

Greater Manchester Health and Care Board

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Date: 9 November 2018

Subject: Urgent and Emergency Care (UEC): Winter Preparedness

Report of: Steve Barnard, Head of Service Improvement UEC, GMHSC Partnership

SUMMARY OF REPORT:

The report provides the Board with an overview of the Greater Manchester system-wide approach to managing the demand challenges associated with winter. The planning arrangements are an extension of the well-established GM UEC Improvement and Transformation Plan.

KEY MESSAGES:

The paper sets out the winter planning approach that is now underway across GM. The primary focus is on ensuring sufficient operational capacity that is matched to both non-elective and elective demand. The capacity planning has been aligned to the existing GM UEC Improvement and Transformation Programme and locality UEC plans. Localities were asked to provide assurance that their whole system UEC plans will deliver the correct level of acute bed capacity and occupancy to deliver 90% performance against the four hour performance standard during winter. GMHSCP have received the assurance reports and are now working with localities to finalise these.

GMHSCP are leading on a range of GM-wide initiatives to; improve demand management, improve escalation processes and reduce the burden on systems for information reporting. This will require support from localities and a commitment to work collectively as a GM system. The GM Winter Summit was held on the 1st November and was well attended by system leaders from across GM. The summit focussed on how we keep patients safe and provided an opportunity for the whole system to come together to finalise our preparations for winter.

PURPOSE OF REPORT:

The purpose of the report is to provide the board with an overview of the plan, the planned implementation process and associated programme governance. The report provides additional detail on the planned improvement and transformation activities within the plan.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Note the content of the report
- Support the winter planning approach outlined in the paper

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1.0 INTRODUCTION

- 1.1. Last winter was particularly challenging for Greater Manchester with high levels of demand across all parts of the health and social care system. The pressures associated with winter continued well into spring and were exacerbated by a higher than normal prevalence of flu and increased acuity of patients being admitted to hospital. As a result, there were higher levels of occupancy and increased numbers of stranded patients (those with a length of stay of seven days or more).
- 1.2. The summer period continued to present significant challenges for GM due to the prolonged period of extremely hot weather, which led to higher levels of demand and, unseasonably, an increase in higher acuity conditions. This resulted in higher than normal occupancy levels and meant that we have not seen the same level of recovery during this period.
- 1.3. Despite the pressures, the GMHSCP UEC Team has worked closely with the localities to develop a GM UEC Improvement and Transformation Plan. The plan has four work streams and includes a series of 'Wave 1' priority projects, which are scheduled to be implemented in advance of, or, during winter.
- 1.4. The winter planning approach is primarily focussed on ensuring systems have the correct level of acute bed capacity and occupancy to try to deliver 90% performance against the four hour performance standard during winter.
- 1.5. Localities have reviewed and tested their existing UEC plans in terms of their predicted impact on delivering the required capacity and bed occupancy levels.

2.0 THEMES FROM PREVIOUS WINTERS

- 2.1 Several winter periods (including last year) have reflected similar themes and include:
 - High attendances and admissions
 - High bed occupancy rates
 - High numbers of ambulance handover delays of over 30 minutes
 - Medical/nursing staffing challenges
 - Limited capacity in social services – domiciliary care

- Care home capacity challenges – infection outbreaks and CQC registration

3.0 WINTER PLANNING APPROACH

3.1. The GMHSCP has worked closely with the GM Chief Operating Officer/Executive Directors of Operations Committee and the GM UEC Improvement and Transformation Board to develop the proposed winter planning approach. The committee have also agreed a 'Winter SRO' to work with the GMHSCP UEC team to co-produce the plan (Andy Ennis from Bolton NHS FT).

3.2. The planning intentions are based on the following assumptions/principles:

- The GM UEC Improvement and Transformation Plan is 'sovereign' and central to the planning approach. There are four work streams identified within this:
 - Stay Well
 - Home First
 - Patient Flow
 - Discharge & Recovery
- GMHSCP will work in close collaboration with NHSI/E to ensure duplication of information requests are eliminated or reduced wherever possible (particularly during periods of heightened demand or pressure)
- Localities will not be required to create additional winter-specific plans (unless they choose to do so)
- There is a continued focus on achieving a GM aggregate of 40% or less stranded patients (patients with a length of stay of 7 days or more), supported by regular system-wide length of stay reviews
- Locality UEC Delivery Boards will approve, review and adapt winter planning arrangements on a regular basis
- The GM UEC Improvement and Transformation Board will work in close collaboration with NHSI, AQuA and Utilisation Management to ensure localities and organisations are provided with support where required.

