

Frimley Health and Care



Urgent and Emergency Care Update

NHS Frimley Integrated Care Board

21 November 2023



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

The system has continued to experience unprecedented pressure



The demand for Urgent and Emergency Care services continued to climb steadily throughout 2022/23, as the system emerged from the post-pandemic period.

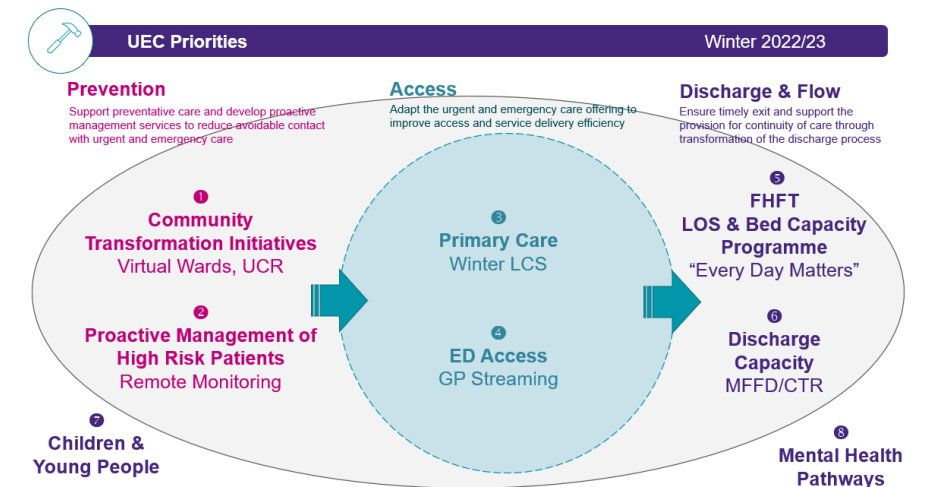
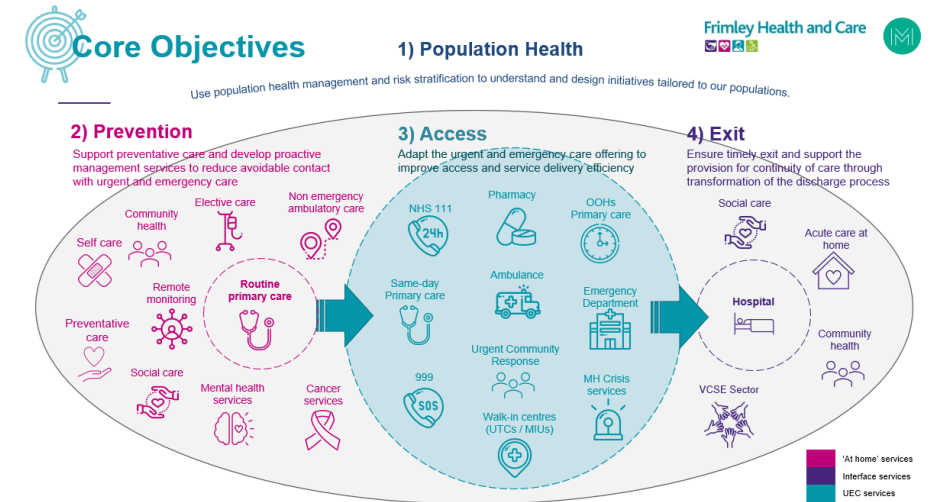
The operational challenge was exacerbated by several periods of Industrial Action, with more scheduled throughout 2023/24.

As a system we came together to develop a detailed Operational Plan for 2023/24, against exceptional financial pressure.

Meanwhile, we continued to roll out our long term UEC Strategy, as endorsed by the ICB Board in February 2023.

