

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.

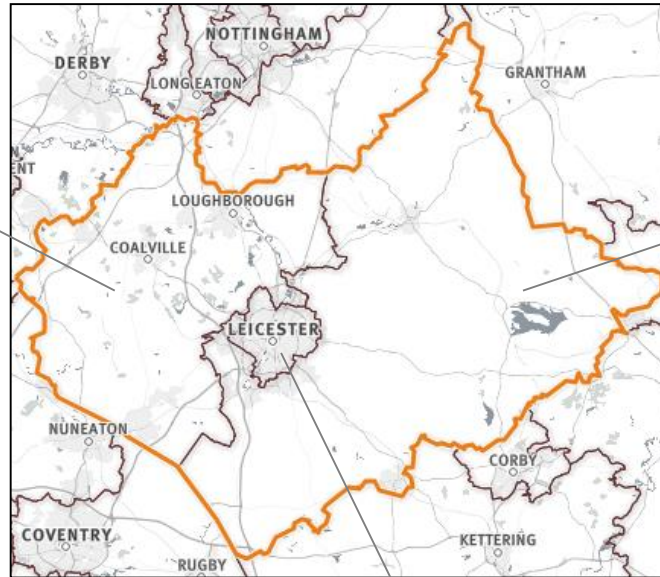
FOCUS:

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

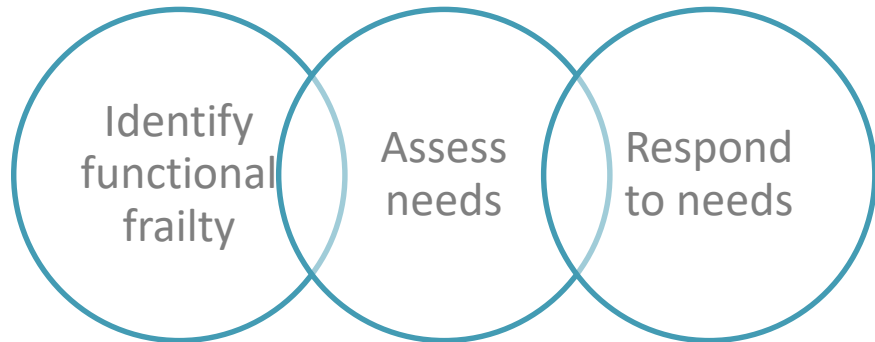
Caring at its best

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

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)

