

# Managing winter pressures in BHR

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# CONTEXT



- Winter is the busiest time for both NHS and social care services
- We had a single action plan across the whole system in BHR, that fed into the East London Health and Care Partnership plan
- Based on learning from 17/18, our largest challenges across north east London were:
  - Workforce sustainability - particularly middle grade A&E doctors, A&E nurses, paediatric nurses, therapists, acute physicians, geriatricians and GPs who work within urgent care services.
  - Discharging patients to ongoing care, particularly where patients are from outside London.
  - Securing capacity within mental health services so patients coming to A&E get emergency mental health support and have access to MH beds.
  - Using shared data, such as knowing care home spaces across the area - exploring data management solutions.



# SYSTEM PLAN



- Improving flu vaccine uptake rates
- CCG GP Chairs met with GP practices with highest urgent care demand to understand reasons for variation and opportunity to address these
- Communication and engagement with local GPs around support and services which can help prevent people needing to be admitted to hospital
- Public communications to raise awareness of where to go for urgent treatment and advice
- Review of paediatric demand and development of plan to address
- System level plans to improve demand management and ensure full benefit of new NHS 111 service
- Additional local structures in place to support performance challenges and winter:
  - Daily system calls with extra calls on Monday and Friday
  - Fortnightly A&E Delivery Board meetings attended by NHS England/NHS Improvement
  - Fortnightly escalation meetings with NHSE/NHSI
  - Monthly chief officer level system assurance meeting with NHSE/NHSI



# A&E DELIVERY BOARD



Multi-agency partnership board oversees urgent and emergency care performance and delivery – Board meets monthly and Delivery group also meets monthly

Six sub-groups meet weekly / fortnightly, with detailed action plans and monthly escalations to the fortnightly A&E Delivery Board

These workstreams are:

- Ambulance demand
- Community capacity
- Hospital flow
- Out flow
- Older People
- Mental Health



