

## Central Bedfordshire Overview and Scrutiny Committee

**Date:** 1 March 2019  
**Subject:** Winter Pressures Update

### Summary

To provide the Central Bedfordshire OSC members with an update on how the Bedfordshire health and social care system was managed during the 2019/19 winter period.

### Background

The Operational Pressures Escalation Levels (OPEL) Framework was rolled out nationally in October 2016. The framework was established as a single national system to bring consistency to local approaches, improve management of system-wide escalation, encourage wider cooperation and make regional and national requirements more effective and less burdensome.

The aim of this approach is to provide a strategic framework which will ensure, as far as reasonably practicable, a consistent approach in times of health and social care systems pressure. The framework was adapted across Bedfordshire and Luton with OPEL Levels being identified by the health and social care systems (the CCG's, Bedford Hospital, Luton & Dunstable Hospital along with community, social care, mental health and ambulance providers) which are reported to NHS England on a daily basis to support national system resilience. The framework is updated annually to reflect lessons learned from the previous year, especially winter.

The Bedfordshire system has seen pressure throughout the 'Winter' so far (November 18 – January 19) however it has been significantly better than the same period last year. Bedford Hospital declared OPEL 3 (Severe pressure) for 25 days (compared to the 29 day for same period last year) and OPEL 2 (Moderate pressure) for 39 days (compared to the 48 days for the same period last year). What is significant is that last year the trust had declared OPEL 4 (Extreme pressure) for 5 days during this period, however they have not reached this level of escalation so far this winter.

The Luton and Dunstable have consistently declared OPEL 1 or 2 during the winter period with the exception of the 8<sup>th</sup> January when the trust escalated to OPEL 3. This was caused by a number of factors including: the numbers of patients needing to be admitted to hospital, the acuity of patients and staffing issues. Luton's health and social system worked closely together to identify and expedite issues which resulted in the trust de-escalating to OPEL 2 within 24 hours.

A Bedfordshire, Luton and Milton Keynes STP System Resilience Lead is in place to ensure effective management of BLMK STP Urgent and Emergency Care system pressures with specific focus on winter and the Bedfordshire system is also working in partnership with STP colleagues to harmonise processes and protocols where possible.

To support patient flow and expedite ambulance handover delays at Bedford Hospital's A&E department the CCG commissioned a Hospital Ambulance Liaison Officer (HALO) in January until the end of March 2019

In response to the pressure seen this year the Bedfordshire system utilised the local OPEL framework with the process being facilitated by the CCG. This included system wide on-site escalation meetings at Bedford Hospital and Luton & Dunstable Hospital, system wide teleconferences, executive teleconferences with the focus on identifying and expediting issues. NHS England Winter Room supported this process throughout. Robust system wide surge plans were implemented at times of increased pressure and will continue for expected periods of activity surge e.g. Easter.

In the summer / autumn of last year a comprehensive winter plan was developed based on system wide bed capacity modelling where providers committed to providing additional capacity to support patient discharges over the winter period. This was developed into the Bed Occupancy plan which is operationally managed by the A&E Delivery Boards System Resilience Group.

In response to this work the CCG undertook a process to understand the lessons learned and experiences of previous years. Along with this, a task and finish group was established within Bedfordshire Clinical Commissioning Group (BCCG) with membership from Commissioning, Quality, Contracting and Continuing Healthcare teams. BCCG worked closely with system partners to ensure the winter bed provision was suitable to the needs of the local population with an appropriate mix of residential and nursing home beds. Following these discussions, BCCG block purchased a total of 23 winter pressures beds that opened with a phased approach from November 2018 to January 2019. Spot purchases have also been made on an ad-hoc basis based on patient need and system demand from Bedford, Luton & Dunstable and Lister Hospitals, which resulted in up to 45 additional beds being provided at any one time across the Bedfordshire system.

### **The Urgent Treatment Centre**

The Urgent Treatment Centre (UTC) based on the Bedford Hospital site successfully opened on 1<sup>st</sup> October 2018 and is open 11am to 11pm, seven days a week, including bank holidays, providing both pre-booked same day and "walk-in" appointments. Pre-booked same day appointments are bookable via NHS 111.

January saw a total of 1584 patients seen in the UTC, of which 835 were streamed from A&E and 749 patients booked via NHS 111.

The 4 hour performance against the 4 hour target was met at 100% performance every day with no breaches and this has helped to alleviate pressure at Bedford Hospital A&E department.

### **Integrated Urgent care (IUC)**

Integrated Urgent Care (IUC) (NHS 111 and Out of Hours GP service) has continued to see call volumes increase with 4,400 more calls offered year to date than the previous year. The Gilbert Hitchcock House (GHH) call centre located on Bedford Hospital North Wing site increased its opening hours on 3<sup>rd</sup> September 2018 to cover 7am to midnight daily meaning less Bedfordshire and Luton calls being routed through the Welwyn Garden City call centre. The additional opening hours has supported the difficulties the provider has had with recruitment due to limited shift patterns being available. The additional call handler capacity will continue to improve the 60 second call handling performance.

The biggest change to IUC has been the introduction of the Clinical Advisory Service (CAS) on 22<sup>nd</sup> January 2019. This offers GP support 24/7 with the main purpose of further clinical evaluation of calls ending in an ambulance or A&E disposition. In the period 22<sup>nd</sup> January to 11<sup>th</sup> February 2019 2745 were taken by the CAS. 65.93% of calls with an A&E disposition were diverted away from A&E and 92.2% of calls with an ambulance disposition no longer required an ambulance. As the CAS further develops this should have a real impact on A&E and Ambulance services.

Following extensive testing NHS 111 online for Bedfordshire and Luton went live on 7<sup>th</sup> November. Patients can access NHS 111 via a website and will be prompted to answer some questions (following NHS Pathways) to determine what services a patient needs to access, in the same manner they would if talking to a call handler. If the patient requires a call back this is arranged directly via the website and a clinical advisor will call the patient back. In January 2019 there were a total of 1106 completed journeys via NHS 111 online.

As well as booking directly in to the Out of Hours GP service NHS111 are now able to directly book with three other services:

- 24 GP Practices in Bedfordshire are now offering at least two appointments per day to NHS 111 for direct booking. 32 appointments were booked for patients at their own GP surgeries in December 2018.
- Appointments can also be booked at the Urgent Treatment Centre on the Bedford Hospital site; figures are shown above.
- Direct booking into Extended GP Access appointments went live on 17<sup>th</sup> December 2018. Activity data will be available by the end of February 2019.

Overall the Bedfordshire health and social care system has responded and coped well for the winter so far. Activity surge escalation plans for the Easter holiday period are being developed to ensure that the system will be in a position to respond to any activity pressures appropriately. A health and social care system wide winter review will take place in May to review the 2018/19 winter period where partners will look at what happened, what went well, what didn't, along with identifying and reviewing the issues experienced, system response and system resilience. The output will be an action plan which will dovetail into other areas of work across the system, and will be managed through the A&E Delivery Boards System Resilience Group.

**END**