

LPT

Leicester H+WB board SPOTLIGHT: LPT

Digital Pathways for
the Management of
Cardio-respiratory
Conditions and
Covid-19

Issue:

Supporting people with long term cardio-respiratory conditions through the Covid-19 period, within restricted face to face contact due to IPC guidance in healthcare settings.

Solution: Covid virtual wards for long term conditions management

- Community-based remote monitoring pathway for patients with chronic conditions and Covid 19 using digital technology
- New pathways of care were provided quickly and safely, using robust and rapid clinical governance across organisations to protect clinically vulnerable by reducing clinics and home visits
- Result: **1000 patients supported across four digital pathways**; Clear reduction in readmissions (C19); Reduce unplanned hospital admissions; Support patients with Covid 19 on discharge in the community; Alternative rehabilitation delivery methods

Learning and application for Leicester H+WB board:

- Rapidly responded to the needs of 'the system'
- New and innovative way of providing care through digital pathways/virtual wards
- Personalised patient support
- Patients cared for safely in their own homes
- [Watch this film for more info](#)

Leicester H+WB board SPOTLIGHT: LPT Enhancing urgent mental health care during Covid

Issue:

Divert as many patients as possible from A&E to increase their capacity to deal with the start of the Covid-19 pandemic



Solution: Urgent mental health care hub

- LPT set up an urgent mental health care hub in 11 days to help divert patients from A&E, but it soon became much more than that.
- Put together a multidisciplinary team of staff to support the service from across other mental health teams
- Care for patients who would ordinarily have needed treatment from A&E staff, such as those who might have self-harmed or taken minor overdoses
- Based on the trust's acute mental health hospital site, creating a suitable and comfortable environment away from A&E for all ages, with system partners
- Working with colleagues in social care, housing and acute trusts, to get patients the right personalised care.

Learning and application for Leicester H+WB board:

- Create a shared vision with the team on set up
- Collate feedback from service users to build the model
- Act as a system for improving opportunities to signpost and get patients to the right place. System solution with ambulance service, A&E, and the acute trust through joint standard operating procedure
- An opportunity for future mental health models, be ambitious and empower staff to be leaders. Read the [NHS Providers case study](#)

Leicester H+WB board SPOTLIGHT: LPT Youth Advisory Board

Issue:

Improve gap in the engagement of children and young people in reviewing and co-designing our services



Solution: LPT Youth Advisory Board to ‘youth-proof’ our services

- The YAB was set up in partnership with Leicester City Council Youth Team, and first met in November 2019 after several months of planning to ensure the structure and set up would be sustainable and safe
- Membership includes members of the youth council who have been nominated to be involved in health through their own experience and interest and service users aged between 13-25 years old supported by CAMHS Peer Support workers as a positive means for recovery.
- The group is supported by an LPT lead for patient experience and Involvement, Leicester City youthwork/children's rights manager and youth workers.
- The young people set the agendas. They review and support co-design of service developments and improvements, and have already made a significant contribution to improving services in LLR.

Learning and application for Leicester H+WB board:

- Co-design and involvement in partnership with young people, with them taking the lead on what they want to focus on that impacts them.
- A representative panel that staff across the system can access the group to ‘youth-proof’ future service developments.
- Read Page 62 of the [LPT Book of Brilliance](#) for more

Police

Leicester H+WB board SPOTLIGHT:

Police & LPT – Proactive Mental Health Triage Car

Issue:

Throughout Covid, we have seen increased demand on Emergency and MH services, with often first-time presentation of MH illness. Through Proactive triaging we ensured the correct pathfinder / service.

Solution:

Police & Mental Health Proactive Triage Car

- A PC and LPT Nurse out in a car attending live Police MH Incidents.
- Everyday 1700 – 0200. Ends 31st Aug 21
- First responding to MH incidents.
- Quicker triaging and passing Info to Police Crews.
- Ensuring the correct pathway / service for the service user.
- Reducing unnecessary demand on Emergency services / A&E.

