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PARTNERSHIP

# Urgent Care Update For The Health Scrutiny Committee

**Part of** Greater Manchester  
Integrated Care Partnership



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# Urgent Care Update

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

1. 2023-24 NHS Planning Guidance (Urgent Care)
2. Current Urgent Care System Performance
3. Winter, GM SORT, Primary Care Schemes Summary
4. Initial feedback from Winter and the Christmas Holiday Period
5. Ongoing Priorities

## 1. 2023-24 NHS Planning Guidance (Urgent Care)

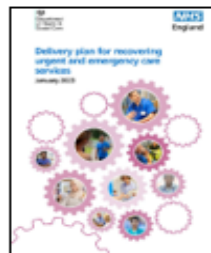
## National Delivery Plan for Recovering Urgent and Emergency Care Services Summary

- The NHS 2023-24 Priorities and Operating Planning Guidance was released on 23<sup>rd</sup> December 2022 and can be found at: <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>
- This identified 3 national objectives for urgent and emergency care as shown below:



National NHS objectives 2023/24	
Area	Objective
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below

- Significantly however the plan made referred to further guidance in the form of a delivery plan for urgent and emergency services as pending. This document is a summary of the further guidance received.
- The NHS England, Delivery plan for recovering urgent and emergency care services was released on Monday 30<sup>th</sup> January 2023. The plan can be found at: <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-urgent-and-emergency-care-services/>
- The plan is 46 pages long and encompasses the further guidance promised, across 5 themes, on the delivery of the urgent and emergency care national NHS objectives, as shown above, for 2023-24.
  1. Increase Capacity
  2. Grow the workforce
  3. Speed up discharge from hospital
  4. Expand new services in the community
  5. Help people access the right care first time
- This summary shows a plan on a page summary and then identifies the key aims and delivery plans for each of the five key themes in more detail. Also identified is where further supportive guidance is still expected.



## 2. Current Urgent Care System Performance

# Urgent Care Update



NCA Site Level Comparison – Type 1 Attendances				
Site	Year	Attendances Apr 22 – Feb 23	Variance to 2021-22	% Variance to 2021-22
FGH	2021-22	68217 (avg 204 / day)		
	2022-23	67813 (avg 203 / day)	-404	-0.6%
Royal Oldham	2021-22	100102 (avg 300 / day)		
	2022-23	101414 (avg 304 / day)	+1312	+1.3%
Salford Royal	2021-22	95623 (avg 286 / day)		
	2022-23	90881 (avg 272 / day)	-4742	-5.0%
NCA	2021-22	263942		
	2022-23	260108	-3834	-1.5%

## A&E Attendance levels

- Have not increased beyond previous year levels. This in part maybe due to co-ordinated system working, neighbourhood approaches and alternative to admission schemes

## 4hr Performance Summary: Type 1

	YTD Performance	QTD Performance	MTD Performance	Daily Performance	
Bolton	53.10%	56.64%	64.54%	64.54%	↑
Bury	59.83%	61.78%	67.13%	67.13%	↑
MRI	25.72%	24.23%	29.05%	29.05%	↓
North Manchester	48.03%	46.21%	57.14%	57.14%	↑
Oldham	45.13%	49.34%	61.32%	61.32%	↑
RMCH	62.68%	58.53%	80.45%	80.45%	↑
Salford	47.87%	51.24%			→
Stockport	59.82%	60.47%	60.26%	60.26%	↑
Tameside	52.63%	53.45%	53.75%	53.75%	↓
Wigan	51.18%	48.33%	50.55%	50.55%	↑
Wythenshawe	35.79%	36.37%	31.39%	31.39%	↓

