

Health Scrutiny Committee
18 March 2015

Joint Report A & E and Winter Pressures

Purpose of the report:

The purpose of this report is to respond to the following Health Scrutiny request:

Following the high level of demand on NHS A&E units across the country and the effect on performance the Committee has requested that Ashford & St. Peter's Hospitals Foundation Trust and its partners provide an analysis of the pressures in their area including detail on the immediate response to the increased demand and how the system is planning to cope going forward. The Trust has been approached as it has demonstrated resilience in this period and can provide evidence of the lessons learnt as it steps down from major incident status.

1. Introduction

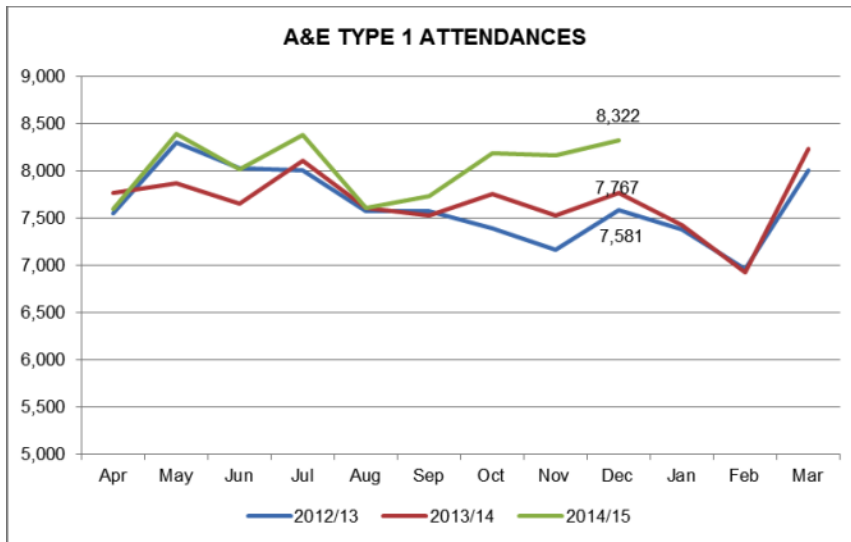
NHS North West Surrey CCG, Ashford & St Peter's Hospitals NHS Foundation Trust (ASPHFT), Virgin Care, South East Coast Ambulance Service (SECamb), Surrey County Council, Surrey Downs CCG, Surrey & Borders Partnership NHS Foundation Trust, NHS111 and Care UK, have been actively working together to manage winter pressures.

This year ASPHFT experienced an exceptionally high level of demand on its Accident & Emergency (A&E) services, recording higher than average attendances on a number of given days. The pressure escalated and, like a number of other hospitals across the country, the Trust – in agreement with NWS CCG colleagues – made the decision to declare a Major Incident on 3 January 2015.

However, demand pressures have not been confined to the acute hospital sector; the whole healthcare economy in North West Surrey has been experiencing extremely high demand. The ambulance Trust (SECamb) has also been reporting unprecedented demand with extremely high call levels during December and January.

2. Increased demand and the impact on compliance

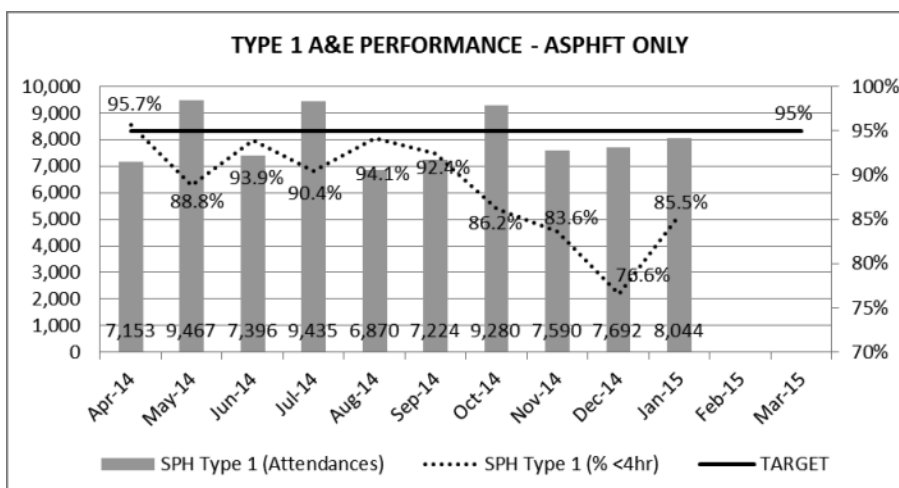
Ashford & St Peter's Hospitals Foundation Trust (ASPHFT) experienced a high level of demand on its A&E unit during 2014/15, and this was particularly evident over the Christmas period, as demonstrated by the following chart:



* Data source: SUS

The analysis shows that high monthly attendance volumes were particularly evident for Quarter 3 (Oct-Dec 2014), accompanied by higher rates of hospital admission, particularly from the +75 age group, and reached a peak in December which was comparable to peaks experienced in May and July. These months all showed increases compared to the previous year with variances ranging from +5.5% to +8.5%.

As a snapshot, during December the Trust experienced an increase of 7.1% in A&E attendances compared to the same time last year (an extra 554 patients), with a 15.7% increase in admissions compared to 2013 (an additional 286 patients). Most notably, there was a 26.8% increase in admissions for the +75 age group, many of whom are the frail, elderly often with multiple conditions – more complex in terms of treatment and care, and who often require very complex discharge packages. This had a significant impact on flow within the hospitals, leading to a drop in compliance as demonstrated by the following chart. This shows a dramatic drop in compliance for the A&E 4 hour standard, particularly during the months of October - December 2014.

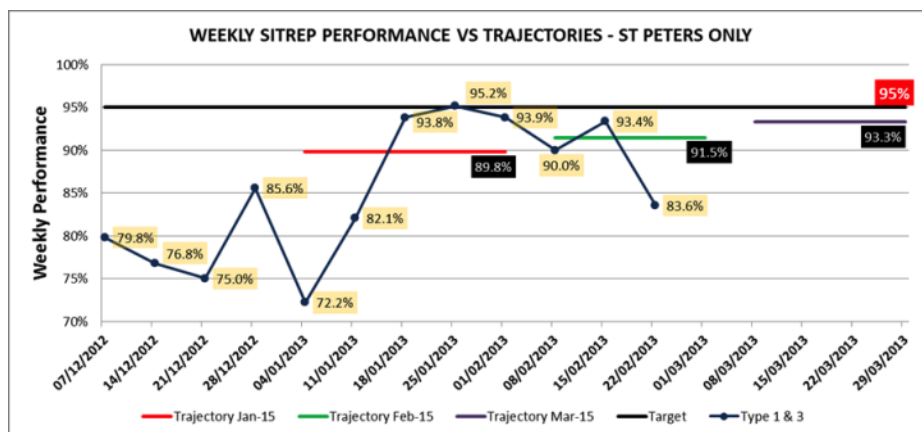


* Data source: Unify

3. Plans and progress to date

A detailed recovery plan is in place to address the identified immediate improvement priorities (front door configuration, patient flow, discharge planning, and system change). The recovery plan is intended to deliver immediate breach reductions through specific initiatives within each of these priorities (including re-location of Ambulatory Emergency Care Unit, clinical pathway re-design, improved protocols, and additional step down provision).

A trajectory for improvement has been agreed which will deliver compliance at St Peter's Hospital site from 1 April 2015.



* Unify

Although good progress has been made, a number of immediate recovery actions are in progress, and most of the breach reductions are anticipated to occur March-April 2015. Compliance reduced significantly in the third week of February (83.6%), and highlights the importance of delivering these reductions in March.

To support resilience, the North West Surrey urgent care system received a total of £3,577,000 funding. The North West Surrey System Resilience Group was responsible for agreeing the schemes that have been initiated to enhance system resilience. Learning from winter 2013/14 informed the schemes that were agreed.

Over 15 different schemes were initiated; many were designed to enhance seven day service provision across the health and social care system.

All system urgent care providers are collaboratively working together to implement and evaluate the initiatives.

The following examples show the breadth of schemes undertaken:

- Public awareness campaign to promote alternatives to A&E. This initiative was useful in minimising the impact of growth seen in the North West Surrey urgent care system.
- Managing the patient in a Walk in Centre setting by providing the nurse led walk in centres at Weybridge and Woking with a GP at weekends and Mondays when demand is high. This has resulted in a significant number of patients being referred to other services for treatment that cannot be provided when a doctor is not on duty.
- Extending psychiatric liaison hours at the hospital for all adult age groups covering seven days a week to ensure that those with mental health issues gain quicker access to mental health services. This has resulted in patients referred to the psychiatric services being seen, on average, within less than 60 minutes once Ashford & St Peter's Hospital staff have referred them to the psychiatric service.
- The hours of the rapid response service provided by Virgin Care has been extended to cover early evenings Monday to Friday and during the day on Saturdays and Sundays. The team supports patients out of hospital and also

prevents some patients requiring a hospital admission by providing immediate support on discharge from A&E.