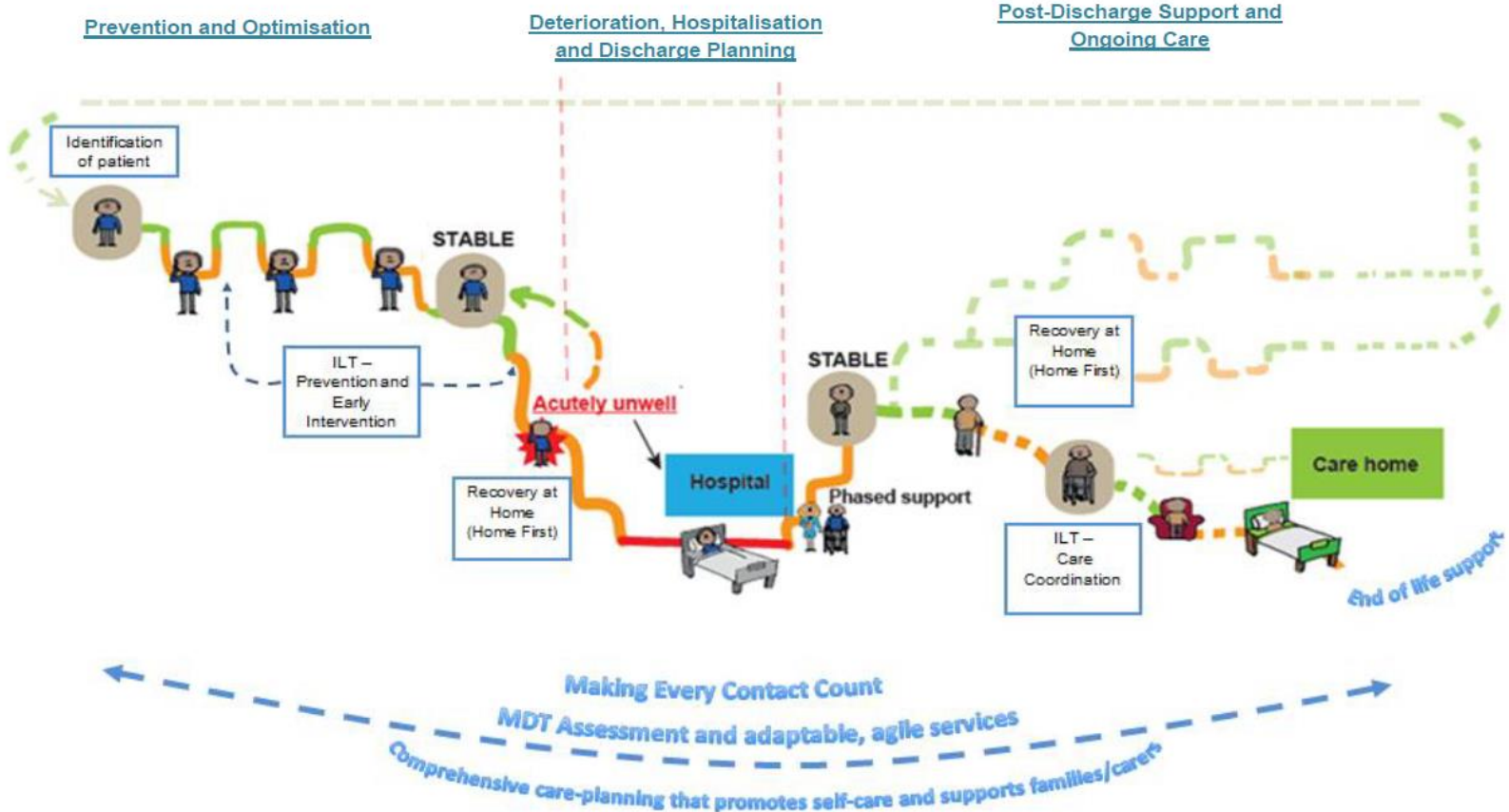
Identification & Assessment



Our Integrated System of Care for those who are Frail

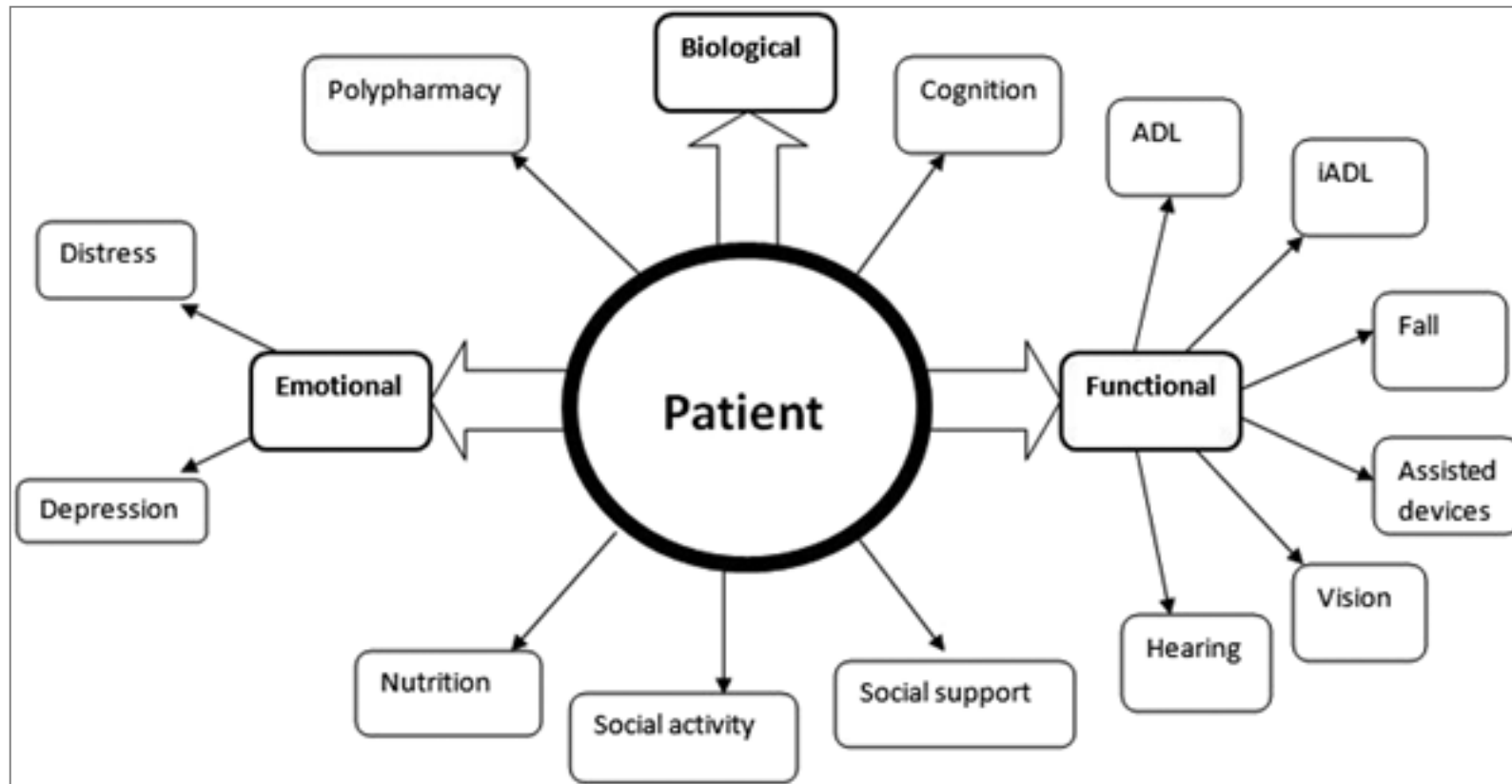


Leicester Integrated System of Care for Frail and Multi-Morbid Patients



Caring at its best

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.