



Worcestershire Urgent Care and Patient Flow- HOSC 5/7/18

Evaluation of winter 17/18 and
preparing for winter 18/19

Preparing for winter 17/18

- Winter planning started in May 2017
- Governance via the A&E delivery board
- Based on national best practice and an analysis of previous winters pressures
- Focus on initiatives aiming to
 - reduce avoidable hospital attendances
 - reduce the demand in the A&E department by enhancing alternative assessment areas within the acute trust

Preparing for winter 17/18

- creating sufficient inpatient and community capacity
- focus on best practice discharge processes and revised discharge to assess processes from hospital to nursing homes
- increasing system control with a local “winter room”

Specific winter schemes and outcomes CSU and CCG findings



Specific winter schemes / reduce avoidable hospital attendances

Dedicated GP visiting service

- funded extra capacity to release GP time to visit those requesting a home visit earlier in the day and support alternatives to admissions
- weekly trends of GP admissions have been slowly decreasing since 2014/15. The trend post intervention remains downward but at a more rapid rate. Earlier in the day admissions have also improved in the same period
- however this lacks statistical significance and analysis cannot be confident that results could not be attributed to chance.

Enhanced consultant connect

- Telephony process to connect GPs and consultant's easily to discuss most appropriate patient treatment
- Post launch and up to 2 July 2018 when an outcome was recorded showed 17% (n=44) urgent care admissions avoided



Specific winter schemes / enhancing alternative assessment areas

Acute Pathway Redesign

- schemes to use appropriate alternatives to A&E services – Ambulatory Care services, frailty assessment service
- improved use of these services over the winter however recognising for significant periods of winter the assessment areas on both acute sites were used for bedded areas and did not contribute as planned to improved performance or to reduce the significant pressure within the A&E depts.

Specific winter schemes / inpatient and community capacity

Extra capacity was planned or opened in times of escalation over the winter

- Planned extra acute based beds implemented over winter – 28 acute beds (Evergreen 2)
- Step Down Unit – 28 beds, ‘discharge to assess’ for long term care
- Extra community beds open over winter – 20 additional community beds in total spread over 3 community hospitals

Specific winter schemes / best practice discharge processes

Improving flow within acute services

- aiming to reduce delays with best practice ward based processes and MADE (multiagency discharge events) – measured by length of stay (LOS) and bed occupancy from 16/17 – 17/18
- overall analysis over winter shows no change in LOS on either site, it shows decreased bed occupancy at the Alex site but increased bed occupancy at the Worcester site. However immediate post MADE events at the Worcester site showed a reduction in LOS and patients admitted for more than 7 days, but this wasn't sustained

Specific winter schemes / best practice discharge processes

Redesign of pathway 3 – discharge to assess to nursing homes

- designed to be delivered in 2 units instead of multiple nursing homes and designed to deliver target of 70% discharge with 72 hours
- implementation delays, service commenced mid winter, mitigated by extra funding into existing spot purchasing arrangements which supported reduction in DTOCs
- work continues to maximise the benefits of the units in line with best practice seen elsewhere

Specific winter schemes / a local “winter room”

- Designed to facilitate the leaders of the health and social care system to work more collaboratively including WHAT, WHCT, WMAS and the CCG to manage periods of escalation and the requirements for enhanced communication and reporting
- Positive feedback from regulators on the approach and management of certain periods of escalation

Overall evaluation of winter 17/18

- In addition to the evaluation undertaken by Midlands and Lancs CSU on various aspects of the Winter plan, NHSE also commissioned Carnall Farrar (consultancy group) to analyse the urgent care and patient flow system and locally system partners have reviewed effectiveness of the delivery of the winter plan
- The following is an overall combination of the findings

Combined evaluation findings and outcomes

- A&E attendances have been relatively flat over the winter, whilst performance is highly sensitive to fluctuations of attendances and over 75s shows an increase
- Increase in arrival by ambulance (decrease in self-referral) suggests higher acuity, although conversion rate stayed relatively flat
- Over a fifth of patients leaving A&E with guidance only.
- Decision to admit accounts for the largest delays in the A&E dept, suggesting severe bed capacity issues.
- High occupancy rates are correlated with poor A&E performance. WRH occupancy has been consistently around 100%, also indicative of severe and continued capacity constraints.

Combined evaluation findings and outcomes

- Overall discharges slowed by c. 15% Trust wide in Feb 18 compared to Mar 17; AVLOS increased at Alex for the same period increased by 15%; The rate of discharges in winter did not keep pace with admissions, putting additional pressures on beds during the crucial winter months.
- Levels of stranded patients (inpatient for over 7 days) were at an average of 44%, which is higher than the 40% target
- Discharge processes are less efficient at the weekend, both simple and complex discharges

Combined evaluation findings and outcomes

- Positive outcomes and feedback from local winter room and joint ownership of winter plan
- Reduced DTOC (delayed transfer of care) percentages over the last year
- Challenges of staffing for extra winter capacity across the health and care system
- Challenges with delivery of winter initiatives as per agreed pathways
 - assessment areas in acute often used as in patient areas
- Periods of significant deterioration in performance particularly when discharges not equivalent to admissions

Readiness for winter 18/19

Focus on:

- preventing excess demand on acute based services
- maximising the new services/contracts across our system
- matching predicted demand and capacity
- further enhancing public and stakeholder awareness

Readiness for winter 18/19 - Preventing winter demand

- Enhancing health and social care workforce flu immunisation; Older people flu immunisation; Older people pneumococcal immunisation;
- Urinary tract infection – often leading to admission in the elderly. Specific work on prevention of this infection and implementation of a catheter passport
- Falls prevention- redesigning falls pathway to enhance best practice prevention

Readiness for winter 18/19 maximising the new services / contracts across our system

- Frailty assessment unit – extended business case at the Alexandra Hospital approved for 7 days a week for extended hours – Oct 18
- New Primary Care contract and New neighbourhood teams supporting enhanced appropriate admission avoidance - May 18
- Urgent treatment centre at the Alexandra Hospital from December 18

Readiness for winter 18/19 / matching predicted demand and capacity

- Utilise Demand and Capacity tools to improve analysis of capacity requirements for 18/19
- Building work commenced for redesign of acute beds on WRH site - FOAHSW
- Urgent care and patient flow reset – entitled “right moves” in July 18 designed to deliver system wide pathways as designed, provide executive support to crucial parts of the system to maximise use of capacity

Readiness for winter 18/19 / matching predicted demand and capacity

- Enhance public communication related to the “choices” for urgent care
- Focus on maintaining independence in the elderly as a key quality factor
- Build on one system communication plan for staff from winter 17/18 to ensure key messages reach all front line staff

Challenges and mitigation for 18/19

- Completion of building works on WRH site within timescales – assessing bedded capacity across the system to provide alternative capacity this winter
- Workforce availability across the system to meet the components of the winter plan – identifying service requirements asap to commence recruitment

18/19 Winter Planning schedule

A&E Operational Group Meetings

Tuesday 14th May

Regional Capacity Management Team Winter Review – Daniel Bates
Review – What worked well / What didn't work well - workshop

Monday 18th June Winter Planning Session:

CSU Winter 2017/18 Feedback Report
Demand and Capacity modelling

Monday 16th July final Winter Planning Session

Focus on Demand and Capacity
System Escalation Plan Review
Formulate Draft Winter Plan

Tuesday 7th August AEOG agree Winter Plan

Sign off by AEDB **28th August 2018** – submission to NHSE anticipated early September 2018