



**North West London**  
Collaboration of  
Clinical Commissioning Groups

## **Joint Health Overview and Scrutiny Committee (JHOSC):**

### **NHS in North West London: winter urgent and emergency care performance report**

1. Urgent and emergency care performance for the NHS in North West London
2. North West London performance comparisons - across the capital and across the country
3. How we are planning ahead to mitigate the winter pressures and improve our performance long-term
4. Conclusion

# 1. Winter urgent and emergency care performance - North West London

## 1.1 Introduction

It's been a tough winter for the NHS across all parts of England and North West London is certainly no exception. However, the combination of many months of detailed planning and the hard work of our staff across every part of the system has meant that despite rising demand and continued delivery challenges, performance was still better here than in many parts of the country, and also better than our own performance last year.

In this section we will look at activity, which is the number of people attending, across our hospitals and also performance, which reports on waiting times. The NW London picture is compared to the rest of London and England in section 2.

## 1.2 Explanation of the national A&E waiting time standard

The national A&E waiting time standard is that 95% of patients are seen, treated and admitted to a hospital bed, or discharged, within four hours of arrival. Current planning guidance expects Trusts to be at 90% performance by September 2018 and achieving 95% in March 2019.

When a patient's journey time falls short of that target, it does not mean that a patient has received no care or advice at all within four hours. The patient journey may have progressed significantly and safely but not been completed in full within four hours, and these cases are included in the figures as a missed target.

If during the course of the patient's treatment, they are transferred (e.g. from an urgent care centre to an A&E) the clock continues. It does not stop until such time as the patient is admitted or discharged.

## 1.3 Types of A&E

There are three types of A&E attendances:

- Consultant-led facilities that manage the highest acuity patients (Type 1). There are seven in NW London
- Single specialty A&Es e.g. Western Eye (Type 2)
- Urgent Care Centres (UCC) (Type 3). There are nine in NW London

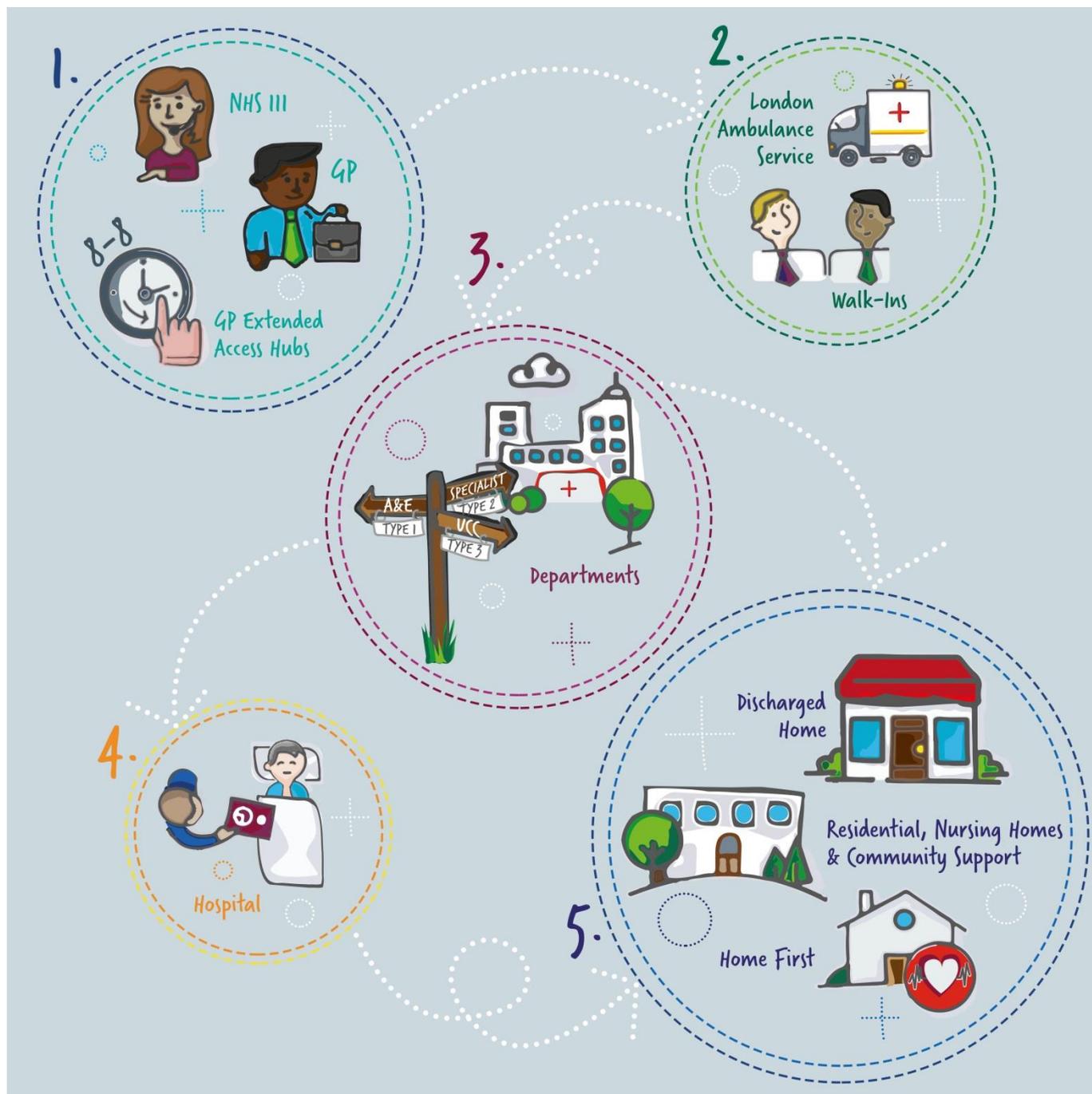
The tables below highlight where walk-in centres (which includes St Charles) have been included in the data. All walk-in centres provided by Central London Community Health NHS Trust (CLCH) or Hounslow and Richmond Community Healthcare NHS Trust (HRCH) are included in our data, as these are included in the national reporting figures.

