Surrey Health Scrutiny Committee
18 August 2015

Joint Report
A & E Winter Pressures

Purpose of the Report:

Following the high level of demand on NHS A&E units across the country and the effect on performance, the Health Scrutiny Committee has requested that Epsom & St Helier University Hospitals NHS Trust and its partners provide an analysis of its performance in 2014/15 and review preparedness for future demand pressures. The purpose of the report is to provide a response to 5 key areas of enquiry raised by the Committee:

1. Work with partners in health and social care to manage the increased demand in A&E in December 2014 and January 2015.
2. Identify local plans in place to manage a spike in demand should it re-occur in 2015/16.
3. What needs to be done to ensure A&E is used appropriately in the future.
4. Identify risks to A&E performance.
5. Provide suggestions as to what other partner agencies can/should be doing to alleviate the situation.

1. Introduction

Epsom & St Helier University Hospitals NHS Trust (ESHUHT), Surrey Downs CCG (SDCC), Central Surrey Health (CSH), South East Coast Ambulance Service (SECAMB), Surrey County Council Adult Social Care (SCC), Surrey & Borders Partnership NHS Foundation Trust, and NHS111 worked actively together to prepare for and manage winter pressures through 2014/15.

Last winter, ESHUHT experienced an exceptionally high level of demand on its A&E services, recording higher than average attendance in December 2014. Demand pressures were also escalated in the same time period in the whole health and social care economy.

2. Partnership work in health and social care to manage the increased demand in A&E in December 2014 and January 2015

Epsom & St Helier University Hospitals NHS Trust (ESHUHT) experienced a high level of demand on its A&E unit during 2014/15 and this was particularly evident over December 2014. The table below shows monthly performance against the 95% A&E 4 hour standard at ESHUHT:

FY	Month	Attendances	Breaches	Performance
14/15	Apr	12,036	393	96.7%
	May	12,943	390	97.0%
	Jun	13,006	551	95.8%
	Jul	13,005	324	97.5%
	Aug	11,585	436	96.2%
	Sep	12,293	552	95.5%
	Oct	12,372	508	95.9%
	Nov	12,480	535	95.7%
	Dec	13,046	1,042	92.0%
	Jan	11,418	697	93.9%
	Feb	10,722	510	95.2%
	Mar	12,762	579	95.5%
15/16	Apr	12,162	559	95.4%
	May	12,453	473	96.2%
	Jun	12,659	348	97.3%
	Jul	12,680	367	97.1%

*Data Source: ESHUHT

The table shows ESHUHT achieved the 95% A&E 4 hour standard for all months with the exception of December 2014 and January 2015. A&E attendances were high in December 2014, and further impacted by increased patient acuity and a high number of patients requiring treatment in the majors and resuscitation area of A&E throughout these months. ESHUHT also saw an increase in the number of acutely unwell children presenting to the department. Additional winter schemes were specifically focused on increased A&E staffing and increased staffing within the paediatric service to assist with managing the increase in demand and acuity. This included opening additional paediatric and adult beds to support an increase in admissions

The mid-Surrey system holds regular monthly Strategic Resilience Group meetings with all local health, social care and voluntary partnership agencies present. These discussions, chaired by SDCCG, are also informed by the monthly elective and non-elective dashboards. At these meetings pressures and challenges in the system are discussed and if required, options are offered from the whole health economy for resolution. During the Christmas and New Year period of 14/15 the system experienced a high level of pressure. Additional partnership working during this time included:

- Weekly teleconference meetings with the Acute Team to escalate concerns; capacity, demand, and service delivery issues; bed capacity in community and community team capacity. Teleconferences increased to daily during peak demand periods.

- Work led by SDCCG team with both acute and community hospital sites to tackle causes of delays on a case by case basis, cases escalated to and discussed at daily whiteboard hospital meeting.

- Wards held twice daily multidisciplinary team whiteboard meetings to prioritise actions, ensure discharges were on track and reduce length of stay. Social care, community services, and therapies attended.

- 7 day Length of Stay meeting at the acute site with community and social care colleagues. The aim of the meeting was to discuss and 'unblock' patients who have been in an acute bed for more than 7 days, and identify key actions required to support discharge on time.

- Adult Social Care Epsom hospital team increased its operational hours in October 2012 (in line with the five Surrey Acute Hospitals) from 8am to 8pm Monday to Friday and 9am to 5pm weekends and bank holidays. The team provide advice and information, assessments and arrange services to support discharge from hospital. The Adult Social Care Epsom hospital team works alongside health colleagues and proactively engages with health colleagues on a daily basis to identify further actions to facilitate timely discharges and help alleviate pressures in the hospitals.

