

Issue 4 (November 2021)

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Welcome to the latest edition of our NHS Grampian newsletter, which aims to keep you informed through regular updates and articles of interest regarding the health and care of the Grampian population.

Covid-19 & flu vaccination update

Progress with vaccination programme – flu and COVID booster.

Almost 119,000 flu vaccinations have now been done in Grampian, including 22,543 in the last 7 days. In terms of staff, 18,410 Health & Social Care staff have booked an appointment. 13,775 have received flu and 13,637 have received a booster. For staff in Care homes, 1207 have had flu, 1330 have had booster.

We are making very good progress with vaccination amongst the general population for people over 70. Invitation letters for the over 60s started to be sent last week and offer letters for a 3rd dose have gone out to those who are severely immuno-compromised. Where citizens are eligible for both flu and booster, these will be administered in the same appointment.

Key things you can help with:

Please remember not to contact your GP Practice if you have a query or wish to change an appointment. Instead contact the National Helpline on 0800 030 8013

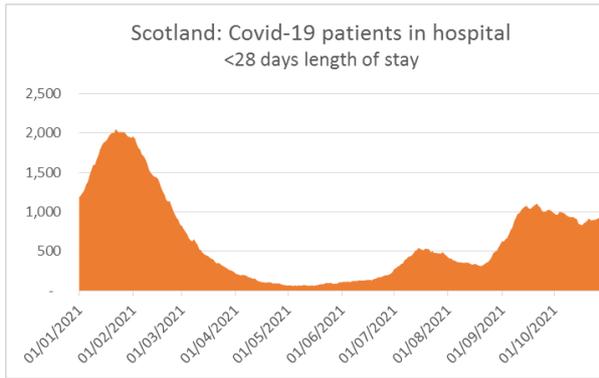
We have also developed a new Vaccination web site, <https://www.grampianvax.com/> here you will find information on who is entitled to 'flu/COVID-19 booster, how they will get their appointment, and how to rebook.

Public Health Update (as at 29.10.21)

Stable case numbers over past week but increasing hospital occupancy

Confirmed case numbers in Scotland have continued to level off since mid-October. The 7 day rate per 100,000 on 28th October was 312 compared to 324 in the previous week. Most Health Boards seem to be plateauing and following the same trend, with just Grampian and Orkney appearing to show increases. With the majority of Boards having weekly rates of between 100-300 per 100,000, this position remains very fragile, with a 'between surge' rate which is about double what it was during the previous stable period in August.

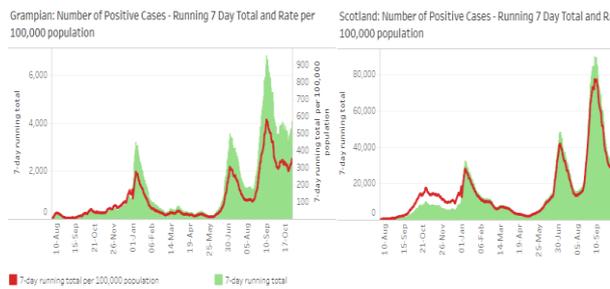
Hospital occupancy in Scotland has increased slightly in the past week and represents approximately half of the number of patients in hospital during the last winter peak in January 2021. This is due to a steady number of hospital admissions combined with an older age profile of patients and a longer length of stay.



Rise in cases across all local authority areas in Grampian

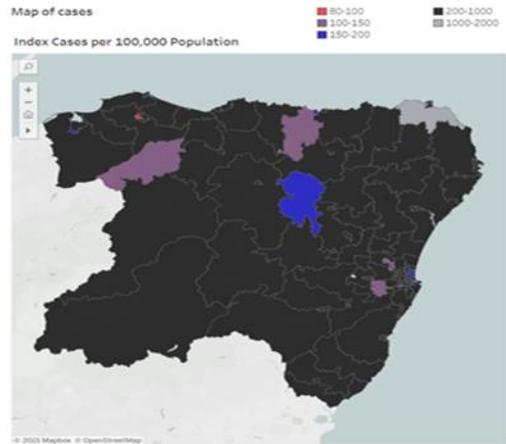
Cases have increased in the past week and are at very high levels. Grampian is now 4th highest across Scotland, and at 374 per 100,000, we are 20% higher than the national average.

