Urgent Care Update

Part of Greater Manchester Integrated Care Partnership

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Urgent Care Update

This presentation is intended to provide Locality Board members with an update on the following areas:

1. High level urgent care performance position
2. Current Improvement Work
3. SORT Schemes which have been funded by GM to provide additional capacity over Winter
4. Local infrastructure to manage Winter
5. COVID-19 and Flu Planning

BURY INTEGRATED CARE PARTNERSHIP

High Level Urgent Care Provision

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High Level Urgent Care Provision

GM A&E (Type 1 Only) 4 Hour A&E Performance Comparison (includes unvalidated data)					
Trust	Q3 2021-22	Q4 2021-22	Q1 2022-23	Q2 2022-23	
Royal Manchester Children's Hospital	72.9%	71.1%	72.9%	70.7%	
Stockport	61.7%	63.9%	62.9%	60.9%	
Fairfield General Hospital	60.7%	59.6%	59.4%	57.7%	
Bolton	59.6%	57.3%	55.5%	56.4%	
Tameside	56.1%	58.5%	56.6%	55.7%	
North Manchester General Hospital	54.6%	53.1%	53.7%	52.7%	
Wigan	54.8%	53.4%	57.1%	51.4%	
Salford	57.7%	51.2%	49.0%	46.6%	
Oldham	48.6%	47.9%	46.0%	46.3%	
Wythenshawe	52.6%	43.4%	42.3%	34.9%	
Manchester Royal Infirmary	44.8%	37.2%	28.0%	25.7%	

FGH A&E 4 hours performance remains one of the best in GM

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Handover Statistics (as a proportion of measurable attendances): September 2022					
Hospital Site	% of Handovers <15 mins	% of Handovers <30 mins	% of Handovers <60 mins	Average Arrival to Handover (mins)	Average Total Turnaround (mins)
FGH	40.3%	71.8%	83.7%	37:48	50:19
Royal **Oldham**	23.8%	68.9%	89.9%	31:46	41:03
Salford Royal	58.1%	87.4%	95.1%	19:48	31:05
NCA Total	43.3%	77.7%	90.3%	28:22	39:48
GM Total	31.9%	65.2%	84.8%	36:05	46:46
NWAS Total	29.3%	68.1%	87.1%	34:16	46:01
Target	65.0%	95.0%	100.0%	15:00	30:00

Significant pressures in delivery of Ambulance turnaround being experienced

NCA Site Level Comparison – Type 1 Attendances				
Site	Year	Attendances Apr – Sep	Variance to 2021-22	% Variance to 2021-22
FGH	2021-22	38695 (avg 211 / day)		
	2022-23	37351[2] (avg 204 / day)	-1344	-3.5%
Royal Oldham	2021-22	55798 (avg 305 / day)		
	2022-23	54768[2] (avg 299 / day)	-1030	-1.8%
Salford Royal	2021-22	53555 (avg 293 / day)		
	2022-23	50234 (avg 275 / day)	-3321	-6.2%
NCA	2021-22	148048		
	2022-23	142353[2]	-5695	-3.8%