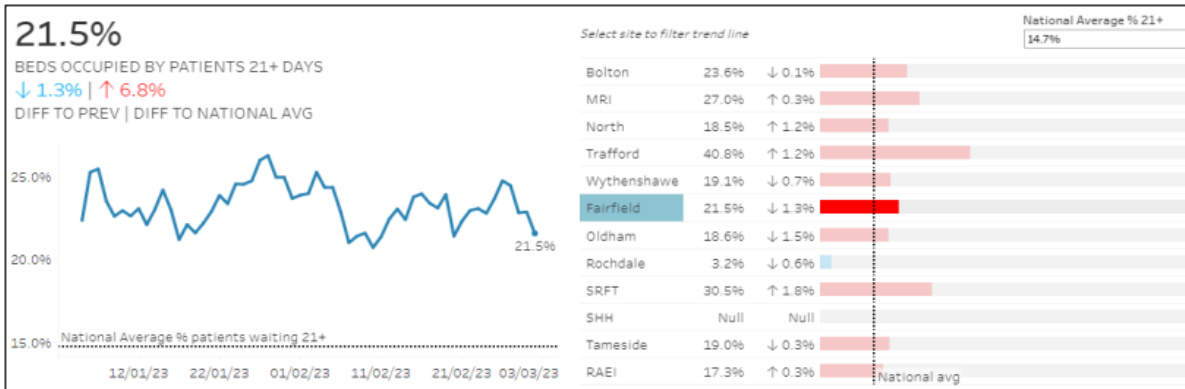
## A&E 4 Hour Performance

- Bury is currently the best adult site in GM for A&E 4 hour performance with year to date performance (as at 1.3.23) (NMGH YTD is 48.03%)
- New target of 76% to be achieved by March 2024 (Bury hit 76% performance on 2.3.23)

# Urgent Care Update



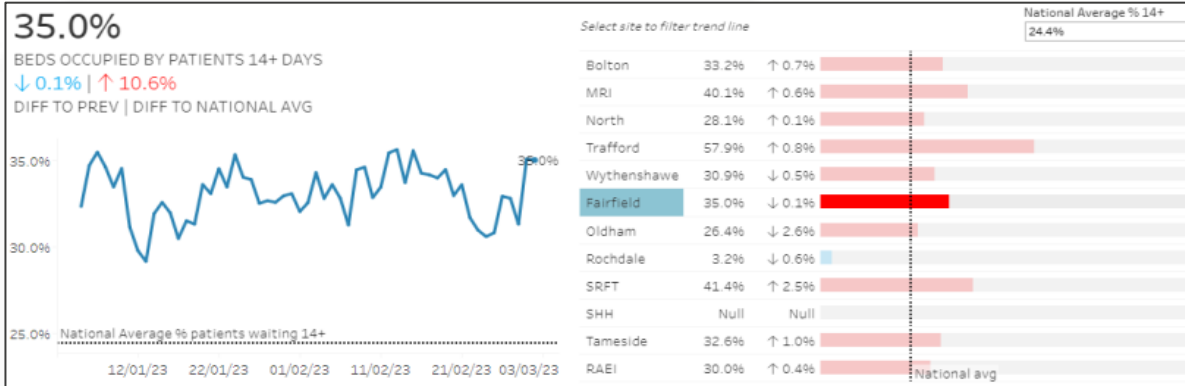
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FGH LOS 21+

FGH Average  
GM Average  
(NMGH 18.5%)

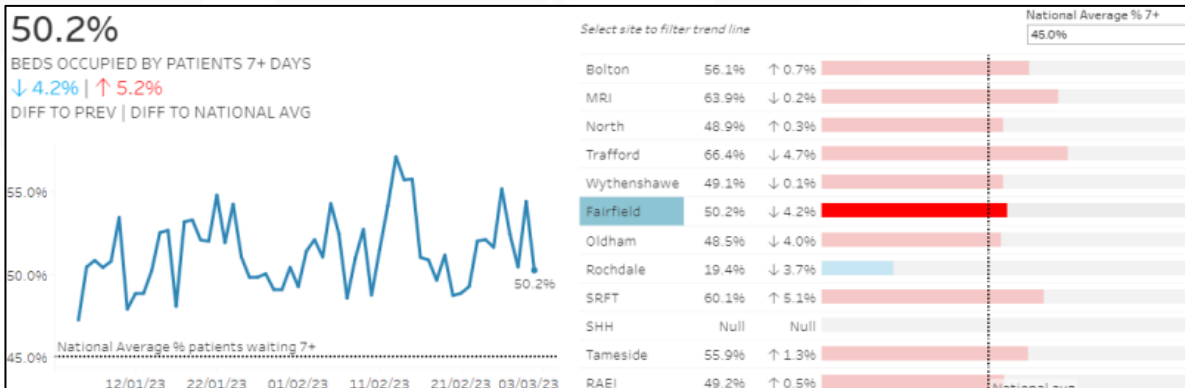
21.5%  
23.2%



FGH LOS 14+

FGH Average  
GM Average  
(NMGH 40.2%)