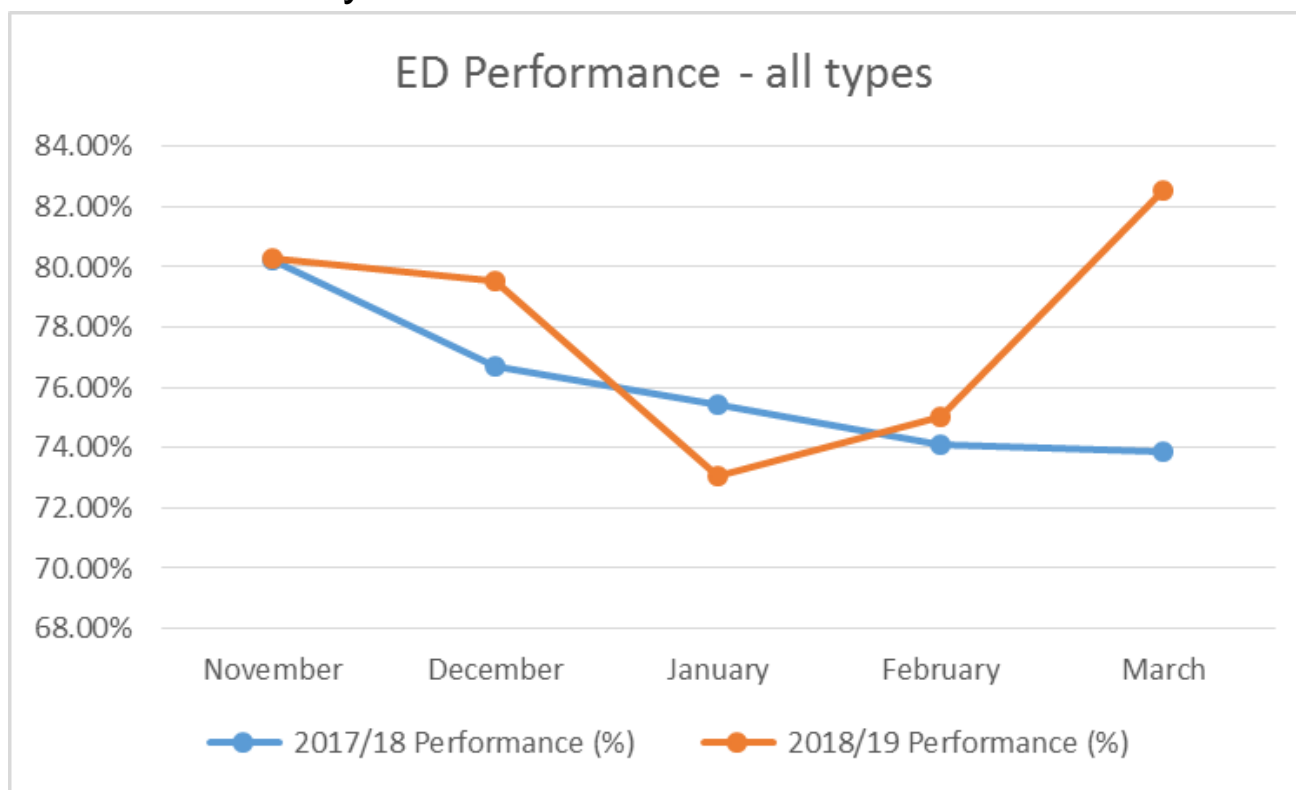
# COMMUNICATIONS

- National 'Help Us Help You' campaign – promotion across health hubs, online etc
- Media promotion – where to get urgent treatment, flu vaccine, how to stay well
- Websites and social media (including Council channels)
- Videos (111, pharmacy, urgent GP appointments)
- Articles in council magazines and newsletters
- National TV and print adverts



# FOUR HOUR PERFORMANCE - BHRUT

- More people being seen within four hours, and number of patients increasing
- Key factors – numbers of people attending A&E, staffing in A&E and hospital bed availability



