Update on Urgent Care Planning and Winter Activity

Introduction

In 2000 The NHS Plan set out a vision for the future of the Health Service and a strategy for modernisation. Within the Plan were ambitions and targets for the provision of emergency and urgent care.

Since that time a number of national and local policy initiatives and reviews have been developed to guide implementation of urgent care targets in the NHS Plan including an Out of Hours review, "Reforming Emergency Care" and "Taking Health Care to the Patient".

All of these strategies have a common theme, which is that to be achievable, some means has to be found to co-ordinate and organise a diverse group of primary, secondary, out of hospital (ambulance) and social care services into an Emergency and Urgent Care System that can plan, implement and monitor a system of care that is high quality, efficient, effective and acceptable to patients. One means of achieving this is using Urgent Care Networks.
Networks need to create and implement long term strategic plans that can be seen through to completion and deliver a high quality and effective system of care.
The ability of the Shropshire, and Telford and Wrekin network to make sustainable changes to service pathways has in part been constrained by the lack of a unified strategy for the delivery of a Patient focused Urgent Care system across the local Health and Social Care Economy.

Urgent Care Network

Under the current leadership of the CEO of SaTH, it was recently agreed that we to create a new network which recognises the need for stronger Primary Care leadership. The new network will lead the pressing need for an Urgent Care Strategy. This needs to be clinically led and agreed by all partner organisations.

The strategy is likely to adopt some principles such as those listed below:-

- Ensure that people requiring urgent care receive services of consistent high quality;
- Ensure that those people requiring urgent care receive a consistent response regardless of where, when and how they contact a service;
- Reduce variations in standards and approach between service providers;
- Ensure pre-designed care pathways are in place so that the right treatment is provided in the most appropriate place, by the right person, in a timely way, 24 hours per day seven days per week;
- Share appropriate patient/client information across the system;
- Reduce the number of people seeking unscheduled care with an emphasis on improving prevention of ill health and more planned care.
- Safely reduce the number of people who require admission to hospital.
- Appropriately reduce the time that patients spend in acute hospitals

The Unscheduled care area is extremely complex and requires robust planning and agreement from all partners with strong public and patient involvement in service design and public education and signposting to appropriate services.

.

Winter Planning 2010/11

The 2010/11 winter plan has been coordinated via the local Urgent Care Network and is broadly a revision of the 2009/10 plan. It pulls together the various organisational plans in an attempt to cope with levels of predicted escalation especially over the Christmas period. The current plan does not describe the partner interdependency to ensure seamless Patient pathways of appropriate and high quality care.
Winter planning in SaTH has been managed via a weekly hospital, community and social care team meeting which has initially covered planning for escalation and has recently been a forum for exchange of information on patient and staff experience allowing changes in service provision as required to ensure improved quality and outcomes.

In terms of the 2010/11 Contract, the actual number of Urgent and Emergency attendances and admissions was expected to reduce over the winter period as the PCT Schemes were implemented. This hasn't been the case.

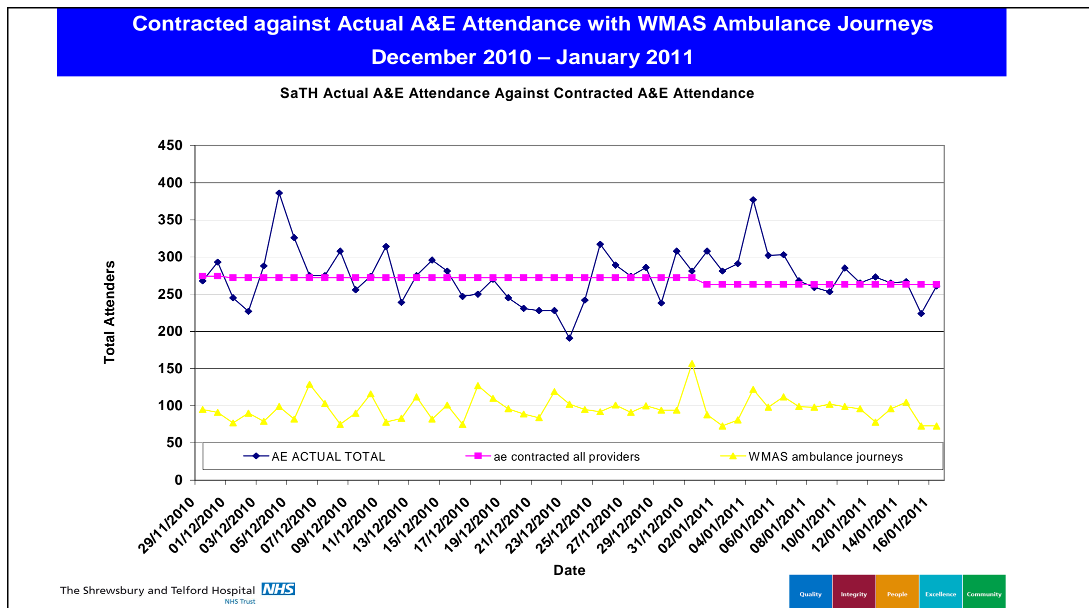
Position 1st December 2010 to 16th January 2011

