

Bromley 4 hour A&E performance and Winter Resilience Arrangements 2014-15

Introduction

Although there are urgent care pressures throughout the year, there is an increased requirement for additional services to meet the needs of the local population during winter. This is because more people become ill in winter, particularly as a result of an increase in circulating organisms (such as flu and cold viruses) and because many long term conditions are exacerbated by the cold. Pressures are placed on hospital A&E departments, urgent care centres and on general practice, usually by a greater number of attendances, but also because lengths of stay in hospital increase. It is essential therefore that we put in additional services to meet these urgent care needs.

The re-organisation of acute services in October 2013 is also contributing to the situation with the need to completely bed down new systems, recruit substantive staff and ensure that the interface between hospital and out of hospital works as well as it can

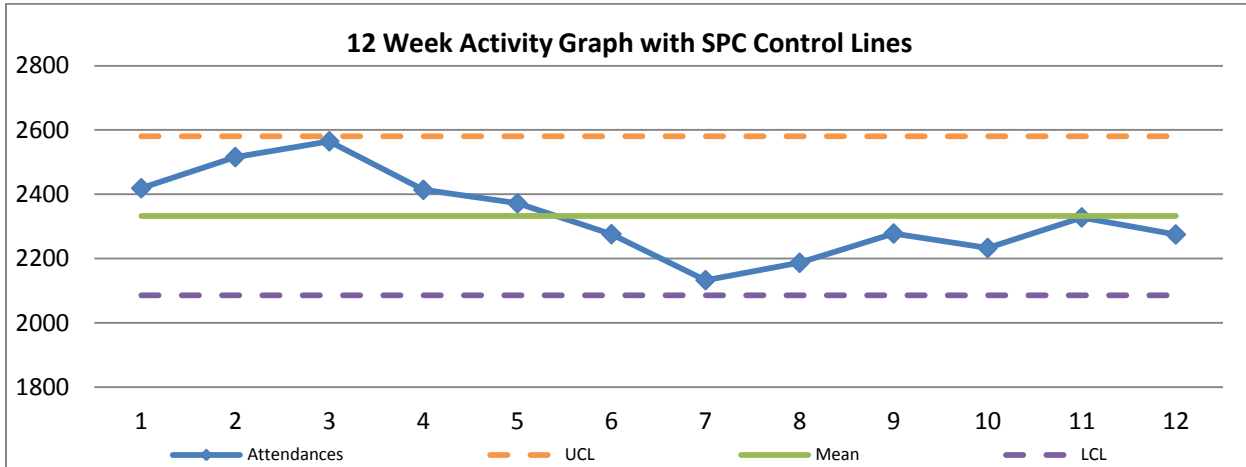
The A&E or ED (Emergency Department) target is a system wide target that relies on all parts of the health and social care economy working well and efficiently.

This paper summarises the current ED performance at the Princess Royal University hospital, the current delayed discharge position at the hospital and the services commissioned by Bromley CCG to increase the resilience of health and social care service to better manage changes in demand during the winter period.