Key System Challenges

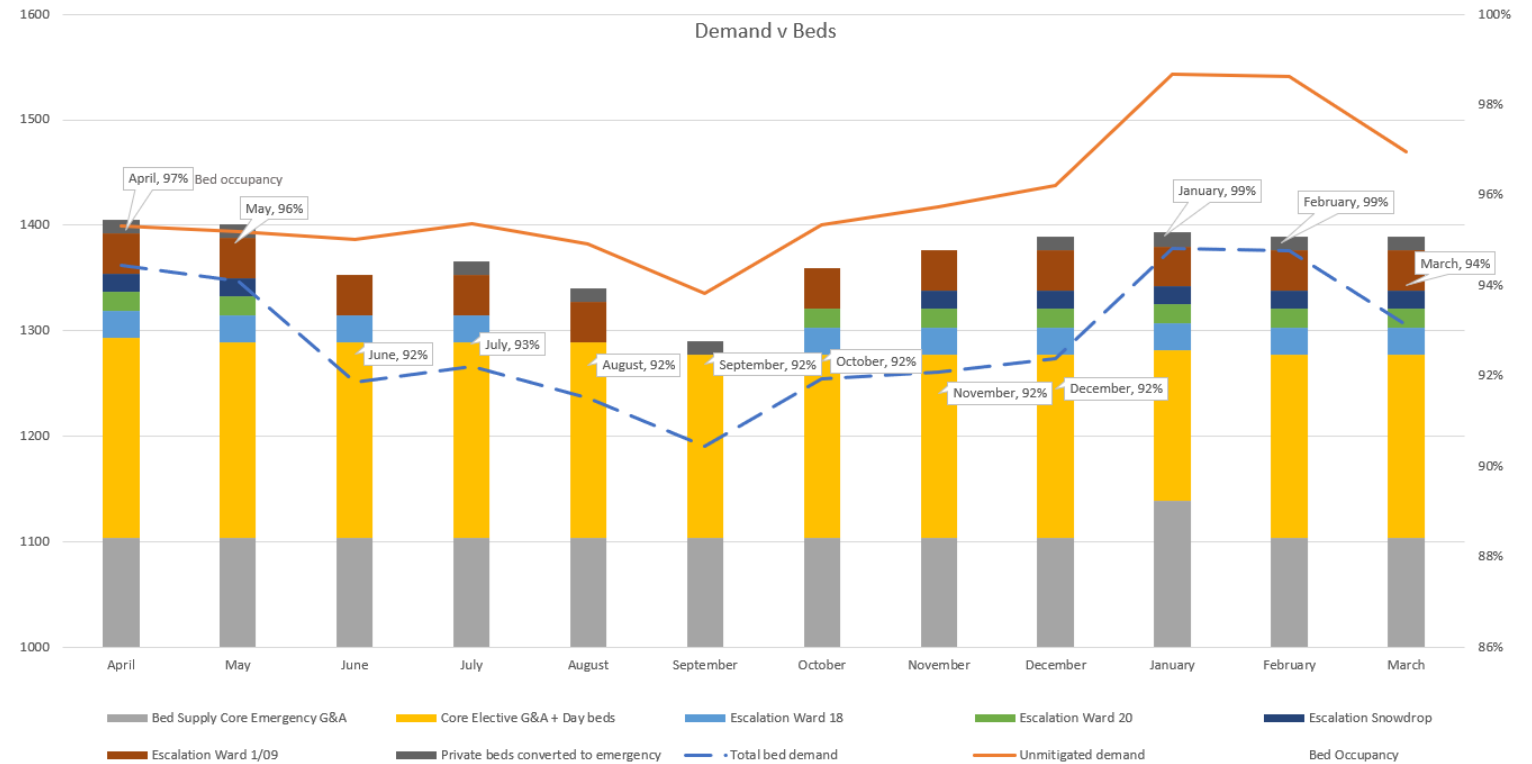
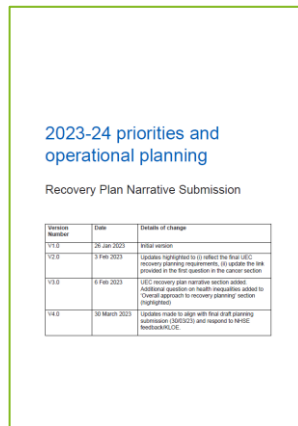
- Demand for services continues to increase
- Disruption from continued Industrial Action
- Planning for 23/24 against financial challenges
- Delivery of UEC Strategy for the long term



