Overview and Scrutiny
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Winter Planning and Resilience

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Plans for Winter 2017/18

Overview

A single system plan which has oversight and a view of all partners in the local health system including

– Acute
– Ambulance Services
– Community
– Primary care
– Social care
– Mental Health
– Third sector

Managed through the Local A & E Delivery Board
System overview

**System Priorities**

**Pre-Hospital**
- Primary Care Access
  - Core
  - 111 Direct bookings
  - Extended access
- GP variation
- NEAS / Transport
  - Alternative dispositions
  - DOS
  - ARP – GP urgent transport; ERS x 2 Urban; Emergency transport; Same day discharge
- Wider System
  - GP call back
  - Consultant conversation ‘connect’

**Front Door**
- Post assessment & stream
- Full capacity protocol
- H2H
- Social work
- Electronic system

**Flow**
- NSECH
  - 85 admissions a day to 75
  - 7-10 community base sites
  - Predictive modelling
  - Weekend discharges
  - Discharge central
  - Criteria led discharge
  - H2H
  - Therapies
  - Pharmacy
  - Social care
  - Community patients out
  - Urgent Outpatients
  - Consultant variation
  - Transport to facilitate discharge

**Discharge**
- DTOC
  - Domiciliary care
  - Block contracts ↑ capacity
  - Reablement services
  - Predictive modelling – planned daily numbers / each ward
- Community
  - Stability
  - Social care – STSS
    - NLND; Care point
    - NTYNE; EOL fast track
  - Capacity plan
- Readmissions
  - Red cross
  - Social needs
  - Frequent flyers
  - Independent step down beds
  - SPA & foundry teams
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Wider System Preparation Plans

**Primary care – Northumberland North Tyneside**
- 4000+ more appointments in core general practice every week
- 111GP appointment direct booking – access to over 1,000 appointments
- Extended access to general practice will generate over 400 more hours per week
  - 18:30-20:00 Mon-Fri plus Saturday and Sunday provision
- Demand management plan across all primary care to reduce unnecessary system pressure
  - whole system input and stakeholder development
- “Indicator practices” – early warning of system pressures
- Incentive scheme to stretch flu immunisation uptake in key at risk groups

**Transport and alternatives to hospital**
- All alternatives will be reviewed – requires NEAS to agree to embedding changes and avoiding conveyance to NSECH
- Audit undertaken to review cases and the detail – report due October 2017
- Refresh DoS – October 2017 – UCCs, WICs, community services
- Ambulance response programme – October 2017 plus impact assessment Dec 2017
- Local transport providers in place to support requirements – ERS NHCFT, Mental Health
- To plan additional capacity to support discharges – October 2017

**Service interface**
- Paramedic call back in place OOH – All G2 ambulances can access direct GP and community hub services
- GP : Consultant contact before all GP admissions – assess alternative, book transport – October 2017 review and consider “Consultant Connect”
- Ambulance crews embedded and working jointly with community based teams and care homes to avoid unnecessary conveyance
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Front Door Plans

- Predictive modelling - Continue through September to inform
  - scenario testing
  - full capacity planning
  - staff
  - beds
- GP Streaming in ED October 2017
- Bank holiday
  - Numbers
  - Flu plan
  - 16/17 proxy for acuity
- Develop bed management process for ED and system overview
- Establish Executive process for Immediate action and change over Winter
  - Core 24 psychiatric liaison capacity and alignment
  - HALO for ambulance crews / A&E interface
- Audit 29 August 17 – ambulance presentations > action plan to be developed to address issues identified and actions underway
- Flight deck – regional flight deck to be reviewed
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Plans for improving flow

Predictive modelling to flow through from front door to inform “Flow” capacity

- Planned elective turn off – identified wards, dates
- System reset weeks planned – establish clarity, expectations, targets
- 7 day model in base sites - decision making and “Criteria Led Discharge”
- Rotas under review and staffing plans based on scenario planning
- Hospital to Home teams – reset community focus – patients “out” of hospital based care and rehab
- DTOCs – plans as LA – links to Newcastle plans established
- Reduce overall length of stay by 3 days
  - Focus on stranded patient and active teams reviewing across winter
  - Impact assessment on scaled reduction of stranded patients – September 2017
  - Assess acuity of patients – bed day needs – continuous review

NSECH
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- Transport to facilitate discharge

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Plans for improving discharges

- Alternative bed provision
  - Local authority – assessing bed capacity and availability
  - Northumberland contract variations in place to facilitate use of beds
  - Working jointly across both LAs to improve arrangements
  - Care Home provider event took place in Northumberland – to replicate Oct17 in North Tyneside
  - Funding identified
  - Additional packages to be purchased
  - Ad hoc capacity identified

- Preventing readmissions - Red Cross – commissioned to support social needs of patients and identified frequent flyers to avoid readmissions
- GI shift in resource from front door to support capacity improvement in the system
- Escalation – 24 bedded units operating to full 27 bed capacity
- Change wards and staffing to accommodate escalation
- Better integration and use of beds across the system – Bed Management process will be defined Oct17
- Community reablement service – vital to bridging gaps in care
- End of Life fast track – understanding pressures, impacts and complexity of patients
- 3rd sector providers – Tynedale Hospice and North Northumberland Hospice support
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NEAS

• Implementation of the Ambulance Response programme in October 2017.
• Operations Centre - Dual training of staff in place for 999, 111 and PTS that will be used in times of pressure
• Emergency care - managed by resourcing department maximising own, bank and external agencies
• PTS – Maintained throughout unless adverse weather conditions persist, staff will be used as a resource for Emergency if required
• Clinical escalation plans are in place ready to be initiated that will be triggered by escalation plan
• NHS 111 have direct booking into Urgent Care centres and Extended Hours Hubs in the Out of Hours periods. Clinical element sub contracted to Vocare
Command & Control

- System surge team
- Early warning / predictors in practices, community pharmacies, NHS111
- Centralised reporting
- Collaboration between hospitals and ambulance service across the region
- Clinical Escalation
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Flu

• CCG has commissioned a stretch target incentive scheme for over 65 at risk flu group

• Over the last two years this has ensured the uptake is in excess of regional and national averages for key at risk groups

• Northumbria plan to target pregnant ladies and patients with liver disease from hospital sites

• All providers developing plans to maximise staff uptake of vaccinations
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Communications

• A multi-disciplinary proactive communications plan to promote appropriate use of local services
• Developed by a multi-agency working group to ensure consistency of messages across all organisations
• Internal communication networks used to cascade system-wide key messages
• Targeted messages to local communities with high use of services.