

# Overview and Scrutiny

## 21 November 2017

### Winter Planning and Resilience

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# Plans for Winter 2017/18

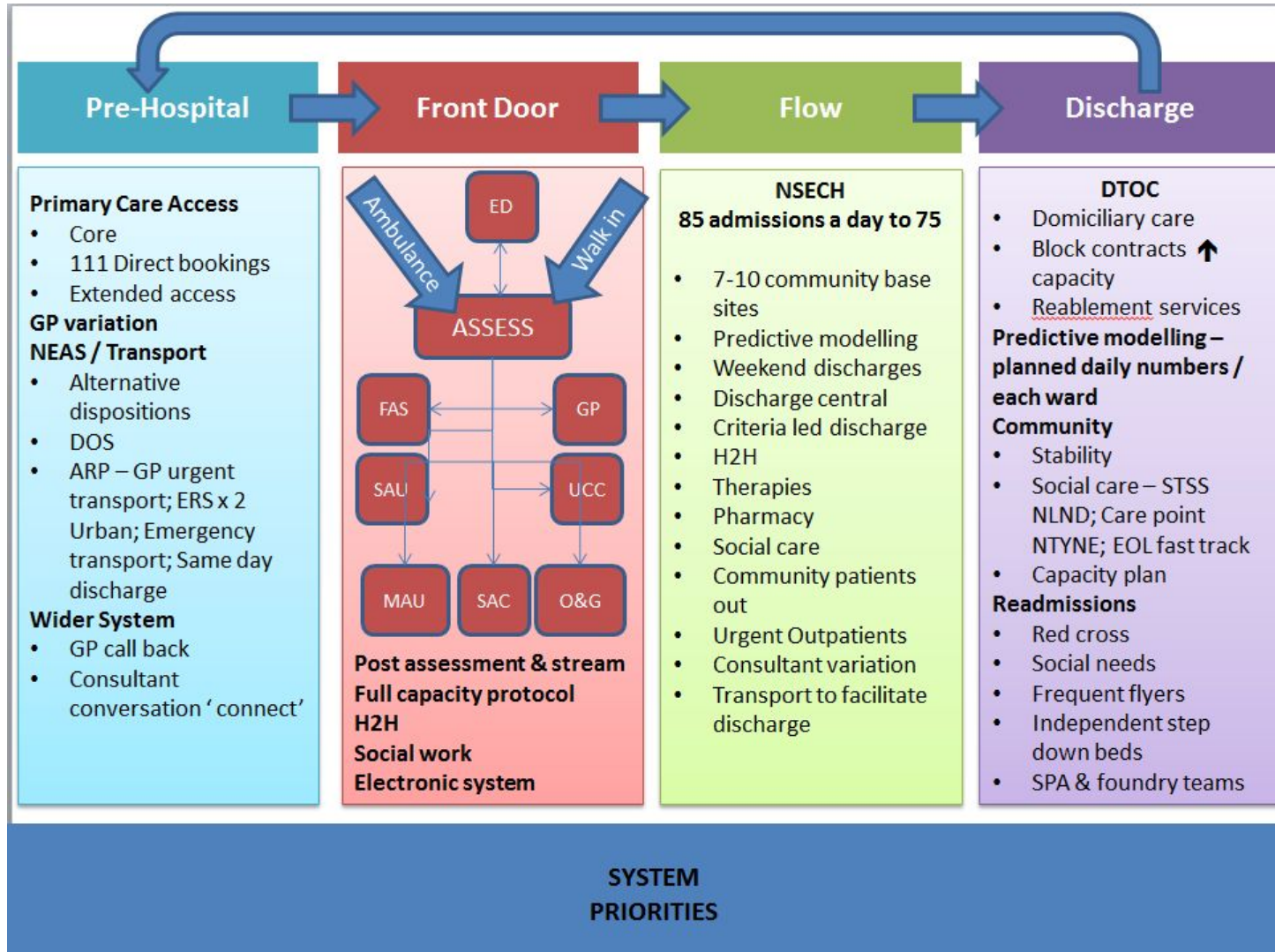
## Overview

A single system plan which has oversight and a view of all partners in the local health system including

- Acute
- Ambulance Services
- Community
- Primary care
- Social care
- Mental Health
- Third sector

