

LLR Urgent and Emergency Care Resilience Planning Arrangements for Winter 2018/19

**Health & Wellbeing Board
Leicester City Council
20th September 2018**

Mr Mike Ryan, Director of Urgent and Emergency Care, LLR System

Mr Mark Pierce, Leicester City CCG

Ms Rachna Vyas, University Hospitals of Leicester

Purpose of the Report

- Overview of:
 - Practical winter planning arrangements; and
 - Health care winter planning arrangements including our plans for frail & multi-morbidity patients
- Reference to:
 - What system performance looked like last winter;
 - Our assessment of the major causes for pressure that we experienced;
 - The lessons that were learnt as a result;
 - The actions to avoid similar issues; and
 - Our assessment of our readiness for this coming winter

Introduction - Winter System Performance 2017/18

- **Patients are living longer**
 - advances in medical treatment and health
 - aging population
 - resident growth into the area
 - lifestyle factors
 - All influence and increase 'demand' for public services
- **Intense pressure**
 - A&E performance deteriorated (known to drop in Dec to Feb)
 - ...But started earlier and ended later (November to April)
- **Hospital A&E 4-hour performance**
 - below standard with an annual position of 77.7% (79% the previous year).

Our Assessment of Last Winter

Pressure felt across all parts of the system everywhere – in GP practices, GP Primary Care Hubs, Urgent Care Centres, 111 calls, Clinical Navigation Services, Out of Hours Services, Ambulances Services, A&E and within the hospitals – all higher than 2016/17 and above forecasts.

- 80% of hospital beds were occupied by older people over 75 years of age (20% of the population) - who required more care and stayed in hospital longer.
- Emergency surgical cases exceeded normal levels.
- The length of stay for medical patients at the Leicester Royal Infirmary *increased* by nearly two days from January to March 2018.
- Norovirus and/or flu resulted in closed beds at both UHL and LPT.

Our Assessment of Last Winter continued

- High elective cancellations last winter in comparison with 2016/2017 following a national instruction to all acute Trusts.
- NHS111 - 30% more calls than planned.
- Ambulance services regularly at a high escalation level; patient handover times higher than expectation (over 15 minutes).
- Staffing levels - medical and nurse staffing levels in hospital were variable with a higher than average sickness/absence rate during peak periods of demand.

The Lessons from 2017/18

- Communication began to break down as pressure was building
- Skills in forecasting were not shared across the system.
- More could have been done to protect beds for emergency activity.
- Workforce and staffing challenges were seen across several of the organisations, due to scheduling issues and staff sickness such as flu.
- There was an inability to maintain flow across the system once pressure built.
- Patients were still presenting at A&E with conditions that could have been treated elsewhere.

The Actions to Avoid Similar Issues

- Focussed review and revision of the system **Escalation Plan**.
- The second part of the **A&E development** at UHL opened in June, with the creation of the full emergency floor, which provides improved patient assessment areas.
- UHL has re-aligned their bed capacity overall and created **additional ward capacity** to meet the expected increase in medical patient demand. Equivalent to 3 wards.
- We have **forecast** in detail how much emergency capacity is required.
- **Improved access to IT systems** so clinicians are able to see the patient's clinical record.
- New, improved **protocols** are agreed between UHL and EMAS.
- Improved **communication systems** developed between consultants and GPs.

The Actions continued

- We are introducing a **“Red Bag scheme”** for care homes, which has been shown to work elsewhere.
- We are **supporting more patients** to understand and manage their conditions, with respiratory a major focus.
- **Improved discharge pathways** which aim to get patients out of hospital and either back home or into a suitable care setting for assessment of their future needs.
- Collaborating system-wide to design a **new pathway for frail** patients based upon local needs and national standards, alongside other interventions to help battle ‘isolation’ and engage carers and voluntary organisations.