Admission Avoidance continues to help towards supporting reduced A&E attendances

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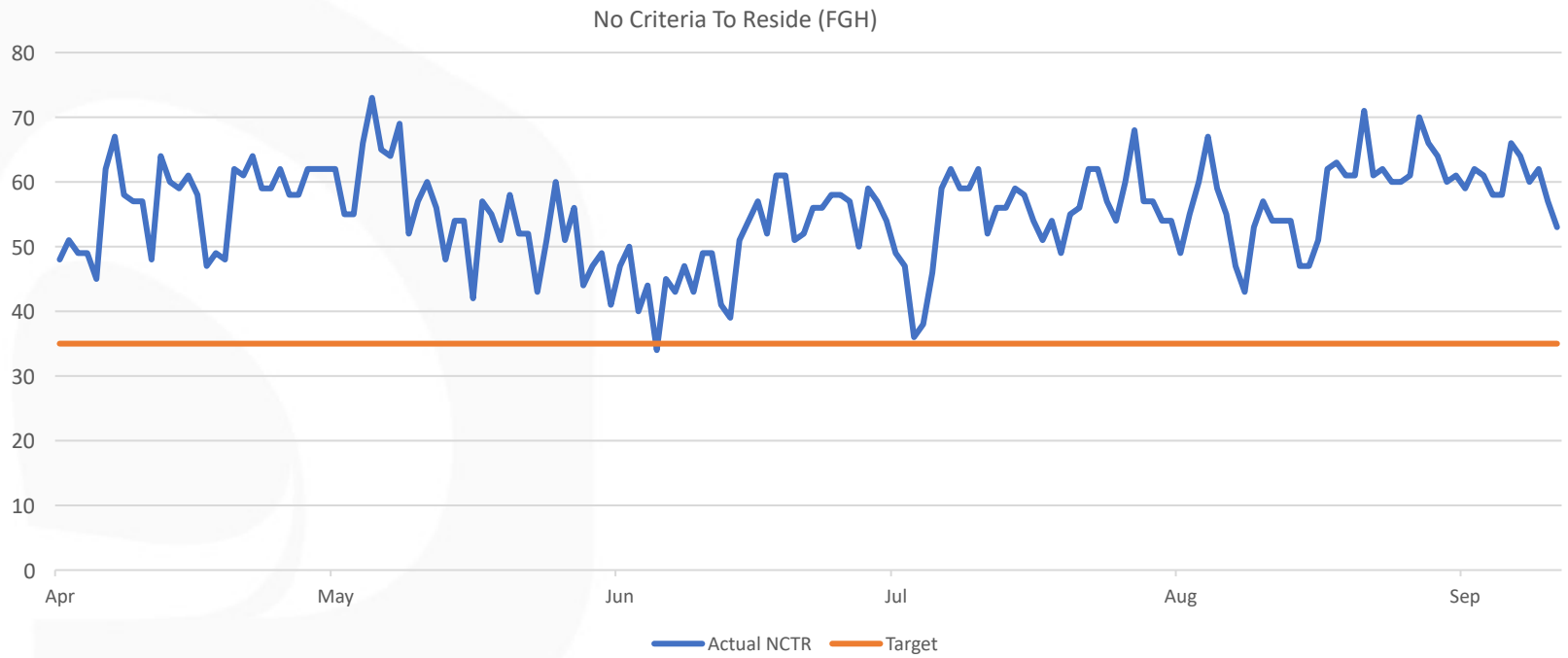
High Level Urgent Care Provision



NCRTR at FGH remains a priority challenge. The trend shown here continues into October

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Current Improvement Work

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Current Improvement Work

Over recent weeks, we have worked hard to align all programmes of work relating to urgent care ,to ensure roles and responsibilities are clear within a single system plan, delivered through the Urgent Care Board.

The diagram on the following slide represents key programmes of work including:

- Ensuring our system resilience plans meet GM requirements, and we are effectively contributing to GM system planning and resilience
- Admission avoidance plan
- FGH internal improvement plan
- No Criteria To Reside Turnaround Plan (FGH and NMGH focus)
- Implementation of GM SORT schemes: Those schemes which have attracted additional funding from GM and are subject to weekly scrutiny

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Current Improvement Work

- Continuing to drive down demand at the front door
- Increasing the % of discharges that happen before 5pm
- Reducing the number of no criteria to reside patients which is resulting in escalation beds remaining open at FGH
- Reducing dependency on nursing / residential care home beds
- Reducing workforce pressures and increasing the use of the VCFA
- Improving value for money
- Understanding readmission rates with an ambition to reduce them