35%  
34.7%



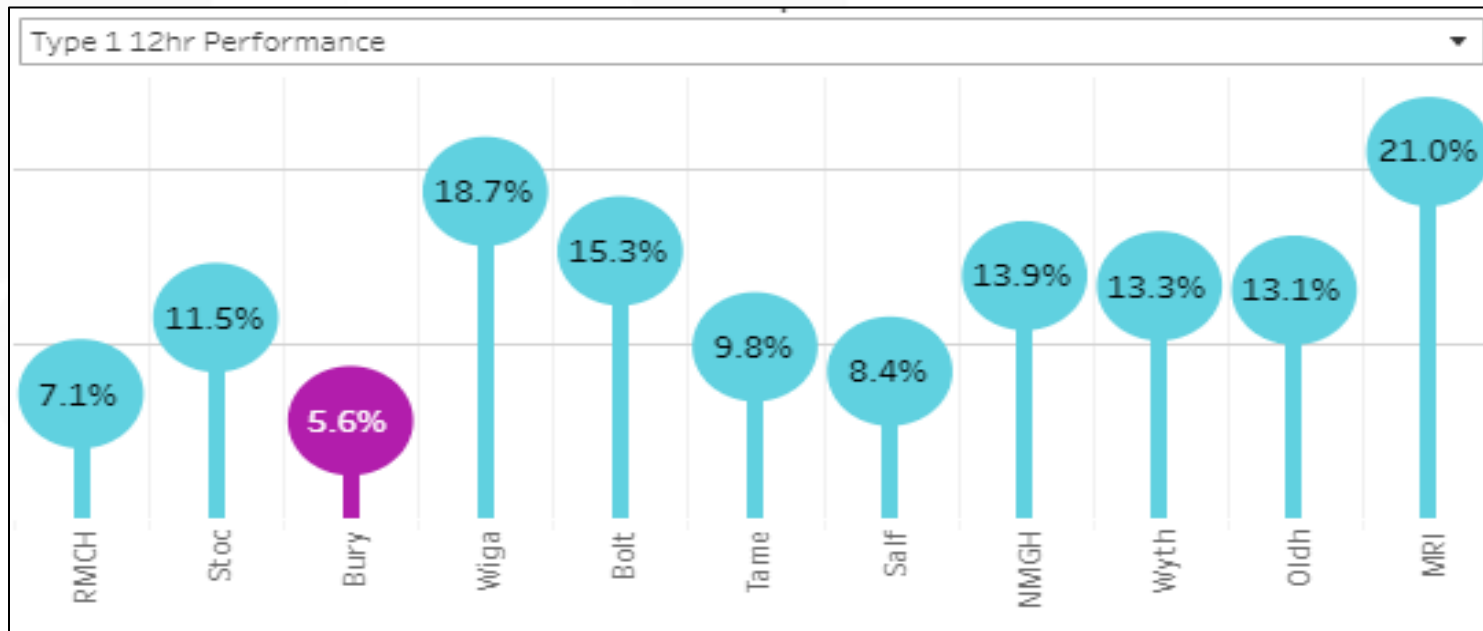
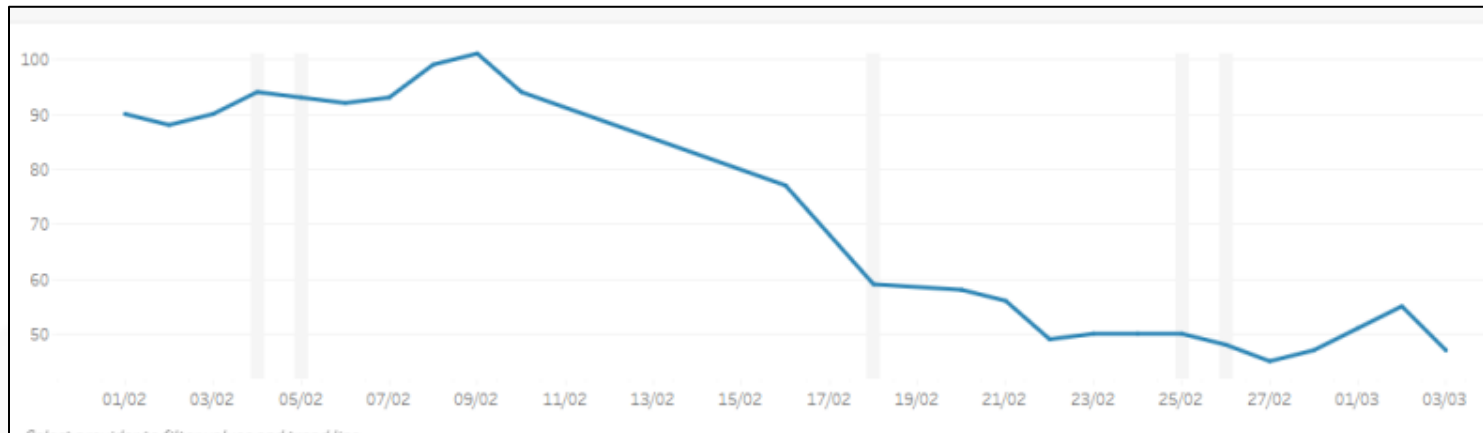
FGH LOS 7+

