



## SBAR – Winter Planning

<p><b>Date:</b> 8<sup>th</sup> September 2020  <b>Completed by:</b> Diane Gray  <b>Area:</b> Planning and Performance</p>
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<b>Situation</b>	East Lothian Health and Social Care Partnership (ELHSCP) has a duty to assist in controlling the pressures on Lothian’s acute hospitals during the winter months. This is achieved each year through a range of local actions. This year a scaled-up Flu vaccination programme brings extra demands as numbers needing vaccinated are increased.
<b>Background</b>	<p>Each year NHS Boards are required to draw up plans to ensure resilience over winter. This is in response to well-documented additional pressures experienced in hospitals during this period resulting from flu and adverse weather. For 2020, there is the added factor of COVID-19 and an enlarged Flu vaccination programme. Winter planning is co-ordinated through joint work between all four HSCPs and NHS Lothian.</p> <p>ELHSCP’s winter plan utilises local teams and resources to support people at home, to reduce inappropriate admissions and to maintain delayed discharge performance. Proposals to augment local services through short-term financial investment were approved by NHS Lothian Unscheduled Care Committee.</p>
<b>Assessment</b>	<p>The services that will provide Winter resilience in East Lothian are:</p> <p><u>Enhanced Discharge to Assess:</u> This provides intensive rehabilitation, to support discharge, and to prevent admissions. It also utilises Third sector volunteers. Through this approach and the agreed stroke pathway, East Lothian Stroke Unit patients are discharged up to 10 days earlier to receive active and effective rehabilitation in their own home. The Advanced Physiotherapy Practitioner and the Hospital at Home Teams will also manage patients with Chronic Obstructive Pulmonary Disease at home.</p> <p><u>7 Day Working Patient Flow Team:</u> Weekend and extended weekday hours within this service will allow close working with discharge teams in the two acute sites. Due to extended working hours, early decision-making will be enhanced, facilitating speedier assessment of need and allocation of community resources. This will hasten discharge from wards and address bottlenecks in workload that normally build over the weekend.</p> <p><u>Increased Hospital to Home Capacity:</u> This will ensure patients have the correct package of care at the point of discharge and reduce the number of patients within acute beds awaiting packages. The Team’s ‘reablement’ approach increases patient independence and improves function.</p> <p><u>The East Lothian Home Care Service:</u> Increased capacity will maintain more people at home and increase the team’s ability to take hospital discharges. Further increase in the capacity of the Hospital to Home Team to provide packages of care within the community will reduce the number of patients waiting within acute beds, ensuring that the patient returns to the community when medically fit.</p>
<b>Recommendation</b>	<p>The IJB is asked to:</p> <ul style="list-style-type: none"> <li>• Note the planned service development and delivery arrangements to prepare for the additional service pressures, which, as in previous years, are likely to arise in the Lothian acute hospitals during the winter months</li> <li>• Note that the ELHSCP Flu Programme is being established</li> <li>• Note that the usual winter demand this year is likely to be adversely affected by the continuing presence of COVID-19 and the possibility of further peaks in COVID-19 presentations.</li> <li>• Note links are established to the continuing work through the Lothian Remobilisation Plan and the work underway to review unscheduled care.</li> </ul>
<b>Further Information</b>	Appendix 1 – Draft ELHSCP Flu Programme





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 17<sup>th</sup> September 2020

**BY:** Chief Officer

**SUBJECT:** Winter Planning

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## **1 PURPOSE**

- 1.1 This report presents East Lothian HSCP's plans to assist in controlling the pressures on Lothian's acute hospitals during the winter months.
- 1.2 It should be noted that this report does not cover the ongoing resilience work being undertaken across partners to plan for business continuity across the county.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to:
  - i. Note the planned service development and delivery arrangements to prepare for the additional service pressures which, as in previous years, are likely to arise in the Lothian acute hospitals during the winter months;
  - ii. Note that the ELHSCP Flu Programme is being established;
  - iii. Note that the usual winter demand is likely this year to be adversely affected by the continuing presence of COVID-19 and the possibility of further peaks in COVID-19 presentations; and
  - iv. Note links are established to the continuing work through the Lothian Remobilisation Plan and the work underway to review unscheduled care.