- Additional care home capacity was purchased from two care homes in North West Surrey resulting in more patients being promptly discharged from hospital.
- Additional social care practitioners were brought into the hospital over the weekends throughout December 2014, January 2015 and February 2015.
- Funding of a 26 bed escalation ward at ASPH from September 2015 provided additional capacity in the hospital to support managing the increased demand.
- Provision of additional medical and nursing shifts in A&E to ensure safe care for patients during periods of overcrowding and for patients awaiting handover from ambulances.
- Weekend cover for the ambulatory emergency care unit (AECU) and the older persons assessment and liaison (OPAL) service.
- Additional Consultant shifts to expedite discharges over the weekends.
- Additional junior medical staff to support the higher number of patients being admitted to the hospital and the overall increase in the inpatient population.

4. Lessons learned and future planning

All partners continue to work together to regularly review the current position and have mechanisms in place to implement rapid change where necessary. We are using the insight gained over Christmas to inform our Easter planning and all the schemes initiated above will remain in place.

1. There was insufficient domiciliary care provider capacity covering the Christmas period with most providers reporting they did not have capacity to accept new clients until Monday 5 January 2015. This resulted in patients (particularly those requiring frequent visits or complex packages of care at home) remaining in hospital during the Christmas period.

In response to this, work is being undertaken with care home and domiciliary care providers to ensure that new contracts negotiated require providers to be flexible and responsive.

2. At the end of January 2015, North West Surrey CCG and Surrey County Council held an event for social care providers where the statutory bodies shared their plans relating to urgent care and the frail elderly.

This event helped the care home and domiciliary care provider sector better understand the pressures experienced in urgent care and the negative impact some of their practices can have on the urgent care system. For example, not undertaking prompt patient assessments before accepting the patient or not having immediate capacity available to support discharge from hospital.

Those attending the event provided positive feedback and welcomed the opportunity to network with other colleagues and see where and how their contributions can have an impact.

3. From our review it was also found that when purchasing care home provision, success is dependent upon there being a dedicated GP or a GP practice with medical responsibility for those care home residents.
4. The benefits of seven day working was demonstrated throughout the Christmas period and emphasises the need to continue to extend 7 day working to across as many services as possible.
5. Collaborative work between the hospital A&E staff and ambulance staff has resulted in quicker turnaround of ambulance vehicles resulting in increased availability of vehicles to respond to emergencies.

In addition to the above, our Locality Hubs Programme (one of North West Surrey's Better Care Fund programmes) focuses on developing an integrated care model that enhances support to the frail and elderly. The programme will provide our residents with the best possible, fully integrated, appropriate and most cost-effective care; delivering better outcomes for one of our most vulnerable groups of patients.

This GP led model of care will integrate a wide range of services around some of our most complex frail elderly patients. They will bring together services and provide access to primary care, community services, social care, third sector and planned care services through a single access point. They will plan and provide proactive services aimed at keeping people healthier for longer and slowing rates of functional deterioration, while also possessing the capability to deliver prompt reactive care in situations of crisis or exacerbation.

When fully operational, Locality Hubs will operate seven days per week and will have the capability to outreach to a person's place of residence and to acute hospitals to support discharge. Every patient on the 'hub caseload' will be provided with a dedicated Care Coordinator and/or Case Manager who will develop a holistic personalised care and support plan. Care Co-ordinators/Case Managers will also ensure access to a diverse portfolio of services both at the hub site and within the wider community.

5. Conclusion

The report would like to publicly note to the Committee the commitment and hard work from staff across all partner organisations; there is no doubt individuals have gone above and beyond on behalf of patients and it's important that their contribution is recognised at this point.

With this intense pressure came a high level of scrutiny and interest, particularly from the media, including a live broadcast of BBC Radio 4's The Today Programme from the Trust's A&E department on 10 January 2015.

Helping the public to understand the real pressures being faced by hospital A&E departments and also the NHS as a whole has been well received, within both the healthcare sector and at a wider level. There is no doubt the public responded to the media coverage with reduced A&E attendances and hospital admissions immediately following the intense media period.

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