



NHS System Resilience & Seasonal Pressures in Urgent Care Central Bedfordshire Council

**Report to Central Bedfordshire Overview and Scrutiny
Committee June 2016**

Stephen Haynes

Programme Director for System Resilience

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Seasonal system wide pressures

The Bedfordshire health system continues to respond relatively well to demand and activity pressures across the economy over Q4 of 2015/16 and into the first quarter of 2016/17. It is pleasing to report that both Bedford Hospitals and Luton & Dunstable trusts achieved the Accident and Emergency patient constitutional standard of 95% in 4 hours for 2015/16, *two of only 8 acute trusts nationally to do so*.

The first weeks of 2016/17 have however, been significantly challenging for all acute trusts not just locally but across the region and nationally. Attendance and admission numbers have remained broadly within expected ranges but the clinical needs of patients have remained heightened and complex which has led to problems in patient flow and discharge. This continues to be mirrored across both community services and social care.

Actions to mitigate the pressures across the system are led and managed by the Bedfordshire System Resilience Group (SRG) with representation from all stakeholder organisations. The group is currently meeting on a monthly basis, it also takes reports and updates from several task groups which concentrate on both operational and strategic challenges. These include sub-groups around ambulance trust performance, falls and mental health services.

Points of focus

Winter Resilience funding 2015/16

The financial pressures faced by the CCG meant that a reduced total of £1.035 million of additional funding for high priority winter resilience schemes was available and agreed by the SRG. These include initiatives such as increased Ambulatory Emergency Care provision, improved discharge assessment, and continuation of the Hospital at Home scheme. Given the complex and wide-ranging pressures on the system over winter, it has proven difficult to precisely measure the performance and effectiveness impact of individual schemes via the SRG.

Overall urgent and emergency activity across the system remained broadly the same or slightly below the levels experienced during 2014/15. There were however peaks of clinical acuity across most patient groups during winter, with both frail elderly and paediatric patient cohorts proving particularly volatile.

The key themes which emerged through winter continue to challenge the health and social care economy as we move through to the spring and summer periods are;

- The increasingly complex needs of patients being discharged into the community. These include a rise in the need for 4 times a day care
- An increasing requirement for home adaptations for patients prior to discharge and family support issues.
- A shortage of available provision of domiciliary care and nursing home places in the right geographical locations.
- Workforce challenges across all parts of the health and social care economy, including primary care and general practice.

Resilience funding for 2016/17 has yet to be agreed, the SRG and the Senior Delivery group will attempt to focus on schemes which are known to have a positive impact on patient safety and maintaining high quality services. Key emphasis will be placed on initiatives which encourage and support integrated and cross-organisational working to deliver the best services possible.

Winter Communications

Bedfordshire CCG along with public health, local authorities, local providers and partner organisations have been promoting the national campaign Stay Well This Winter in line with NHS guidance. This included the flu campaign, (end September – January) led by public health with regular updates via the flu steering group.

During Self Care Week in mid-November, we focused on flu, how to stay well and where to get medical help, with feature interviews on BBC radio and press coverage. A further media push was 5 days of interviews with healthcare professionals on BBC radio in the week before Christmas. We advertised on Heart radio for 10 days at Christmas and New Year, ran full page adverts in every Bedfordshire newspaper in mid-December, as well as a 4-page wrapper on Bedford on Sunday before Christmas.

The communications strategy then moved in line with the national campaign to NHS 111 and we added radio and press coverage, as well as public engagement in January and February while continuing to promote messages about how to stay well and where to go for medical help.

Ambulance handover delays

The inability for ambulance crews to handover patients into the care of hospital clinical staff continues to be a challenge at the A&E department. This results in queuing at the front door and has the potential for response delays to 999 calls in the locality. It should be noted that continuing severe delays in handover at both Watford and the Lister Hospitals also impact greatly on the ambulance resources for Bedfordshire. NHS England is now directly involved with the above trusts in an effort to reduce the impact of these delays on our locality hospitals.