Date / Result	Overall incidents	Taken / At Home	EMAS	Arrested	LRI	Hub	PSAU	MH Team / Care team	Not known	Monthly Diverted
January	53	6	3	0	3	1	1	2	0	16
February	103	1	3	0	11	1	3	2	1	22
March	119	2	5	0	8	2	0	5	0	22
April	118	12	10	1	8	1	2	4	0	38

Above is a snapshot of the results, as you can see we are attending around 100 incidents and ensuring the correct pathway is used.

We are ensuring service users enter the system at the correct point, receiving the right treatment. Which in turn reduces demand.

Leicester H+WB board SPOTLIGHT: Police Pro-Active Vulnerability Engagement Team

Issue: Increase in Mental Health demand with limited referral pathways / reduction in face to face contact by other services during Covid-19

Solution:

- **Service provision** changed to a Monday – Friday 8am - 8pm. 7 day week was trialled initially however, did not identify significant demand over weekends.
- Several referrals during Covid-19 relating to service users whereby their mental health support in the community has been changed from face to face visits from their care team to telephone support. PAVE **continued to complete face to face visits** during Covid-19 where necessary, following relevant risk assessments – to reduce demand.
- **Proactive approach** taken towards service users in co-ordinating appropriate support and in identifying former service users with recent contact with services likely to present to police during the Covid-19 period.
- **Review of a number of high demand service** users to establish whether there was any role for our team to reduce demand. This continues to be embedded in current processes identifying repeat demand to the Mental Health Triage Car and Adult Referral Team.
- Implementing more **structured plans** for individuals open to PAVE including regular phone contact from the team to reduce the demand via Contact Management and to other emergency services where relevant.
- Utilisation of Microsoft Teams / Skype to chair professionals meetings
- **‘Day of positive action’** – PAVE jointly visited vulnerable residents with one of the local police neighbourhood officers to identify individuals that may require additional support and referrals to look at alternative way to reduce demand and resolve some of the key neighbourhood concerns expeditiously with multiagency approach.

UoL



University of Leicester SPOTLIGHT

Title of project:

*UK-REACH study into
ethnicity and COVID-19
outcomes in healthcare
workers*

Issue:

Identification of those who might be at greatest risk of infection or adverse outcomes, particularly among healthcare workers from black and minority ethnic backgrounds.

Solution:

- Project led by Prof Kamlesh Khunti (Director of Centre for Ethnic Health Research and member of SAGE) and Dr Manish Pareek (Associate Clinical Professor in Infectious Diseases).
- Played pivotal role in bringing to light the disproportionate impact of COVID-19 on those from black, Asian and minority ethnic communities.
- £2.1M government funding (UKRI and NIHR) for **UK-REACH study into ethnicity and COVID-19 outcomes in healthcare workers**.
- Working with 30,000+ clinical and non-clinical members of NHS staff to determine their COVID risk based on analysis of healthcare records.
- One of the outcomes is a new Risk Reduction Framework for NHS staff to better protect NHS workforce and maximise ability of NHS to deal with pandemic pressures.

Learning and application for Leicester H+WB board:

- Adoption of new **Risk Reduction Framework** consensus document.
- NHS Trusts will require specialist occupational health support and advice to apply Framework guidance equitably.
- Consider where Framework can be reviewed and updated in light of new evidence.



University of Leicester SPOTLIGHT

Title of project:

Your COVID Recovery

Issue:

Lack of easily accessible patient-focused information aimed at individuals who have had and are recovering from COVID-19 infection.

Need for clear advice on how to manage the physical, emotional and psychological effects.