SYSTEM

- Ensure the Bury System Response to the UEC Requirements in the NHS Planning Guidance 22-23
- Implement a revised governance structure for UEC reporting to IDCB and Locality Board
- Ensure the Bury System Response to the GM UEC Improvement Plan 22-23
- Ambulance Commissioning (inc. engagement with PTS Procurement)
- Bury UEC improvement plan (admission avoidance, patient flow, culture)
- UEC Business as Usual (e.g. GM/national returns)
- Whole year system resilience (including Winter/Easter)
- GP Out of Hours commissioning and performance management
- Development of a single UEC Dashboard for KPIs/QI/Outcomes/ Activity/Performance
- NCA Pan locality UEC Plan

INFLOW

- Clarity future of Prestwich WIC and consultation
- Progress work on the South Bury Frailty Hub pilot
- Oximetry at Home
- Continue to develop Pre-ED streaming pathways and process to maximise deflections
- 7 day working
- Weekend cover for primary care AVS
- Work with NMGH to assess deflection of Bury patients back to Bury pathways
- Wider work with surrounding localities on shared pathways - e.g. virtual ward, respiratory
- Continue to work towards an accredited UTC at FGH
- Implement Hospital at Home (Virtual Ward) for step up and step down pathways (also outflow)
- Pathways and support in place from primary care and rapid to reduce admissions from care homes – pilot of new data flows

FLOW

- Capital redevelopment of the FGH ED to increase space
- Improve provision of Rapid Response on FGH site
- HMR discharge team on FGH site
- Further develop SDEC pathways to maximise capacity / admission avoidance
- Patient flow – discharge OTD, Unit, Data quality
- Are we making best use of enhanced care? [cf Bolton model]
- Assessing options for transforming ward 24 into a Wolstenholme like model / other purpose-built premises
- Additional capacity at FGH (SDEC-Frailty)
- Additional potential BARDOC support to UTC
- Admission avoidance – NWAS / System / ED
- Patient flow – weekend working, wards, pharmacy
- Patient flow – Stroke, Cardiology, IDT/Community
- Reducing duplication and aligned decision making with AHPs - reducing volumes of pathways
- Making efficient use of the app
- 7 day working

OUTFLOW

- Reviewing the assumptions within the intermediate tier business case to determine if 49 beds (IMC + D2A) is the right number based on acuity . Develop the long term strategy.
- Determining if we are using our community beds (IMC and D2A) as efficiently and effectively as possible with robust MDT support
- Care market review – fitness for purpose
- Identify funding for total required number of D2A beds
- Implement 9 High Impact Change model to aid transfers from hospital *(plan to be worked up)*
- 320 hours of care home support
- Confirming medical support arrangements for the intermediate tier
- Hospital aftercare offer utilising VCFA monies. (NOTE PARTIAL SORT FUNDED)
- Implement Hospital at Home (Virtual Ward) for step up and step down pathways (also inflow)
- 7 day working
- Tranche 1 funding : Additional 20 D2A beds and MDT capacity
- Tranche 2 funding :Additional 14 D2A beds and MDT capacity

Key:

- BAU
- Admission avoidance plans
- FGH Improvement Group
- NCTR Turnaround Group
- GM SORT schemes

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Current Improvement Work

- Continued implementation of 12 week FGH turnaround plan
  - Same day emergency care pathways for frailty : Initial pilot for 2 separate weeks demonstrated success with the model now being mobilised for permanent implementation. Circa 75% of patients had avoided admissions
  - Increasing rapid response referrals : More referrals now being received from NWAS
  - Improving ward processes: More discharges happening before 5pm though there is more to do
  - Virtual hospital : Model now approved and mobilised with 4 patients now having been treated though the Virtual Ward
  - Integrated Discharge Team : New management arrangements in place with a focus on culture change of how decisions regarding pathway status are made
  - Discharge Unit : Short term model currently being recruited too in line with funding from GM
- Some improvements in indicators but not yet sustained to achieve and increased number of discharges before 5pm
- Continued development of Virtual Hospital Model
  - Clinical governance pathways
  - Financial agreement through partner organisations
  - Funding confirmed for the Borough and approval through SFG of allocations and assumptions
- Focus on continuing to manage demand presenting at the front door
- Focus on reducing the No Criteria To Reside Patients
- Focus on mobilising GM SORT schemes