Performance

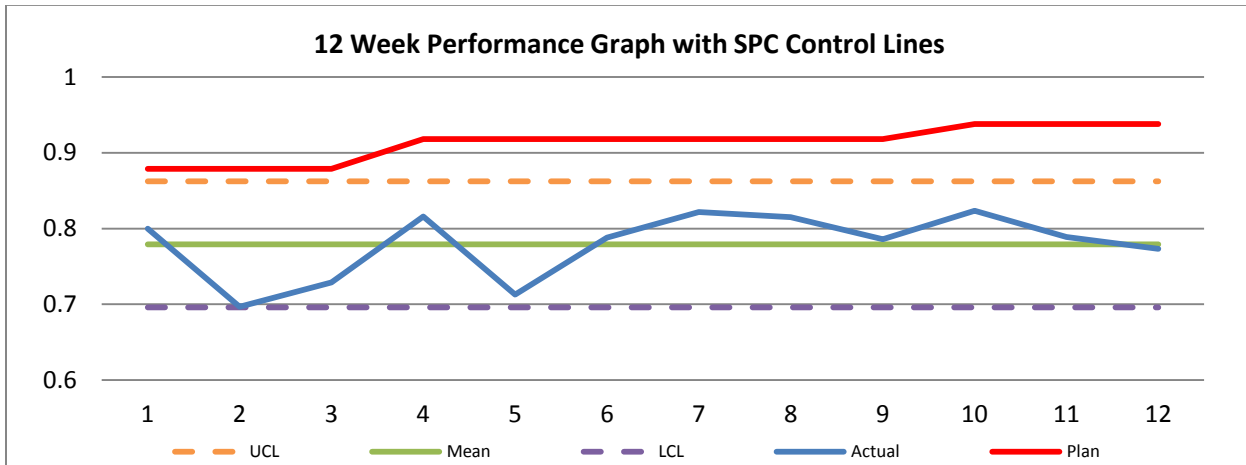
The following graphs demonstrate attendances and performance. Performance has not improved despite no dramatic increases in attendances. It is believed that the flow of patients through and out of the hospital is creating a situation where the emergency department becomes 'blocked' and patients cannot then quickly be seen because of a lack of free cubicles.

ED attendances from December 2014 to week ending 22nd February 2015



Following a fall in attendance in December and early January, ED attendances have risen slightly.

ED waiting time performance from December 2014 to week ending 22nd February 2015



ED waiting time performance continues to be significantly below the revised plan. Currently 77.32% against a 93.8% planned position.

Reason for ED waiting time breach

The primary reason for ED waiting time breaches continues to be: access to a hospital bed and access to a specialist opinion.

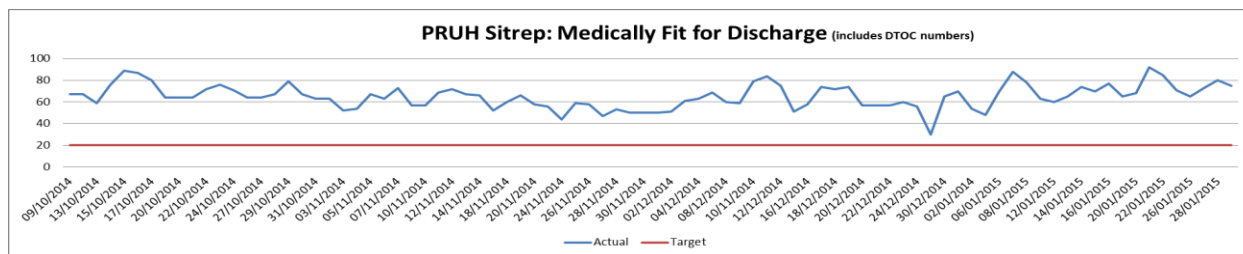
Emergency admissions rose at the beginning of February and remain higher than the December average. The mean average length of stay is higher at 7.2 days than the previous quarter at 5.7 days. Lengths of stay over 14 days and under 2 days continue to fall.

Significant progress has been made to reduce delayed transfers of care and patients who are fit for discharge. In February the average number of bed days lost per week was 46 days. The main reasons for these delays are:

- awaiting the completion of social care placements or home packages;
- bed based intermediate care
- patients responsible for arranging their own long term social care.
- patient returning to their borough of residence (not Bromley)

Additional investment has been made to increase the provision of social care services in Bromley and new providers have been identified to increase available capacity.

Following an improvement in the discharge profile at Lauriston, particularly at the weekend, there are currently no Bromley patients at the PRUH, who are fit for discharge, waiting for this service. The waiting list for Bromley patients in out of borough hospitals is now reducing.



Commissioning services supporting people in the community this winter

NHS Bromley Clinical Commissioning Group (CCG) and its health and social care partners have developed a plan to increase the resilience of care services to better support the local population over winter.

The winter plan aims to: prevent avoidable hospital admissions and help people get back home as soon as possible. It will also enable patients to receive urgent care including rehabilitation and practical support in their own homes 7 days a week.

This short paper summarises the service changes we have made.