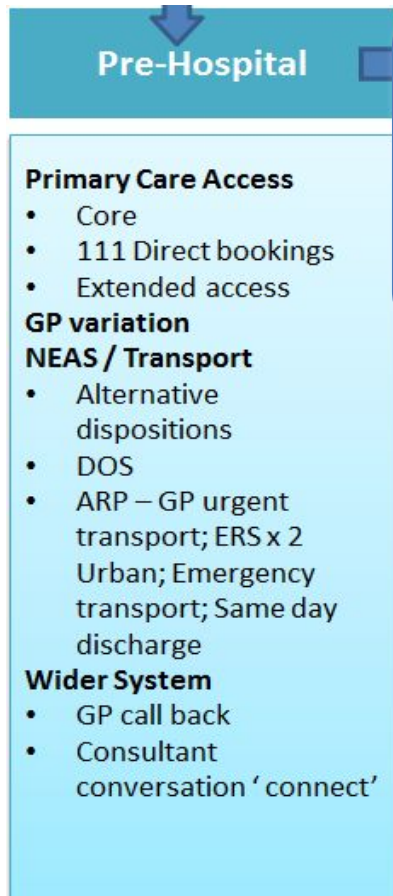
Managed through the Local A & E Delivery Board

# System overview



# Plans for Winter 2017/18

## Wider System Preparation Plans



### Primary care – Northumberland North Tyneside

- 4000+ more appointments in core general practice every week
- 111GP appointment direct booking – access to over 1,000 appointments
- Extended access to general practice will generate over 400 more hours per week 18:30-20:00 Mon-Fri plus Saturday and Sunday provision
- Demand management plan across all primary care to reduce unnecessary system pressure – whole system input and stakeholder development
- “Indicator practices” – early warning of system pressures
- Incentive scheme to stretch flu immunisation uptake in key at risk groups

### Transport and alternatives to hospital

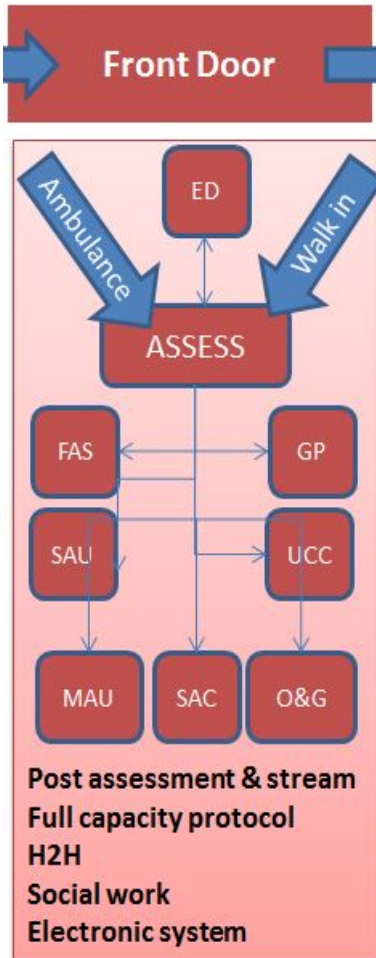
- All alternatives will be reviewed – requires NEAS to agree to embedding changes and avoiding conveyance to NSECH
- Audit undertaken to review cases and the detail – report due October 2017
- Refresh DoS – October 2017 – UCCs, WICs, community services
- Ambulance response programme – October 2017 plus impact assessment Dec 2017
- Local transport providers in place to support requirements – ERS NHCFT, Mental Health
- To plan additional capacity to support discharges – October 2017

### Service interface

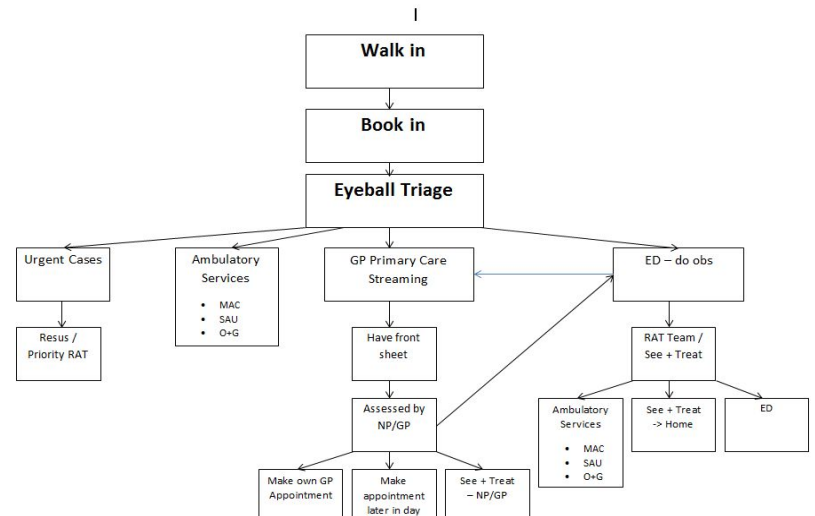
- Paramedic call back in place OOH – All G2 ambulances can access direct GP and community hub services
- GP : Consultant contact before all GP admissions – assess alternative, book transport – October 2017 review and consider “Consultant Connect”
- Ambulance crews embedded and working jointly with community based teams and care homes to avoid unnecessary conveyance

