NHS
Swale Clinical Commissioning Group

Briefing to Kent County Council HOSC Friday 5 June 2015

Subject: Medway NHS Foundation Trust: NHS Swale Clinical Commissioning Group Update

Date: 5 June 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 NHS Foundation Trust (MFT).

At the January meeting of the HOSC, NHS Swale CCG provided an update on the short term interventions implemented in line with 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.

The short term interventions, supported by the HOSC at the October 2014 meeting, were proposed to give MFT some headroom during the winter period and make key changes to ensure that care provided by the hospital is safe.

The short-term interventions 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. This would increase internal capacity at Medway Maritime Hospital (MMH).
   Update: This was implemented for cardiology and care of the elderly (CoE) in November 2014. Data supplied by MTW to January has shown an increase in cardiology referrals from Swale but not at the numbers anticipated (44% compared to preceding 3 months). Dr Derek Harrington a consultant cardiologist at MTW attended a GP education event in late January and early data for Feb to April (which remains to be validated and does not have granularity of specialities) is showing a large increase in referrals to MTW (although not a concurrent reduction at MFT). Further data is due from MTW on week ending 22nd May.

   We have not seen an increase in referrals to Care of the Elderly at MTW. We had a focus on these two key areas but in fact we have seen an overall increase in referrals. More work is needed on the care of the elderly as these patients tend not to have their own transport and transport links are an issue. We also currently have local out-patient clinics, provided by MFT, run from our community hospitals. Our intention is to explore the development of outreach outpatient clinics run by other providers at our community hospitals as feedback from GPs is that the majority of patients still choose MFT because of tradition, location and the availability of outreach into the community hospital. In addition, longer term we need to work through the Health and Wellbeing Board on the development of public transport links to other hospital sites, which are also seen as a barrier to patients actively choosing alternative providers as a place for their care.

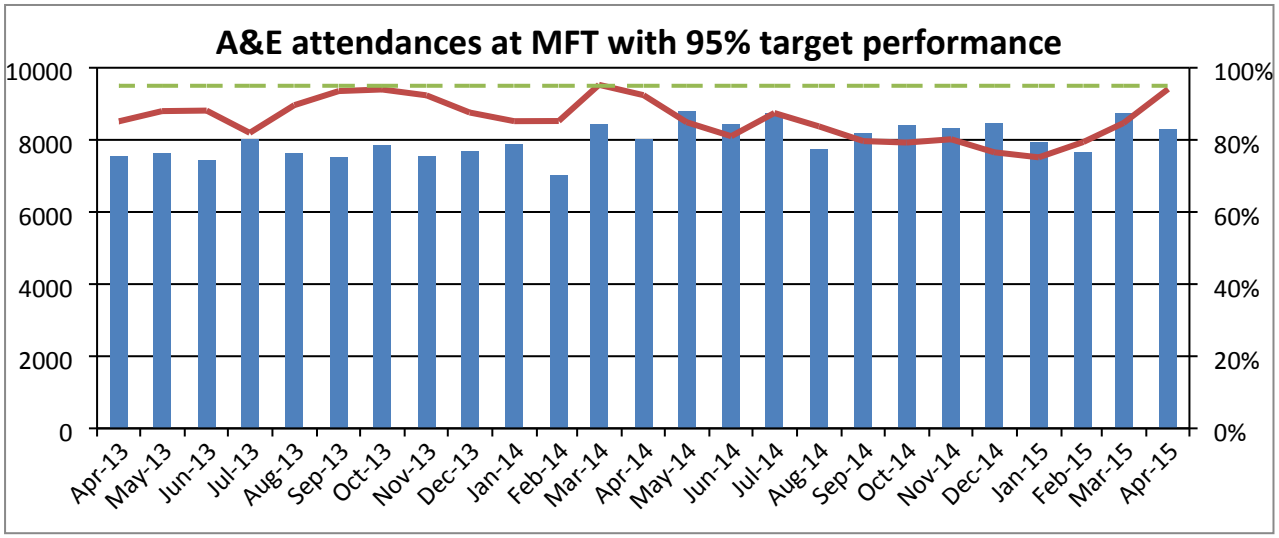
2. Provision of a 24/7 Primary Care unscheduled care service through MedOCC at Medway Hospital. Originally funded through operational resilience funds (see below), this was managed by increasing GP capacity, specifically during the evening and overnight and relocating the MedOCC out of hours service from its base at Quayside to the MedOCC base within Medway Maritime Hospital.
Update: On average 27% of patients arriving at ED are now being navigated onto the service following clinical triage, an increase of 6% since implementation. This scheme continues to be funded by NHS Swale and NHS Medway CCGs through 2015/16.

