



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Winter Preparedness Plan 2023/24

Foreword

While all health systems face pressure in winter, the continuing, sustained pressure on the Health and Social Care (HSC) system in Northern Ireland means that we face another hugely challenging winter in 2023/24. COVID-19 has not stopped circulating and continues to cause infection and illness and we are again likely to see other infections, such as winter flu, adding to pressures this winter. The difficult and challenging position of public finances and the ongoing cost of living crisis are also having an impact on population health and the ability of HSC to respond to increasing demand.

As with last winter, and previous winters, it is important to take the time to recognise the commitment and dedication of our workforce. Staff across HSC have now been managing a prolonged period of pressure, the like of which we haven't before experienced. I would like to take this opportunity to thank staff across all areas of the service for their unwavering ability to continue meeting the needs of service users and carers. Once again, we rely on your strength and resilience as we head into winter.

Since early this year, the Department has been working with health and social care providers across HSC to plan and prepare for the challenges that we know we will face in the coming months. This winter planning covers all areas of HSC and includes both regional interventions and locality plans, to manage and mitigate winter pressures with a joined-up approach. The locality plans have been developed through joint working across primary care, community care and Trusts.

In total, the Department has in this year allocated an additional £15 million to support our winter planning effort across the HSC. Despite these efforts, I expect the coming winter to be highly challenging and I would encourage our population to show patience with our HSC staff, who are doing their very best in difficult circumstances.



Peter May
Permanent Secretary
Department of Health

Introduction

The Health and Social Care system faces an extremely challenging winter and has been working since early this year to ensure it has taken all possible steps to manage and mitigate these pressures. However, this is undoubtedly going to be an incredibly difficult period, where HSC and the community will need to work together to protect services and ensure the quickest access to healthcare is available to those who need it most.

As part of that partnership approach, we would ask that all those who are eligible take up the opportunity to receive their annual flu and COVID vaccines. This will help ensure those most likely to get sickest do all that they can to reduce the severity of the illness or, ideally, avoid these illnesses altogether. 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.

This winter there is also the risk that industrial action will add to the challenges facing HSC. The Department continues to do all it can to address the pay issue and reach a fair and reasonable outcome.

This winter will also see the introduction of a major digital transformation programme – Encompass. This programme will bring significant benefits to patients and the HSC system as a whole. The first Trust to go live is South Eastern. It is recognised the system will have short term impacts on service delivery particularly in elective services. Significant work is ongoing to minimise any impacts on urgent and emergency care.

Given the finite capacity within the system and the challenging financial position, we need to work as a joined-up health and social care system. The focus of this year's winter plans is on supporting all elements of the system to deliver their role as effectively as possible. Where appropriate we have also developed metrics and targets that will help us monitor performance.

HSC clearly recognises that the best way to tackle winter pressures is through a partnership approach. Trusts have worked with primary care and community partners

to develop locality plans, which have identified high impact areas where joined-up interventions can best mitigate winter pressures.

In the long term, the response requires a growth in the capacity of the Health and Social Care system to meet the heightened demand most evident in wintertime. That in turn requires long term investment and budgetary certainty. These conditions are not currently in place and we have, therefore, focused our efforts on maximising what can be done within the current resources available.

Keeping Well in the Community

Where people do 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 will be introduced in the Belfast Trust and Greater Belfast and Ards and North Down areas this winter, meaning services will be available across all Trusts, with the longer-term plan to introduce an integrated, regional service across the whole of Northern Ireland. By using Phone First, this will help patients save time, direct them to the right services and help them avoid busy waiting rooms, as well as ensuring EDs focus on those who need them.

It is important the public understand the importance of timely discharge from hospital when a patient is declared medically fit to go home, which will 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. Social media messaging will be used to help explain 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.

Winter can also be a particularly difficult time for older people who may be lonely, isolated or need extra help. Falls are also more prevalent during cold and icy weather. We 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 elderly relatives and neighbours to help them stay well and safe.