FGH Average  
GM Average  
(NMGH 58.7%)

50.2%  
54.9%

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## FGH Days Kept Away From Home (FGH)



### Length of Stay & NCTR

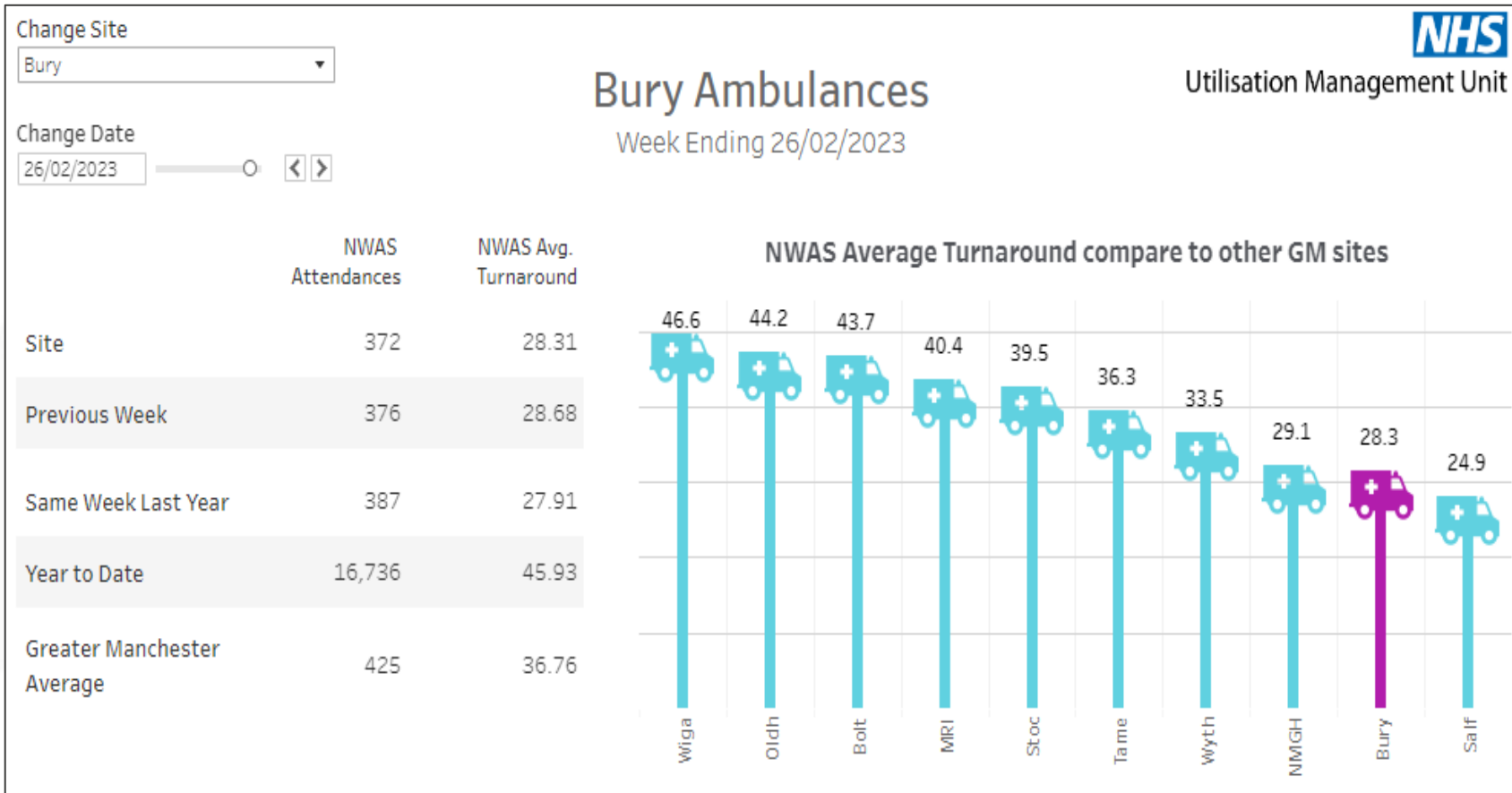
- Whilst the NCTR figures remain high at FGH this needs to be offset by an understanding of the LOS position
- The position since February is improving but the target is 35.