## **3 BACKGROUND**

- 3.1 Each year NHS Boards are required to draw up plans to ensure resilience over winter. This is in response to well-documented additional pressures experienced in hospitals during the winter e.g. resulting from flu and adverse weather.
- 3.2 The winter planning process is managed through a partnership approach involving the 4 HSCPs and NHS Lothian. Operational and planning

colleagues in East Lothian HSCP are developing the local Winter Plan elements to utilise local teams and local resources to support people at home, to reduce inappropriate admissions and to maintain delayed discharge performance.

- 3.3 Proposals to augment local services through short-term financial investment have been developed by the East Lothian HSCP team and subsequently subjected to peer review on a Lothian-wide basis. The plans are set out below.

### 3.3.1 Enhanced Discharge to Assess

- This will provide intensive rehabilitation, once per day per patient when and where appropriate, within the community setting. It will also support discharge, prevent admissions and maximise patient potential towards continuous and sustained self-management by utilising third sector volunteers across the county.
- The intensive rehabilitation model has been successfully implemented within East Lothian central cluster and has reduced bed utilisation. This work will be enhanced. In the East Lothian Stroke Unit, patients are being discharged the team utilising the agreed stroke pathway up to 10 days earlier than before. This ensures patients receive active and effective rehabilitation in the community within their own home, so aiding recovery.
- Patients with Chronic Obstructive Pulmonary Disease who would ordinarily be admitted to the Royal Infirmary of Edinburgh during an exacerbation of their condition will be managed at home by the Advanced Physiotherapy Practitioner and Hospital at Home Teams. Support includes including administering IV antibiotics at home.

### 3.3.2 7 Day Working Patient Flow Team

- Weekend and extended weekday hours within the Partnership patient flow and social work teams will allow them to work closely with the discharge teams in the two acute sites to reduce length of stay associated with delayed discharges.
- The opportunity to have social work staff available at the weekends will support early decision making by patients and relatives, especially in identifying care home homes. This will facilitate speedier assessment of need, enabling care packages to be established across 7 days instead of 5, allowing community resources to be allocated faster and hastening discharge from acute wards. This would address bottlenecks in workload building over the weekend.

### **3.3.3 Increase Hospital to Home Capacity**

- This will ensure patients have the correct package of care at the point of discharge and reduce the number of patients within acute beds waiting on packages. In order to avoid hospital admission, the Emergency Care Service links with the Hospital to Home Team and will respond quickly to anyone in the community who require immediate intervention at home such as those who have had a fall or those individuals who are reliant on relatives to care for them and this breaks down.
- The Hospital to Home team within East Lothian has, over the years, increased from one team to six including a 'double up' team. The team uses a 'reablement' approach to increase patient independence and to improve function. Over the last year it has successfully supported circa 500 patients to return home. The East Lothian Home Care Service also links to the Hospital to Home Team and with increased capacity, will enhance their current ability to maintain more people at home, as well as an increasing the number of hospital discharges they support.
- A further increase in the capacity of the Hospital to Home team to provide packages of care within the community will reduce the number of patients waiting on packages within acute beds and will ensure that patient return to the community when medically fit.

3.4 These proposals have been considered alongside a range of proposals by other Lothian HSCPs and the Acute Services Division. These have now been approved by the NHS Lothian Unscheduled Care Committee

## **4 ENGAGEMENT**

4.1 East Lothian HSCP Management Team discussed and agreed submissions based on evidence from current practice within a challenging timeframe for submissions and with experience of previous winter actions.

## **5 POLICY IMPLICATIONS**

5.1 Reducing hospital admissions and avoid unnecessary delays in hospital discharge are key targets for IJBs. While there is a need to redesign services on a sustainable basis over the longer term to reduce pressures in hospitals, it is also necessary to take short-term measures to introduce capacity, flexibility and innovation into the East Lothian service offer. This will ensure that East Lothian patients benefit from any additional resource made available to modernise and improve services, in winter and during the rest of the year.