Benefits to patients that we have seen this winter

Seven day working

At NHS Bromley CCG, our first priority for winter funding was to get local healthcare working seven days a week. We have begun expanding services that until now ran only during the week (or had some weekend access) to properly cover weekends. These include: longer

hospital pharmacy opening hours; all urgent scans requested at the weekend are completed and reported; additional senior decision makers in the hospital emergency department; additional consultants so patients can be discharged at the weekend and increased access to specialist consultant advice every day.

Of particular success has been London Borough of Bromley's provision of social care assessments. Social workers have been working overtime to increase the number of assessments completed at the weekend from five to ten. This means patients can go home on Saturday or Sunday rather than having to wait until Monday.

Ambulatory care unit

Opened in May 2014, this service is for patients with urgent medical conditions. Patients are referred by their GP, or other services, treated there and leave the same day. In the past these patients may have been admitted to hospital. The Ambulatory Care Unit is staffed by a consultant acute physician, senior nurses and junior doctors and treats around 280 people a month. Thanks to the additional funding an extra 100 people used this service in January 2015.

Medical response team

Bromley Healthcare's Medical Response team provides assistance to patients so that they can receive urgent care in their own home, two hours from receiving the referral. We have expanded the team over winter with nurses, physiotherapists, occupational therapists and 15 healthcare assistants. These assistants are vital to ensuring we can maintain people in their own homes when they lack practical support to take their medication or their condition needs monitoring. Whilst most of the referrals come from GPs to prevent their patients' admissions to hospital, the service is now taking referrals from A&E. This will help more people get the care they need without needing to be admitted to hospital.

The Medical Response Team has been seeing around 15 people per day. This has doubled to 30 people during winter. Many of these people would have been admitted to hospital if this type of home care was not available.

Home-based rehabilitation service

There are now 36 rehabilitation beds at Lauriston Nursing Home and a home-based rehabilitation service offering five rehabilitation places every day. This combination of home and bed-based services ensures that local people can access the service that best meets their needs and enables them to regain their confidence and independence most effectively.

Supporting tenants living in extra care housing

Local GP practices, have been working in partnership with the London Borough of Bromley, housing associations, extra care housing managers and tenants to launch a new service that

provides additional primary care services in people's own homes. Tenants and extra care housing managers can now call upon a Visiting Medical Officer for additional medical help to manage emergencies in tenants own homes.

Whilst it is difficult to measure the impact of these schemes, we know that patients are being medically assessed, having their medication reviewed, and are working with doctors to develop plans for their care.

St Christopher's Bromley care coordination

Traditionally, St Christopher's has provided palliative care to patients and families in their last few weeks of life. In recognition that patients and their families need more intensive support, last year the service expanded to provide more nursing care and personal care to help people die in the place of their choice – for example, at home with their families.

With the extra funding over winter, we are aiming to double the number of patients receiving care coordination at any one time from 30 to 60. This has meant that 80% of patients receiving this care have been able to choose to die at home, whereas for patients not on this care pathway, half of all deaths are in hospital. This service is having a positive impact on patients and their families and with more work to identify patients suitable for the service earlier we look forward to more people being about to benefit.

Dementia and cognitive impairment

Supporting patients and their families who are beginning to experience the onset of cognitive impairment, confusion and dementia is perhaps the biggest challenge we face locally. Bromley has an ageing population and so it is our aspiration to provide the best dementia care available in London. Unfortunately we are some way off doing this. At the moment, only around 50% of the projected numbers of people with dementia are diagnosed whereas best practice is 67%.

Concerns have been raised by our GPs that receiving confirmation of a dementia diagnosis can be distressing for both patients and their families. So we are taking a very cautious approach to diagnosis. Fortunately we have learnt from conditions, such as diabetes, that diagnosis leads to better outcomes for patients.

Over the winter, two specialist dementia nurses from Oxleas have offered assessments to people living in residential homes. There is a resident psychologist and increased access to CT scans for patients that need specialist diagnosis. Diagnosis rates improved by 5% in December alone and we are working with London Borough of Bromley, Oxleas and all providers to develop further investment plans in this care for patients with dementia and cognitive impairment, including on-going support for patients.