Current Performance Management :

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

	Nov	Dec	Jan	Feb	Mar
Agreed average monthly performance	80%	85%	85%	90%	95%
Actual monthly performance	80.16%	76.56%	75.16%	79.41%	84.68%

Current performance (validated position shown below) shows that although the trajectory was met for November it was not met for the remainder of 2014/15. December and March saw higher levels of activity across the whole of Kent and Medway with Medway Maritime Hospital being no exception to this.



There was an increase of 7.8% in attendances in 2014/15 with 92,231 people attending in 2013/14 compared to 99,457 in 2014/15.

It should be noted, that Swale is served with two minor injury units; Sittingbourne and Sheppey, and therefore patients attending MFT ED tend to be those with higher acuity.

The revised MFT plan for 2015/16 is:

Q1	Q2	Q3	Q4
93%	95%	85%	90%

(Although this revised trajectory has been submitted as part of CCG planning, it has not been agreed by NHS England or Monitor as yet).

During the first quarter of 2015/16, the 95% access target has been achieved since week ending 12 April up until week ending 17 May, highlighting the risk of sustainability.

Week ending	Performance
17 May 2015	94.14%
10 May 2015	95.08%
26 April 2015	95.25%
12 April 2015	96.29%
5 April 2015	93.01%

Cancer waiting times performance has deteriorated significantly in March 2015 (reported May 2015) with non-achievement in standard in 2WW, 31 day treatment and 62 day treatment pathways, due to issues not previously reported to the CCGs by MFT. There are also acknowledged issues regarding data quality following a review by PricewaterhouseCoopers (PwC). This was immediately escalated and a contract performance notice was sent on 13 May 2015 noting the position within the briefing supplied by the Trust, but requesting further assurance on specific areas. Whilst performance is of concern in a number of areas, the key specialities of concern and non-compliance at a Trust level are Lower and Upper GI and Dermatology. Swale CCG continue to monitor and raise issues on performance as they arise.

Operational Resilience and Capacity Plan (ORCP)– to support delivery of the four-hour access target:

In October 2014, 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 2 funds.

The paper presented to the January HOSC provided a breakdown of the schemes that were implemented through these funds to provide maximum operational headroom for MFT to accelerate its Trust plan. The 34 schemes funded supported the following:

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

Following a review of the outcomes of the ORCP by the Medway and Swale Executive Programme Board, schemes which provided evidence of benefitting the system were considered for re-commissioning or were continued as part of provider business as usual operations. The schemes agreed for continued operation include:

- Increased capacity at MedOCC (see point 2 in Introduction)
- Additional consultant psychiatrist in ED
- Additional Dementia support in ED to facilitate timely discharge
- Expansion of the Integrated Discharge Team to facilitate complex discharges, with a focus on patients discharged from ED (see Frailty Pathway and Social Care Care Managers below)

- Equipment store on Sheppey to improve availability and timeliness of equipment on the island
- Swale Home from Hospital Befriending Service, provided by Age UK.

Additional Initiatives to support sustainability:

- Frailty Pathway – MFT have introduced a Geriatrician at the front door of ED for rapid assessment of frail elderly patients presenting between the hours of 08:00-17:00 Monday to Friday. The Geriatrician is supported by a dedicated speciality nurse, therapists and health and social care staff from the Integrated Discharge Team to facilitate discharge from the unit and reduce the length of stay for those patients requiring admission.

- Swale Care Managers-Social Care, within the IDT. These care managers work to the principle of 'home is best', identifying the appropriate support packages to enable patients to return home as opposed to a short term admission to a community bed.
  95% of patients admitted to MFT and identified as requiring a community bed on discharge manage to return home with care managers identifying and arranging appropriate enablement packages on discharge.

- A health and social care discharge group has been established to review the medically stable group of patients on a weekly basis. Any key themes and issues identified with barriers to discharge once patients are deemed medically stable are escalated directly to the weekly 'system' call (executive attendance) and where necessary, to the monthly Medway and Swale Executive Programme Board.

- A new joint health and social care checklist has been agreed and implemented which provides a consistent and simplified approach to discharge planning for those patients that require a care home placement or significant support on discharge.