## 1.4 Performance overview: January 2018

- Overall A&E performance is over 3% better than the same period last year. We do recognise that the NHS in North West London is not yet meeting the 95% target and we agree that there is more to do to improve performance.
- North West London is close to achieving the 90% target for the winter period as required by NHS England in the 2017/18 planning guidance.
- North West London A&E performance is on average better than London and England A&E performance over the winter period.

- There is also increased utilisation of discharge to assess pathways, where patients are discharged to home with support, and a full multi agency assessment is completed in the home.
- We have clear evidence that ambulatory care, and GP access hubs are being increasingly being utilised. This indicates that schemes to ensure patients are treated on alternative pathways are working.

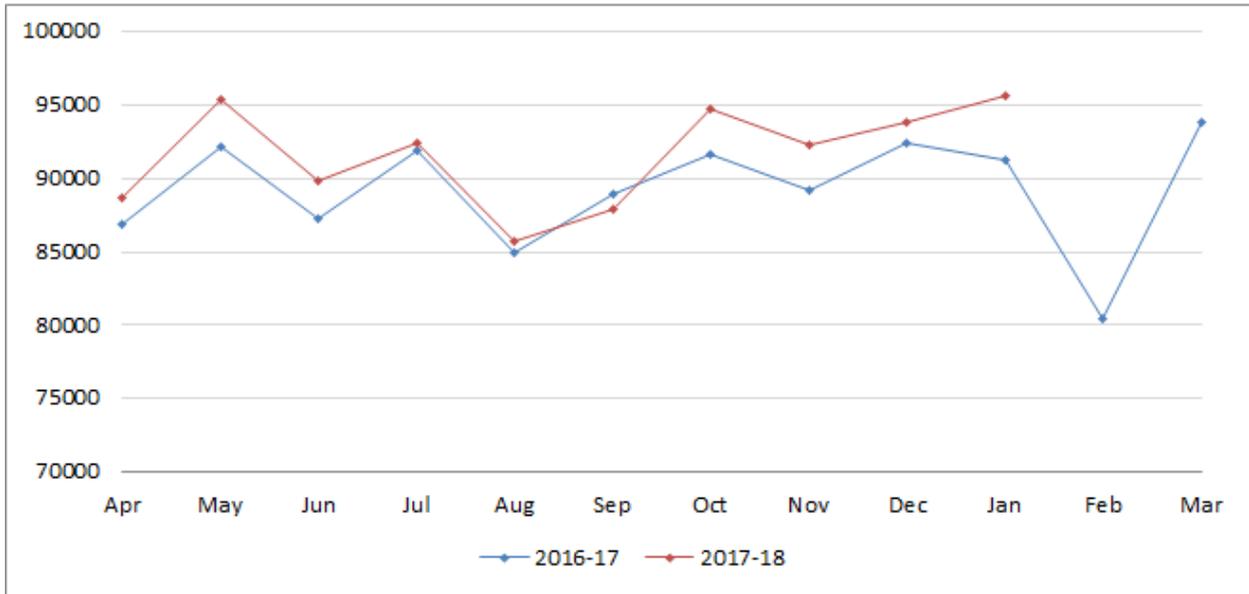
Fig. 1: Visual representation of the urgent care pathway



### 1.5 A&E activity

A&E all type activity has historically increased each year with a current increase of 2.2% total A&E attendances in 2017/18 financial year (to January 2018) compared to 2016/17.

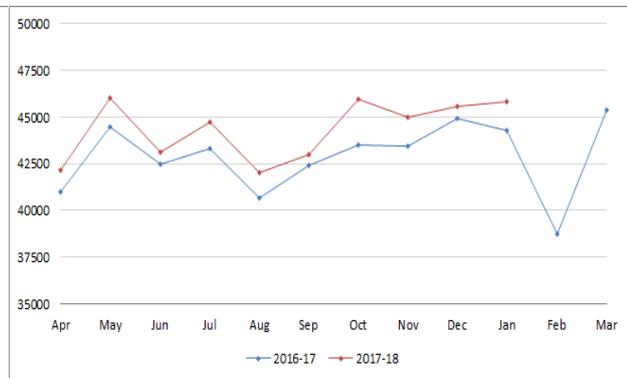
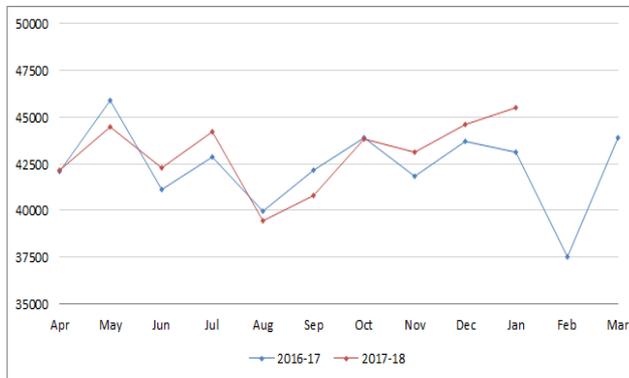
Fig 2: A&E attendances (all types) by month - NW London acute hospitals (excluding walk-in centres (WICs))



The trend is replicated across consultant led units (type 1) as well as Urgent Care Centres (type 3). However there has been a greater increase in attendances at the higher acuity consultant led A&E attendances this year (3.0%) compared to UCC's 0.9%.

Fig 3: UCC (Type 3) attendances by month (excl WICs)

Fig 4: Consultant-led A&E (Type 1) attendances by month



There is evidence from seasonally adjusted analysis that the level of increase in A&E activity over the past four years is reducing. This may be due to admission avoidance schemes, such as the ambulatory care pathways referenced earlier.

### 1.6 A&E Performance: yearly comparison (2017/2018 compared to 2016/17)

Performance is measured against the A&E waiting time standard of 95% as set out in section 1.2 above.

#### All types

The graphs below show the overall NW London A&E performance (all types) for the past two years. This illustrates that nearly 9 out of 10 people are seen, treated and discharged/admitted within 4 hours.

Performance has improved by 2.4% in 2017/18 from October 2017 compared to 2016/17.

