

Briefing to Kent County Council HOSC Friday 30 January 2015

Subject: Update on actions taken by NHS Swale Clinical Commissioning Group to support Medway's Emergency Department.

Date: 30 January 2015

Introduction

This paper provides members of the Kent County Council Health Overview and Scrutiny Committee (HOSC) with an update on the actions taken by NHS Swale Clinical Commissioning Group (CCG) to support Medway's Emergency Department, which is run by Medway NHS Foundation Trust (MFT).

At the October meeting of the HOSC, NHS Swale CCG provided an overview of a short term proposal to assist MFT to implement recommendations made by the Care Quality Commission (CQC) for the Emergency Department (ED), following the issue of a Section 31 Notice by the CQC (which could fully or partially close the ED).

Three proposals were presented by NHS Swale CCG in response to the notice. These proposals, worked up by the Kent and Medway system, were proposed to give MFT some headroom during the busy winter period, to make key changes that will satisfy CQC that care provided by the hospital is safe.

The proposals, which were supported by the HOSC, were:

1. The reduction of elective activity at MFT by encouraging Swale patients to be seen at Maidstone and Tunbridge Wells NHS Trust (MTW) for their elective outpatient appointments, increasing internal capacity at Medway Maritime Hospital (MMH). MTW had agreed to this for a period of six months for three specialties - respiratory, cardiology and care of the elderly. Patients choosing to be seen at MTW for their elective outpatient appointments would continue to receive their care at MTW until their episode of care has been completed. This includes those patients requiring elective surgical procedures.

Update: This was implemented for cardiology and care of the elderly in November. Due to the introduction of a new patient pathway at MTW, it was agreed that respiratory referrals would not be encouraged at this point until the impact of embedding this pathway for MTW patients was known. It is difficult to see an increase in cardiology and care of the elderly referrals at this point as it takes an average of six weeks from the point of referral to see the numbers going through the system. Swale and West Kent commissioners continue to meet monthly to review referrals and monitor the impact of the respiratory pathway.

2. Ambulance transfer of Swale patients to MTW to provide headroom in MMH ED and the hospital as a whole by reducing ambulance attendances and non-elective admissions. At the time of the HOSC, the predicted activity levels for this proposal were still being reviewed.

Update: This has not been taken forward at this time due to the risk of impacting on MTW capacity during the winter period, placing delivery of the trust's own four-hour ED performance at risk. This may be reviewed again at a later date.

- Provision of a 24/7 Primary Care unscheduled care service through MedOCC at Medway Hospital by relocation of the MedOCC out of hours service overnight from its base at Quayside to the MedOCC base within Medway Maritime Hospital. Additional GP capacity, specifically during the evening and overnight, would increase the number of patients MedOCC can see from ED, supporting both the ED 24/7 and the flow of out of hours from NHS 111.

Update: This was funded through winter resilience money (see below) and successfully implemented on 10 November with the service seeing on average 24 per cent of the ED activity.

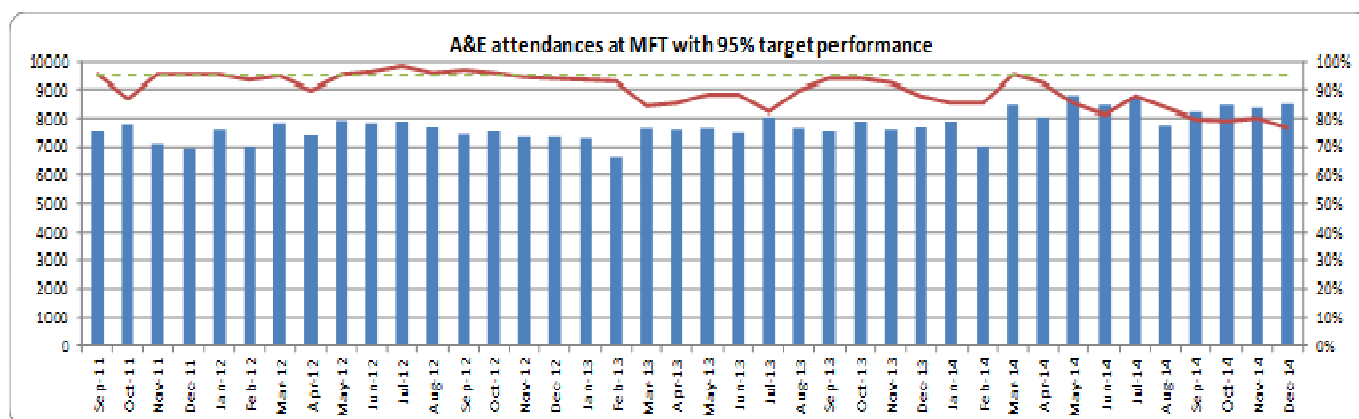
Current Performance Management

Due to capacity and issues elsewhere in the system, it was not possible to enact all the original proposals in full however, all the original support remains, for example the Integrated Discharge Team, the Psychiatric Liaison Team in ED etc.