Vaccination Programmes

The Department has taken steps to prepare for both the COVID-19 booster and annual influenza vaccinations ahead of this winter. The following groups should be offered a COVID-19 booster vaccine in the autumn of 2023:

- All residents and staff in a care home;
- All adults aged 65 and over;
- Persons aged 6 months to 64 years in a clinical risk group (as defined in chapters 3 and 4 of the COVID-19 chapter of the Green Book);
- Frontline health and social care workers;
- Persons aged 12 to 64 years who are household contacts (as defined in the Green Book, of people with immunosuppression); and
- Persons aged 16 to 64 years who are carers (as defined in the Green Book).

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. In a change to the last few seasons, and based on JCVI advice, healthy 50 to 64 year olds will not be eligible for a COVID-19 booster or influenza vaccine unless they also fall into one of the groups mentioned above. Full eligibility criteria for both vaccines is available on the PHA website.

The programmes started on 18 September 2023 with the intention to have the majority of vaccinations completed by the end of October, although vaccinations will still be available after this date. 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. As in previous years, it is expected that GPs will administer the majority of vaccinations.

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 reduces burden 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.

Community Pharmacy

Community pharmacies across Northern Ireland dispense over 44 million prescription items each year. They provide a safe and reliable service supplying prescribed and over the counter medicines and allow access to the advice of highly trained pharmacists and pharmacy teams. 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, avoiding the need for patients to attend out-of-hours medical services or Emergency Departments or to 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 operating across Northern Ireland.

As stated above, the 2023 Flu and Covid-19 autumn booster vaccination services will operate from September 2023 in community pharmacies located across Northern Ireland, offering vaccines to eligible patient groups and administering to residents of care homes. Over 500 community pharmacies will take part in 'Living Well' health promotion campaigns throughout the winter. In October and November 2023, a 'Keeping Antibiotics Working' campaign will run, which aims to alert the public to the importance of careful use of antibiotics. Based on 2022/23 figures, an average of more than 55,000 people engage directly with pharmacists during each campaign.

'Pharmacy First' is a service provided by community pharmacies 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. In 2022/23, 152,834 patients availed of the service and were supplied a total of 180,026 medicines by their community pharmacist for the treatment of 13 common conditions.

This year we also want to expand the role that pharmacies can play in the assessment and treatment of conditions and that is why we are:

- **Rolling out the Pharmacy First Pilot Service - Uncomplicated Urinary Tract Infection (UTI) in Women Aged 16-64 years - from the current pilot of 62 Community Pharmacies to the entire Pharmacy network of more than 500 Pharmacies across Northern Ireland, through an investment of £410,000. This enables the assessment and treatment of women aged 16-64 years presenting with symptoms of lower UTI in the community pharmacy, without the need to seek a GP consultation. Over the winter period, it is estimated this will deliver 12,000 consultations, freeing up capacity in GP practices; and**
- **Allocating a further £265,000 to a new Pharmacy First Sore Throat 'test and treat' service, which is being piloted this winter. This will be delivered in 40 pharmacies that have good access and extended opening hours. Over the winter period, it is estimated that around 8,000 consultations will be delivered, again reducing the demand for GP visits.**

A 'Community Pharmacy Medicines Adherence Service' is also available where the community pharmacy makes an assessment on whether and what reasonable adjustment should be made in supporting patients in their own home with taking their medicines safely. This is a service targeted at individuals that most need assistance.

Primary Care

General Practice will 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 we will:

- **Provide £3.4m in funding to both General Medical Services (GMS) and Out of Hours Services (OOH) to support practices increase their capacity to meet the anticipated increase in demand over the winter.**
- **Provide £4.3m 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.**

District Nursing

The District Nursing-led Frailty Network has formulated and tested a Falls Pathway within the care home sector. The pilot demonstrated a significant reduction in falls and falls related transfers to Emergency Departments from care homes. Plans are underway to implement this pathway across Northern Ireland in advance of winter, which will reduce pressures in our EDs.

Hospital Care

Urgent and Unscheduled Care

The focus for the coming winter is to effectively manage and co-ordinate unscheduled care across the system to enable timely access to services when they are needed.