We came together as a system to develop a detailed UEC Operational Plan for 2023/24

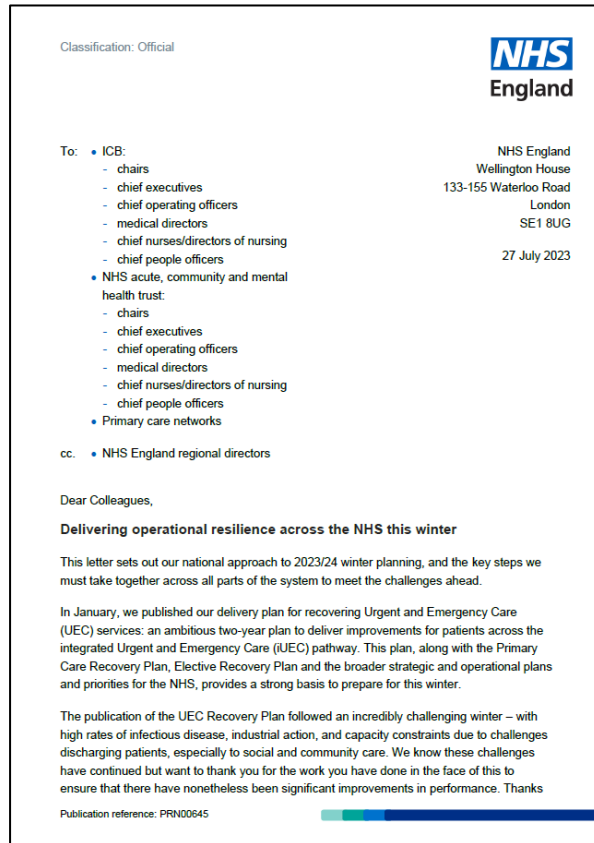
The Urgent & Emergency Care Recovery Plan was published by NHS England on 30 January 2023. In response we worked rapidly and thoroughly as a system to devise and submit our UEC Operational Plan for 2023/24 by the end of March, based on our long term UEC Strategy.

A key element of our plan was our Bed Modelling, which factored in a number of crucial schemes designed to mitigate the demand for Secondary Care beds this Winter.



New guidance from NHSE was issued at the end of July

“Delivering Operational Resilience across the NHS this Winter”



For us the UEC Recovery plan focuses on two key objectives:

1. **76% of patients will be seen within 4 hours by March 2024 (we are aiming by end of October)**
2. **Delivering High Impact changes to support**