The Table below demonstrates the overall year to date position of the Trust for A&E Attendances and Emergency admissions, it shows the Trust is 5.89% above the 10/11 Plan for Emergency Admissions and 3.11% above plan for A&E attendances; the percentage above plan for December is much larger at 12.76 and 5.44 percent respectively.

SLA Activity Type	Month's Planned	Month's Actual	Month's Variance	Month's % Variance	Year-to-Date Planned	Year-to-Date Actual	Year-to-Date Variance	Year-to-Date % Variance
Emergency	3,251	3,666	415	12.76%	28,804	30,500	1,696	5.89%
A&E Attendances	7,930	8,362	432	5.44%	77,965	80,392	2,427	3.11%

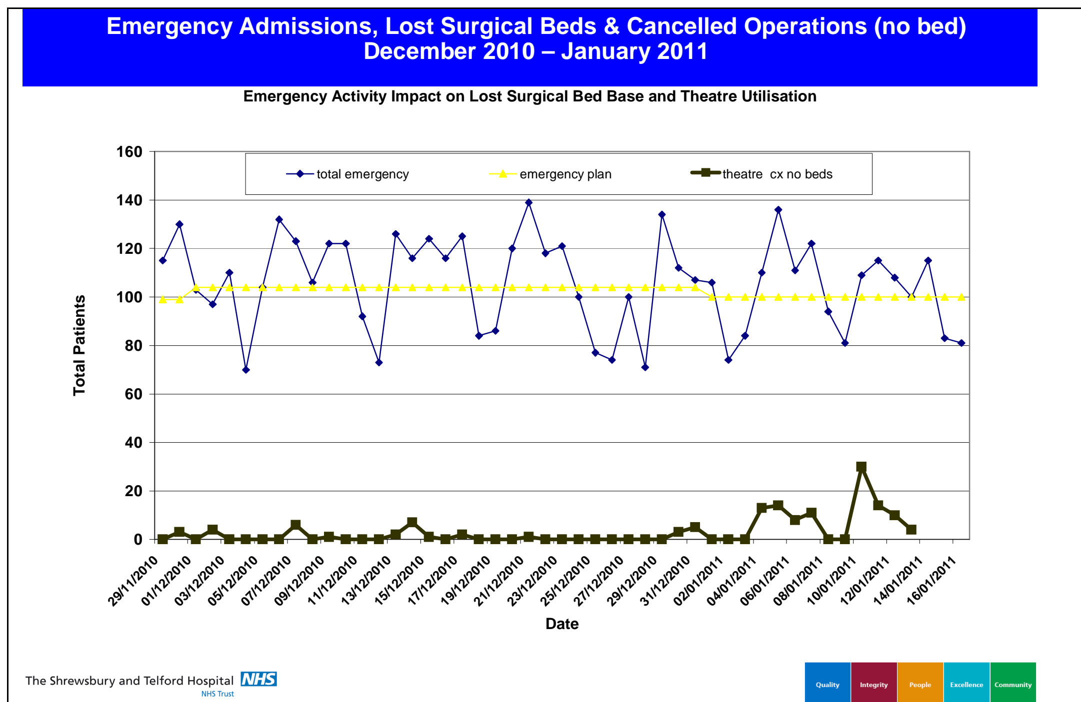
During December SaTH saw some considerable peeks in demand for A&E treatment, as is demonstrated on the chart below the A&E departments are frequently working above the contracted levels.

The number of Ambulance arrivals also increased during the Christmas period. This requires further investigation as a number of Ambulance diversion schemes are in place and should have seen some journeys diverted away from secondary care.



The effect of A&E attendances and emergency admissions continuing above the contracted levels is demonstrated in the following chart especially over the Christmas period where the number of discharges decrease due to support services not being able to discharge for numerous reasons for example assessments by the multi disciplinary team , care package availability, EMI Nursing placements.

.