Grampian and Board Comparisons



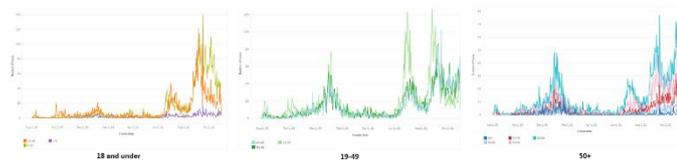
So what has changed?

Cases have risen in all three Grampian Local Authority areas over the past 7 days. In the previous week, cases were plateauing in Aberdeen City, stabilising in Aberdeenshire and fluctuating in Moray. The change is particularly notable in Aberdeenshire which has the third highest rate of all Local Authorities.



The Grampian map has deepened in colour this week. A predominantly black picture showing the raised and continued effect of widespread community transmission.

Which age groups are most affected?



These charts are a little small but if you can zoom in, you'll see the some substantial changes in age groups in the past 2-3 weeks. Most notable is at both ends of the age spectrum. Detected infections amongst school aged children have reduced. This is expected during school holidays but the vaccinated age groups had already started a sharp decline long before the half term break. At the other end of the scale, infections in people over 50 have been increasing significantly.

Vulnerable groups and settings– care homes

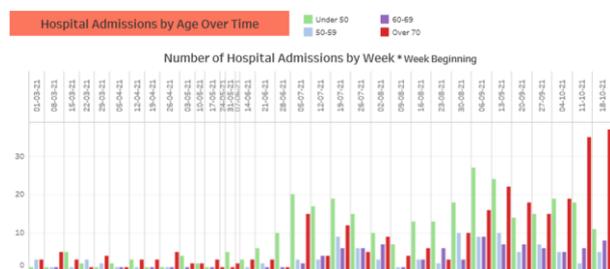
In care homes there is a deteriorating picture week on week, with increased cases amongst residents. Resident mass testing is going on in 3 care homes and 2 are closed to admissions.

The number of COVID related deaths in care homes has increased in the last month, and although markedly lower than the winter peak last year, it highlights the fragility of these vulnerable settings. We continue to undertake support visits to a number of homes to ensure safe staffing and use of

Personal Protective Equipment. We are also encouraging regular asymptomatic lateral flow testing amongst staff and visitors to reduce the risk of spread.

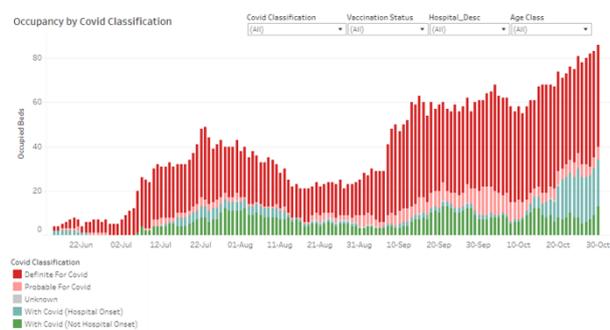
The rise of older people being admitted to hospital

We are seeing an increase in older people being admitted to hospital and the chart below shows just how steep that increase is in those over 70 years. The booster programme is key to managing this and we currently have uptake of 74% amongst older people in care homes and 57% of over 70s in the general population.



COVID related hospital occupancy placing pressure on beds across the whole system

The number of people in hospital with COVID has been increasing since early September. Older people over 70 in general require a much longer length of stay in hospital (typically 10-13 days compared to 6-8 days in those between 30-69 years). Hospital and care home occupancy overall continues to be operating at very high levels (in excess of 90%).