In addition, through the implementation of recommendations from the Urgent and Emergency Care Review, we are continuing to invest in strengthening the system to provide alternatives to ED, including Urgent Care Centres/Urgent Streaming Services, Rapid Access Clinics and local Phone First services. These services operate alongside Trust Emergency Department services and existing minor injuries services.

New local Phone First services will be in place across the winter months for both the Belfast Trust and the Greater Belfast and Ards & North Down areas. Around £1m will be provided for these services this winter, 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. This will mean people are directed to the most appropriate source of help. All trusts will also 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.

For this winter, NIAS plans to increase the range and capacity of clinical expertise within Ambulance Emergency Control. This will enhance patient safety overall and help suitably manage those patients who need to go to an Emergency Department, with others appropriately managed, so care is provided at the right time and at the right place, including patients remaining in their own homes, where appropriate. NIAS will also provide Hospital Ambulance Liaison Officers at the main Emergency Departments to facilitate smooth transfer of patients into hospitals.

Understanding system wide pressure at an operational level and being able to take action to alleviate pressure is also a key requirement during the winter period. Escalation measures, based on revised escalation guidance issued in January 2023, have provided a level of system wide assurance and mutual support across services. Additionally, for winter 2023, **Trusts will establish a Regional Control System which will have responsibility for ensuring robust system wide control and co-ordination for managing pressures.** Ultimately, this will function in the same way as the Control Centres already in place in England, once fully operational.

Elective Care

As was the case last winter, the Department is again 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 we fully utilise our existing resources as we come into the winter period. The Department will work with Trusts to improve productivity by supporting the provision of mega clinics, increasing theatre utilisation and reducing post-operative lengths of stay.

Inpatient elective bed capacity has recently been enhanced by the expansion of Post-Anaesthetic Care Unit beds across the region and 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.

The increased focus on day surgery provision is also pivotal to ensure we maximise the use of our resources and 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 becoming the default for many surgical procedures.

The Day Procedure Centre at Lagan Valley Hospital is now fully operational, treating routine patients across a range of surgical specialities. Thanks to the work at Lagan Valley, there has been a positive impact on the numbers of people waiting for a day procedure hernia operation. Additional endoscopy sessions at Lagan Valley have

increased the capacity by 6,000 patients, providing activity that is ring fenced and protected from the normal winter pressures.

Further, the Day Procedure Centre at Omagh is expected to be fully operational in November 2023, again to help provide activity that is protected from winter pressures. The centre will operate on patients five days per week across three theatres. 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.

Over the last year, Elective Overnight Stay Centres have also been established at the Mater, Daisy Hill and South West Acute Hospitals. These centres are treating those who may require one, or a few, night's stay in hospital following surgery. The Mater Hospital has already treated over 1,000 patients and Daisy Hill and South West Acute Hospitals are expected to operate on hundreds of patients over the coming months.

By implementing the elective care centre model, we can help protect elective care from unscheduled pressures throughout the winter months.

Mental Health and Learning Disability

The Department recognises that there are existing, significant regional bed pressures across mental health and learning disability inpatient services, including delayed admissions from Emergency Departments. These pressures are likely to become more pronounced as demand for beds across the health system increases during winter months. Work is, therefore, taking place to identify options to address regional mental health and learning disability inpatient bed pressures, including consideration of proposals from Trusts on increasing bed capacity in the short term. These include reconfiguring some parts of existing wards and provision of additional funding to enable timely discharge of patients to community placements and to prevent admissions through increased community support, including crisis services.

The Department has also recently issued a Direction under the Mental Health (NI) Order 1986 to address issues relating to protracted waits for patients being admitted to mental health and learning disability wards. This new Direction provides greater

flexibility for Trusts to rotate staff during protracted waits for admission beds, which will help alleviate the current pressures on approved social workers within Trusts and support the sustainability of this service.

Paediatrics

Trust Paediatric Teams, through the coordination of the Child Health Partnership, have ensured winter contingency plans are in place each year. The major issue facing paediatric units annually is the increase in Respiratory Syncytial Virus (RSV) infections that can impact on the most vulnerable children. Planning for a potential increase in pressures has commenced for the upcoming winter months.