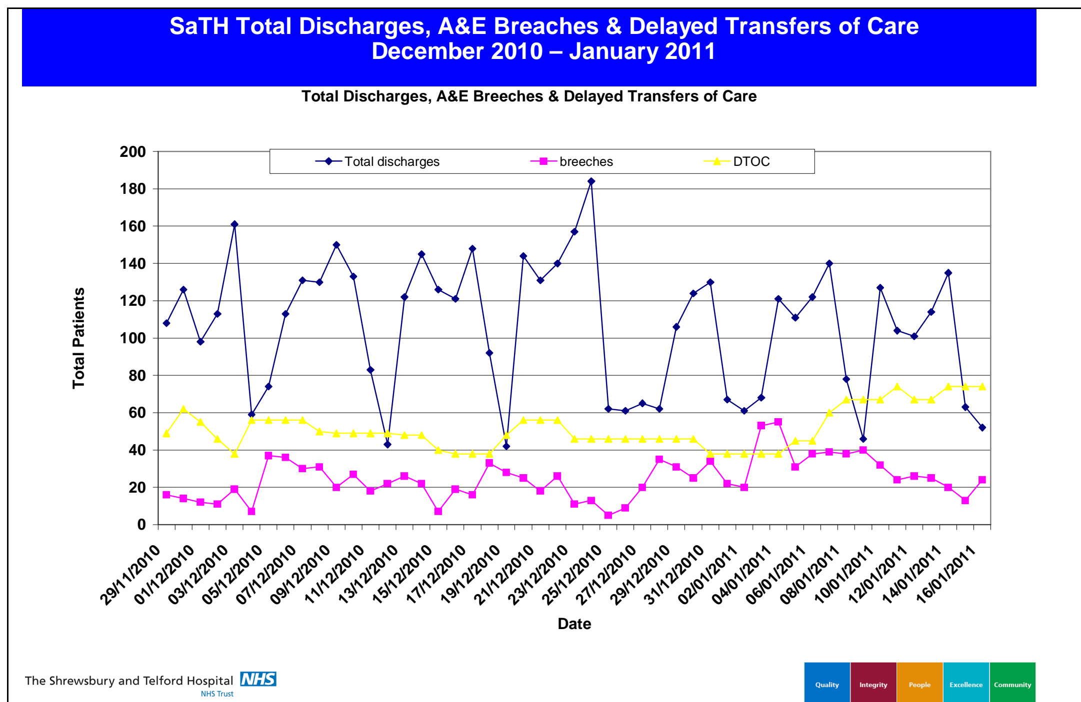


The above slide also demonstrates the effect of Emergency numbers increasing on elective activity. It is clear to see the significant increase in theatre cancellations due to no bed available over the early new year period, this was also the time at which the Trust was operating at Escalation level three and four, this in turn leads to extra requirement for planned care , 18 week extra capacity and increased costs due to weekend working.

Members are also asked to note that the over performance on the Emergency plan is at paid for at the "threshold tariff" i.e. the Trust only receive 30% of the usual tariff. This leaves the Trust in an extremely difficult position of needing to ensure an appropriate service by opening short term escalation beds to meet demand. This is often provided at an increased cost due to overtime, nurse bank and use of nurse and doctor agencies.

Internal Patient flows and Discharge Planning

The chart below demonstrates the significant difference between weekday and weekend discharge numbers which needs closer examination.



The slide also demonstrates the correlation between discharge numbers and A&E 4Hr Breaches and recognises the delayed transfer of care increase over the last 3 to 4 weeks. The delayed transfer of care reporting shows a considerable amount of work to be done both within and externally to SaTH

<u>SaTH internal next steps</u>

We have an obligation to examine our own processes and internal patient flows and pathways. Actions to date or planned:-

- ❖ Appointment of Unscheduled Care Value Stream Lead
- ❖ Review of urgent care patient pathways within SATH using a Multi disciplinary team approach with a tightly managed programme of work at each site. ("Front door to back door" review)
- ❖ Review of Clinical Site management team to ensure sufficient autonomy, decision making and accountability of this service
- ❖ Refocus of the Discharge Transformation Team on effective discharge planning and the Delayed Discharges. The recent audit report on Discharge will form the basis on which the next steps are formed.
- ❖ Move to Clinical Centres and service line reporting to improve focus on pathways and quality outcomes

- Engagement of other NHS and Social Care stakeholders, Commissioners and patients to use our collective activity information to review the effectiveness of the current pathways , services and system of care with an aim to improve the patient experience and quality outcomes by providing the right care in a timely way and appropriate setting

Recommendation

Board members are asked to **NOTE** the contents of the report.