Solution:

- Project led by Prof Sally Singh, Professor of Pulmonary and Cardiac Rehabilitation (UoL) and Head of Pulmonary and Cardiac Rehabilitation (UHL).
- 'Your COVID Recovery' online service launched to support patients with ongoing symptoms from coronavirus in their recovery.
- One of the first public websites in the world providing information on:
 - *What is COVID-19?*
 - *Managing the effects*
 - *Your well-being*
 - *Your road to recovery*

Learning and application for Leicester H+WB board:

Ensure clear signposting for patients, their families and healthcare workers to the website:

<https://www.yourcovidrecovery.nhs.uk>



Your
COVID Recovery

VAL

Leicester H+WB board SPOTLIGHT:

VALUES project at VAL

Issue: Enabling effective support for vulnerable service users with Learning Disability during Covid restrictions

Solution: Covid safe support in person and via online connections.

- Fundraised for Facebook Portals for clients
- Supported individuals to access support online – not suitable for all but some really took to it and improved communication skills.
- Limited number of home visits as welfare check on clients
- After initial 12 weeks lockdown reopened in person sessions by repurposing VAL building space.
- Throughout pandemic have maintained contact with all clients and families.
- Now moving back to service 'stretching' individuals to learn and develop skills for independence.

Learning and application for Leicester H+WB board:

- Helped by some commissioners being flexible about how support offered which has meant VALUES service has survived Covid

Leicester H+WB board SPOTLIGHT:

Vaccination Volunteers

Issue: Volunteer support for the Covid vaccination programme

Solution: Volunteer Support for the Covid Vaccination drive

- Massive ongoing volunteer deployment across LLR.
- Commenced in January 2021 – 2,700 volunteers recruited; 14,000 shifts completed to date (cash value £500,000)
- VAL continuing to recruit, co-ordinate, and deploy volunteers across LLR so far to 36 separate sites.
- Likely to be an ongoing exercise for rest of this year.

Learning and application for Leicester H+WB board:

- Volunteers are not free – but add enormous value to public service delivery.
- Volunteering works best where there is a ‘common bond’.
- Volunteers effort is sustained if they are treated with respect and thanked.

Leicester City CCG

SPOTLIGHT:

Cancer care reviews

Issue:

Prior to COVID, 74% of LLR cancer patients had had a cancer care review with their GP.

GP's had fed back that the template itself was not helpful and with the pressures of COVID, this fell to 15% between Sept and Dec 20, detrimentally impacting patient care

- Clinical teams worked with management teams to rewrite the template in February 2020
- Further intel had shown that GP's were not confident in use of the template and had requested support from individual consultants at UHL.
- Changes were relayed to clinicians by clinicians at an online meeting with 80 attendees, with UHL / patient support.
- **As at March 31st 2021, the number of City patients having a cancer care review had increased from 15% to 67%**

SPOTLIGHT:

COVID Virtual Wards

Issue:

The increase in numbers of COVID patients had put the CDU at the Glenfield hospital under considerable pressure, with overcrowding, staff exhaustion and increasing admissions

- Both UHL and LPT have implemented a virtual ward model for 'front door' activity as well COVID admissions
- The services have seen over 900 patients combined and have been able to either discharge patients from CDU without admitting to a base or facilitated early supported discharge for admitted patients
- The integrated COVID Virtual ward mode for admitted patients has reduced readmission rates by **51%**
- By month, 144 COVID-19 patients have been discharged after a hospital admission with remote monitoring at home. To date, only 5 of these patients have been readmitted

SPOTLIGHT:

Annual Health Checks (AHC) for 14+ People with LD

Issue:

NHSE expectation that at least 67% of 14+ LD patients with receive an AHC. 2019/20 LLR achieved 54%. As at Q1 2019/20, LLR had achieved just 5.1%

Solution:

- Focus the discussion and improvement strategy on addressing health inequalities for people with LD (e.g. life expectancy for a person with LD in LLR is only 59 years, people with LD more than 6 times more likely to die of Covid)
- Create a way of understanding where the areas of good practice and performance are. Introduce a weekly updated practice/PCN/CCG level dashboard indicating YTD performance, last week's activity and numbers of AHCs to go in year.
- Facilitated both focussed practice support from LD primary care liaison nurse team, executive level mandate to focus primary care capacity and a health inequalities focussed conversation with struggling practices.
- Exemplar bid funded post, focussed work on DNAs and non-engaging patients
- As at early March 2021, LLR has achieved 71% against the target of 67% of people with LD having an annual health check

SPOTLIGHT:

GP-led follow up with vaccine hesitant patients

Issue:

Approximately 4,500 patients across LLR have been offered a COVID vaccination but have declined.