Fig 5: A&E performance (all types) month on month - NW London acute hospitals (incl. WICs)

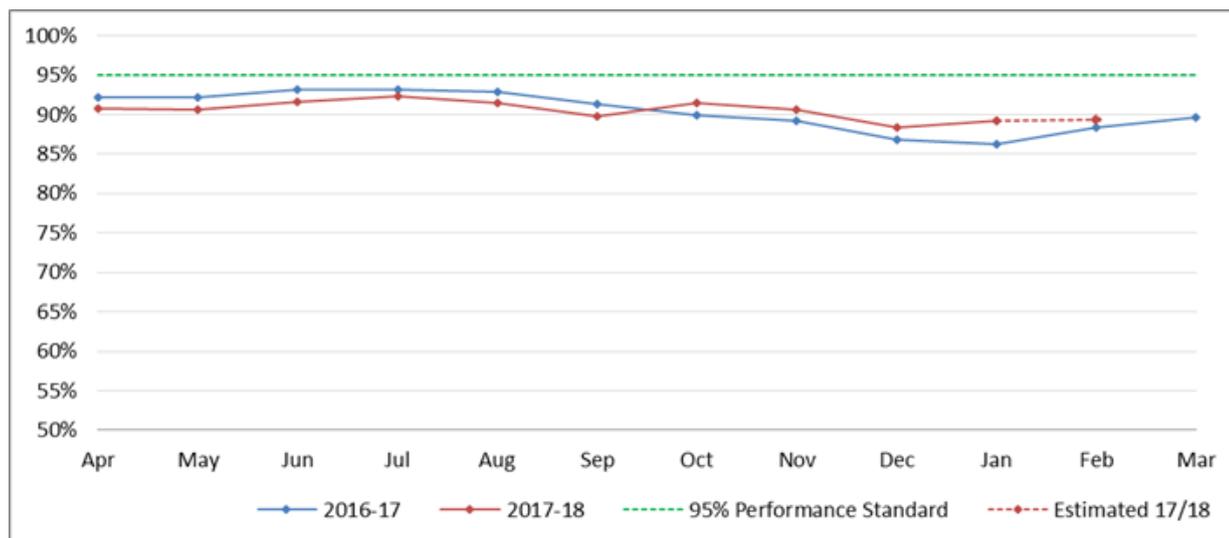


Fig 6: A&E performance (all types) by month - NW London acute hospitals (excl. WICs)

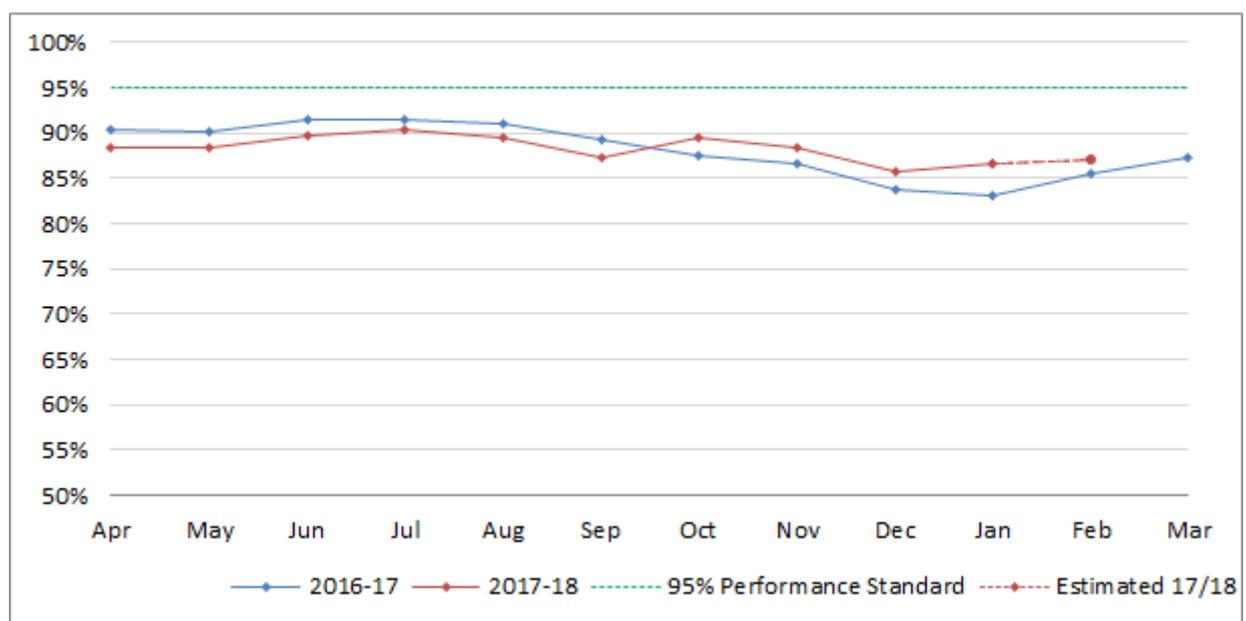
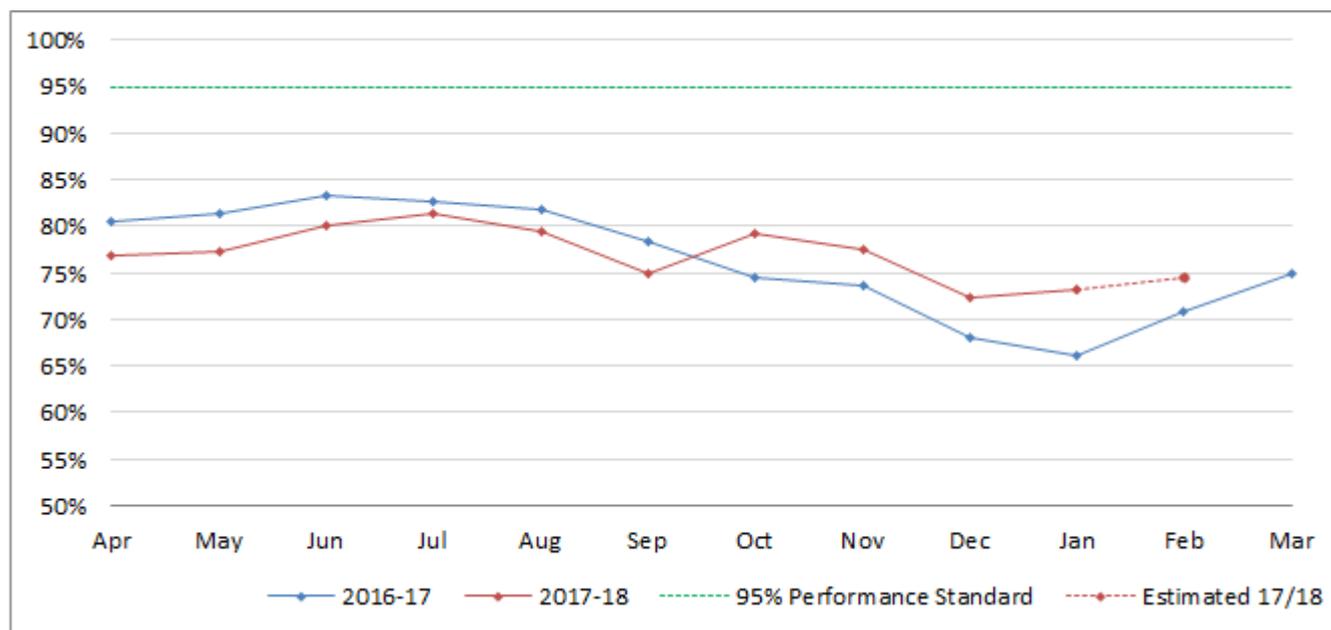