Plan in on time on the 11th September! Big, big thanks

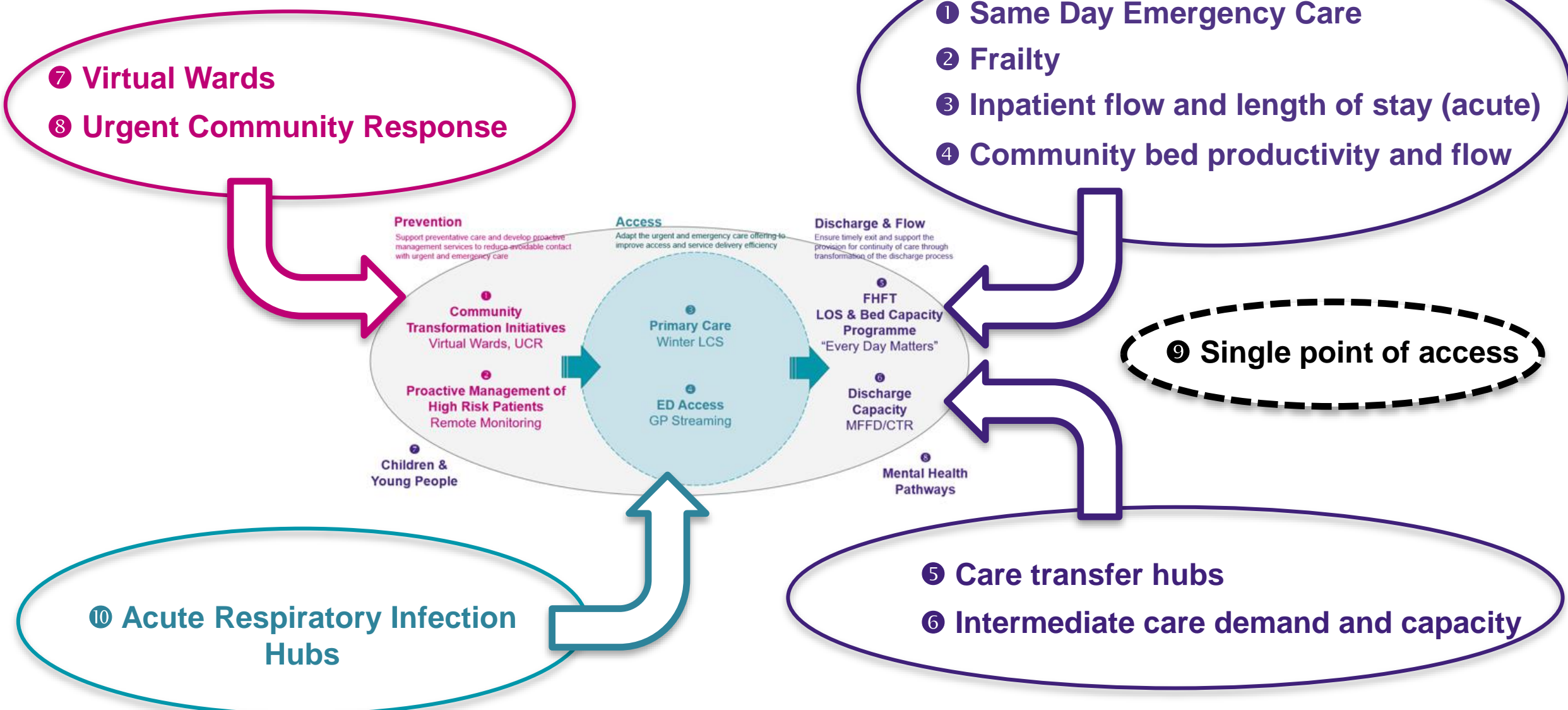
Feedback: More detail on UEC recovery and surge beds!

NHS England High Impact Interventions for Winter...

10 High Impact Interventions

1	Same Day Emergency Care: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	6	Intermediate care demand and capacity: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
2	Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	7	Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
3	Inpatient flow and length of stay (acute): reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/ conditions/ cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.	8	Urgent Community Response: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
4	Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	9	Single point of access: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g. home treatment
5	Care transfer hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	10	Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

...mostly maps to our existing UEC programme



...and to Place

Implementation and continuation of Minor Injuries and Minor Illness Services in the community – St Marks, KEVII & Bracknell; PCNs and OOHs

Primary care Access Recovery Plan (PCARP) delivery through GP Improvement programme, Practice QI QOF, PCN CAIPs and adoption of segmentation

10 High Impact Interventions

Practive management of patients in partnership with ICTs, remote monitoring, virtual wards and high uptake in Vaccinations

Discharge and Flow – integrated with partners

Adoption and roll out of remote monitoring for High Risk Patients

Discharge and Flow – integrated with partners

Surge response across primary care capacity readied to respond; enhanced access, MIMI, general practices, OOHs & comm Pharmacies

1	Same Day Emergency Care: reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.	6	Intermediate care demand and capacity: supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab.
	Frailty: reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	7	Virtual wards: standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and help with discharge.
3	Inpatient flow and length of stay (acute): reducing variation in inpatient care (including mental health) and length of stay for key iUEC pathways/ conditions/ cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.	8	Urgent Community Response: increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid admission.
4	Community bed productivity and flow: reducing variation in inpatient care and length of stay, including mental health, by implementing in-hospital efficiencies and bringing forward discharge processes.	9	Single point of access: driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time. This should include mental health crisis pathways and alternatives to admission, e.g. home treatment
5	Care transfer hubs: implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.	10	Acute Respiratory Infection Hubs: support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.