Mental health liaison service at A&E

People of all ages now have access to additional support from the mental health services if they come to the emergency department in crisis or needing immediate support. The service

has doubled its capacity, including provision for children and young people, which had ensured that over 85% of people needing the support of mental health services, can access this in less than 2 hours.

Improved access to general practice

A new scheme to improve access to GPs was established which included:

- Ensuring there is up to date information available about services in General Practices available in the two Urgent Care Centres
- Providing up to date information to practices on services and contact details for acute and community services and voluntary services.
- Supporting patients and practices in generating additional urgent appointment capacity by funding additional appointments for three months over winter – 1st January – 31st March 2015, and now for April also

The overall aim of the scheme is to make it easier for patients to get urgent appointments with their GP and ensure that urgent care and out of hours GP services are used appropriately and quality of services are monitored

The CCG Communications team designed a leaflet template for practices to use in the UCCs, that included arrangements for urgent appointments at the surgery, arrangements to see a doctor or get advice outside of normal surgery hours, practice contact details etc. The CCG will also facilitate the development of a quick reference guide for practices of contact numbers etc. for acute, community and voluntary services. This will be a valuable tool for practices to use in talking to patients as well as a quick reference guide of whom and how to contact in key acute/community and voluntary providers.

The resilience scheme funded practices to offer nearly 10,000 additional winter pressures consultations for patients who have been assessed by the practice as having an urgent care need. Patients were identified:

- Through their telephone screening process
- By redirection from Urgent Care Centres
- Through contact by NHS 111

Returning home from hospital sooner

The CCG and the London Borough of Bromley have commissioned a range of new services to support hospital discharges, such as:

Fast response personal care package

So far, 100 people have accessed this service. It offers four hours of personal care for up to seven days when a person is discharged from hospital. It enables people to regain the confidence they may have lost during their stay in hospital.

Intensive personal care package

This winter, 59 people have taken advantage of the intensive personal care service to support their discharge from hospital. This service has provided on average 150 hours of support per person. This level of home support offers local people with a genuine alternative to long-term residential care.

Take home and settle – Age UK

Age UK have for many years delivered a successful Take Home and Settle service. This service can be requested by patients or hospital staff if assistance is required to get home from hospital and to provide good neighbourly support when people first arrive home from hospital. Additional investment will allow this service to grow from its current provision.

Rapid equipment store

Getting access to the right equipment quickly can make all the difference to people leaving hospital. In January, 523 extra pieces of equipment were issued to people leaving hospital. This service is supported by a handy man with a van and therapy assessors.

Non weight-bearing patients

After a fall or fracture, some people require short-term support in a residential care setting before they can start their rehabilitation. Additional funding has made it possible to support up to 43 people to receive this support.

Future work on the health and social care system

As expected, the needs of local residents change during the winter:

- Patients' requirements for urgent care and often in-patient hospital care, increases
- Discharge plans can often require an increase in social care provision,
- The supply of social care, both in people's own homes and in care home settings can be difficult to access in sufficient quantity
- Delayed transfers of care back to the community limits access to hospital beds and creates delays in the Emergency department

The local health and social care commissioners have increased the supply and range of services available to local people to reduce the impact of winter. It is clear though, that the whole health and social care system (including the hospital) does not work as well as it needs to at the moment. Additional services do help the situation but it is necessary for us to think

differently about how we manage some of these issues. We are considering a range of strategic approaches to assist in solving the problems:

1. Ensuring that all agencies are clear what the data on patient flows is telling us and using this to develop a transformational approach to urgent care.
2. Developing the role of the newly formed GP Alliance – Bromley Alliance – in improving access to general practice
3. A review of the current initiatives in place and consideration of how providers can work differently
4. Ensuring that we use good practice from elsewhere and are able to implement the London Quality Standards for urgent and emergency care.

ACRONYMS

CCG	Clinical Commissioning Group
CT scan	Computerised axial tomography scan
ED/A&E	Emergency department
GP	General practice
PRUH	Princess Royal University Hospital
SPC	Statistical Process Control
UCC	Urgent care centre

Dr Angela Bhan, Chief Officer, Bromley CCG

March 2015