



**COVID-19**  
**Mobilisation Plan 2**  
**Addendum 1**  
**27 March 2020**

## Introduction

It is a requirement that each Board establish a COVID-19 Community Assessment Pathway, this consists of:

- 1) Telephone Hub with senior decision makers to triage patients over the phone.
- 2) Assessment Unit equipped to assess COVID-19 related presentations.

Patients who have COVID-19 symptoms are now required to call NHS 24 (111) who will triage the call and pass down to the local telephone hub any patients they are unable to close with advice. The local telephone hub will then triage the patient over the phone with the aim of maintaining that patient at home with the advice of a senior decision maker. Where this is not possible and there are concerns, patients can be given an appointment at the local assessment unit.

The Borders COVID-19 Community Hub is currently located in the Day Hospital of the Borders General Hospital (BGH) as an interim measure and is heavily supported by Border Emergency Care Service (BECS). The decision was taken to temporarily locate in the Day Hospital with support from BECS due to the timeframe in which we were required to be operational. It was recognised that locating it within the acute hospital building may not be the optimum solution for the medium / longer term.

There are three reasons for a need to relocate the Community Hub:

1. Latest modelling information suggests the levels of demand for the centre may mean the service will require additional space in the near future
2. There is a need to reduce footfall directly into the BGH building to manage traffic, direction of patient flow etc
3. Stage 5 contingency plans for the Emergency Department include the potential requirement to occupy the main entrance area of the BGH. The clinical view is that it is likely that all emergency Covid presentations may need to be triaged and managed as far as possible outwith the Emergency Department at this stage and the Covid Community may then become the single point of access to care.

In addition, latest modelling information suggests the levels of demand for the centre may mean the service will require additional space in the near future. Options have been explored for differing locations for where the Community Hub should be located moving forward. This paper lays out these options as a pre-cursor to a discussion with Scottish Government on the preferred option.

## Community Hub and Assessment Centre - Options

Remaining in the Day Hospital for more than a few weeks has been discounted due to the fact that the capacity modelling suggest that the unit will outgrow the allocated space, and changes will be required to separate out COVID-19 and non COVID-19 patient flows. It is also currently occupying space in the acute hospital which may be required as a location for additional beds.

As a result two options have been identified:

- On the acute site (BGH)
- A community site

A meeting was held on Friday 20<sup>th</sup> March with relevant senior clinical and non-clinical staff to discuss the available options for location of the Community Hub. A summary of the discussion relating to the options is outlined below:

<b>Option 1: Acute Site</b>	
<b>Advantages</b>	<b>Disadvantages</b>
Availability of senior acute clinical support.	Increased stress on acute site.
Availability of supporting services, e.g. labs, pharmacy, security, transport.	Public expectation of secondary care access.
Provide a method of preventing access to the front door.	Remote from rural population.
In a crisis, the public tend to present at an acute location, this would provide a means of managing this.	Increased tendency to admit.
In the event of a patient deteriorating there would be quick access to the hospital, no requirement for ambulance transport.	Costs involved in set up and maintenance.
The Community Hub will have awareness of the hospital situation – honest conversations can be had as to whether a patient can be supported/admitted.	Visibility and potential media/public interest.
Ability to divert walk-in patients to appropriate stream.	
Extension of front door of hospital.	
Sharing of staff between acute and community.	

<b>Option 2: Community Site</b>	
<b>Advantages</b>	<b>Disadvantages</b>
Patients would be moved away from the acute site, reducing traffic and footfall.	Limited access to investigations.
Availability of parking.	Should patients require admission or transfer to ED, ambulance transfer will be required.
Closer to the local population.	Site management in out of hours period.
Reduced media/public interest.	Staff will be isolated from acute support.
Potential use of existing GP infrastructure.	Limited access to support services, e.g. pharmacy, security, transport.
	May require further move should demand exceed capacity.
	Limited option to divert walk-in patients.

### **Preferred Option**

There is a strong clinical consensus that having the centre on the acute site would be the best option. However, this would not be in the hospital building. The group agreed to explore the option of having a temporary structure, such as a tented facility, outside the front of the main hospital building.

It was felt that if the expectation was that further temporary move to an off-site location, e.g. GP practice/health centre, would be outgrown within a couple of weeks, then a further temporary move should be avoided and efforts and resource focused on getting to the final destination prior to the outbreak becoming more significant.

Having the assessment facility and emergency department sited in close proximity would allow both services to visually see the pressures each are under and work to agreed and whole system admission criteria and the availability of resource and capacity. The co-location of the services on one site would support effective utilisation of available staff in the light of expected large-scale absences. This would also provide an option to create a single front door to the hospital should this be a necessary step to manage patient flow later in the outbreak.

### **Community Hub and Assessment Centre – Outline Proposal**

The proposal is for a temporary structure at the front of the hospital on the current Helipad. This would enable close access to the Emergency Department and staff support but separate enough that patients aren't coming into the hospital. Patient flow would be kept away from the front of the hospital. We will require to put contingency arrangements in place to allow us to receive helicopter transfers if necessary.

We are scoping out what facilities would be provided through this option and what specification would be required, our early assessment of these are outlined below:

### Facilities

- Reception area
- Waiting room
- Prep area
- Treatment Area
- Hand wash+
- sinks for staff
- Shower facility next to area for don and doff PPE
- Toilets for patients and staff (also unit for disabled access)

### Specification

- Hard sides
- Hospital safe vinyl throughout
- Heating & Lighting throughout
- Entrance and exit - Glass panelled double doors with emergency exit signage, ramps, push bars and fire extinguishers
- Floodlights external
- Generator supported
- Toilets to be emptied

### **Costings**

A very early assessment has been made on the costs of this option:

	£
Damage Waiver	2,140
Total net cost	135,575
VAT @	27,115
<b>TOTAL *</b>	<b>162,690</b>

\* Approximate costs – changeable depending on the specification and size required

Please note:

- Quote for 12 week hire – additional costs to extend per week
- Approximate costs (changeable depending on specification required and size)
- Quote only valid on 25/03/20 – supplies availability decreasing by day meaning costs will increase or availability of materials cannot be guaranteed
- Timescales for operational ability were quoted at 3.5 days on 24/03/20 – again this time frame will increase as delays impact on the availability of materials and staffing

Not included in these estimates are any staffing costs relating to NHS Borders staff or additional supplies.

An example of what the facility might look like is attached at Appendix 1.

### **Next Steps**

An urgent discussion is required with Scottish Government early next week to discuss how we progress the preferred option as a matter of urgency.

27 March 2020

APPENDIX ONE