# ATTENDANCE

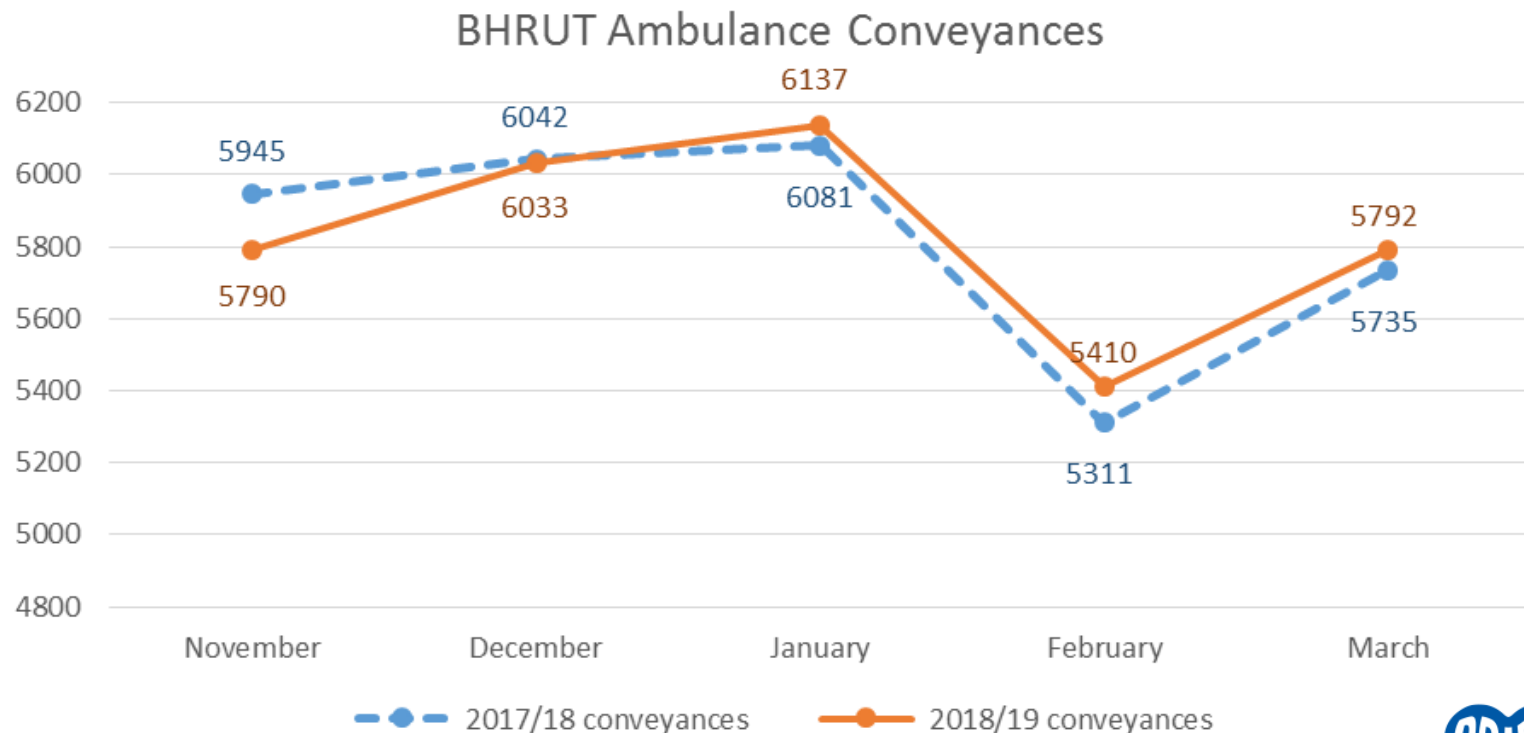


- Additional 9,198 patients seen Queen's and King George Hospitals (compared to November to March 2017/18)
- However, in July 2018 we introduced Urgent Treatment Centre model at Queen's Hospital and worked to improve pathways in Urgent Care Centre at King George Hospital. This enabled 33,305 patients to be seen and treated in these two units during the winter months. Many of these patients would otherwise have been seen in the Emergency Departments (ED)
- A number of patients were seen in both the UTC or UCC and ED
- Together with improved performance, this means more patients were being seen and treated within four hours and were able to return home
- Whipps Cross (which sees some Redbridge patients) saw a 4.32% fall in four-hour performance during the same period (from 85.01% in 17/18 to 80.69%)
- Data review to clarify 'duplication' of patients – where patients are seen by the UCC but are transferred to ED for specialist opinion



# AMBULANCE CONVEYANCES

- Ambulance attendances increased slightly - greatest increase at KGH
- Queen's is once again almost the busiest (2nd) hospital for ambulance conveyances





# URGENT TREATMENT CENTRE



- National guidance says that urgent treatment centres (UTCs) will be GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people attend A&E for
- 24-hour UTC introduced at Queen's in July 2018 - service expanded to deal with minor injuries (suspected fractures, minor burns or wounds) from August 2018
- Average of 6,275 patients per month seen at Queen's UTC (November to March) 45% of all attendances are now seen in the UTC
- The Urgent Care Centre (UCC) at KGH saw a 13% increase (1,931 patients) compared to winter 2017/18. No minor injuries or access to diagnostics – plans in development. It is also open 24 hours a day
- NHS 111 can book patients into appointment slots at KGH UCC – available for Queen's UTC for winter 2019
- Queen's UTC and KGH UCC are managed by The Partnership of East London Cooperatives (PELC) not BHRUT



# LEARNING



- Partnership held 'winter wash-up' session in June to explore issues and learning, and plan ahead
- National 2018/19 winter pressures funding provided to local authorities to help with social care provision – no health funding allocation expected in 2019
- Health and social care partners continue to work together through six A&E Delivery Board sub groups
- Exploring feedback from clinicians that there are duplicate attendances across the GP hubs and UTC/UCC sites – which has contributed to the data on attendance growth



# IMPROVEMENTS



- Implementation of red2green on the wards has helped flow and reduced patients' length of stay
- Weekly system-wide reviews on each ward to progress safe and appropriate discharge. Focus on getting patients directly home wherever possible.

# IMPROVEMENTS

- New RAFTing area now open at Queen's
  - Aims to improve ambulance turnaround times
  - State-of-the-art-equipment
  - Its own phlebotomy room
  - Cubicles equipped with machines to monitor patients' vital signs, which can also be monitored from the central desk
  - Feedback from London Ambulance Service is that they have seen a reduction of 12 minutes per patient in the time spent at Queen's as a result



# LOOKING FORWARD



- Decisions on any investment need to be made early to support critical recruitment. Reviews underway, with decisions in July for winter 2019/20
- Investment bid for national funding being made by the East London Health and Care Partnership to fund a 24 hour Enhanced Mental Health Liaison team in A&E
- ‘Task and finish’ group addressing the increase in 12-hour breaches for mental health patients. Also working with Waltham Forest to look in detail at capacity and demand



# LOOKING FORWARD



- Approximately 30% of A&E attendances are children. Queen's UTC has improved staffing to enable them to see more children. Plans will also be developed through the BHR Children and Young People's Transformation Board
- Development on "Home is Best" service by the Older Peoples' Transformation Board. Will integrate community services and provide a single point of access for primary and secondary care
- Development of an integrated model of assessment for frail older people aged 75+ to co-ordinate care in order to avoid admission