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Current Improvement Work – FGH UEC Improvement Programme

- Overall aim of the UEC Improvement Programme is to achieve a 50% reduction in the number of patients waiting over 8 hours in the Emergency Department
- Trajectories have been set and are reviewed weekly to monitor success of the programme
- The programme has been developed with all system partners to ensure the full patient pathway is covered. There are multiple workstreams grouped under 3 main headings

Admission Avoidance	Patient Flow	Culture, Leadership & Behaviours
SDEC Pathways inc. Frailty	Ward Processes	Capability and Capacity
NWAS Handovers and Pathway	Pharmacy	Visible and Purposeful
Emergency Department Flow	Discharge on the Day	One System
Community Pathways	Discharge Unit	Building Leadership
Virtual Ward	Stroke and Cardiology Flow	
	IDT Working	
	Weekend Working	
	Data Quality – NRTR App	

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Current Improvement Work – NCRT Current Live Projects

1. **FGH discharge app** – designed to provide real time information on current NCTR numbers and status to support discharge planning and system reporting. Also to reduce reporting burden for IDT– currently being implemented.
2. **Business case for additional D2A community bed capacity** – completed due for presentation to Strategic Finance Group.
3. **Review of patients in D2A beds in Heathlands** – completed with action plan. Initiatives underway to improve timely input from CHC and Older People's Mental Health Team.
4. **Diagnostic review of flow in IMC & D2A bed base** – commenced.
5. **Follow up support to patients following discharge to reduce the risk of re-admission** – service commissioned from voluntary sector. Implementation in progress.
6. **Crisis response to care homes –** daily data on admissions now available. Rapid Response Team establishing liaison workers for care homes and promoting the service to the homes with the highest number of admissions.
7. **Performance measurement** – agreement of metrics to be monitored [hospital & community]. Dashboard in development.

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Current Improvement Work – Bury Virtual Ward/Hospital at Home

H@H Hub
Rapid Response Team
0161 253 5151#
08:00 – 20.30
7 days a week
Last new referral: 18.30

Any adult >18 with acute medical condition
Could be step up (admission avoidance) or step down (early supported discharge

Red / Amber beds – consultant or senior GP led care

- **Step Up / Admission avoidance:**
- Adults who are identified as having a clinical episode which requires higher acuity level care but not necessarily in a hospital bed. Wrap around care in the patient's own home. NEWS2 score of <5. Potential 4AT assessment (delerium)
- Identified from primary / community care, NWAS OR from ED/SDEC attendance.

- **Step down / early supported discharge**
- Adults in hospital who are stable or improving but require ongoing monitoring or clinical management that can be safely provided in their home or usual place of residence to support early discharge.
- Identified from any suitable acute medical ward by their consultant. Consultant led medical oversight will continue following transfer to the virtual hospital "bed".

- Expected average length of stay – up to 14 days

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Current Improvement Work – Bury Virtual Ward/Hospital at Home

Key Principles:

- A total of 70 beds will be implemented by 2024.
- All referrals will be triaged via the SPOA – Rapid Response and directed appropriately
- Length of stay:
  - H@H (RESPONSE pathway) – 14 days
- Appropriate patients can be directed into other pathways, e.g. frailty hub, active case management or medical specialties following discharge from VW.
- Must consider impact of carers when making assessments and assessing suitability for virtual hospital bed.
- Workforce engagement – “virtual” MDT
- Patient engagement / compliance
- Equipment requirements – clinical
- Digital tools – Connect Health devices and other monitoring
- Record sharing – use GMSCR
- Adaptations for patients – via ASC

Workforce:

- Workforce plan – additional staffing (principally in Rapid Response) has been identified and is part of the recruitment plan.
- Additional requirements (as per model) – equation for increased demand vs new staffing requirements, and skill mix. Phased approach in terms of increasing numbers to allow us to evaluate.
- Training – competency frameworks
- Training for staff in assessment process – wider factors and history, including carer capability
- Education and awareness across the wider system
- Better utilisation of existing community resources, including 3rd sector support
- GM/NCA networking (? Overnight monitoring)

