a national resource.

Clear site and pathway zoning is in place to define each of the areas that a patient may pass through or be cared for within green (COVID Light), amber (mixed) or red (confirmed COVID) areas.

Patient risk will similarly be categorised and determined by risk reduction through pre surgery isolation and COVID antigen testing. Patients admitted as an emergency will be tested for COVID on admission, which will mitigate risk for onward care.

Patient flows into NHS Golden Jubilee have been re-designed to minimise the risk of hospital acquired COVID infection for patients undergoing urgent surgery.

While all hospitals are attempting to separate patient flows, the combination of single rooms for all our patients and the lower proportion of emergency patient flows makes this more sustainable on our site, especially if a second or third COVID wave occurs.

Personal Protective Equipment and cleaning regimes will be followed in line with national guidance defined for each procedure and pathway.

Physical distancing guidelines are in place, enhanced by clear signage and where appropriate, use of screens/physical barriers.

Thermal cameras will be installed at the Conference Hotel entrance/exit as a pilot to scan everyone entering or leaving the site via this door, with procedures put in place for intervention, where necessary. The pilot will run for xxx after which an evaluation exercise will take place.

Capacity and flow has been modified to ensure safe working practices, accommodate essential set up and cleaning time, donning and doffing of Personal Protective Equipment and staff breaks.

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| **COVID Testing** |

NHS Golden Jubilee has clear policies and processes to test patients within all treatment pathways. It is expected that testing capacity will rise as we progress through the phases of our recovery plan.

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| **Next steps** |

This paper provides an update on work which has taken place on how we can best support NHS Scotland in the next phase of recovery and beyond.

Continuing to deliver care through collaboration, NHS Golden Jubilee will help NHSScotland accelerate recovery in urgent cancer diagnostics and surgery, cardiothoracic services and in high volume elective orthopaedics and ophthalmology. Clarification of specialty, volumes and duration of services is a priority for us to ensure we have resilient services and begin the process of ensuring patient needs, service requirements and appropriate workforce are fully implemented.

NHS Golden Jubilee looks forward to providing more of the safe, effective and person centred care that Scottish patients expect and deserve.