Solution:

- Data analysis of patients who have been offered the vaccine but declined suggested that a high proportion were either of BAME population and / or live in deprived areas of LLR. Engagement with these communities had implied that much of the hesitancy was due to a lack of confidence in the vaccine or due to the information available not being in an accessible format / language.
- A pilot was developed across one practice in the City whereby a GP or clinician called those who had declined to ascertain the reasons for declining the vaccine. Analysis of the first day's data showed that many patients simply had unanswered questions or had seen / heard misinformation.
- Following a conversation with the clinician, 69% of patients booked in for vaccine, 19% of patients requested more time to think and 9% declined.

SPOTLIGHT: Rising numbers of non-acute attendances at Children's ED

Issue: reduce the numbers of parents calling out of hours or presenting at A & E with children who have symptoms that could be managed at home

Solution: *Beat the Street Webinar – common childhood ailments*

Beat the Street turns towns into giant games. Participants can earn points, win prizes and discover more about their local area by walking, running and cycling.

- Over 40,000 people played Beat the Street in Leicester between May and July 2021. 67% of all children in Leicester aged between 5-11yrs played the game
- It is this relationship and experience in communicating with this group that gave a great opportunity to talk to parents about dealing with common childhood symptoms (as well as Covid symptoms) that choke Out Of Hour GPs and A&E.
- Invited parents from the most engaged schools via a Zoom call to listen to a presentation from Dr William Bird (GP and Founder Intelligent Health), Dr Damian Roland (Consultant in Paediatric Emergency Medicine, UHL) and Dr Hanna Robbins (GP Partner, Long Lane Surgery & Clinical Lead, Children and Young People, Leicester, Leicestershire and Rutland CCGs)
- Webinar took place on the 30th June, 16 parents attended:
 - They all found it useful or very useful
 - Temperature and Covid were equally the most informative
 - Most found 7.00pm on a week day the best time
 - All but one wanted Mental Health in children covered next time (diet and physical activity were both chosen by one person)
 - How to use local resources was very popular as they feel GPs are hard to access.

Future webinars planned in partnership with Leicestershire Live, CCGs, UHL, and Public Health

SPOTLIGHT:

Home First front door presence

Issue:

High ED attendance and variable admission behaviours for frail patients

Solution:

- Over the last couple of weeks the ED department at the Leicester Royal Infirmary have seen between 659 to 925 attendees arrive at the front door daily
- City and County joint 4 week PDSA of social care crisis team presence in ED now live
- Community Response Service (CRS) and the Integrated Crisis Response Service (ICRS) both present initially 11am-2.30pm
- Staff from CRS and ICRS will work with the Therapy Team and with the Emergency Floor Discharge Practitioners (EFDP's) on ED.
- This work will help
 - Identify patients that can be diverted from ED on to the most appropriate pathway and at the earliest opportunity
 - Share key information in terms of the key interventions already in place for people (by accessing Liquid Logic/SystemOne)
 - Liaise with community teams (Health and Social Care) to restart existing packages of care and signpost to appropriate services
 - Participate in MDTs and board rounds (if needed)
 - Support CRS and ICRS to help enable collaborative learning, consistency in practice which also further strengthens their relationships as City/County providers
 - Increase the knowledge and awareness of community services, specifically around the Home First offer across LLR
- Evaluation will determine future need to maintain