The CCG continues to work with both the East of England Ambulance Trust and both acute hospitals to address this issue. In an effort to support the management of these challenges, the CCG has agreed to fund the provision of Ambulance Liaison Officers at the A&E front door at Bedford Hospital for the whole of 2016/17 following on from good results over the winter period. The Luton health system has decided against the commissioning of this function at the L&D.

Junior Doctors industrial action

The health economy coped well with impact of the junior doctor's industrial action during February, March and April. The withdrawal of emergency cover in April was mitigated against by focused and effective contingency planning to minimize the possible effects and risks to patients. In the event, the provision of consultant and other grade cover maintained services to a high standard and no untoward events have been reported.

On the full strike days, a reduction in attendances of between 15 to 25% was seen at the Bedford and L&D A&E departments, mainly for minor case presentations. A number of day case and outpatient appointments were cancelled as clinical staff were deployed to deal with urgent and emergency care cases.

Primary Care reported no issues over the period of action and access to GP surgery appointments was maintained at normal levels.

111 & OOH Procurement

Bedfordshire CCG continues to lead the procurement process for an integrated Out of Hours GP and NHS 111 phone line service for 2017 in line with national guidance.

The procurement is now formally a joint process with Luton CCG. Both organisations have agreed combined teams and support resources to undertake this key piece of work which will look to procure a service over a 5-year period to a value in excess of £30m.

Delayed Transfers of Care (DTCO)

This is a measure which helps health and social care providers identify the number of patients currently receiving care in hospital that are medically fit for discharge and only remain in hospital because there is a delay to providing a care package, either in their normal place of residence or in a new community facility e.g. residential home. The measure is recorded at a rate per 100,000 population and it is also possible to record the percentage of hospital beds occupied by patients with a DTCO for each named hospital (although not currently specific to local authority area). Reasons for delays e.g. awaiting completion of assessment, awaiting residential home placement are recorded.

In Central Bedfordshire our joint aspiration for reducing the rate of delayed transfers of care is described in our Better Care Fund plans. In 2015/16 the target rate of delayed transfers of care was achieved, although significantly challenged over the winter months.

The Systems Resilience Group and the Better Care Fund Board monitor DTCO rates. A health and social care system wide Operational Group for DTCO has been established and a draft multi-system DTCO policy developed. The underpinning principles and aims for DTCO across the Bedfordshire system are as follows:

- Partners to work together to ensure that there are no delays across the whole system and that patients are moved safely through the discharge pathway, thereby improving efficiencies and patient experience
- Improving services for patients by avoiding situations where, patients are put at risk by remaining in the acute sector when they no longer need acute care.
- Partners to work together to improve current DTCO self-assessment against urgent and emergency care & high impact (NHS England national guidance) interventions, to prevent delays occurring.
- Retain and continue to build positive partnership working across all departments and organisations.
- Drive a better system of discharge planning encouraging the development of proactive planning for discharge to “pull” patients from acute beds
- From admission manage patients and their relatives/carers expectations and ensure that all patients receive a letter and booklet explaining discharge processes and possible discharge destination on admission.

- Trust clinicians are not expected and should not make recommendations or decisions about the discharge destination. This is a Multi- Disciplinary discharge pathway decision.
- Full assessment of need should not be undertaken while a patient is acutely ill or still has potential for improvement
- Ensure there is consistency in the notification of Expected Discharge Date (EDD) to partner organisations as part of the assessment notification and proactively manage patients to ensure discharge on EDD is optimised and thereby improve patient flow
- Prioritise use of step down as well as step up beds.
- Continue to review against lessons learnt and best practice in order to ensure quality improvement.

In 2016/17 the Central Bedfordshire Better Care Fund plan has prioritised improved performance against delayed transfers of care and set a target to reduce the DTOC rate per 100,000 population achieved in 2015/16 further still, by 2% per quarter in 2016/17. We are also developing improved performance reporting mechanisms which will enable reporting of the percentage of Central Bedfordshire residents that are experiencing DTOC in each of the acute hospital trusts that support the Central Bedfordshire population.