What next for COVID?

We don't know how COVID will evolve. There are many unknowns – about the virus and about human behaviour. But there are things we do know. There is now extensive evidence

that transmission can be reduced through widespread use of face masks, better ventilation and air filtration. These are interventions and collective actions that we can take personally – protecting us all.

An interesting tweet recently from @DrTomFrieden (previously a Director at the Center for Disease Control and Prevention) who summarised three scenarios for how COVID could evolve:

1. Status quo, in which Delta remains our chief challenge
2. Worst case, in which a new dangerous variant emerges
3. Best case, in which the virus evolves to be less severe

We are still living the first scenario, with flare-ups afflicting those unvaccinated and driving outbreaks in communities with lower immunity. It is difficult to control but we are adapting to it through increased vaccination and through the layers of protection described above.

In thinking about the future, Dr Frieden emphasises the importance of collaborating globally for a safer, healthier and better protected world. He points to recommendations in a new report by the [WHO/World Bank Global Preparedness Monitoring Board \(GPMB\)](#). The recommendations in this global report are about strengthening governance, creating an agile health emergency system and empowering communities.

As COP26 takes place on our doorstep, thinking and working globally feels very real and hopeful. We also think the recommendations in the GMPB report have as much resonance on a local scale as a global one.

Feature – Cardiology mark milestone



Cardiologists at NHS Grampian have completed their 200th TAVI procedure.

The heart valve replacement procedure emerged in recent years as an alternative to traditional open-heart surgery for some patients. It can ensure that patients, who would have a high risk of complications with open-heart surgery, can be considered for treatment with less invasive approach which usually results in a quicker recovery.

Grampian Cardiologists started offering this service in 2019. Dr Ciprian Dospinescu, consultant cardiologist and clinical lead for TAVI said: “It has been about two-and-a-half years and we have set up a great service, we have a fantastic team and we have been able to introduce TAVI as a fairly accessible treatment for patients in our area and also across the North of Scotland as well.

“We started by doing two TAVI cases a day and now we can do two in an afternoon. It helps tackle waiting times with the aim to improve the patient’s quality of life quicker.

“There is still a waiting list but our whole team has become slicker at treating TAVI patients and we try to use the resources we have in an efficient way to get their procedures done.

“The pandemic has had an impact on the TAVI service, however the availability of a less invasive alternative to carry out aortic valve replacement has allowed us to continue to treat patients despite the difficulties faced by the health service.”

The TAVI procedure provides a way to implant a new aortic valve less invasively and without relying on some of the hospital resources which have come under strain during the pandemic.

He added: “TAVI can be done without general anaesthetic which means we are able to do the procedures without requiring an anaesthetic team. The vast majority of patients also do not require intensive care, so we are saving bed days in ITU; the procedures are quicker; and patients go home sooner –approximately two-thirds are discharged home after two nights.”

“So in some ways it was great we started TAVI here when we did, as having the service running before COVID gave us the option to treat patients during the pandemic.”

“It is very heartening for all the cardiac staff to see the patients make much quicker recoveries following their TAVI procedures.”

“There are of course patients for whom open heart surgery remains the best option and we work closely with our cardiothoracic surgical colleagues to decide who should have TAVI and who needs open heart surgery depending on their clinical circumstances.”

“Ultimately having the TAVI service here makes a very good treatment more accessible to our patients. Previously elderly patients had to travel to the central belt to get this procedure – some of them declined treatment because of that.

“The accessibility is now much improved, the service is now established with local expertise and an excellent team, which is greatly beneficial to our North of Scotland patients and worth celebrating.”

Useful links:

- <https://www.covidvaxgrampian.com/>
- <https://www.nhsgrampian.org/covid-19/covid-19-public-information/subpages/covid-19-community-testing/>
- Information and updates can also be found in the NHS Grampian Daily Brief [click here](#)