## **6 INTEGRATED IMPACT ASSESSMENT**

6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

## **7 DIRECTIONS**

- 7.1 This proposal supports Directions:  
D11b – Occupied Bed Days and D11c – Delayed Discharge

## **8 RESOURCE IMPLICATIONS**

- 8.1 NHS received £1.4m from the Scottish Government. NHS Lothian will have to top up the funds to approximately £3.6m. East Lothian HSCP has received its requested funding of £196,524.
- 8.2 Personnel – Recruitment is underway all positions required to support the plan.
- 8.3 Other – None

## **9 BACKGROUND PAPERS**

- 9.1 None at present.

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<b>DATE</b>	7 <sup>th</sup> September 2020

**Appendix 1: ELHSCP Draft Flu Programme**

## Appendix 1

### EAST LoTHIAN HEALTH & SOCIAL CARE PARTNERSHIP

#### WINTER FLU PROGRAMME 20/21

## 1 Purpose of the Report

- 1.1 The purpose of this report is to outline the winter flu programme for East Lothian HSCP for 2020/21.

## 2 Summary

- 2.1 The winter flu programme for 2020/21 represents a considerable challenge to operational delivery, and therefore a joint approach is being taken within East Lothian that will see the combined efforts of GP practices and the HSCP working together to provide vaccines to identified patient cohorts.

- 2.2 Demand is anticipated to be heightened as a consequence of increased public health awareness arising from COVID, and the extension of additional priority patient cohorts as specified by Scottish Government in its CMO letter of Monday 10 August 2020. The complications of providing flu vaccinations whilst ensuring social distancing and adequate health infection protection measures further complicates the requirements for successful delivery of significant volumes of vaccines to East Lothian patients.

- 2.3 In June 2020, the HSCP confirmed with GP practices across East Lothian the shared responsibility of vaccinations amongst the two most sizeable and significant patient cohorts; these are:

- *at risk* 18-64 year olds (HSCP)
- 65+ age cohort (GPs)

- 2.4 This remains the agreed allocation of this work and plans are well established to deliver on these commitments.

- 2.5 The Scottish Government has indicated the inclusion of vaccinations for the 55-64 age cohort from December 2020 onwards. Within East Lothian, a combined approach as follows:

- Some GP practices will deliver dedicated clinics for these patients, with payment via established fee arrangements. Practices will be asked to confirm their participation in such clinics before the end of September 2020
- Additional HSCP clinics will be provided from December onwards to provide additional capacity for patients in this cohort unable to be vaccinated through other routes

2.6 It is highly likely that flu clinics may be required to extend into January 2021 in order to respond to the anticipated heightened demand.

### **2.7 HSCP flu clinics (18-64 *at risk* cohort)**

2.8 The HSCP Primary Care Team is overseeing the provision of dedicated clinics to target vaccinations for the *at risk* 18-64 age cohort. Clinics will be provided from a range of NHS and East Lothian Council (ELC) facilities across the county. These clinics will be staffed by NHS employees providing both clinical and administrative/logistics support – these staff are being recruited from internal departments and NHS Lothian staff bank, and booked into locally held clinic rotas.

2.9 The HSCP will provide booked appointments for its clinics in order to mitigate any possible risk of COVID spread arising from large groups of patients self-presenting at open (unbooked) clinics.

2.10 The booking of these clinics will be *clerically* administered via GP practices. The HSCP will advise each GP practice of the total number of appointments it is able to provide for its patients based upon the clinical staff recruited to each HSCP clinic. Through a range of coordinated communication measures, patients will be advised to contact their own GP practice to make a booked appointment on a HSCP clinic. The practices will provide the HSCP with their completed booked appointment schedules in the working days immediately prior to the clinics taking place in order for the HSCP to administer its clinics.