Table 1: All types A&E performance (reporting period October -January) - NW London (excl. WICs)

	2016-17	2017-18	% Difference
<b>Chelsea &amp; Westminster Hospital NHS Foundation Trust</b>	89.44%	94.62%	5.18%
<b>Imperial College Healthcare Trust</b>	86.03%	85.84%	-0.20%
<b>London Northwest Healthcare Trust</b>	82.94%	84.36%	1.41%
<b>The Hillingdon Hospital Trust</b>	81.06%	84.19%	3.13%
<b>NWL Total</b>	85.21%	87.60%	2.39%

## Type 1

Fig 7: A&E consultant-led units (type 1) performance by month - NW London



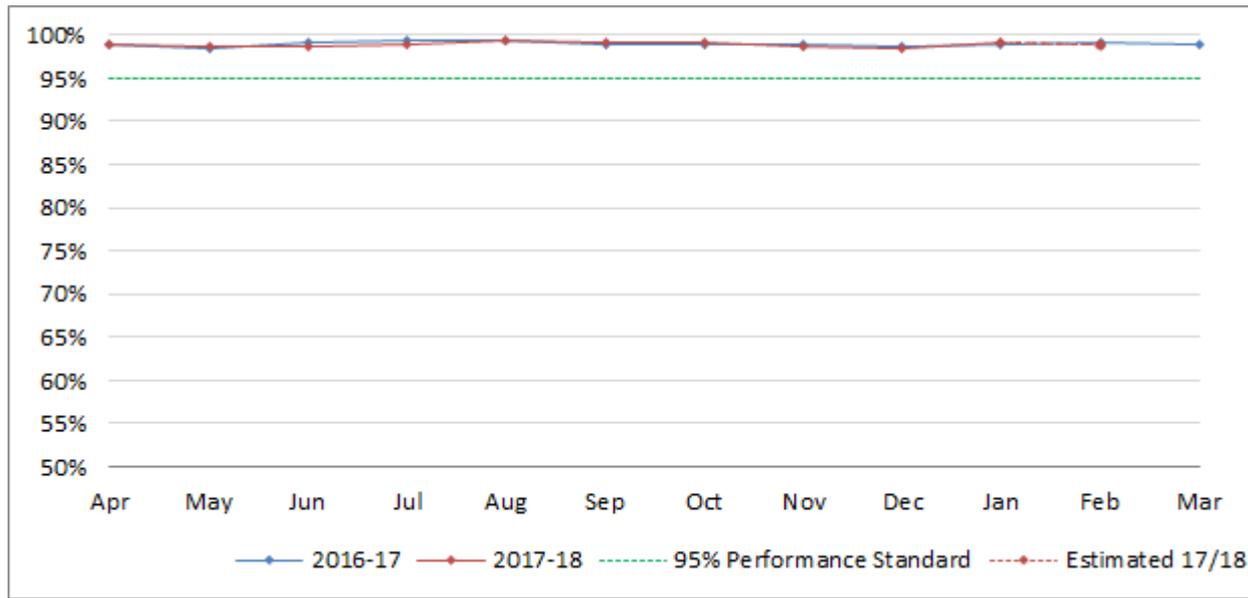
Consultant-led A&E units (type 1) performance improved by 5.0% during the winter 2017/18 compared to 2016/17. Although performance has deteriorated over the winter period compared to summer months. Improvement in performance has been mainly within consultant led units this means the highest acuity patients are being seen, diagnosed, treated and admitted and discharged more often within four hours over the last five months compared to the previous year.

Table 2: A&E consultant-led units (type 1) performance (reporting period October-January): NW London

	2016-17	2017-18	% Difference
<b>Chelsea &amp; Westminster Hospital NHS Foundation Trust</b>	85.26%	92.39%	7.13%
<b>Imperial College Healthcare Trust</b>	67.53%	66.94%	-0.59%
<b>London Northwest Healthcare Trust</b>	59.79%	63.53%	3.74%
<b>The Hillingdon Hospital Trust</b>	55.04%	63.25%	8.22%
<b>NWL Total</b>	70.57%	75.57%	5.01%

### Type 3

Fig 8: UCC (type 3) performance by month: NW London acute hospitals (excl. WICs)



Despite already being above the 95% standard, UCC performance has still seen an increase in performance of 0.1% from October 2017-January 2018 compared with the same period 2016-17.

