NHS
Dartford Gravesham and Swanley
Clinical Commissioning Group

NHS
Swale Clinical Commissioning Group

Briefing to Kent County Council HOSC Friday 26 January 2018

Subject: **NHS Dartford, Gravesham, and Swanley (DGS) and Swale Clinical Commissioning Groups - Update on emergency and urgent care during the Christmas and New Year period 2017/18, actions taken to support the system and current performance**

Date: Report compiled 10 January 2018

Introduction:

This paper provides members of the Kent County Council Health Overview and Scrutiny Committee (HOSC) with an overview of the North Kent urgent and emergency care system over the Christmas and New Year period. It also provides information on the actions taken by the system to support the pressures experienced by Medway Maritime Hospital (managed by Medway NHS Foundation Trust (MFT)) and Darent Valley Hospital (managed by Dartford and Gravesham NHS Trust (DGT) to ensure the safe and timely care of patients in the local area over the challenging winter months.

Background:

Although reporting to separate Local A&E Delivery Boards (AEDBs), a number of providers for both DGS and Swale CCGs are the same, while Swale also share some providers with Medway CCG, therefore a North Kent approach is taken for managing winter pressure and surge.

During 2017, DGS and Swale CCGs with colleagues from Medway CCG worked with their partner organisations across the health and social care sector to prepare for the challenges of the winter months.

Using both local expertise and the lessons learned from the North Kent system in previous years, robust plans were developed, refined, tested and implemented to provide the necessary assurances while strengthening partner relationships and developing a mutual understanding of the pressures across the system.

Since October, weekly conference calls have been held with providers across the North Kent urgent care system to provide insight and understanding of any pressures the system or individual organisations are experiencing and providing system support where necessary.

Using the NHS England/NHS Improvement Operational Pressures Escalation Levels (OPEL) Framework determines the escalation status for both the DGS and Medway and Swale systems.

During periods of escalation to OPEL 3, these whole system calls are held daily. These move to twice daily when the escalation status of the system is OPEL 4.

Between the periods of 1 November until 10 January, the DGS system has reported OPEL 4 status on one occasion for a period of 1 day on 2 January, the Medway and Swale system has reported OPEL 4 status on two occasions, 2-3 January and 6-9 January. The collaborative working across partner organisations is demonstrated by the swift de-escalation of the system.

Performance and challenges faced for each provider:

1. DGT and MFT A&E performance against waiting time standard

Planning trajectories were agreed for delivery of the A&E standard with CCGs and Acute hospitals at the start of the year against the national standard of 95%, however the expectation is that all AEDB systems should maintain 90% across winter

The agreed local targets and performance against the targets by each local AEDB system can be seen below:

Darent Valley Hospital (DVH) and MIU:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	89.0%	89.5%	90.0%	90.0%	90.0%	92.7%	90.0%	90.4%	90.0%	80.0%	85.0%	95.0%
Performance	86.4%	85.3%	90.7%	93.3%	91.2%	93.4%	90.0%	90.9%	84.2&			

Medway Foundation Trust (MFT) and MIU (from October):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18 Plan	89.0%	89.5%	90.0%	90.5%	92.5%	92.0%	93.0%	93.5%	94.0%	94.0%	94.0%	95.0%
Performance	80.8%	87.7%	91.1%	88.5%	87.7%	83.8%	87.9%	90.5%	83.5%			

In DVH, the locally agreed target was consistently achieved until December.

While in MFT, the local target has only been met once, in July – demonstrating the challenges across this system.

Higher levels of activity and acuity across the whole of Kent and Medway have been reported during December (substantiated by South Coast Kent Ambulance Trust) with DVH and MFT being no exception to this.