Outcomes:

- Improve the quality of life for patients, especially those living with frailty (frailty pathway)
- Reduction in the number of avoidable emergency hospital admissions, and consequent reduction in medical bed days
- Reduction in acute bed days
- Reduction in the number of permanent admissions to long term care
- Reduction in the level of excess winter mortality
- Bring together professionals to provide a coordinated health and care response

Next steps:

- Recruitment currently underway – incremental increase in the number of VH beds

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GM SORT Schemes

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GM SORT Schemes: First Wave

We have received 2 tranches of money to support winter pressures within Bury. The next 2 slides demonstrate how the money will be utilised. All phase 1 schemes have been mobilised and phase 2 schemes are in the process of mobilisation, following agreement of utilisation of funds this week.

Locality	Funding Category	Scheme Title	Brief description	No of Beds G&A (Mitigated /Additional per month)	Other Activity deflected (Number per month)	Start	Revised Cost £000
Bury	**£12m Winter prioritisation**	Additional D2A Beds until May 23	Purchase 20 care beds for use as discharge to assess until end May	14	Minimum of 20 patients on NRTR can be discharged. Customer then supported onto permanent placements/home releasing capacity that more patients can access.	01/09/2022	£611
Bury	**£12m Winter prioritisation**	Additional capacity at FGH	Additional Pharmacy & AHP's to support the D/C lounge (flow) and ED (Admission avoidance) Transfer team to promote rapid transfer from ED and AMU to specialty wards/DC lounge Additional private transport to promote rapid D/C Additional escalation beds to create more inpatient capacity	24	Improved flow out of the ED dept and through the hospital reducing risk of deconditioning and likely increase in dependency and subsequent requirement for additional support Reduced delays when patients identified for D/C, promoting flow Increased inpatient capacity will reduce	01/11/2022	£706
Bury	**VCSE**	All schemes			Supports 35 patients p/m (420 p/a)	01/10/2022	£100

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GM SORT Schemes: Second Wave

<table>
<tr><th>Locality</th><th>Scheme Title</th><th>Category</th><th>Brief description</th><th>Start date</th><th>Paid to</th><th>Cost 22/23 £000K</th><th>No of Beds G&A (Mitigated /Additional per month)</th></tr>
<tr><td>Bury</td><td>Addtional D2A beds</td><td>Community/D2A bed capacity</td><td>Additional 16 beds which must include MDT costs at Heathlands (5), Elmhurst (3) until 14th May 2023 and Brookdale (5) and Burrswood (3) until 31st March 2023. Easter is on 9th April and 14th May would mean could be able to admit to them the whole of the following week and then have 4 weeks to empty them before they close.</td><td>Immediate</td><td>Bury Council</td><td>£507</td><td>16</td></tr>
<tr><td>Bury</td><td>Additional Re-ablement hours</td><td>Home care capacity</td><td>Upfront block booked home care of 320 hours and MDT costs to do move on assessments – again up to 14th May. This will increase avialblity of care at home for immediate pick up.</td><td>Immediate</td><td>Bury Council</td><td>£160</td><td>32</td></tr>
<tr><td>Bury</td><td>SDEC Frailty</td><td>Hospital capacity</td><td>Based on the recent successful TOC. Provide the SDEC Frailty offer 5 days a week 8am to 8pm.
<table>
<tr><th></th><th>Weekly Cost</th><th>Total Cost to end March 23</th></tr>
<tr><td>Transport 11.00 to 19:00 - Monday to Friday</td><td>£2,268</td><td>£52,164</td></tr>
<tr><td>FY2 – 08:00 to 20:00 Monday to Friday @ £50 per hour</td><td>£3,000</td><td>£69,000</td></tr>
<tr><td>Band 5 RN – 08:00 to 20:00 Monday to Friday @ £15 per hour</td><td>£900.00</td><td>£20,700</td></tr>
<tr><td>Band 2 HCA – 08:00 to 20:00 Monday to Friday @ £10.50 per hour</td><td>£630.00</td><td>£14,490</td></tr>
<tr><td>Band 2 Housekeeper 08:00 to 17:00 Monday to Friday @ £10.50 per hour</td><td>£472.50</td><td>£10,867.50</td></tr>
<tr><td>Total</td><td>£7,270.50</td><td>£167,221.50</td></tr>
</table></td><td>Immediate</td><td>Trust</td><td>£167</td><td>13</td></tr>
<tr><td>Bury</td><td>Additional Capacity - Acute Visiting Service – Reorientation and extension</td><td>Primary care capacity</td><td>Enhance the paramedic-led Acute Visiting Service by adding medical input and admin</td><td>01/11/2022</td><td>GP Fed and Bardoc</td><td>£66</td><td>20</td></tr>
</table>