SPOTLIGHT: Supporting surge in General Practice

Issue:

Between 6-8% of all appointments in General Practices can be safely and effectively managed in our community pharmacies, supporting GP's to focus on patients most in need of GP services

Solution: Introduction of the Community Pharmacy Consultation Service pathway

Mobilisation commenced in May 2021 and is ongoing

- 209 community pharmacies signed up across LLR
- **48 practices across LLR have made 2,424 referrals in first 6 weeks**
- 100 of the engaged community pharmacies have an LE1 – LE5 postcode
- 17 Leicester City practices have made 1,020 referrals to date
- Leicester City South PCN and Leicester Health Focus PCN will be live by 31/07/2021

Getting this right will increase access to care whilst supporting our patients who require their GP

SPOTLIGHT: **Supporting Frail people through Assistive Technology**

Issue: The City has historically had a higher rate of older people accessing acute care for frailty, including a higher rate of fallers

Solution: Joint assessment and provision of assistive technology to prevent falls and keep people at home independently and safely.

- This service is an important part of our integrated system of care supporting frail and older people to remain safe and independent at home – reducing the incidence of falls, improving medication compliance, helping those with dementia to remain orientated and safe
- The Assistive Technology service is joint-funded by contributions from the BCF and from the Local Authority.
- Between April 2021 and the end of June 2021, the service was provided to 621 people of whom 264 were new customers.
- 849 items of equipment were provided, including falls sensors, medication dispensers and lifeline alarms.

SPOTLIGHT:

Admission Avoidance – 24 hour call centre

Issue: The City has historically had a higher rate of older people accessing acute care for frailty, including a higher rate of fallers

- Leicester Care, the 24 hour call centre joint funded by BCF and the council, has 5,354 people on their database of whom 83% are over 65.
- They have taken 33,610 calls in the first three months of 2021-22, and 68% of these were for immediate needs/reassurance.
- The team dispatched ICRS to assess the person in their own home in c580 cases. It's very impressive that thanks to ICRS's ability to provide immediate care and to collaborative work with community health services, GPs, and pharmacies **only 3% of these cases needed to go to hospital for further assessment.**
- In over 700 cases a carer or neighbour was alerted to contact the caller and again, in over 95% of these cases the problem could be sorted out and the person kept safely at home.

Many of these patients would have used a significant amount of health and care resource and suffered poorer outcomes had this joint health and care response not been in place



Healthwatch

Leicester H+WB board SPOTLIGHT:

Improvements to discharge from Hospital

Issue: We visited the three UHL hospital discharge lounges in July 2019 and found that waiting for medication was a major cause of delays. In October 2020, we worked with the Matron at LRI to find out if any improvements or changes have been made.

Solution:

- UHL have introduced new Covid-19 pathways for all processes across the hospital including discharge
- The discharge lounges have been decorated and are more comfortable for patients
- We have raised the need for better communications on the wards
- There is still an ongoing issue for patients having to wait for both medication and transport
- UHL will be using this feedback within their safe and timely discharge quality improvement work stream to shape the discharge services going forward
- Nationally, the work is being used by NHS England and the Department for Health and Social Care to support the review of the discharge guidance and has highlighted the need for greater support for those with low level or short term needs leaving hospital

Leicester H+WB board SPOTLIGHT:

BME Connect

Issue: we established 'BME Connect' – a platform for communities to come together to talk about the issues that matter the most to them. This unique project began looking into mainstream methods of marketing and communication and its impact, influence, and connectivity to BME community settings.

Solution:

- Ensuring that there is an infrastructure in place to support BME communities.
- Establishing that the right people are represented in the right place, for the right reasons
- During the pandemic, BME Connect sought to address the most urgent issue, 'how are BME communities communicated with'
- Ensuring that BME people have the information they need to navigate the H&SC services / system, give them patient voice and representation
- The reference group is made up of people that are committed and want to see a difference