2.11 There is recognition of the inherent risk of communication and logistics difficulties arising from the booking process as outlined, since it requires the coordination of booking arrangements from amongst all 15 East Lothian practices prior to clinics being operated by HSCP. Nonetheless, a strength of this approach is the familiarity of patients booking appointments directly with their own GP practices, even though in this instance delivery is by HSCP. Furthermore, it was recognised that HSCP did not have the existing administrative and clerical capacity to be able to create and deliver a consolidated telephony booking system in sufficient time to support the delivery of the flu programme within the 20/21 season, though this will be considered for future years.

2.12 The current version of the delivery programme of HSCP clinics during autumn 2020 is provided as an appendix. This schedule may be subject to change, owing to key logistics considerations (including adequate delivery of vaccine to HSCP). Further dates have also been provisionally set aside in the expectation that additional clinics be required to meet the higher levels of predicted demand/uptake, and to account for the increased patient cohorts included in scope for 2020/21 vaccine provision.



2.13 In addition to these large, sessional clinics, the HSCP is undertaking planning to explore being able to offer more flexible, open clinics for patients from within existing clinical services, such as CTACs. This would allow for more opportunistic uptake of flu vaccines to continue following the larger scale sessions have concluded.

#### **2.14 GP practice flu clinics (65+)**

2.15 East Lothian GP practices are organising their plans for the provision of vaccines to 65+ age cohort patients. All practices are cognisant of the requirement to provide their flu clinics in a manner that complies with safe standards of social distancing and patient flow in line with COVID requirements.

2.16 In the majority of instances, practices are confident they will be able to provide flu clinics under amended arrangements from within their own practices. However, in a small number of cases, the HSCP is working with individual practices to explore/provide alternative accommodation where that is deemed required.

2.17 Previously, many GP practices within East Lothian have provided open clinics for their flu vaccination delivery – in this instance, consideration is being given to booked clinics as an alternative means of avoiding large gatherings of patients within practices.

#### **2.18 Other patient cohorts**

2.19 Additional subset cohorts of patients – and the lead organisation(s) responsible for the delivery of vaccinations – are outlined as stated within the attached table (see appendix). These additional groups represent smaller subsets of patients and staff required to be targeted for vaccine provision. Nonetheless, considerable local planning amongst the designated teams has been undertaken to ensure high compliance of vaccine provision amongst all listed groups.

2.20 The HSCP will undertake a considerable programme of staff vaccination clinics. The delivery schedule for these clinics is as attached.

#### **2.21 Communication**

2.22 East Lothian has confirmed its request for national letters to be issued to patients within the following cohorts:

- 65+ age cohort
- 2-5 age cohort

2.23 The HSCP has agreed with GP Practice Managers a communication letter for local, East Lothian issuing for the *at risk* 18-64 age cohort (attached). Historically, there has been a range of communication approaches adopted amongst practices for inviting this patient cohort for vaccine – the

HSCP intends to dovetail local practice administration arrangements where possible and practicable, in order to maintain clear communication for patients whilst also achieving a high level of engagement with this patient cohort to achieve the elevated target for vaccine delivery.

- 2.24 Separately, the HSCP has identified a communications strategy for wider East Lothian awareness raising of the flu programme for 2020/21, with the general overview document provided as an appendix.
- 2.25 The HSCP will emphasise the opportunity for patients to be able to seek their vaccine from a participating community pharmacy within East Lothian, thereby providing an alternative source for patients and consequently reducing the central burden falling to HSCP services and GP practices.

## **2.26 Anticipated Activity & Vaccine Uptake**

- 2.27 The most significant individual cohorts of patients targeted for uptake are listed in the attached table. Broadly, it is noticeable that uptake for the flu vaccine within 2020/21 is targeted to be higher than historical levels of both national target and attained levels than has been experienced historically.
- 2.28 The flu programme of 2019/20 noted a total of 6,161 patients of *at risk* 18-64 y/o patients from East Lothian were vaccinated (41.2% of total 14,949 patient cohort). The Scottish Government has indicated a target of 75% be attained for the same patient cohort within the 2020/21 flu programme – achievement of this target would see more than 11,200 patients vaccinated in 2020/21 (based on 2019/20 cohort size).
- 2.29 Historically, the 65+ age cohort has achieved a higher level of attainment, 75.1% within 2019/20. Therefore, whilst there is less headroom for growth within this cohort, it is also predicted that higher levels of demand will be observed.