## 2. North West London performance comparisons - across the capital and across the country

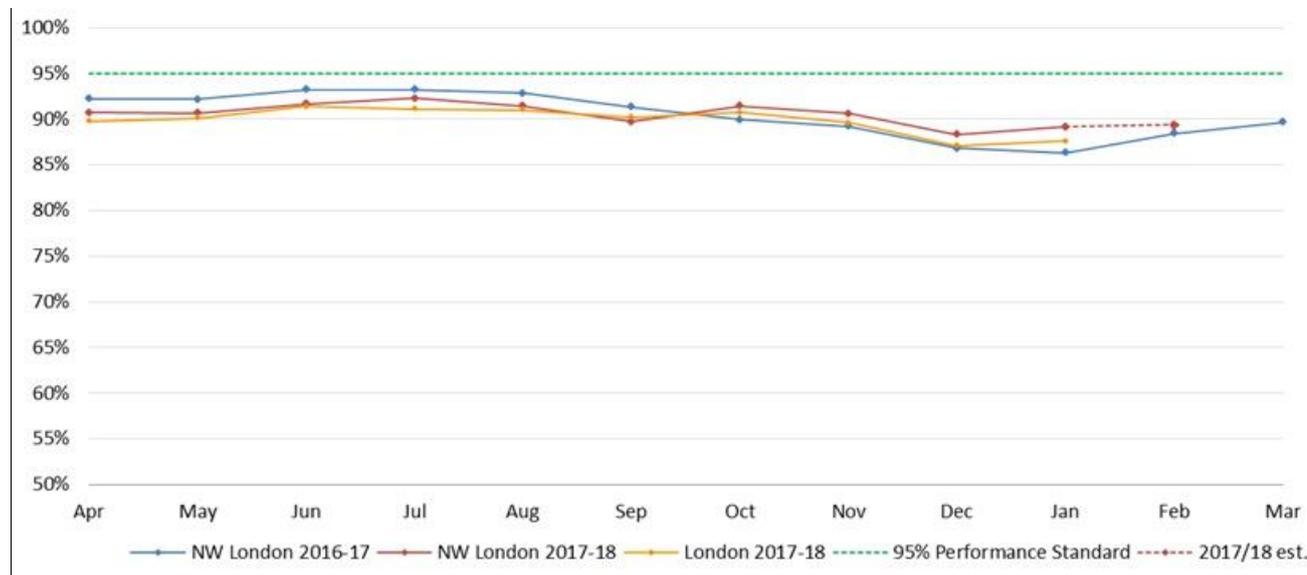
North West London performance (all types, including WICs) remains higher than that of both London and England as a whole. As the table below highlights, for January 2018 the performance in NW London was nearly 5% higher than England and over 2% higher than the London figure.

Table 3: A&E Performance January 2018 (Incl. WICs)

	<u>Jan 2018</u>
<u>NW London all type performance (excl. walk in centres)</u>	<u>86.7%</u>
<u>NW London all type performance (incl. walk in centres)</u>	<u>90.0%</u>
<u>London (incl. walk in centres)</u>	<u>87.6%</u>
<u>England (incl. walk in centres)</u>	<u>85.3%</u>

Pan-London performance between October 2017 and January 2018 has improved compared to the previous year.

Fig 9: A&E Performance 2016-17/17-18: North West London and London-wide



### 3. How we are planning ahead to mitigate the winter pressures and improve our performance long-term

Our transformation programme is about long-term change but the progress we've made to date is already showing the beginnings of a correlation between new community services, more self-care information, and improvements to the way people access acute care, and more sustainable levels of demand in our acute hospitals.

A number of these achievements which were implemented in time for winter 17/18 and have also helped us to cope with the winter pressures in North West London:

- Frailty services have started in all providers to navigate elderly and/or frail patients to the most appropriate service and ensure a full review of patients without the need to admit patients into hospital when they can be better cared for at home or in the community.
- Secured extra funding from NHS England for additional community capacity over the winter period to support safe rehabilitation outside of an acute setting.
- Two of our providers have had their A&Es refurbished with complete redevelopments at Northwick Park and Chelsea & Westminster in the last two years. This has improved the A&E infrastructure, including additional capacity for resuscitation bays and new assessment areas within these hospitals. This is expected to continue in 2018/19 with Imperial's plans to extend Charing Cross, and with the future plans to redevelop St Mary's Hospital.
- Discharge to Assess (D2A) has been rolled out across all North West London acute trusts helping discharge patients home with support as soon as thereby freeing up acute capacity earlier.
- All providers are implementing recommended best practice ("SAFER bundle") that recommends five areas best practice that Trusts should implement in order to improve their discharge processes. This includes expediting discharges before noon, "2 before 12:00", "Red to Green Days" which identifies any delays which lead to a patient being in hospital for longer than necessary and finally a multi-disciplinary review of all patients with a length of stay greater than 7 days.
- Free flu vaccine for Grenfell community.
- Significant improvements in services outside hospital, including:
  - 18 new local services delivered in GP practices
  - Evening and weekend access to a GP with 8am-8pm providing of primary care in every borough, seven days a week.
  - Free 24/7 NHS helpline ('Single Point of Access') for anyone who needs urgent mental health care.
  - Places of Safety established for people experiencing a mental health crisis.
- Public information campaigns on:
  - Self-care and health advice to help people stay well, with posters and leaflets
  - Use of 111 as a first port of call.
  - Pharmacy opening times over the Christmas and New Year period, and press campaign to encourage people to stock up on medicines before the holidays.
  - Flu vaccine - A campaign featuring Sir Trevor McDonald to encourage over 65s in particular to get the flu vaccine (in Hounslow, where he had the jab and where publicity was therefore strong, serious flu cases were among the lowest in the country).
  - In Ealing and Hounslow, we published *Your Child's Health*, locally-specific brochures, to give people information and advice on choosing the right type of care.

### 3.1 GP extended hours access

Extended access is now being provided across all boroughs, enabling patients to be seen seven days of the week, 8am – 8pm, by primary care. Patients are not necessarily seen in their usual surgery – groups of surgeries are working together to provide these extra appointments and provide more convenient appointment times with access to patients’ records. Through 2017 there has been an increase in the number of patients seen in this way.