### 12 Hour Performance

- Year to date FGH is the **best performing** adult acute trust site for 12 hour performance
- Figures shown are for the week ending 26.2.23



# Urgent Care Update



### Ambulance Performance

- In the months prior to Christmas FGH ambulance handover was highlighted a priority for action. After intensive work between NWAS, FGH and the wider system on whole system flow the situation improved greatly.
- FGH is now regularly the best or one of the best performing GM sites for ambulance handover.

## **3. Winter, GM SORT, Primary Care Schemes Summary**

# Schemes and Funding Streams 2022 -23



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National Allocation ASC (BCF) £500m

National Allocation

National Allocation  
£200m

GM Allocation

GM Allocation

GM Allocation

GM Allocation

GM Allocation

GM Allocation  
£11m

ASC Bury SORT 1  
£900,00 (R)

ASC Bury SORT 2  
£955,000 (R)

Virtual Wards  
£720,000 (R)

Winter Pressures  
£1,417,00 (NR)

Primary Care Surge  
£255,000 (NR)

January Discharge  
£304,000 (NR)

- Additional D2A Beds £507K

- Additional Reablement £169K

- SDEC Frailty £167K

- Additional AVS £46,500

- Additional AVS £19,500

- Additional home care and placements (D2A) overspill £440
- Workforce Hub £30K
- 2 Hospice Beds £36K
- D2A IMC Flo Manager £17K
- Ad Care at Home Packages £124
- Ad SDEC Hours £78K
- Private Transport £60K
- Additional AHP/Phrm on wards £60K
- GP in reach on IMC ward £60K
- One off purchases to support reablement environment on IMC wards £25K
- Other reablement purchases to speed discharge

- Virtual Ward £720K

- Additional D2A Beds until May 23 £611K

- Ad Capacity FGH £606K

- Clinician input into AVS
- Proactive Respiratory reviews
- Management of acute respiratory infections (adults and children)

£255K

- Additional D2A beds £274K
- Reviewing Team £30k

## Additional Notes

- Allocations came in 5 times
- Allocations totalled £4,511,000
- Over 20 schemes mobilised
- Schemes delivered by:
  - NCA - FGH
  - LA
  - BARDOC
  - GP Federation
  - PCNs
  - IMC
  - Hospice
  - VCSE - Age UK

## **4. Initial feedback from Winter and the Christmas Holiday Period**

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## Initial feedback from Winter (to date) and the Christmas Holiday Period

### Summary

- General feeling is that the Bury system has been able to manage the system pressures well
- FGH (to date) has not declared OPEL Level 4
- NCA did declare OPEL level 4 including NMGH at OPEL 4
- Bury system rallied to support NMGH
- System pressure felt particularly in Primary Care, GP practices and GP Out of Hours
- Additional support for Primary Care
- System plans over the Christmas period are considered to have worked well
- On call arrangements were in place and locality daily calls took place across system on call managers
- Bury system has mobilised GM SORT schemes which has assisted
- Stood up at very short notice a paediatric respiratory clinic – currently seeing 90 a day. This was extended after Christmas to be an adult's clinic too.

### Learning (taken from a session on 18.1.23)

- Need to strengthen escalation routes into neighbourhood models
- Consider developing a SPOA for LA and Health Services
- Need earlier sight of pressures in Primary Care and stronger reporting
- Need to consider the weighting afford to different parts of the system when establishing OPEL levels
- Need to support MH discharge arrangements more
- Need to flex criteria where appropriate

## 5. Ongoing Priorities

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## Other ongoing UEC priorities include:

- Response to planning guidance
- 4 localities footprint national discharge front runner project (National Planning Guidance Project)
- Continued focus on mobilisation and independence of patients and the focus on home first.
- Key task for us in relation to reducing the pathway status of DKAFH, and reducing our dependence on community bed capacity.
- Mental Health DTOC
- SDEC Pathways
- D2A patient reviews
- Continued resilience management
- Review of GP Out of Hours Arrangements
- Continued focus on Ambulance handovers