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Local infrastructure to manage Winter

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Local infrastructure to manage Winter

- Winter system Planning fall within the remit of the Bury Urgent and Emergency Care Integrated System Board (BUECISB)
- The BUECISB has established a Winter Planning Sub-Group which will meet weekly until no longer required, the group oversees:
  - Co-ordination of Winter related National and GM returns where a system response is required
  - Sharing of national and GM guidance as received
  - Reviewing the GM Winter Planning Return to ensure responses remain appropriate
  - Review and refresh Bury NHS111 Directory of Service
  - Review and refresh Bury system partners OPEL card
  - Review and refresh Burys list of Alternative to Admissions Schemes
  - Review and refresh OPEL 4 Escalation card
  - Support outcomes from GM SORT as required
  - On Call Manager Winter Training
  - System planning for Christmas Holiday pressure point days including pre-planned conference calls
  - Produce a Christmas Holiday support document
  - Ensure attendance and feedback from GM and Regional Winter Events (co-ordinated so far)
    - GM Exercise Boras
    - NW Winter Event
- Daily System Resilience Management
  - Bury System Bronze (operational) every day at 8.30am (Mon-Fri)
  - Bury System Bronze (operational) Update (as required) 1.30pm (Mon-Fri)
  - Bury System Silver (strategic leads)as required based on system pressure
  - Bury System Silver (pre-planed) Weekly from mid November
  - GM SORT meeting (senior strategic/operational) every day (Mon-Fri)

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Local infrastructure to manage Winter

- **Identified RISK**
  - **Workforce**
  - **COVID – 19**
  - **Flu**
  - **Care Home Capacity**
  - **Potential industrial action**
  - **IMC Capacity**
  - **Maintaining Admission Avoidance**
  - **Ambulance Handovers**
  - **12 hour delays**

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COVID-19 and Flu Planning

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COVID-19 and Flu Planning

- **Look ahead: “Making predictions is hard. Especially about the future.”**
- - Neils Bohr or Yogi Berra depending who you ask.
- The complex mix of immunity, variants, behaviour, and population susceptibility mean that forecasting for COVID-19 is likely to be a waste of time. There are signs the current wave may have peaked – although it is too soon to be sure and the reasons for the apparent peak are not clear.
- Flu is circulating – particularly among school-aged children (see top graph), hospital admissions nationally are increasing, and there are signs this season is arriving around a month early (so may peak in early to mid-December – see bottom graph). Vaccine uptake and match to circulating strains is hard to predict. Immunity among the population to flu is likely to be low due to no circulation for two years. However, many of those who would be highest risk of death from flu or COVID-19 have died from COVID-19 during 2020-21.
- For planning purposes the following may serve as useful reasonable worst-case scenarios:
    - **COVID-19: a wave similar to the on from summer 2022** in terms of care home outbreaks, hospital admissions, critical care beds, deaths, and staff absences. For Bury this means a peak of 35-40 COVID-19 positive inpatients, of which 2 require critical care, 15 new outbreaks in care homes within a month, and increased pressure on staffing.
    - **Flu: a flu season comparable to 2017/18** in terms of consultation rates, hospital admissions, and care home outbreaks. For Bury this would mean a peak of around 100 GP consultations for influenza like illness per week, 20 patients needing hospital admission per week, of which 1-2 needing critical care, plus possible additional care home outbreaks and staffing pressures.