Direct booking via 111 is also available across North West London. This allows primary care appointments to be directly booked for patients who reach a primary care outcome following a call to 111.

Publicity campaigns, and local engagement, occurred both nationally and locally to raise awareness amongst residents of these services and it is expected that this will reduce demand on urgent care centres and general practice during 2018/19.

By November 2017 we offered an additional 21,000 appointments in NW London. On average there is a 60% usage of these extra appointments across NW London:

- Central: 2338 appointments (63% utilisation)
- West: 2327 appointments (45% utilisation)
- H&F: 1926 appointments (70% utilisation)
- Hounslow: 3523 appointments (57% utilisation)
- Ealing: 3102 appointments (60% utilisation)
- Brent: 6953 appointments (55% utilisation)
- Hillingdon: 542 appts (70% utilisation)<sup>1</sup>
- Harrow: 590 appts

### 3.2 Admission avoidance and ambulatory care

Schemes being implemented across North West London aim to divert appropriate patients from A&E and onto more appropriate ways of accessing the best care for their needs.

Ambulatory care pathways are an example of this. Ambulatory care is a patient focused service for conditions that may be treated at the hospital without the need for an overnight stay in hospital. Imperial are now managing 1300 pathways a month with 50% of pathways avoiding their A&E department completely.

Table 4: Average monthly ambulatory emergency care (AEC) activity by month

Trust	2016/17	2017/18
Imperial College Healthcare NHS Trust	1054	1584
The Hillingdon Hospitals NHS Foundation Trust*	N/A	526
London North West University Healthcare NHS Trust*	N/A	727
Chelsea and Westminster Hospital NHS Foundation Trust **	250	350

\*Data only available from October 2017

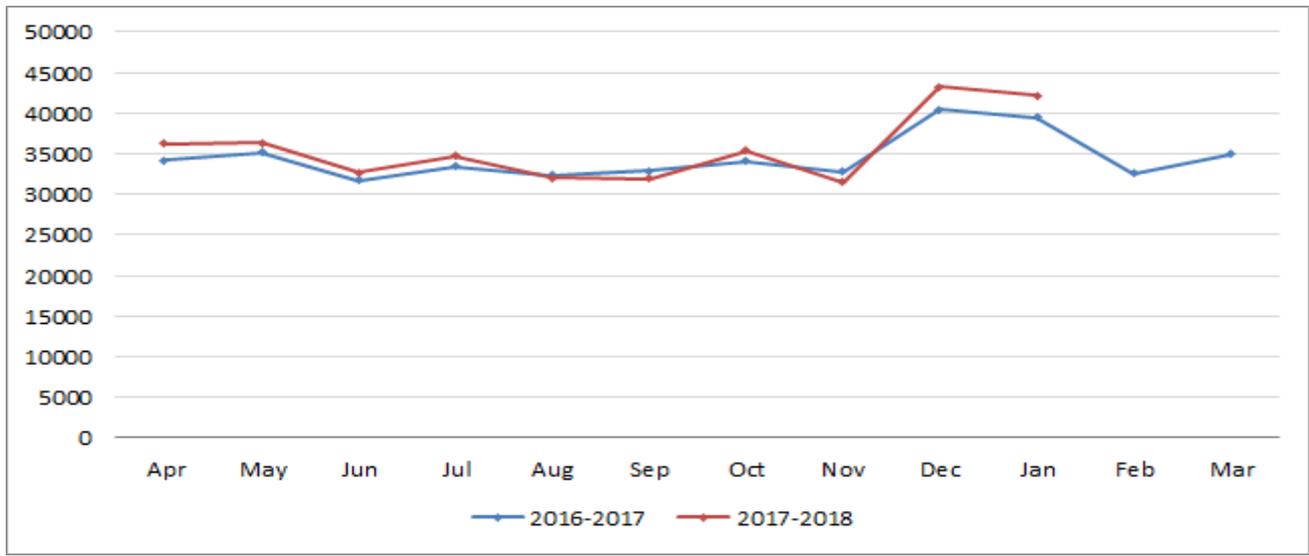
\*\*Estimated

<sup>1</sup> figure is due to increase with additional hubs

### 3.3 NHS 111

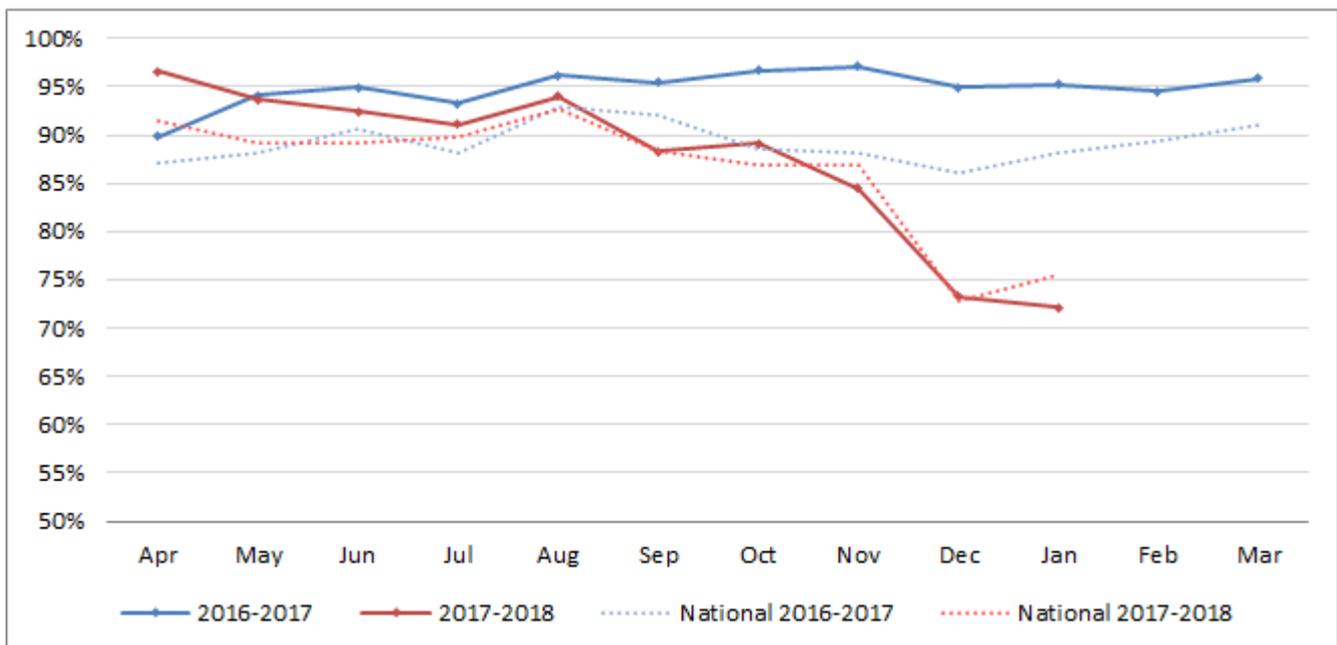
The NHS 111 telephone number enables the public to access urgent healthcare services.<sup>2</sup> The free 111 number is available 24 hours a day, 7 days a week, 365 days a year to respond to people’s healthcare needs. The NHS has heavily promoted 111 before and during the winter period to triage demand and make sure patients can easily get accurate, clear health information so they can access the most appropriate services for their needs.