# Plans for Winter 2017/18

## Front Door Plans



- Predictive modelling- Continue through September to inform
  - scenario testing
  - full capacity planning
  - staff
  - beds
- GP Streaming in ED October 2017
- Bank holiday
  - Numbers
  - Flu plan
  - 16/17 proxy for acuity
- Develop bed management process for ED and system overview
- Establish Executive process for Immediate action and change over Winter
  - Core 24 psychiatric liaison capacity and alignment
  - HALO for ambulance crews / A&E interface
  - Audit 29 August 17 – ambulance presentations > action plan to be developed to address issues identified and actions underway
  - Flight deck – regional flight deck to be reviewed



# Plans for Winter 2017/18

## Plans for improving flow

Flow

**NSECH**

**85 admissions a day to 75**

- 7-10 community base sites
- Predictive modelling
- Weekend discharges
- Discharge central
- Criteria led discharge
- H2H
- Therapies
- Pharmacy
- Social care
- Community patients out
- Urgent Outpatients
- Consultant variation
- Transport to facilitate discharge

### Predictive modelling to flow through from front door to inform “Flow” capacity

- Planned elective turn off – identified wards, dates
- System reset weeks planned – establish clarity, expectations, targets
- 7 day model in base sites - decision making and “Criteria Led Discharge”
- Rotas under review and staffing plans based on scenario planning
- Hospital to Home teams – reset community focus – patients “out” of hospital based care and rehab
- DTOCs – plans as LA – links to Newcastle plans established
- Reduce overall length of stay by 3 days
  - Focus on stranded patient and active teams reviewing across winter
  - Impact assessment on scaled reduction of stranded patients – September 2017
  - Assess acuity of patients – bed day needs – continuous review



# Plans for Winter 2017/18

## Plans for improving discharges

### Discharge

#### DTOC

- Domiciliary care
- Block contracts ↑ capacity
- Reablement services

#### Predictive modelling – planned daily numbers / each ward

#### Community

- Stability
- Social care – STSS NLND; Care point NTYNE; EOL fast track
- Capacity plan

#### Readmissions

- Red cross
- Social needs
- Frequent flyers
- Independent step down beds
- SPA & foundry teams

- Alternative bed provision
  - Local authority – assessing bed capacity and availability
  - Northumberland contract variations in place to facilitate use of beds
  - Working jointly across both LAs to improve arrangements
  - Care Home provider event took place in Northumberland – to replicate Oct17 in North Tyneside
  - Funding identified
  - Additional packages to be purchased
  - Ad hoc capacity identified
- **Preventing readmissions** - Red Cross – commissioned to support social needs of patients and identified frequent flyers to avoid readmissions
- GI shift in resource from front door to support capacity improvement in the system
- Escalation – 24 bedded units operating to full 27 bed capacity
- Change wards and staffing to accommodate escalation
- Better integration and use of beds across the system – Bed Management process will be defined Oct17
- Community reablement service – vital to bridging gaps in care
- End of Life fast track – understanding pressures, impacts and complexity of patients
- 3<sup>rd</sup> sector providers – Tynedale Hospice and North Northumberland Hospice support

# Plans for Winter 2017/18

## NEAS

- Implementation of the Ambulance Response programme in October 2017.
- Operations Centre - Dual training of staff in place for 999, 111 and PTS that will be used in times of pressure
- Emergency care - managed by resourcing department maximising own, bank and external agencies
- PTS – Maintained throughout unless adverse weather conditions persist, staff will be used as a resource for Emergency if required
- Clinical escalation plans are in place ready to be initiated that will be triggered by escalation plan
- NHS 111 have direct booking into Urgent Care centres and Extended Hours Hubs in the Out of Hours periods. Clinical element sub contracted to Vocare



# Command & Control

- System surge team
- Early warning / predictors in practices, community pharmacies, NHS111
- Centralised reporting
- Collaboration between hospitals and ambulance service across the region
- Clinical Escalation

# Plans for Winter 2017/18

## Flu

- CCG has commissioned a stretch target incentive scheme for over 65 at risk flu group
- Over the last two years this has ensured the uptake is in excess of regional and national averages for key at risk groups
- Northumbria plan to target pregnant ladies and patients with liver disease from hospital sites
- All providers developing plans to maximise staff uptake of vaccinations

# Plans for Winter 2017/18

## Communications

- A multi-disciplinary proactive communications plan to promote appropriate use of local services
- Developed by a multi-agency working group to ensure consistency of messages across all organisations
- Internal communication networks used to cascade system-wide key messages
- Targeted messages to local communities with high use of services.