The four-hour access target has not been met by MFT in line with their agreed trajectory with Simon Stevens, Chief Executive, NHS England.

	Nov	Dec	Jan	Feb	Mar
Agreed average monthly performance	80%	85%	85%	90%	95%

Current performance (validated position shown below) shows that although the trajectory was met for November it was not met in December. December saw higher levels of activity across the whole of Kent and Medway with Medway Maritime Hospital being no exception to this.



14/15 Activity and Performance at MFT								
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
8022	8788	8435	8735	7739	8179	8421	8323	8464
92.40%	84.89%	81.02%	87.45%	83.74%	79.66%	79.25%	80.16%	76.56%

The weeks of January show a deteriorating position, below, however this position is currently unvalidated.

Week ending	Performance
4 January 2015	70.11%
11 January 2015	72.41%
18 January 2015	72.34%

Meetings at executive level are held weekly between NHS Medway CCG and MFT to review progress against the trajectory plan.

During the Christmas and New Year period, daily calls were held at executive level with all Medway and Swale providers. Chaired by the North Kent CCG Director on call, these provided the mechanism to identify any blockages in the system on a daily basis, and agree actions to remove these.

A stakeholder conference call at executive level is held weekly with the information circulated to the Chief Executives and the Medway and Swale Executive Programme Board.

Operational Resilience and Capacity Plan – to support delivery of four-hour access target

In October, NHS England released funds of £5.491million to NHS Medway and NHS Swale CCGs to support MFT in achieving the four-hour access target. (£2.394million in Tranche 1, £3.097million in Tranche 2). MFT received 85% of the Tranche two funds.

NHS Swale and NHS Medway CCGs have worked (and continue to work) in partnership with MFT, the South East Coast Ambulance Service NHS Trust (SECAmb), social care partners Kent County Council and Medway Council, mental health trust Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the providers of community services for Medway and Kent to develop an Operational Resilience and Capacity Plan (ORCP) to support the delivery of the four-hour access target during the winter months with resilience funds.

The ORCP seeks to provide maximum 'operational headroom' for MFT to accelerate its Trust plan. Both plans were reviewed by executives from NHS Medway and NHS Swale CCGs and MFT to provide an overall plan that focuses on changes in models and 'doing things differently' so that sustainable models are in place going forward. These include:

- Emergency Department – improving quality, safety and flow through ED
- Admissions Avoidance (Ambulatory Care, ED Observational Unit and optimal use of MedOCC (primary care) pathway)
- Acute Medical Unit/Short Stay ward (non-complex admissions with a length of stay under 72 hours)
- Frailty pathway/unit.

The models and pathways above are further supported by a focus on:

- Reducing internal waits to ensure timely discharge
- Reducing external waits to ensure timely discharge

- Operational resilience – additional corporate resilience and provision of extended and additional hours as part of a flexible plan to meet demand and ensure flow over the winter period.

These plans were discussed at a system-wide meeting in November which identified and agreed the key interfaces for each of the models, to provide assurance of delivery within the timescale. NHS Medway CCG meets weekly with MFT to monitor progress against the plan.

Operational Resilience Plan Summary

The schemes included in the ORCP are listed below, grouped as follows:

1. Admission Avoidance
2. Emergency Department
3. Internal Waits
4. Operational Resilience
5. External Waits
6. Communications and Engagement

The schemes that sit within these are listed below:

1.	Admissions Avoidance
	<ul style="list-style-type: none"> • 24/7 MedOCC GP service working alongside ED • Paramedic practitioner working with MedOCC supporting increased capacity for urgent care referrals to be seen outside of A&E for extended hours • Seven day therapy provision at Swale community hospitals increasing their capacity to take and treat step down patients from MFT and step up patients from GPs and SECAMB • Extension of the Dementia Crisis Intervention Service supporting those experiencing a dementia crisis in nursing and residential care homes • Provision of crisis/wellbeing cafés supporting an alternative to attendance at A&E or GP for people with mental health needs. Street Triage Service in partnership with Kent Police providing a response service seven days a week to those in a mental health crisis. • Enhanced nursing support for residential care homes
2.	Emergency Department
	<ul style="list-style-type: none"> • Older Adult Consultant Psychiatrist in ED providing case identification, early intervention and alternative management strategies for patients with dementia and delirium to avoid admission • Additional four Emergency Nurse Practitioners within ED facilitating flow, increasing nursing capacity, enhancing patient care and supporting junior staff • Hospital Ambulance Liaison Officers based in ED improving clinical handover and supporting patient flow. • Increase in the number of nurses on the Critical Care Out-reach team • Provision of 24/7 psychiatric liaison service
3.	Internal Waits
	<ul style="list-style-type: none"> • Additional Discharge Registrar facilitating discharge seven days a week. • Ward - clerks supporting ward staff with facilitating timely discharge by ensuring a patient has everything in place to prevent a delay in discharge (i.e.: discharge letter, booked transport etc.)

4. Operational Resilience	<ul style="list-style-type: none"> Transformation Manager supporting operational delivery of the ED transformation plan. Development of a whole systems database to provide the ability to predict surge capacity across the Medway and Swale economy
5. External Waits	<ul style="list-style-type: none"> Expansion of the Integrated Health and Social Care Discharge Team (IDT) based at MFT increasing safe, timely discharges for complex patients, supporting the identification of palliative care patients in ED/assessment units to avoid subsequent admission, increasing the availability of rapid therapeutic support and enablement to prevent hospital re-admissions. Expansion of the Community Dementia support team providing 8-8 service seven days a week service, supporting the ED/Assessment units with urgent response within four hours for patients Appointment of two Carer Support co-ordinators aligned to the Dementia Support Team and the Integrated Discharge Team Purchase of disposable nebulisers for all COPD patients to treat at home Additional equipment for community, supporting increased demand and timely discharge Additional equipment store in Sheppey, supporting timely access to equipment for quicker discharge to home Home from Hospital voluntary service in Swale, supporting people to remain in the community
6. Communications and Engagement	<ul style="list-style-type: none"> A number of targeted activities have been undertaken to further understand the demand for ED. <ul style="list-style-type: none"> Clinical Audit of attendances (July/August 14) Patient and Public Survey (1400 people) – in ED and Street Survey (September 2014) Left without being seen analysis (Medway Public Health) The output from these activities have informed the local A&E campaign (and are feeding into the North Kent Urgent and Emergency Care Review). The A&E campaign will consist of a multi-channel marketing approach using large format advertising, print, radio, direct mail, press and social media. Messaging started in December and will run through to March with the bulk of the campaign running late January. Much of the work has taken place jointly with the Department of Health behaviour change unit to apply behavioural psychology techniques to current communications in order to achieve the best outcomes.

The models and pathways noted above support MFT with ‘headroom’ to achieve the agreed four-hour access trajectory target.

Delivery of the ORCP is overseen by a Programme Management Office which reports to the Medway and Swale Executive Programme Board.

Next Steps - Supporting Sustainability

While the ORCP provides support to MFT in the short term, there are a number of initiatives within the plan that will continue past March 2015 and embed into the system as business as usual, supporting future sustainability of the four-hour target. Additional work streams sit alongside this to support sustainability in the system in the medium and longer term. These are:

- Prime Minister’s Challenge Fund – A number of GP practices in Swale have worked together to develop and submit an expression of interest to be one of the second wave of pilots to

help improve access to general practice and stimulate innovative ways of providing primary care services. If the bid is successful, this will see the establishment of a GP urgent care hub in Sittingbourne, as well as providing additional support to ensure health care prevention is given more focus, with the introduction of paramedic practitioners to help with urgent house visits and a health care co-ordinator who will help provide seamless movement of patients between health and social care seven days a week. This will provide learning and begin to shape how primary care in Swale responds to the growing demands being faced within the local health and social care system, and ease the pressure on A&E by ensuring patients are treated and supported appropriately outside of a hospital setting.

- North Kent Urgent and Emergency Care Review - in the longer term, the three North Kent CCGs are working collaboratively to review urgent and emergency care across Medway, Swale and Dartford, Gravesham and Swanley. The review, presented to the HOSC in October, will see a model of care that will reduce demand within ED, prevent unnecessary admissions and provide quality rapid access to emergency care for those who need it.
- Community Services re-specification and expansion of the Integrated Primary Care Team model

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