Tables 1 and 2 below show the daily 4 hour performance/attendances for the past month

Table 1: DGT Daily 4 hour performance / attendances

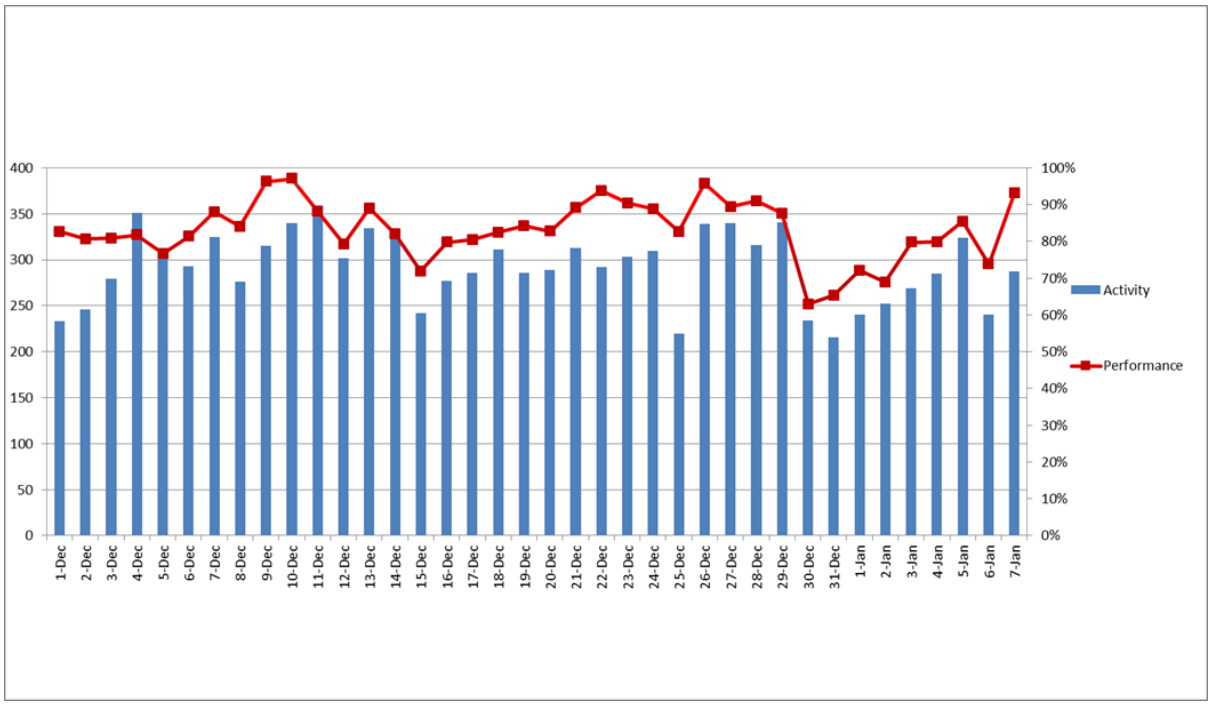
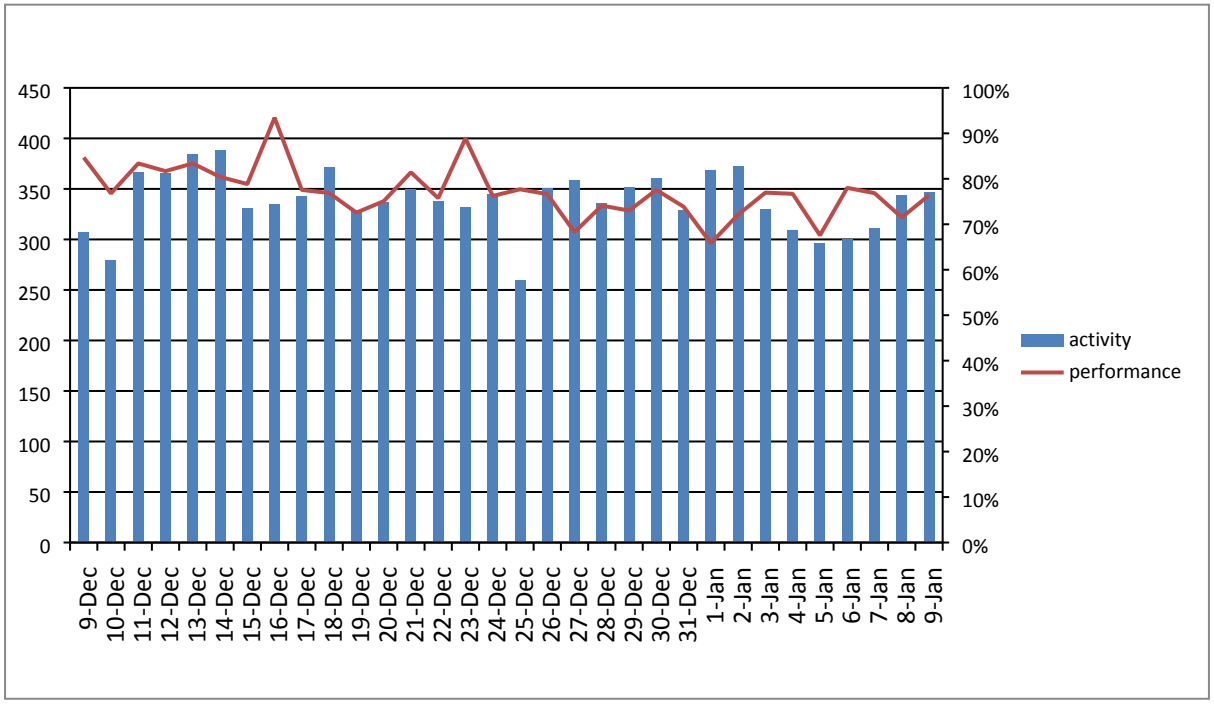