## **3 Resource Implications**

- 3.1 There are significant additional costs attributable to the flu programme within East Lothian for 2020/21, reflective of the complexity of provision within the programme for this season.
- 3.2 The resource implications are outlined within the attached *provisional* cost model. These focus specifically on the costs arising from the HSCP provided clinics, for the *at risk* 18-64 age cohort.
- 3.3 Many additional costs require further clarification across the Partnership, though many of the costs are anticipated to be able to be absorbed within operational services without the requirement for additional working (including overtime clinics). The work streams associated with local communication efforts will incur costs for various media products.

- 3.4 A significant financial outlay has been incurred by HSCP for the procurement of high capacity flu vaccination storage clinics, with eight items ordered for procurement at a cost estimated at c. £30k (inc. VAT). These items are being bought now in order to support the requirements of future flu vaccination programmes from 2021/22 onwards when responsibility for the programme will have transferred in full to the HSCP from GP practices.
- 3.5 The HSCP will negotiate a local reimbursement payment with GP practices to reflect their administrative support in the patient booking, appointment scheduling and updating of patients' medical records arising from the HSCP clinics. This will be separate to any arrangements made with practices corporately as regards fee payment for enhanced service provision.
- 3.6 HSCP is fully aware that a national arrangement is being made as regards the negotiation on the fee of service for the payment to be made to GP practices for their participation within the flu programme. The HSCP will adhere to any Lothian- and Scotland-wide arrangements as regards the rate of payment, and will continue to participate in NHS Lothian's PCCO-led discussions accordingly.
- 3.7 Governance & Risk Considerations**
- 3.8 An overview of the main risks to be addressed within the programme is attached as an appendix to this document.
- 3.9 The 2020/21 flu programme represents a significantly amended delivery model operating in the most difficult circumstances experienced within primary care as a result of COVID. Consequently, the HSCP and its partners are acutely aware of the heightened risks arising in relation to the effective delivery of the flu programme within 2020/21.

Jamie Hetherington  
Primary Care Development Manager  
Monday 7 September 2020

### **List of Appendices**

Appendix 1: Table: Primary Route for Vaccine Delivery, EL Flu Plan 20/21  
Appendix 2: Governance and Risk Considerations – Summary  
Appendix 3: Financial Cost Model: HSCP provided clinics (provisional costing)  
Appendix 4: Patient Cohort Data Table (inc. Scottish Govt Uptake targets)  
Appendix 5: Communications Overview document  
Appendix 6: 18-64 *at risk* letter  
Appendix 7: East Lothian Staff Vaccination Clinics Schedule

## Appendix 1: Primary Route for Vaccine delivery, EL Flu Plan 20/21

Note: Communication materials will direct patients to specific locations to receive their flu vaccine, though opportunistic vaccine delivery will be encouraged through any and all routes.

Patient Cohort	Lead Provider	Note
65+	GP Practices	GP Practices will target delivery through
18-64 <i>at risk</i> patients	ELHSCP	HSCP to run short cycle of flu clinics in key locations across East Lothian
Housebound patients	ELHSCP	CTAC service and District Nursing Teams to administer vaccines. Consideration to be given to other patients within the home who may be vaccinated at the same time.
Care Home Residents	ELHSCP	East Lothian Care Home Team
50-64* / 55-64	TBC	HSCP and GP practices to contribute jointly. GP practices able to provide additional clinics will be paid via established fee route. HSCP to include additional clinics for later stages of flu campaign to support secondary cohort.
NHS Staff	ELHSCP	Peer to peer administration by nursing teams within hospital and community services
ELC Social Care Staff	ELHSCP	Model as adapted from previous years, with clinics established within key ELC offices and facilities, including ELC Resource Centres and their staff.
Private/3 <sup>rd</sup> Sector Social Care Staff	Care Home Team / ELHSCP	ELHSCP Care Home Team will vaccinate staff opportunistically whilst visiting Care Homes.
Others	Community Pharmacy	A proportion of patients out with specified groups will seek vaccination from community pharmacy and similar commercial settings (e.g. Pharmacy-provided sessions within Supermarkets). Participating community pharmacies to be provided with x70 vaccines each initially. Confirmation being sought from LUCS as to whether opportunistic vaccines can be provided from Out of Hours base at ELCH (email to Dawn Anderson, 09/07)
2-5 age cohort	Community Health Visiting Service	A separate sub-plan will be developed by Jill Irwin and provided to Lorraine Cowan (July 2020)