- Daily 'situation report' data circulated from the acute providers to all other partners.

- The acute provider submitted a daily snapshot of medically ready for discharge patients which provides a comprehensive breakdown of pressures attributed to delayed discharges.

- Health and Social Care jointly commissioned the Red Cross service to provide assistance for discharges for people who would benefit from support

to settle in to their home following a stay in hospital. This includes meeting them when they return home, ensuring they have food, heating and that they are settling back in their home on the day of discharge as well as follow up visits for up to six weeks to ensure that they are managing at home following discharge.

- Additional winter schemes in place within the acute trust to assist in managing an increase in non-elective demand. This included a focus on enhanced A&E staffing, Paediatric staffing, and weekend working to support 7 day a week discharge, and additional therapists in the acute.

- Additional therapy workforce in community to support discharges home, twice weekly attendance of Locality Manager to EGH Bed-state meeting.

- Additional community hospital bed capacity and assessment bed capacity in nursing homes, funded by the CCG and administered by Adult Social Care staff, to 'bridge' between patients being medically fit for discharge and provision of longer term community care support.

- Daily visibility of community hospital capacity and close working with community service providers to ensure timely transfer of appropriate patients to community hospital beds including some flexibility with admission criteria at times of extreme pressure.

- SDCCG support to the A&E department when the ambulance trust Hospital Advice and Liaison Officer was deployed and the whole system experienced significant pressures. SDCCG also linked regularly with both commissioned and voluntary based community and social care services to ensure all resources available were used to maximum potential.

3. Plans in place to manage a spike in demand should it re-occur in 2015/16?

SRG plans are currently being developed with partners and patient representatives, using lessons learnt from the previous year. This includes formalising a plan and operational framework for Nursing Home Assessment beds building on last year's successes; and refining the additional support provided to internal teams at Epsom General Hospital. However the principal innovation underway is the joint health and social care integration strategy, the first phase of which is the mobilisation of Community Medical Teams (CMTs) to provide an enhanced level of support for older people in the community and a higher level of senior medical input to local Community Hospitals. Equally SDCCG is engaged with out of hours providers and NHS111 to ensure sufficient provision is provided to support patients and carers, and

the Directory of Services (DOS) is updated to guide staff and patients to additional services.

The use of Tele-care and Tele-Health is being explored via integrated working with the District and Borough Councils, Voluntary and Third Sector.

4. What needs to be done to ensure A&E is used appropriately in the future

Public campaigns are key but have a number of limitations as by their nature they target 'walk-in' patients with minor ailments, usually streamed to the minors areas in A&Es. Whilst these patients can contribute to the overall pressure on a department, they are not in our experience the principal cause of system stress in winter. Rather, winter pressures are driven by ambulance-conveyed patients who are typically older adults and have a far higher prospect of being streamed to A&E 'majors', to be assessed as acutely unwell and thus require hospital admission. Ultimately it is not practicable or necessarily advisable to tell these patients to avoid A&E unless other targeted and highly responsive services are available to assess and treat them.

We have not invested in initiatives to increase capacity away from full A&E/acute medicine hospitals, such as Urgent Care Centres. There is a question regarding the ability and willingness of patients and clinicians to access these services instead of A&E. Instead, local strategy has focussed on:

- Via the integration strategy, an increase in proactive input for older patients at very high risk of admission. Following the successful mobilisation of CMTs, this support will be progressively extended to include additional community matrons, therapists, care navigators and social care liaison

- extended hours access to mainstream general practice

- The streaming of patients who present at the A & E department to other services such as a GP Out of Hours base co-located within the acute site.

- Extended Psychiatric Liaison Services were road tested last winter and due to the success have been extended for a full year effect for 2015/16.

- An increasing role for community pharmacy advice and support and medication review, the CCG is supporting a business case for community pharmacy to work jointly with the community medical teams to prevent hospital admissions for those patients at home or in a care home setting.

5. Risks to A&E performance in the Epsom area

The area has an ageing population which increases the pressure each year on urgent care pathways. Additionally, Epsom General Hospital is relatively small and therefore variations in demand and capacity can place significant strain on services within a short space of time.

Adverse weather seen in previous years such as snow or flood may also pose a risk to the Emergency Department. SDCCG also sees an impact from crises in London and other parts of Surrey, which have previously led to diverts to Epsom General during times of peak demand. The yearly issue of flu or other pandemic illness also poses a significant risk to the performance of A & E.

6. Suggestions as to what other partner agencies can/should be doing to alleviate the situation

Not beyond those listed above

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