Table 2: MFT Daily 4 hour performance/attendances



The nationally mandated streaming of appropriate patients to a GP service based in the emergency department (ED) was successfully introduced in both DVH and MFT in October, with around 50% of patients seen by the GP service as opposed to ED.

In mid-December the government announced the opportunity to bid for winter monies for systems to implement schemes to support the system during the winter period.
The DGS system submitted a bid of £1.3million, the Medway and Swale system submitted initiatives totalling £1.1million. Both bids were successful and all initiatives have either been implemented or are on track to be implemented (some schemes require more lead in time than others and most are staffing resource dependent).

2. NHS 111/Out of Hours (OOH) – IC24 DGS / MedOCC Swale

IC24 (DGS) /MedOCC (Swale) - As part of the winter funding bid OOH services were funded for additional capacity to support the system, providing cover for home visits for the frail elderly to help management in their own home, avoiding unnecessary ED attendances and admissions. A report on NHS 111 and SECAmb performance is attached as an appendix.

3. South East Coast Ambulance (SECAmb)

Focussed work between SECAmb and the acute trusts was undertaken throughout the summer to improve on ambulance handover delays, reducing the potential negative impact on patient safety and experience.
This has resulted in a notable reduction in delays. In addition, SECAmb implemented the mandated national Ambulance Response Programme on 22nd November, altering their process around the screening of calls and response times.

After the New Year period, a surge in activity has been experienced by SECAmb, putting SECAmb at the higher level of their Demand Management Plan. An alternative number to 999 was issued to GPs to call for those patients where there is no immediate threat to life (i.e. when it is not for example a cardiac arrest, stroke, heart attack), to prevent delays in responding to calls for those who may be experiencing a life threatening emergency.
A report on NHS 111 and SECAmb performance is attached as an appendix.

4. Community and Local Authority Providers

Virgin Care (for DGS and Swale), Medway Community Healthcare (for Medway/Swale), Kent County Council (for DGS and Swale):

As providers of ongoing community/social care support and beds for patients no longer requiring acute level care, these providers have been working closely with the acute trusts to support timely discharges of medically optimised patients. The providers are supporting both acute trusts to identify patients to discharge with support at home or step down into a community bed. The three providers have flexed their admission criteria to accept a wider range of patients to accommodate, for example those that may be waiting for a more complex package of care.
Assessments for longer term needs and continuing healthcare funding are also being undertaken in the community as opposed to in an acute hospital bed.

NB. In addition to KCC, Medway Council is also part of the Medway/Swale system.

5. Minor Injury Units (MIUs), Walk in Centres (WiCs), Primary Care

Kent Community Health NHS Foundation Trust (DGS and Swale MIUs), Fleet Healthcare (DGS WiC)), Dulwich Medical Centre (Swale WiC), Primary Care

As part of the planning process and through winter funding, a number of GP practices extended their opening hours and capacity, offering appointments over the Bank Holiday weekend. The MIUs increased their staffing to manage predicted surges in activity during this period.

Efforts to provide and advertise alternatives to ED, particularly over the Bank Holiday periods, was a central focus. Communications supporting the national and local 'Choose Well' campaigns have been published on provider and CCG websites, in local newspapers, via social media i.e. Facebook and Twitter.