## Appendix 2: Governance and Risk Considerations – Summary:

All HSCP delivered flu vaccines will be by appropriately trained and registered clinical staff.

For GP practices and their staff participating in off-site flu clinics MDDUS/MDU advice will required to be sought re. off-site flu delivery programme for practices.

#	Risk	Likelihood	Impact	Score	Mitigation/Controls
1.	There is a risk that data extraction from practices is not available in sufficient time	U	M	L	Mitigation – liaise with practice to have date extracted by practice; requirement to ensure all appropriate data governance arrangements are adhered to.
2.	There is insufficient Supply of PPE to allow for safe delivery of flu clinics	U	H	M	Wider arrangements in hand for security of PPE supply lines for primary care (inc. GPs) to be formalised for prolonged interim. Pat Wynne chairing approach involving all HSCTPs.
3.	There is insufficient ability to maintain safe social distancing within all flu clinics, making processes less efficient and leading to fewer flu vaccines being administered	U	H	M	Option for alternative premises to be provided to support GP practices unable to provide clinics within their premises Opportunity for GP practices to extend flu vaccine clinics (half- to full-day; single to multiple sessions)
4.	There is insufficient staffing to run required HSCP clinics	P	H	M	Revert to what clinics we can with what staff we have – ie smaller weekday/evening clinics in ctacs, MPCC, ELCH, across practices as rooms/staff dictate Emphasis on opportunistic vaccination wherever possible important on top of other measures
5.	There is insufficient rate of uptake for HSCP flu clinics	U	M	M	Targeted communications strategy Monitoring of uptake in real time, to tailor later communications and follow up HSCP clinics/directions to GP practices.

#	Risk	Likelihood	Impact	Score	Mitigation/Controls
					Promote community pharmacy alternative (pharmacies supported with initial x70 vaccines per participating pharmacy [totally c. 1,400 within East Lothian])
6.	There are difficulties in identifying the patients to be targeted.	U	M	L	Patients identifiable via clinical audit arrangements.
7.	There is insufficient supply of vaccines	P	H	M	To be addressed by NHS Lothian, Public Health. ELHSCP has raised concern of the need for a prioritisation matrix of patient type should there be insufficient supply of vaccines
8.	There is insufficient capacity of HSCP clinics to meet demand (including additional 55-64 age cohort*)	P	H	M	Mechanism for payment of Enhanced Service for GPs for 55-64 established. HSCP to deliver extended programme of clinics for longer time period (December 2020 onwards)
9.	There is a risk of difficulties in booking patients into HSCP via GP practice route.	P	M/H	M/H	Allocation of appointments to practices proportional to historical demand. Design of automated process being undertaken to allow transfer of information from GP systems into Excel to support administration of clinics by HSCP

### Appendix 3: Financial Cost Model: HSCP provided clinics (provisional costing)

Spend Category	Description	Cost (£k)
Pay	Band 3 Admin - 4 WTE per day	5
Pay	Band 5 Nurse - 4 WTE per day	7
Pay	Band 6 Nurse - 3 WTE per day	6
Pay	Band 7 Nurse - 3 WTE per day	8
<b>Pay Total</b>		<b>26</b>
Non pay	Rental/Cleaning of Venues	6
Non pay	Equipment	5
Non pay	Sundry Items	5
Non pay	Advertisement	2
<b>Nonpay Total</b>		<b>18</b>
<b>Total Cost</b>		<b>43</b>

### Appendix 4: Patient Cohort Data (including Scottish Govt Targets)

		2020/21 Target %	Total Population	Total Targeted Headcount
Adult	65yrs +	85%	22338	18987
Adult	All at risk (18-64)	75%	14949	11212
Adult	Extra 55-64 (exc at Risk)	70%	15384	10769
Adult	Extra 50-54 (exc at Risk)	70%	8349	5844

## Appendix 5: East Lothian Flu Programme 2020/21: Communication Strategy

### Overview:

20/21 flu programme will be a combination of GP and HSCP delivered initiatives. There is a requirement for comprehensive and consistent communications to be made to patients, staff and stakeholders throughout East Lothian to ensure an effective vaccination programme is delivered.