Flu & Immunisation

- Nationally-led, Locally implemented.
- Working with Public Health and NHS England to deliver a proactive response to seasonal flu.
- Flu Vaccination Programme Guidance provided 1st August.
- Health, Primary Care, Public health and community pharmacy campaigns.
- Advice and Guidance
- Flu clinics
- GP practices are required to contact eligible patients for vaccination.
- Access at Multiple sites
- Offered to frontline healthcare workers every year to reduce risk of contracting and spreading virus.
- Encouragement but not mandatory

Emphasis on (Clear) Communication

Co-ordinated campaign across agencies for improved messaging:

- Local LLR Resilience Forum
- www.Staywell-LLR.org.uk
- Weather alerts and actions
- Message Board and Live Waiting Times across Providers
- Multiple Proactive action and messages
 - Get the Flu jab
 - Keep warm
 - Look out for vulnerable
 - Better Understanding of Services and Access (members of the public AND healthcare provider staff); 111 and primary care; health hubs on your doorstep,
 - Self Care – Ask your GP

Lead Agencies involved and providing message content:

- Leicestershire Fire & Rescue Service
- Leicestershire Police
- Leicestershire County Council
- Leicester City Council
- Districts and Borough Councils
- Rutland County Council
- Environment Agency
- Health: NHS England; Public Health England; East Midlands Ambulance Service; CCGs; LPT ; UHL
- British Red Cross
- Severn Trent
- Western Power Distribution
- Multiple Charitable and Voluntary organisations.

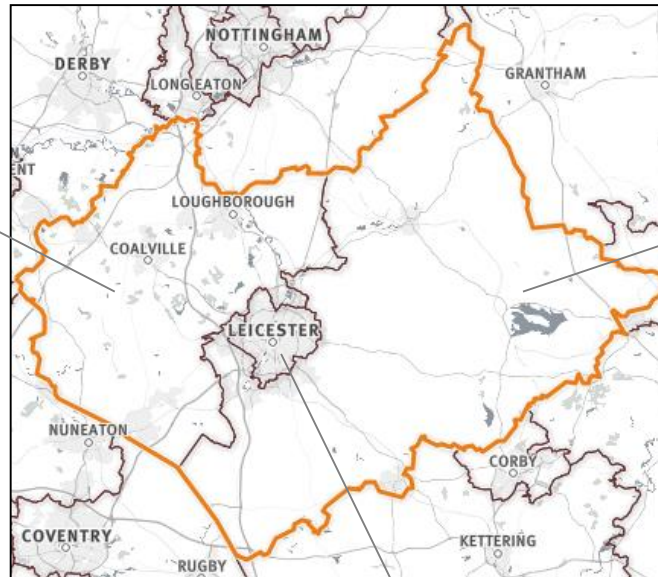
FOCUS:

FRAIL & MULTI-MORBID PATIENTS

- Ms Rachna Vyas, UHL
- Mr Mark Pierce, Leicester City CCG

Context – Admission Patterns

West: 473 more admissions during Jan-March 2018 compared to the same time previous year



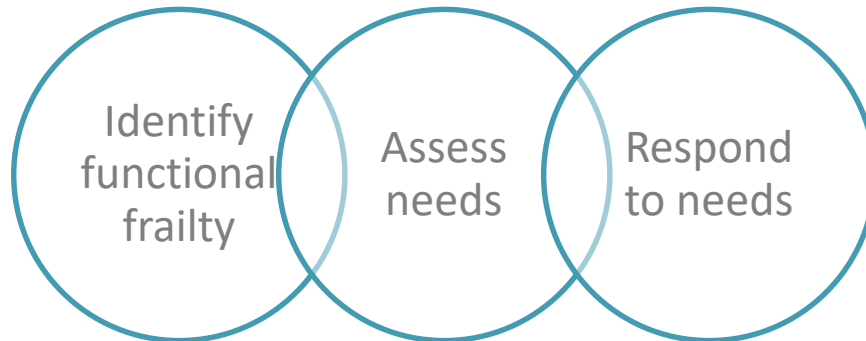
ELR: 328 more admissions during Jan-March 2018 compared to the same time previous year

City: 31 more admissions during Jan-March 2018 compared to the same time previous year

What is Frailty?



LLR Frailty Programme - Objective



- Identify frail & multi-morbid patients & assess patients needs and wishes; and
- Respond based on a comprehensive assessment of need (medical, cognitive, functional, social, environmental)