Figure 13: Respiratory DataMart weekly positivity (%) for influenza by age, England

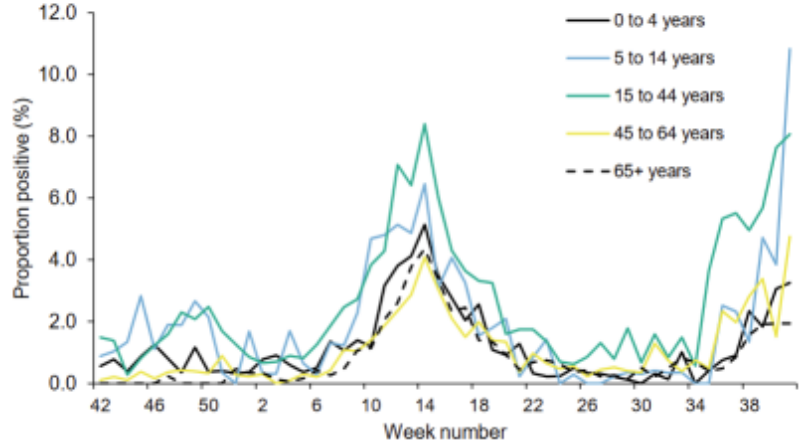
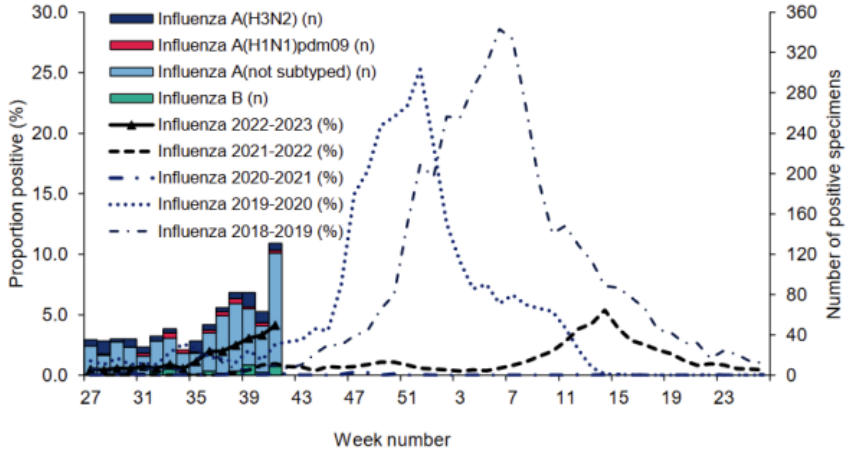


Figure 10: Respiratory DataMart samples positive for influenza and weekly positivity (%) for influenza, England