### Media (Products & Means):

- **Newspaper:** Article and advertisement within the East Lothian Courier newspaper. Meet with journalist to complete article and run advertisement campaign alongside – emphasise it as a clinician-led story (for nurse led delivery model for HSCP; option to request participation of GP representative within feature too). Article to be in print and online
- **Radio:** Provide interview/recorded public announcement to both East Coast Radio and Saltire FM. Commit to announcements being run through the course of autumn
- **Social Media:** use existing HSCP accounts and those of key partners (GPs; ELC, &c.) to get message out
- **Videos:** Production of short video clips providing more information on the
- **Posters:** with footfall reduced within GP practices, the impact of posters this year will be minimal. Practices may wish to develop materials for their own vaccination clinics and, where done, reference to be made to approach for patients who will be vaccinated by HSCP via non-GP practice route
- **Newsletters:** Make use of existing arrangements for those organisations that produce newsletters (e.g. Carers of East Lothian; existing PPGs[where available])
- **Internal Communications:** communication with staff groups via internal email and line management messaging to make arrangements for vaccinating those staff that require it. Make use of the following:
  - Alison's blog (ELHSCP)
  - ELC *Inform* monthly employee newsletter (possibly within *Wellbeing Wednesday*)
- **Business cards:** consider production of key messaging via business cards for 'dropping off' opportunistically where possible
- **Text messaging:** communication via GP practices where those practices issue text message updates to patients. Throughout 20/21 flu programme, the requirement to work in close conjunction with the Practice and Business Managers to ensure plans across East Lothian dovetail.

### Key Media messages:

- Provide the key when; where; who messaging for patients, emphasising clearly where they ought to be directed for their vaccination to be given
- Emphasise difference of approach for 20/21 – patients must be aware that a different approach from usual is being taken
- Approach being taken to maximise safety for patients and staff



- Inform how patients are able to provide feedback on their experience for future years
- Clear, succinct messaging with onward links for further information

### **Materials & Costs:**

- Courier advertisement. Cost TBC. Content to be written up to provide information for public
- East Coast Radio: Announcement production (£120) and monthly (£70 p/m) announcement running
- Saltire FM: Announcement production (£TBC) and monthly TBC70 p/m) announcement running
- Residual costs arising from use of various media (e.g. text messaging services; printing)

### **Evaluation:**

- Learning from 20/21 approach to be gathered and used to inform 21/22 cycle when HSCP assumes full responsibility
- Create online survey for patient feedback of flu programme using East Lothian Consultation Hub
- Include link/reference to evaluation survey within key communication materials provided to patients & stakeholders

## Appendix 6: 18-64 At Risk Letter

Patient Name/Address

Dear Sir/Madam

### Your annual flu vaccination is now due

The flu virus infects many people every year and can cause serious illness and death. The best way to protect yourself is to have a flu vaccination.

The vaccination is **free** and recommended **yearly** for people aged under 65 who are **most at risk** from flu. This includes:

- anyone with a long-term medical condition, for example: *diabetes, asthma, COPD, kidney disease*
- pregnant women.

### Weekend flu clinics

We are making some changes to flu vaccination clinics this year. East Lothian Health and Social Care Partnership (ELHSCP) is running special weekend flu clinics across East Lothian. These are for people in the most-at-risk group.

Your local GP will not be vaccinating you. Our clinical teams will vaccinate you instead. Our clinics will work in line with social distancing. We will have strict infection control measures in place to reduce the risk of COVID19.