An RSV Hub, that includes the senior paediatric teams from across Trusts and NIAS, has been established and can be activated as and when required. 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, for example with colleagues in primary care.

Social Care

Domiciliary care/home care is a high-volume service, that makes a real difference to support people to live at home, but it is a service that is under pressure. By way of example, in one typical week in September 2022, there were 550,000 visits, comprising 300,000 hours of domiciliary care provided to 22,575 people across Northern Ireland. The service is stretched as there are more people that need the service than the amount of service available to meet that demand. In March 2023, as we moved from winter to spring, Trusts were reporting 4,500 people had unmet need for some or all of the domiciliary care that was required. The forward look is similar and we anticipate that demand will outstrip supply. We know that domiciliary care is vital in supporting many people to leave hospital in a timely way. It is equally vital in supporting people to remain well at home and to prevent potential hospital admissions. As such, much is being done to ensure that the domiciliary care, as a scarce resource, is targeted at those most in need.

The HSC system needs the active support of those who are in hospital and their families to ensure that when you are medically fit to leave hospital you do so. This may mean accepting a care home placement if a domiciliary care package is not immediately available or waiting at home, with family support, until domiciliary care is sourced. Trusts will 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.

Given the known challenges in social care and that demand outstrips supply, a Social Care Collaborative Forum has been established to oversee and co-ordinate the programme of social care reform. This Forum involves the statutory, voluntary and community and independent sectors; carers; Trade Unions; and service users. A key focus for this year has been on maximising capacity - in both domiciliary care and in care homes - with a particular focus on enhancing weekend hospital discharges and on reducing complex delayed hospital discharges.

Domiciliary/Home Care

To make best use of the domiciliary care capacity that is available, **Trusts have been allocated recurrent funding of £697,000 to establish early review teams by October 2023. These teams will be 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.** The Department will also work with Trusts to assist them to complete timely annual reviews of domiciliary 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.

The number of domiciliary hours delivered has increased in each of the last two years. Even so, demand still outstrips supply. Therefore, **£5m has been identified in 2023/24 to further strengthen core domiciliary care capacity and is in the process of being allocated.** The Department will work with the Trusts to maximise capacity from this investment, whilst recognising the known challenges in recruiting additional domiciliary care workers.

Care Homes

Care Homes have an important part to play 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. **A new model, the 'Trusted Assessor' model is currently in place in two Trusts. This model aims to streamline the transfer process by ensuring any delays in a care home doing an assessment are overcome by care homes and Trusts working together.** This model will be retained in those two Trusts throughout winter 2023. While the other three Trusts evaluate the new model to ensure suitability, they have local arrangements in place to ensure flow through hospitals and timely care home admissions.

Working Collaboratively / Working Locally

This year, all Trusts have been asked to develop locality plans with their partners in primary, pharmacy and community care. This is to ensure that all providers work collaboratively to manage and mitigate the anticipated pressures this winter.

Trusts have worked with other organisations within their localities to develop plans which will ensure that, in so far as is possible, services are able to manage the additional pressures which are associated with winter. Maximising available capacity over the winter will be a key focus for 2023. All Trusts have been implementing a range of measures to increase capacity, or use existing capacity in different ways, to help manage winter pressures differently. In planning capacity for this winter, Trusts and other providers will also need to manage and mitigate, as far as possible, the impact of industrial action.

The South Eastern Trust have rolled out Hospital at Home to 24 GP practices in the Ards and North Down areas, which will help avoid hospital admissions.

Southern Trust plans to enhance its Hospital at Home capacity to ensure GP and care home providers contact Hospital at Home in the first instance, prior to consideration of residents transferring to Emergency Departments between 9am and 5pm. **The extra capacity released is the equivalent to 18 extra beds.** Belfast Trust plans to increase the capacity of its Hospital at Home service to include weekend provision and the Western Trust is providing care home training to reduce the number of high-volume users of Emergency Departments.