Winter is now fast approaching...



Key System Challenges

- Demand for services continues to increase
- Disruption from continued Industrial Action
- Planning against financial challenges
- Need for surge beds, e.g. Heathlands

- **Acute Demand:** Compared to last year, Demand is a lot higher across both Acute sites. Presenting complaints are fairly consistent with normal.
- **Regional Picture:** We are not alone. September and October has been tough across the region, disproportionately to previous months.
- **Four-hour performance:** we are off track in September (All-Types Trajectory: 65%; All-Types Achieved: 62.8%; Type 1 Achieved: 59.3%) and October (All-Types Trajectory: 76%; All-Types Achieved: 59.7%; Type 1 Achieved: 56.3%)
- **Primary care:** Looks like it is starting to heat up which is comparable with last winter at about this time when demand was then sustained through winter. Primary Care will be absolutely key this winter. Some of our practices are rapidly innovating to change access models to better meet the needs of our population but we could do more to support all practices achieve this
- **Comms:** We need to have a Comms campaign that is bigger and wider reaching than ever before. Working closely with primary care we need to get messages out that strengthen primary care without flooding them.

Our System focus on Prevention and Discharge will help

- **Primary Care:** Frimley has the highest (a) % no of Primary Care Same Day appts and (b) appointments within 2wks in Region. There also is £2m extra funding to help further improve Primary Care access this year. This might increase the number of primary care appointments by c 100,000 over this winter. Looking at creating walk in Same Day Urgent Care capacity for a further 212 daily appointments (c77,000 pa) – see slides below
- **Urgent Community Response:** performance is at 97% (against a national standard of 2 hours).
- **Remote Monitoring:** Over 5500 patients now being actively monitored with 2/3rd of practices now enrolled (connected care evaluations suggest Remote Monitoring reduces attendances by 31%, admissions by 33% and GP appointments by 21%).
- **Virtual Wards:** We also have the second highest number of Virtual Ward admissions per 100,000 by ICB in the country. We have the highest number of virtual ward beds, 51, compared to 40 per 100,000. A business case for further expansion has been approved. And 90% of referrals are preadmission and 10% post admission.
- **Medically Optimised for Discharge:** Discharges have been consistently c15-20% higher all year than 2022 baseline. We have a new dashboard and set of metrics capturing length of time from referral to discharge hub to final discharge. This will help drive better and faster decisions for patients.

We have also reviewed Same Day Urgent Care as per the UEC strategy recommendation to help this winter

In 2022, Frimley ICS commissioned a strategic review of its Urgent and Emergency Care (UEC) services.

Foremost in its recommendations was to review the delivery of the Same Day Urgent Care provided for Minor Illness and Minor Injury. A Strategic Outline Case has been developed in response to this recommendation as the first in a series of service model reviews.

The ICS currently spends £7.6m a year on out of hospital interventions to support same day access. At least £2.6m of this could be repurposed ahead of Winter 2023/24 if a more suitable model of care was identified.

21%

increase in hospital length of stay in the last 2 years across the patch

10.3%

increase in 111 calls since 2019/20

ED peak activity levels occurring more frequently than prior to 2020



51%

of high intensity users of UEC in Frimley are people with long term conditions

Frimley GP appointment activity per working day is up **10.5%** compared to the same months in 2021/22.

Epic Electronic Patient Record system rolled out system-wide in June 2022

Our analysis suggests up to 240 A&E attendances per day could be treated in community settings