- NHS Medway and NHS Swale CCGs have worked with the Department of Health's Behavioural Insights Team to identify interventions which raise awareness of appropriate use of ED and ways to access other services. As a result of this, patients who are navigated from ED to MedOCC are provided with a letter which includes information of alternative local care options, registering with a GP and the financial cost to the NHS.
  Running alongside this is a local media campaign 'For some people there is no choice but A&E' to encourage people to use alternative services. This is advertised using bus, billboard, supermarket, radio, newspaper and roadside advertising, backed up by web content and social media.

- In line with planning guidance, outcomes framework and the Better Care Fund, Swale CCG is commissioning an Integrated Community Mental Health and Wellbeing Service jointly with the local authority to improve and increase access to early intervention and prevention of deterioration which may lead to acute admissions.

- In January, NHS Medway and NHS Swale CCGs commissioned The Oak Group to complete an audit of admissions and bed stays across acute and community beds.

  The results of the audit were presented to the February Executive Programme Board. At a headline level the audits demonstrated:

Overall patient cohort:

- 51% of patients were over the age of 70 years
- 71% had associated complexities of care
- 91% of patients came from their own home.
- 26% of all admissions were non-qualified*
- 9% of all admissions were readmissions.

Alternative levels of care:

- The non-qualified rate for Swale CCG was 25% and 28% for Medway CCG

The audit included A CCG comparison with regard to patients admitted to a community hospital following discharge from MFT:

Patient cohort:

- The cohort was similar for the CCGs with 84% of patients over the age of 70 and almost 90% with associated complexities of care.

Non-qualified admissions:

- 13% of admissions were non-qualified for Swale CCG as compared to 27% for Medway CCG (Sittingbourne Community Hospital had a low non-qualified admission rate of 6%)

Continuing stay:

- 63% of continuing stay days could have been provided at an alternative level of care for Medway CCG as compared to 39% for Swale CCG
- Sittingbourne Community Hospital (Swale CCG) had a low non-qualified continuing stay day rate of 20%
- 49% of all non-qualified continuing stay days of care could have been provided at home with a variety of services for Swale CCG compared to 66% for Medway CCG.

The audit demonstrated that overall 12% of patients admitted to MFT through ED were *non-qualified, meaning an alternative level of care could have been provided. (It should be noted however that some alternative services may not be currently available).

The audit also highlighted that 13% of patients in a Swale community bed were non-qualified compared to 27% of patients in a Medway community bed.
This is a direct result of the Swale Care Managers-social care, employed by KCC working within the IDT (see above).

Through resilience funding, Medway and Swale CCGs funded the Oaks Group to implement a live data review, 'STREAM' (Support Team for Redirecting Emergency Admissions). This will provide the CCGs with an understanding of the basis for non-qualified admissions by identifying the appropriate community health and social care pathways, response times in to these services, service needs and any gaps in service.
Initial outcomes from the STREAM work will be presented to the Medway and Swale Executive Programme Board in June.

Next steps:

In addition to the initiatives noted above, further work streams sit alongside this to support sustainability in the system in the medium and longer-term. These are:

Community services review:
Re-specification of community services in Swale following review of current provision and future need, aligned to the review of urgent and emergency care.

Urgent and Emergency Care Review:
NHS Swale CCG in partnership with NHS Medway and NHS Dartford, Gravesham and Swanley CCGs are undertaking a review of urgent care services across the three localities. The outcome of this review will determine urgent and emergency service requirements on a locality basis, both in and out of hours to deliver as much care as possible in the community.

Community Paramedic Practitioners:
NHS Swale CCG is working with the South East Coast Ambulance Trust to implement Paramedic Practitioner support to GP practices.
The Paramedic Practitioners would support practices by carrying out home visits requested of the GP to enable the GP to remain within their practice and prevent avoidable conveyances to an ED. Going forward, this would support the urgent and emergency care model in Swale where there is a focus to support patients to remain within their home.

Integrated Primary Care Teams (iPCTs):
Continued development of the health and social care multi-disciplinary teams supporting GP practices to provide a proactive, responsive and joined up approach to support patients with long-term conditions and complex care needs. Focusing on keeping people well and on self-management by using a prediction tool (risk stratification) to determine those patients at the highest risk of hospital or long-term care admission or re-admission.

The iPCTs include community nursing, care managers, mental health nurses, specialist services, pharmacists, palliative care nurses. Further development will see outreach hospital specialists and paramedic practitioners supporting these teams.

Conclusion:

Although encouraged to see an improvement in A&E performance, NHS Swale CCG remains concerned with regard to patient safety and quality issues at MMH, particularly in relation to the deterioration of waiting time performance for cancer, Lower and Upper GI and Dermatology. The CCG continues to monitor performance and raise issues with the Trust as they arise.

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