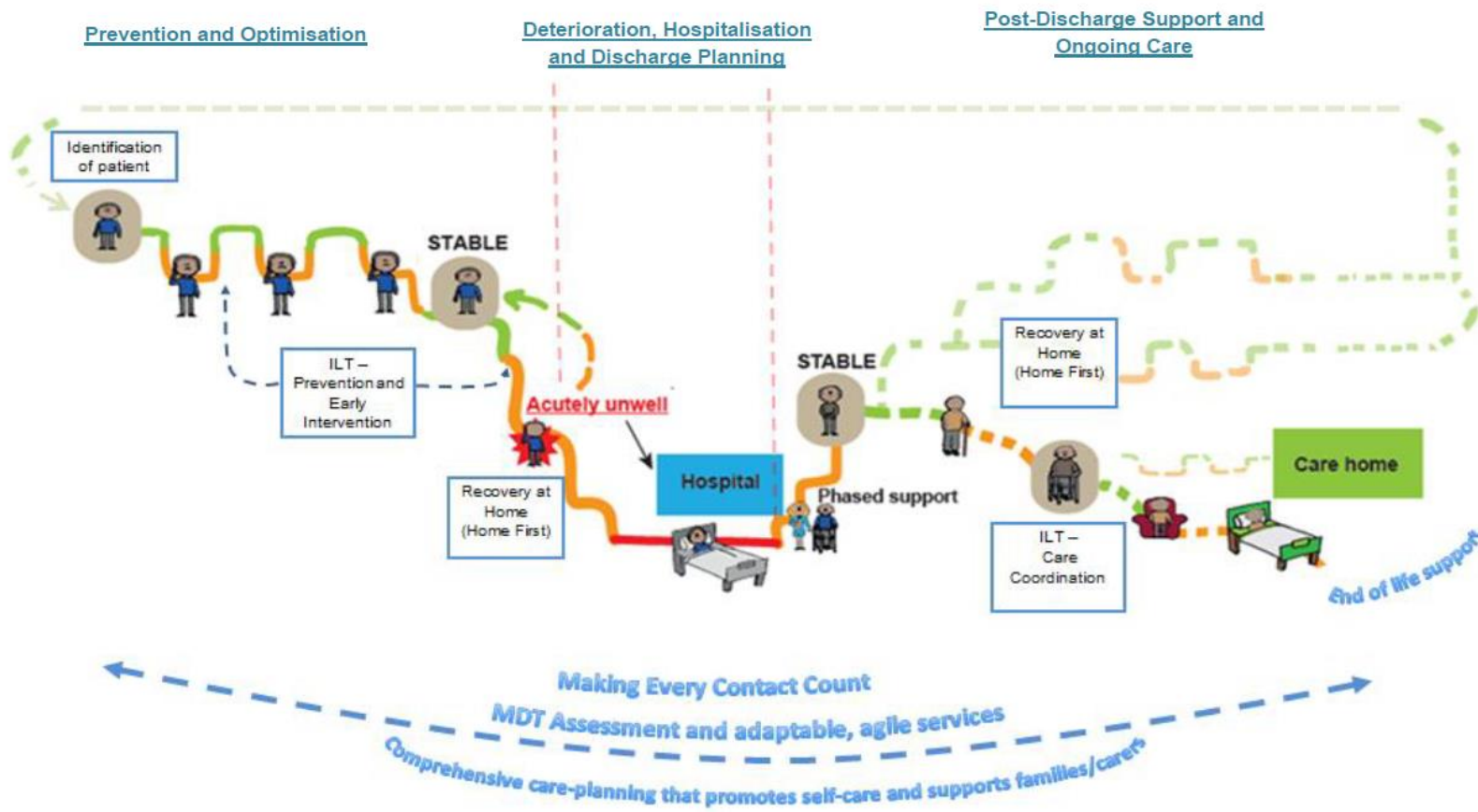
Identification & Assessment



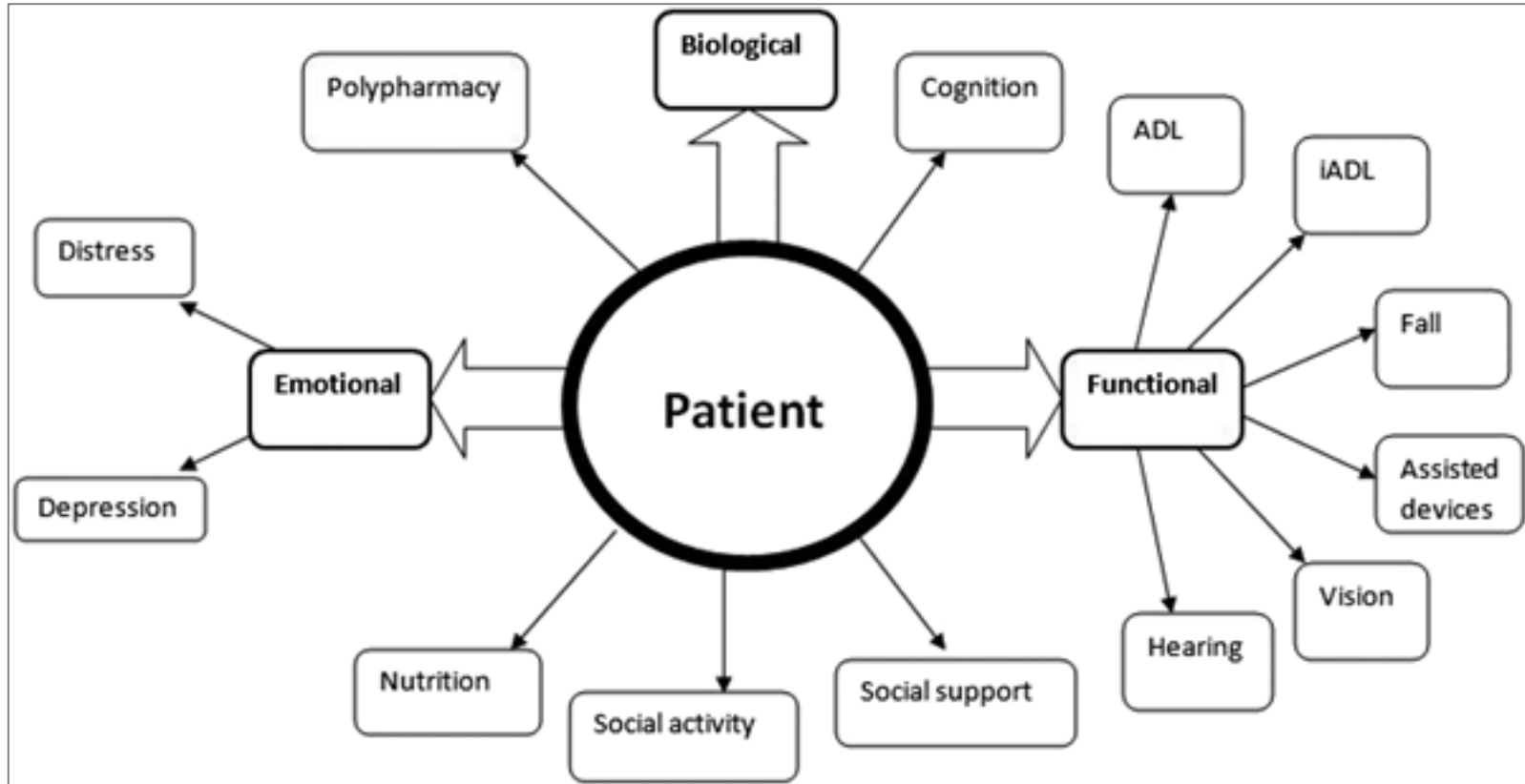
Our Integrated System of Care for those who are Frail



Leicester Integrated System of Care for Frail and Multi-Morbid Patients



Response to Identification (1)



Response to Identification (2)

- Integrated Crisis Response Service
- Health Transfers Team
- Reablement
- Care Navigators
- Intensive Community Support
- Falls Therapy in Care Homes
- Mental Health Integrated Team
- General Practice- additional time with complex cases/care planning/ Team problem solving

Response to Identification (3)

- Care plans for those with complex needs
- Enhanced Summary Care Record – so the hospital can see the plan!
- Vaccination programme
- Medication reviews
- Support for carers
- Series of local social inclusion events – target to reduce isolation; loneliness is a big risk
- DMU student volunteers
- Health Through Warmth
- Assistive Technology and home adaptations

SUMMARY AND ASSESSMENT OF READINESS

- Mr Mike Ryan, Director of Urgent & Emergency Care,
LLR System

Overall - Our Assessment of our Readiness

- Work continues with steady progress and on track.
- One Plan by end of September.
- Planning winter preparedness across dozens of organisations is technical and complex.
- Individual health and social care organisations are to review and submit their plans.
- They will also incorporate demand and capacity plans, business continuity plans, flu and infection control preparedness and adverse weather protocols.
- Multiple simulation and real scenario exercises for practice to ensure the system is clear on arrangements, contingencies, and to test for any gaps that exist ahead of winter.

The A&E Delivery Board will monitor progress of the plan production and more importantly, will ensure that any learning as we go through winter is incorporated into updated versions for continuous improvement.