Segment	Key insights	Potentially modifiable A&E opportunities	Outcomes and Objectives
1 Low need and low complexity adults	54.5% of population, ~70-80% of A&E attendances are without prior GP contact. Peak A&E 10 & 11am.	Minor illness accounts for 102 attendances per day (15% of total). Top 5 reasons are Abdominal Pain, Chest Pain, Fever, Difficulty Breathing and Headache. 12.8 % admission rate	<ul style="list-style-type: none"> Access to / uptake of community provision for minor illness
2 Low need children	16.6% of population, ~70-75% of A&E attendances without prior GP contact. Peak A&E at 6-9pm but only slightly above daytime avg.	Minor illness and injuries accounts for 57 attendances per day (8% of total). Top 5 reasons are Fever, Head Injury, Abdominal Pain, Vomiting, and hand injury. 4.2 % admission rate	<ul style="list-style-type: none"> Behaviour change / improved advice / self care (Healthier Together App) Access to / uptake of community provision for minor illness
3 Multi-morbid medium complexity	9.1% of population, Hypertension, Depression, Obesity, Diabetes and Asthma most common conditions.	Illness accounts for 59 attendances per day (9% of total), 17 admissions per day and 8 % of total non elective bed days. Top reasons are Chest Pain, Abdominal Pain, Difficulty Breathing, Short of Breath and Fever	<ul style="list-style-type: none"> Prioritised improvement of CVD and respiratory condition management
4 Dominant chronic condition	6.9% of population, Hypertension, Depression, Obesity, Diabetes and Cancer most common conditions	Illness accounts for 44 attendances per day (6% of total), 14 admissions per day and 8% of total non elective bed days. Top reasons are Chest Pain, Abdominal Pain, Difficulty Breathing, Fever, Short of Breath	<ul style="list-style-type: none"> Prioritised improvement of CVD and respiratory condition management Remote monitoring of highest risk patients within the cohort

Key messages: The cohorts identified in this analysis account for 87.1% of the population and exclude our most frail, pregnant and SMI cohorts. The cohorts shown consume over 70% of Urgent activity across the system and 47.2% of non elective bed days in total. The intervention areas identified target a subset of their A&E activity deemed modifiable / avoidable to some extent. This subset of activity represents 240 A&E attendances per day (~36% of attendances) and circa 20% of non-elective bed days

Now launched!

Slough minor illness service

Supporting development of same day access enhanced service to be located in Priors Close Slough:

- Minor illness (not for complex needs patients)
- Offer of 60% walk in appointments, 40% booked appointments
- Seven days a week
- 8am - 8pm
- Multi-disciplinary team led - with GP facing intervention
- May offer some diagnostics - no x-rays but testing (offer still being looked at)
- To include patients that are not registered with a practice.

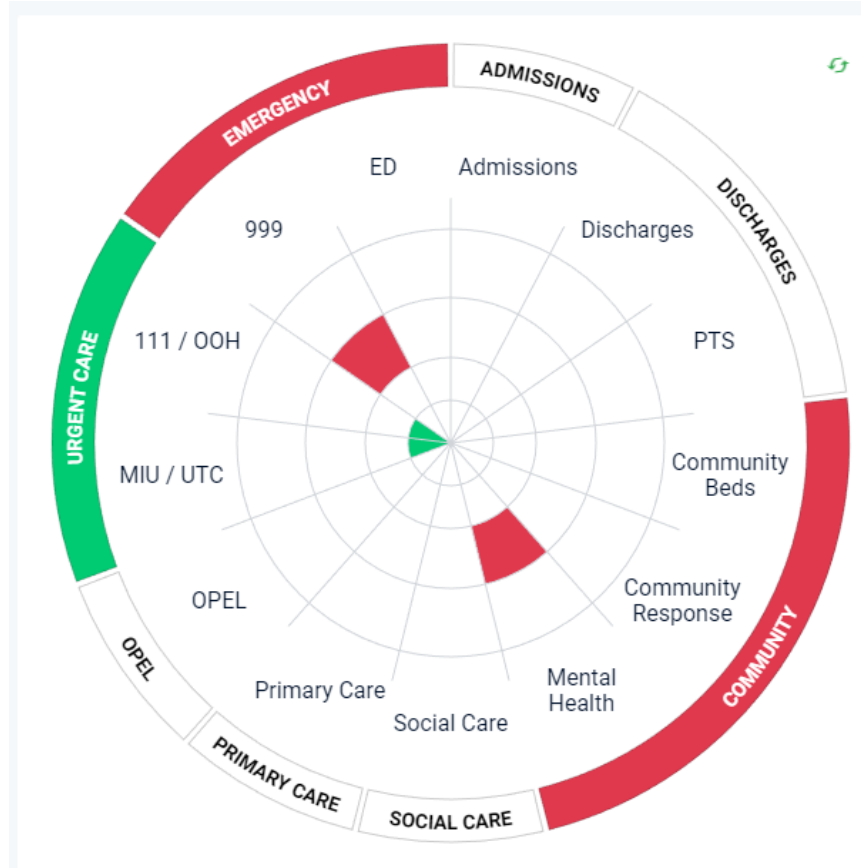


- The proposed models for Slough and Aldershot may be subject to change and are currently evolving while this strategy is being developed.