3.3. GMHSCP and NHSI have collectively reviewed 2018/19 capacity planning and provided localities with the following information:

- A summary of trust operational bed capacity plans against a SUS forecast of beds required (based on previous 5 years data)
 - An indication of the predicted occupancy level based on the trust planned bed capacity
 - An indicative bed occupancy required to achieve 90% plus four hour performance (based on a review of historical four hour performance)
- 3.4. Localities have completed a self-assessment of their existing UEC plans to determine whether they are likely to deliver the required capacity and occupancy levels to achieve 90% plus performance.
- 3.5. A Utilisation Management bed capacity modelling tool has been shared with localities to assist with their review of UEC improvement or transformation projects.
- 3.6. The tool helps localities to adopt a whole system approach to achieving the correct levels of capacity. It will enable health and social care to assess and model the impact of planned service or staffing changes in terms of; reducing attendances or admissions, reducing length of stay, reducing the proportion of stranded patients or increasing daily discharges.
- 3.7. Localities and trusts will be expected to review their elective activity as part of the capacity planning process to ensure they achieve the correct balance in maintaining both non-elective and elective performance in line with national expectations.
- 3.8. Utilisation Management have been providing support to localities for this process.
- 3.9. All locality planning reviews were completed and submitted at the end of October. GMHSCP and NHSI are now in the process of reviewing these and working with localities to finalise.
- 3.10. A GM Winter Summit, chaired by Lord Peter Smith, was held on the 1st November. The focus of the summit was on keeping patients safe during winter, building on the capacity planning review process, and identifying any further support requirements for localities or organisations.

4.0 GMHSCP-LED WINTER INITIATIVES

- 4.1. In addition to the locality demand and capacity planning process, GMHSCP are leading and coordinating a range of additional initiatives to manage

demand and improve flow across the whole system. The flu vaccination programme is an integral aspect of winter planning.

4.2. GM UEC Operational Hub

- 4.2.1. The GM UEC Operational Hub has now been running for almost a year. A workshop was held in early August to review the function of the hub and to generate ideas for improving its role within the system.
- 4.2.2. For this winter, the hub is testing the operation of an 'air traffic control' system to improve the management of ambulance arrivals at Emergency Departments. The aim of this approach is to align ambulance arrivals to a hospital's capacity to receive them, wherever it is safe to do so.
- 4.2.3. The GM UEC Hub is integrating more with the NWS dispatch and clinical advice functions and establishing links with locality-based urgent care services (such as acute visiting schemes and out of hours services) to ensure early senior clinical review underpins the decision making process. This will also help to maximise opportunities to avoid ambulance conveyances wherever possible.

4.3. Single GM OPEL Escalation Process and Online Tool

- 4.3.1 A single online GM OPEL escalation tool has been developed for use by all localities. This will ensure greater consistency across GM in terms of the assessment of pressures and subsequent actions. The tool uses live data feeds and will enable systems to review and validate the suggested scoring based on local intelligence. The tool will also prompt users to confirm actions taken in response to different escalation levels.
- 4.3.2 The tool will reduce the requirement for information requests and phone calls to systems during times of increased pressure.

4.4. 111 Online and Direct Booking

- 4.4.1. Following the GM launch of 111 Online in July, there has been extremely good uptake of the service, with around 1000 patients a week now using the service. The majority of patients are within the 15- 40 year old age group and are being directed to primary care services.
- 4.4.2. Further work is underway ahead of winter to increase awareness and promotion of the service and to ensure the Directory of Service is maintained to support the streaming of lower acuity patients away from emergency departments.

4.4.3. To date, implementation of 111 direct booking into primary care has been variable across localities. This limits the ability of 111 to direct patients away from emergency departments. GMHSCP are currently undertaking a baseline assessment of implementation and reviewing utilisation of established services. GMHSCP will then work with NWS and localities to ensure this is fully implemented in all localities during winter.

4.5. Triage and streaming patients away from Emergency Departments and non-admitted pathways

4.5.1. GMHSCP, in partnership with NWS, have now completed site visits to all primary care streaming services in GM. System engagement with the reviews has been very positive and every locality has been provided with a feedback report to highlight further opportunities for improvement.

4.5.2. NHS Elect are in the process of completing a review of Ambulatory Emergency Care (AEC) services across GM using their AEC accelerator programme methodology. This will be completed during November. The review will highlight further opportunities for maximising AEC pathways as an alternative to ED and other admitted pathways.

4.5.3. A GM workshop will be held on the 16th November to review both the primary care streaming and AEC work to develop further streaming services and increased utilisation of same day emergency care.

4.5.4. GMHSCP are working with 5 localities (Bolton, Wigan, Stockport, Bury and Manchester) to test new Integrated Urgent Care Services. These services will act as a single point of access, triage, assessment and care at a locality level. They will be testing an alternative response to NWS for lower acuity 999 (Cat 3 & 4) and 111 calls. The services will go live during November. The aim is to reduce hospital attendances and to connect patients with local service much earlier in the UEC pathway. This will also release NWS capacity to deal with the higher acuity 999 calls.

5.0 COMMUNICATIONS

5.1. Building on the success of last year the communications teams from the GMHSCP and the CCGs are again combining resources to run a GM wide winter campaign. The campaign will start in October with a focus on flu including a staff flu campaign, at risk groups and parents of 2-3 year olds.

5.2. The national NHS England campaign has now evolved into 'Help us, help you'. The GM campaign will work alongside this however will be providing a GM look and feel and will bring forward the timings on promoting the pharmacy element of the campaign and GP practice extended hours.

5.3. In line with the UEC programme priorities, communications are being developed to support the work to reduce length of stay and 'home first' campaigns.

6.0 RECOMMENDATIONS

6.1. The GM Health and Care Board is asked to:

- Note the content of the report
- Support the winter planning approach outlined in the paper