The Ulster hospital has opened a new Emergency Department which also contains a dedicated ambulance handover zone with five dedicated spaces to help improve ambulance handover times. Each Trust has developed a range of urgent care services to include Urgent Care Centres/Urgent Streaming Services, Rapid Access Clinics and local Phone First Services. These services operate alongside Trust ED services and existing minor injuries services, allowing the scheduling of appointments from both local Phone First and GP Practices, and will move urgent demand away from busy Trust Emergency Departments.

The Belfast Trust has opened a 25-bed medical rapid assessment unit, which includes the Frailty Unit to see and assess frail elderly at the Royal Victoria hospital, avoiding unnecessary admission to a hospital bed for many patients.

Southern Trust plans to introduce a Frailty service in both Craigavon and Daisy Hill by the end of October and Western Trust will introduce Frail Elderly Clinics five days per week. A Frailty Unit is in operation in Causeway and a NIAS Frailty pathway has also been introduced. All Trusts will aim to maximise ambulatory assessment space over the winter, expanding access to primary care and the ambulance services. All Trusts have new initiatives in place to reduce attendances due to falls through new pathways, additional staffing and clinic capacity.

As part of the Southern Trust Stabilisation Plan, Daisy Hill Hospital has extended its Clinical Decision Unit and is introducing a Short Stay Unit to support its Emergency Department and avoid admissions to inpatient beds. The Trust has also expanded its Ambulatory Care Unit and expanded its Hospital at Home service in Newry and the surrounding area.

Trusts will maintain escalation beds from last year and open additional beds in acute hospitals and community facilities. **An additional 48 beds have been opened in Antrim Area Hospital in 2023 and 45 beds opened for last winter in the Ulster Hospital will continue to be funded. The Royal Belfast Hospital for Sick Children, in recognition of ongoing service pressures, has increased its bed capacity by five, which will help during the winter period.**

In addition to acute hospital beds, maintaining and increasing capacity for community beds will be essential in order to maximise early hospital discharges. **Belfast Trust will maintain 24 additional step-down beds in place from last year to facilitate discharge and a further 19 beds will be opened this winter.** Western Trust have remodelled existing community bed stock and secured additional beds in the Independent Sector, with the Trust finalising plans to potentially introduce a **further 24 care home beds reserved for people with dementia.**

All Trusts have committed to discharging all simple discharges from a hospital bed within four hours of being declared fit to go home, with the target for complex discharges set at 48 hours.

These locality plans are being published today alongside this regional plan.

What will this mean?

Performance management arrangements are in place at a regional level across all areas, which will allow a shared understanding of what service users can expect, help identify where services are under acute pressure and support service improvement. The key targets for the winter period are set out below. Performance against these targets will be published every two weeks on the DoH website from 30 October 2023 through to March 2024.

- **Ambulance handovers completed within 15 minutes of arrival at a hospital and no later than the two-hours.**
- **Average ambulance response times should be 10 minutes for Category 1 calls and 36 minutes for Category 2 calls.**
- **Simple discharges will take place within four hours of a patient being declared medically fit.**
- **Complex discharges will take place within 48 hours of a patient being declared medically fit.**
- **The number of simple discharges on any Saturday and any Sunday should be at least 80% of the average daily number of simple discharges from Monday-Friday in that week.**
- **The number of complex discharges on any Saturday and any Sunday should be at least 60% of the average daily number of complex discharges from Monday-Friday in that week.**

Conclusion

As we prepare for the challenges the HSC will face this winter, the key message is that we all must play our part. That means managing our health, getting our vaccinations and ensuring we choose the right pathways.

The Winter Plan and the locality plans published today, and all of the initiatives outlined, show that for this winter, the focus is on all parts of the health and social care system working together to make sure people are receiving the right care in the right place as quickly as possible.

It is important to recognise that while the measures set out can undoubtedly help mitigate the pressures our system will face, they cannot completely eradicate them. Everyone in the health and care system will once again work relentlessly to prioritise and treat the sickest people quickest, but we need to be honest and appreciate that there will be some tough months ahead.

If we work together – our staff and the public, across HSC and in the community – we will help ensure services are protected for those who need them most, which will help us all get through the difficult winter.