

Preparing for COVID-19 surges and winter

Academy of Medical Royal Colleges

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Introduction

The NHS has come through the acute phase of the COVID-19 pandemic and is now moving to restore services while continuing to manage current COVID-19 cases and prepare for any future surges of the disease or a second wave.

It is very clear that some aspects of the pandemic were managed incredibly well but others were not. It is right that in the fullness of time there is a formal public inquiry which examines what happened in detail and learns the lessons for the future.

However, there is a much more pressing need to prepare for likely local surges or a second wave and the coming winter in the light of what we have learnt from the handling of the pandemic to date. The threat from COVID-19 to individuals and to the health and care system has not disappeared.

In a report published on 14 July [*Preparing for a Challenging winter 2020-2021*](#) the Academy of Medical Sciences identified the following challenges likely to face the health and care system this winter:

- A large resurgence of COVID-19 nationally, with local or regional epidemics.
- Disruption of the health and social care systems
- A backlog of non-COVID-19 care
- A possible influenza epidemic that will be additive to the challenges above.

The position may be complicated by lower public adherence to a local or national lockdown requirements. Any capacity demands that arise from an autumn/winter COVID surge cannot rely on the same redeployment of space and workforce as was done earlier this year because of generally increased demand.

Medical royal colleges have identified the following areas where action can and must be taken now to ensure our preparedness for winter and further demands on the system from COVID-19. The Academy of Medical Royal Colleges and its members believe that if these actions are taken with leadership from DHSC and NHSE/I the NHS will be in a better position to manage the challenges that undoubtedly lie ahead.

There is already excellent preparatory work underway in many localities, but action is needed across the board in the very near future if the service is to be prepared effectively.

This report has been written for healthcare leaders at national level but also for College members to use at local level to ensure that their organisations locally are taking the necessary actions to prepare the NHS, patients and staff for a potential further COVID-19 wave and the pressures of winter.



Areas where there needs to be preparation

a) System capacity

It is essential to ensure there is sufficient capacity in the system locally and nationally to manage further peaks of COVID-19 infection and winter pressures. This requires action both by organisations locally and nationally by DHSC and NHSE/I to assess demand and capacity and plan appropriate strategies and resources

Action required — Locally and regionally

Health organisations should review their own capacity for managing COVID-19 and other work through:

- Estimating the likely volume of elective work they can manage safely bearing in mind COVID-19 infection control and workforce requirements to meet demand
- Planning for which services would continue and which would cease in line with any national guidance in the event of a local COVID-19 surge in all areas and sectors – i.e. elective, diagnostic and support services in acute, community, primary care, mental health and social care
- COVID-light facilities should be identified to enable the safe continuation of priority elective treatment
- Ensuring the necessary environmental changes to the workplace and estate to enable safe working and social distancing in the delivery of care and also to prevent spread of nosocomial infection in non-care settings
- Liaising with local NHS and private sector providers over their likely capacity and securing available capacity where required across regions if necessary
- Making arrangements for managing all emergency assessment areas in terms of access and capacity to prevent overcrowding
- Ensuring system assessment of diagnostic bottlenecks
- Ensuring system support for safe flow through the hospital from the front door to discharge so that there are no unnecessary admissions or delayed discharges due to system failures
- Ensuring sufficient supplies of essential clinical equipment, drugs and PPE
- Ensuring facilities for remote working and remote consultations are available and work effectively whilst ensuring access for digitally excluded
- Reviewing the workforce capacity and securing flexible expansion options early [See below]
- Development of ICS/regional plans for appropriate service provision between providers across an area
- Enabling GP practices to make similar assessments relevant to their activity.

Action required — Nationally

- A successful flu vaccination programme will be essential in planning for winter/COVID learning from and sharing successful strategies from organisations which have achieved high uptake.
- Agreement of funding for continued use of private sector capacity



- Clarification and agreement on the role of Nightingale hospitals
- Clear national guidance on environmental safety and infection control requirements
- Support and sufficient resource for alternative arrangements for ED attendance to ensure they can address properly mental health and well-being issues
- Support and sufficient resources for diagnostics
- Analysis of reason why different groups of public/patients stayed away from health facilities and advice on how to ensure appropriate attendance in the future but also how to encourage alternatives to seeking NHS treatment if appropriate.
- To continue work to identify interventions which do not add value (e.g. EBI, Choosing Wisely) and ensure these are eliminated or reduced.

b) Workforce requirements

Alongside ensuring sufficient capacity, it is essential to review and plan for workforce requirements.