We are also seeking to manage Winter better

System Co-ordination, Surge and Resilience

- Adoption of new OPEL framework to ensure consistency across regional landscape
- Frimley SCC - full implementation underway in line with NHSE required operational standards and timescales with real time visibility of operational pressures and system risks.
- Increased requirement for operating hours aligned to collaboration discussions with neighbouring ICB partners
- Key aim to take action ahead of demand and activity peaks using real time information
- SHREWD platform in place to act as primary decision support tool and single version of truth for system pressures
- New discharge dashboard live next week (mentioned on next slide)
- Design principle is to proactively manage clinical risk and mitigate emerging system issues impacting patient safety and flow



We have overhauled our Winter Governance

- **UEC & Planned Care Board** maintains strategic oversight of Winter delivery – monthly meeting with option for additional ‘Gold’ level calls in times of extreme pressures.
- Creation of **Winter Delivery Group (WDG)** – replaces the UEC Ops Steering Group
- Will have a tactical focus on winter operations and maintaining resilience, escalation, system flow and patient safety
- Links directly to existing CIC to ensure clinical input into operational decisions
- Weekly **WDG** meeting supported by reporting up from daily whole system resilience calls, with option to increase frequency
- Accountability requirement for each organisation to carry out agreed actions with timescales and report back
- Oversight of intelligence gathered via SHREWD and other decision support infrastructure
- Focus on delivery relating to tiering metrics and 10 high impact intervention indicators
- Agree and action escalation interventions at tactical level

But Industrial Action and RAAC will make things harder...

- So far since the first action was called, NHS Frimley has responded to, or supported, 41 days of industrial action

Date	Union Involved
June 2023	14/06 – 17/06 BMA Junior Doctors
July 2023	13/07 – 18/07 BMA Junior Doctors 20/07 – 22/07 BMA Consultants
August 2023	11/08 - 15/08 BMA Junior Doctors 24/08 – 26/08 BMA Consultants
September 2023	19/09 – 21/09 BMA Consultants 20/09 – 23/09 BMA Junior Doctors
October 2023	02/10 – 05/10 BMA Consultants 02/10 – 05/10 BMA Junior Doctors

- ✓ ICB coordinated response with FHFT, including co-location at Heatherwood for first day of action
- ✓ Additional support by Primary Care and OOH with extra staff on rotas
- ✓ Proactive communications work by NHS Frimley/Frimley ICS Communications Team and FHFT Comms
- ✓ Consolidated situation reporting and pre-strike assurance completed by EPRR/Systems Resilience Team
- ✓ Representation at Regional calls, and 24-hour rota, covered by EPRR/Systems Resilience and UEC Teams
- ✓ Parallel response structures in place for any emerging, unrelated, incidents

Taking a Whole System approach to supporting our residents this winter

- Promoting uptake of vaccinations (including health and care staff)
- Signposting to alternatives to ED such as Pharmacy, Primary Care First, Urgent Primary Care services, Healthier Together App, etc.
- Supporting our Winter Comms plan through Place forums and with partner organisations
- Supporting Practices to implement their access plans and introducing digital telephony. Primary care is open and accessible.
- Encouraging the use of admission avoidance schemes such as Urgent Community Response, Mental Health Crisis teams, Remote Monitoring, Virtual Wards, use of 111
- Delivering the new Urgent Care community-primary care model to help decompress our Emergency Departments
- Continuing the focus on discharges, and using and feeding back on the new dashboard
- Feeding back on Mini-MADE and getting involved in Winter MADE (11th – 15th December)