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COVID-19 and Flu Planning

- **Preparation: "Failing to prepare is preparing to fail".**

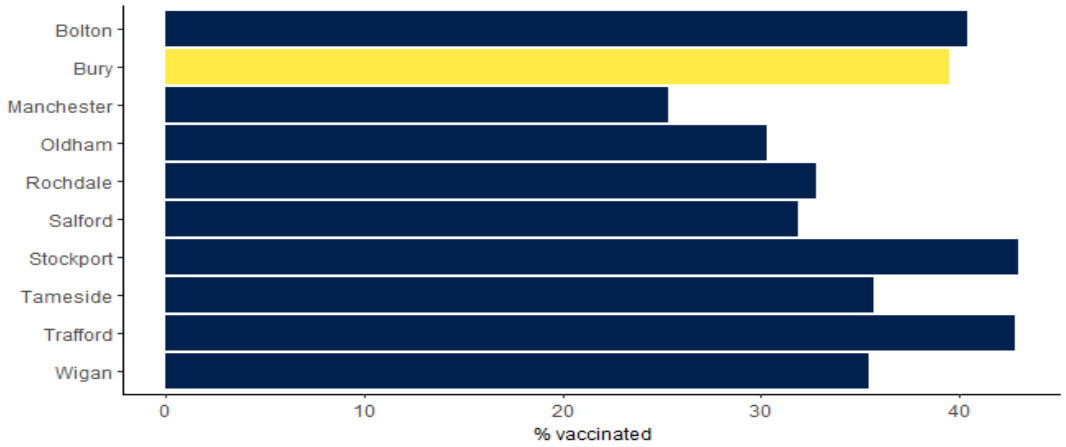
- - Benjamin Franklin.

- **First line of defence: vaccines.** COVID-19 autumn booster uptake in Bury is good (see graph a) particularly among older cohorts where uptake is now 60-70%. Inequality gaps appear to be closing overall, though pockets of low uptake remain. There are signs of falling demand (see graph b). Uptake among care home staff appears to be poor – although current evidence suggests only modest benefits of further doses in preventing transmission. Flu vaccine uptake appears better than previous years, although persistent data quality problems mean it isn't clear whether this reflects an actual increase in uptake or improvements in data flows and recording. Bury's Vaccine Assurance Group is coordinating work to address inequalities and improve uptake among key cohorts including care home staff. This will include drawing on access and inequalities funding from NHS GM.

- **Second line of defence:** infection prevention and control. Work underway to get a GM consensus on enhanced IPC advice to care homes to mitigate gaps in national guidance. To be agreed by SORT on Monday 24/10/22. Risk around waning adherence to IPC measures in key settings being escalated.

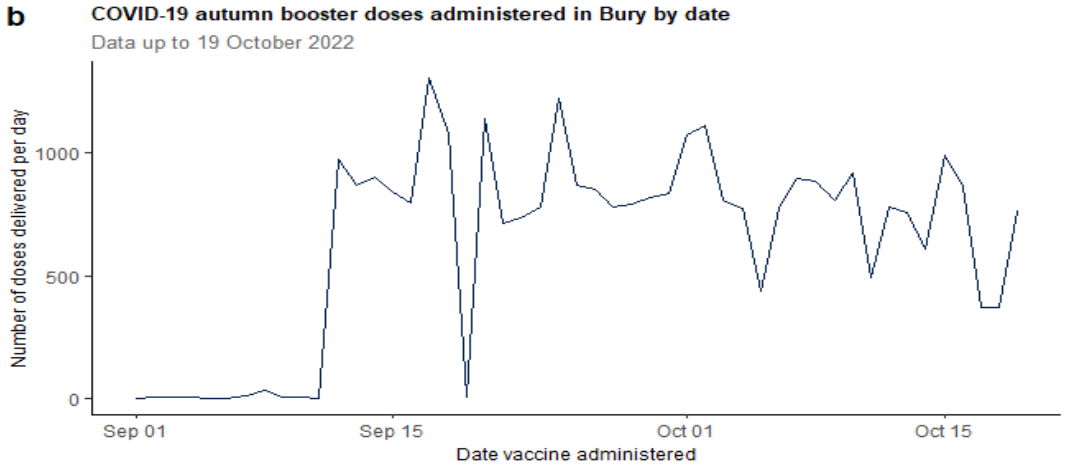
- **Third line of defence:** outbreak management and antivirals. Bury's outbreak plan reviewed and under refresh. Antiviral prophylaxis pathways reviewed. Additional IPC capacity paid for from COVID-19 outbreak management fund in place until end March 2023. Extra support on loan from GM hub.

a



Source: www.coronavirus.data.gov.uk

b



Data source: UKHSA. Data may not reflect those from other sources. Data are presented for age-based cohorts only because denominators are not available for clinical risk-based cohorts and not all MSOAs have care homes.