Action required – Locally and regionally

- Completion of organisational risk assessments
- Completion of individual staff risk assessments but for all risk factors, particularly for BAME staff, older staff, pregnant women and those with co-morbidities, for current roles and in the case of any adjustments to employment or work location.
- Development of a staffing strategy which covers
 - Numbers and types of staff required for COVID-19 and Non-Covid work
 - Best multi-professional staffing mix
 - Ensuring staff have the generic and specialist skills required for likely roles ahead of being required
 - Availability of, and contact with “returnee” staff – engaging, preparing, upskilling and support as required
 - Effective utilisation of skills of home workers
 - Support for the accelerated recruitment and deployment of priority roles, e.g. newly qualified GPs and consultants, nurses in all contexts, AHPs, MAPs and roles identified through the PCN Additional Roles Reimbursement Scheme in primary care.
 - Plans for deployment of staff including junior doctors and ensuring appropriate training and support for roles to be undertaken
 - Support for staff requiring to self-isolate or who have been shielding and managing their safe return to work
 - Ensuring that there are plans so that training of junior doctors and other staff groups is not adversely affected and lessons from the first phase are picked up
 - Exploring opportunities to support and retain those staff who might otherwise be considering retirement
- Ensuring staff have opportunity for annual leave prior to the winter period



- Ensuring there is support for staff well-being, including on-site facilities and mental health support.

Action required – Nationally

- Clear arrangements for utilisation of “returnees” workforce including practical support and funding arrangements
- Continued national development of staff wellbeing resources
- Progress on the national workforce agenda including international recruitment and a future pipeline of healthcare professionals.

c) Infection control and PPE

One of the significant concerns in the first phase of the pandemic was over the lack of availability of PPE. Managing this and ensuring effective wider infection control is an essential part of preparations for winter and further surges.

Action required – Locally and regionally

- Organisations in secondary and primary care should ensure they have clear IPC arrangements in place which are understood and followed by all staff and patients – including best use of space and identifying limitations that need to be addressed by steps a) and b) above
- Use of space is defined regarding COVID-19 status but can be flexible based on changing demands
- Organisations in primary and secondary care should ensure they have clear plans for dealing with any outbreaks of nosocomial infections
- Professionals must take a lead in following correct infection control procedures and encouraging others to comply
- Organisations in primary and secondary care should ensure they have clearly understood arrangements for the appropriate use of PPE for staff in different settings and, as far as possible, they always have access to sufficient stocks
- Support for care home IPC requirements

Action required – Nationally

- Continued national purchase of PPE ensuring that stock is built up and always sufficient to ensure supply and distribution to the NHS and care sectors.
- Clarity on IPC requirements
- Ensuring PPE advice is kept up to date and evolves as required and changes are communicated widely
- Provision of an adequate bed base, side rooms or cohort plans in secondary care and step-down beds in the community
- Clearer communication to the public on infection control requirements.



d) Testing

Testing is a further area where there has been considerable confusion and lack of clarity. This period of preparation provides an opportunity to address these issues and ensure there is a clear national strategy on testing. In addition, testing arrangements can develop and mature and secure the confidence of the public and clinicians.

Action required — Locally and regionally

- Clarity in local organisations on the policy for PCR and antibody testing of staff and patients
- Ensuring flexibility of local policies in response to prevalence
- Quick transfer of all testing data to local secondary and primary care providers in case of local surges
- Easy access to PCR and antibody testing for staff regardless of the general practice at which they are registered.

Action required — Nationally

- A clear national strategy which focusses on clinical pathway requirements and not arbitrary numerical targets
- Clear advice for the public and staff on testing including when and how they should access each type of test, what the test will involve and why, how to interpret results and their subsequent required behaviour
- The capacity to deliver the testing required and to flex capacity as appropriate.

e) Communications

In any crisis clear communications are essential – and very difficult. Whilst there were many examples of good local communications and some of the national messaging was clear, there were too many examples of confused and sometimes seemingly contradictory messages at national level. This was both in terms of communication to the public and patients and to the service and clinicians.

The fragmentation of responsibilities amongst national organisations added to the problem. The communication between medical royal colleges and senior national medical leaders was effective but there were too many occasions where organisational communication was late or insufficient.

Action required — Locally and regionally

- Development of local communication strategies and identification of respective responsibilities with public messaging on accessing non-COVID services including mental health services
- Early engagement and discussion with staff, patients, families and carers on plans

Action required — Nationally

- Absolute clarity of national roles and responsibilities and communication routes
- Commitment to ensuring national stakeholders are kept informed of relevant forthcoming announcements so they can support the dissemination of the messages
- Clear plans for joint public messaging on key issues between national bodies, professional



organisations and patient groups

- Information in accessible formats and different languages as appropriate
- Plans for better co-ordination of messaging between the four nations which has been at times confusing and even damaging for the public and health professionals.

f) Care Homes and social care

Care homes were amongst the worst places to suffer in the pandemic. That must be avoided in any further outbreaks. We are not best placed to suggest specific actions, but it is essential that there is urgent action nationally to ensure clarity of responsibility in the system for care homes and that correct arrangements are in place to provide the support that care home would need in any upsurge.

Issues that will need to be addressed include:

- Safe testing and discharge policies for those going from hospital to care homes
- Testing policy in care homes
- Clinical support for care home staff and residents
- Clear pathways – for care and escalation for residents
- Support for the use of technology in care homes to allow remote consultation and community urgent care schemes etc.
- Engagement with the wider adult social care community to facilitate safe and appropriate discharges and appropriate home care support.