Fig 10: Total 111 calls by month – NW London



The number of calls to North West London 111 services has increased by 7% in December 2017-January 2018 compared to the same period last year.

Fig 11: Percentage of 111 calls answered in 60 seconds, by month – NW London

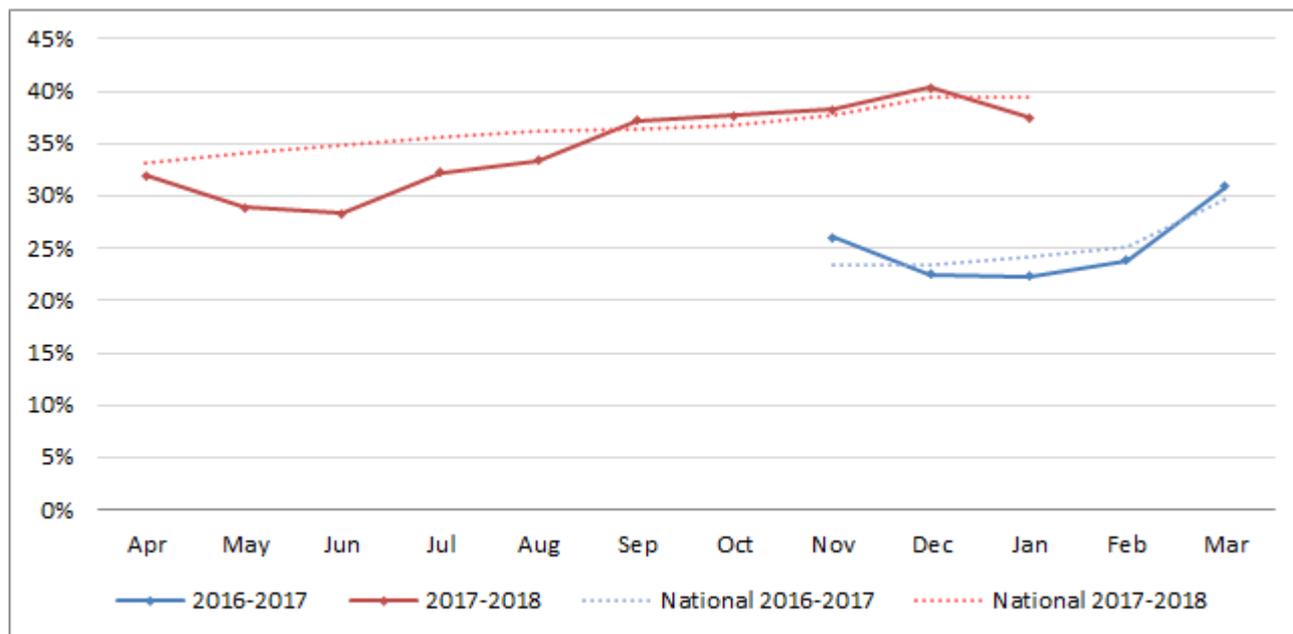


NHS England recommended that all 111 calls must be answered within 60 seconds and performance in this area has deteriorated in 2017/18. Performance has been mainly affected by increased demand as

<sup>2</sup> NHS 111 Minimum Data Set 2017-18.

well as an increase in staff sickness. As a result, 111 providers in NW London are revising their forecasting and ensuring rotas are sufficient to meet this increased demand which includes offering overtime incentives, reducing annual leave, sub-contracting call handling services and using agency staff to backfill shifts.

Fig 12: Percentage of 111 calls to any clinician by month

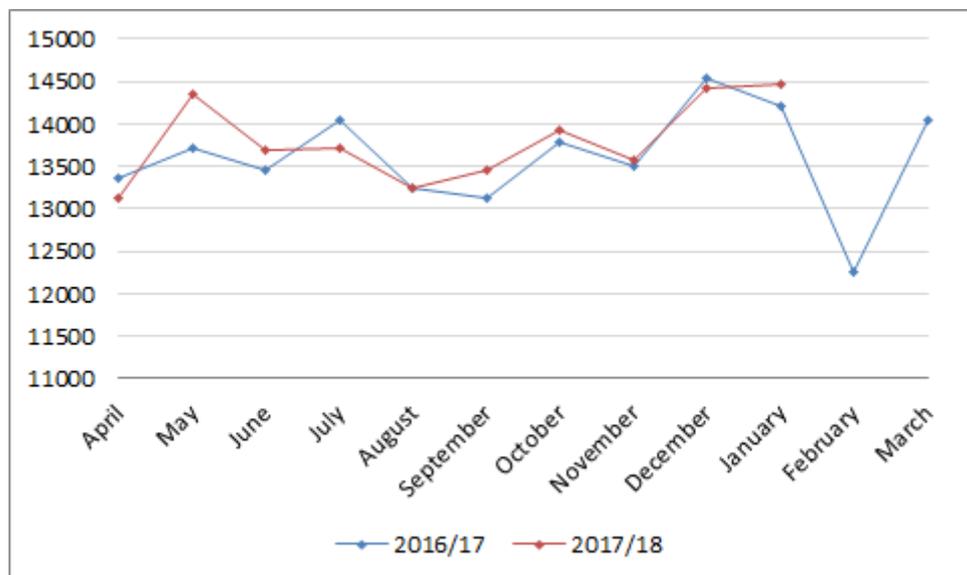


NHS England recommends that at least 40% of 111 calls are transferred to a clinician as this is likely to reduce the need for onward referral if a clinician is able to provide advice over the phone. This target was met in December and will be recovered in February following a challenging January.