### What you need to do:

1. Book an appointment by phoning your own GP practice
2. Note down your appointment so you don't forget. We have added a section for this in this letter (over the page)
3. If you have any COVID-like symptoms on the day of your appointment, **please do not attend the clinic.**

### What to do if you cannot attend the weekend clinic appointment:

Many local pharmacies are offering free flu vaccination services to:

- people aged under 65 in the most-at-risk group
- people aged over 65.

Ask your local GP practice for more information about this.

### **IMPORTANT INFORMATION:**

**Please bring this letter with you to your flu clinic appointment.**

*Please wear clothing that makes it easy for you to expose one arm*

*Please wear a mask or face covering*

*Observe Social distancing guidelines*

*You can find more information about flu vaccination at [www.nhsinform.scot](http://www.nhsinform.scot)*

***For patient's own use:***

(please note down your appointment booking)

Date of clinic:

Time slot:

Venue:

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***For official use only (HSCP staff only):***

***Clinician Initials:***

Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

DOB/ CHI: \_\_\_\_\_

Vaccination site: \_\_\_\_\_

Batch Number/Sticker: \_\_\_\_\_

GP Practice: \_\_\_\_\_

## Appendix 7: Table of East Lothian Staff Flu Clinics

**PLEASE NOTE THESE ARE NOT DROP IN SESSIONS. APPOINTMENT SYSTEM IN PLACE UNDER C-19 GUIDELINES**

**To book an appointment, please ONLY call on Mon, Tues & Thurs between 10 am and 12**

**noon on 01620 642965/42965 OR Mon-Fri between 2 pm and 4 pm on: 01620 642824/**

**42824 Randall House, Macmerry Appointments: 01875 824073**

DATE	TIME	CLINIC / DEPARTMENT	ADDRESS
Mon 5th October	7 am to 4 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Mon 5th October	10 am to 4 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Tues 6th October	10 am to 4 pm	Quiet Room, Crookston Day Centre, Tranent	Sanderson's Wynd, Tranent
Tues 6th October	9.30 am to 4.00 pm	Lammermuir Meeting Room, 1st Floor	East Lothian Community Hospital
Tues 6th October	10 am to 4 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Weds 7th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
Thurs 8th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
Fri 9th October	10 am to 4 pm	Treatment Room, Belhaven	Belhaven Hospital, Dunbar
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Mon 12th October	7 am to 4 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Mon 12th October	10 am to 4 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Tues 13th October	10 am to 2.30 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Tues 13th October	10 am to 2.30 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Tues 13th October	10 am to 4 pm	Quiet Room, Crookston Day Centre, Tranent	Sanderson's Wynd, Tranent
Weds 14th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
Thurs 15th October	10 am to 4 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Thurs 15th October	10.30 am to 4 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Fri 16th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
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Mon 19th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
Tues 20th October	10 am to 4 pm	Quiet Room, Crookston Day Centre, Tranent	Sanderson's Wynd, Tranent
Tues 20th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
Thurs 22nd October	10 am to 4 pm	Treatment Room, Belhaven	Belhaven Hospital, Dunbar
Sat 24th October	10 am to 2 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Sat 24th October	10 am to 2 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Sun 25th October	10 am to 2 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Sun 25th October	10 am to 2 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
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Mon 26th October	7 am to 4 pm	Tantallon Meeting Room, 1st Floor	East Lothian Community Hospital
Mon 26th October	10 am to 4 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Tues 27th October	10 am to 4 pm	Quiet Room, Crookston Day Centre, Tranent	Sanderson's Wynd, Tranent
Tues 27th October	10 am to 4 pm	Randall House, Rm 3	Macmerry
Weds 28th October	10 am to 4 pm	Lammermuir Meeting Room, 1st Floor	East Lothian Community Hospital
Weds 28th October	11 am to 4 pm	Esk Meeting Room, 1st Floor	East Lothian Community Hospital
Thurs 29th October	10 am to 4 pm	Randall House, Rm 4	Macmerry
Fri 30th October	10 am to 4 pm	Treatment Room, Belhaven	Belhaven Hospital, Dunbar