Unfortunately, utilisation proves variable, with the MIUs still seeing relatively low numbers of attendances and the WiCs' activity remaining fairly consistent, even when the emergency departments appear to be experiencing significant pressures.

In DGS, Kent Community Heath NHS Foundation Trust provided vital system support during a local outbreak of meningitis in December. By providing staff and securing/delivering sufficient vaccines urgently for those who had come into contact with affected patients, they prevented further spread of the disease and averted significant numbers of critical admissions.

Work over the next 18 months will continue to develop the Urgent Treatment Centre models in both DGS and Swale (local plans around this were previously presented to the HOSC in July 2017).

Next steps: Mitigating plans for the remainder of winter 2017/18

Whilst the framework for managing the 2017-18 pressures was agreed with all partners, the systems are constantly reviewing and adapting their approaches and arrangements as required. Below are some of the local actions being taken in addition to those that were already agreed within the winter plan:

1.	**Admissions Avoidance**
	• Additional assurances sought from 111 and OOH providers around sufficient rota fill/clinical expertise, to support the system out of hours • Dedicated direct bleep numbers for senior clinicians for advice and guidance in both acute trusts • Use of NHSE primary care monies to provide additional out of hours/peak time capacity • Additional clinical support in EoC for 999 and in call centres for 111 • Review of 111 DoS to ensure mapped appropriately • Continued promotion of alternative services through websites, local media and social media • Proactive focus in primary care for management of long term condition patients
2.	**Emergency Department**
	• Older Adult consultants in EDs providing case identification, early intervention and alternative management strategies for elderly/frail patients to avoid admission where clinically appropriate • Other senior clinicians/medics in ED to support decision making • Additional Emergency Nurse Practitioners within ED facilitating flow, increasing nursing capacity, enhancing patient care and supporting junior staff • Social care in ED supporting patients with social needs to return home with appropriate support
3.	**Internal Waits**
	• Senior clinical support to facilitate discharges 7 days a week • Cancellation of elective care in hospitals line with national policy to free up bed capacity • Exec led Delayed Transfers of Care (DToCs) teleconferences held daily to discuss DToCs from the acute and community setting with actions taken to maximise potential capacity and support flow. These calls have resulted in a significant reduction in DToCs within the acute setting with MFT reducing from 38 for the same period last year to 4. DVH DTOCs at this point last year were 18 and this has now reduced to 7 at the time of writing • Continuation of daily exec calls at weekends to identify and action any blockages preventing discharge • Discharge profiling of all providers to ensure proactive approach to discharge • Additional senior medical/MDT ward rounds in community hospitals to ensure all patients are reviewed and discharges optimised • Criteria for beds in the community flexed as far as appropriate • Buddying staffing arrangements in place across local authority and community health teams • Implementation and utilisation of additional NHSE winter funding to support additional capacity and patient flow • Trusted Assessor model in place to prevent delays with patients returning to care homes from a stay in an acute bed • Discharge to Assess models in place
4.	**Operational Resilience**
	• A timetable of system teleconferences have been scheduled with additional calls put in place as required/agreed. In addition the daily exec conference calls are held with all relevant partners to reduce DToCs • Additional STP CEO level daily K&M wide teleconferences implemented along with the STP

	wide urgent care steering group to support system operability across the wider footprint • Increased use and refinement of the SHREWD system that collects and shares information from provider partners to highlight pressures and opportunities within the system to prevent escalation and support rapid de-escalation • Additional resilience across the NK CCGs' Dorector on Call arrangements by doubling the resource available to support both systems out of hours
5.	**External Waits**
	• Additional work with relevant care homes to ensure patients are assessed in a more timely way and discharged in advance of the weekend • Continued assurances sought from local authority regarding availability of packages of care and enablement services • Additional communications with care agencies to ensure awareness of their role in system escalation, timely assessment and availability of service provision. • Local Authority escalation arrangements in place for purchasing off framework and funding approvals
6.	**Communications and Engagement**
	• Additional primary care communications undertaken (including elective care pause extension, clinical capacity made available through cancellation of elective care and therefore enhanced access to advice and guidance for GPs from the acute hospitals in support of avoiding GP urgent referrals • Appropriate navigation information on answerphones • A refresh of additional public facing communications undertaken