### 3.4 London Ambulance Service (LAS)

LAS conveyances (transferring a patient to a point of care) have increased by 0.7% in 2017/18 financial year (to January 2018) and 0.6% higher in the winter period compared to 2016/17. This is lower than the increase in 2016/17 compared to 2015/16 which had an increase of 7.4%.

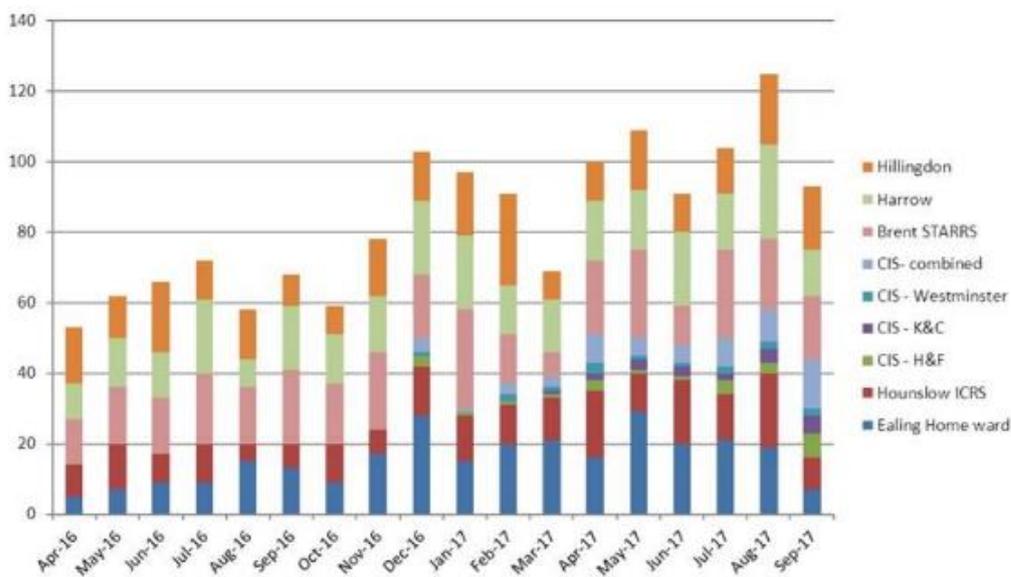
Fig 13: Number of LAS conveyances by month - NW London



The LAS contract has experienced sustained rises in demand year on year and has consistently over-performed against its financial plan. The agreed 2017/18 contract requires all London CCGs to implement demand management schemes to reduce 2017/18 activity by an average of 6.4% compared with 2016/17 activity. To support this work, NW London CCGs have worked with LAS on a programme, which includes the development of frequent caller services and improving the referral pathway between 111 and 999.

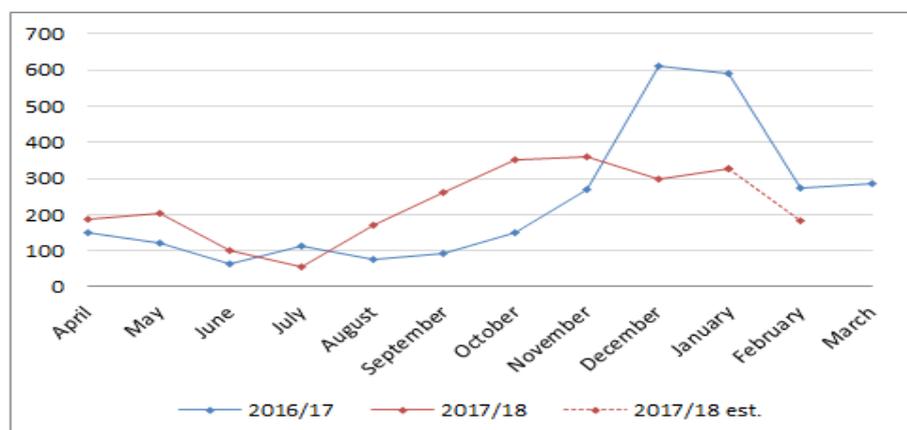
We have also worked with LAS to enable referrals to local rapid response services. There has been a 51% increase in LAS referrals to rapid response services across NW London. A robust communication strategy was launch in August 2017 and since April there have been 573 referrals by LAS accepted by rapid response services across NW London. This is a huge success in reducing NW London admissions.

Fig 14: LAS referrals to rapid response, by month – NW London



Wait times to LAS handover has also improved, when looking at the number of ambulances that wait to handover within the A&E department longer than 30 and 60 minutes. A 17% reduction in patients waiting in the A&E to be handed over by ambulance crew for over one hour and a 12% reduction for those waiting over 30 minutes (October - January) 2017/18 compared to the previous year. Further improvement in these waiting times is expected in February as actions to improve A&E flow take full effect.

Fig 15: Patients waiting in A&E to be handed over by ambulance crew for over one hour by month - NW London



The Ambulance Response Programme (ARP) aims to prioritise the sickest patients by avoiding ‘stopping the clock’ with a first responder, which was allowed under the old 8 mins response target. In summary the new standards are intended to:

- Prioritise the sickest patients quickly to ensure they receive the fastest response.
- Ensure national response targets to apply to every patient for the first time – so ending ‘hidden waits’ for patients in lower categories.
- Ensure more equitable response for patients across the call categories.
- Improve care for stroke and heart attack patients through sending the right resource first time.

### 3.5 Helping patients get safely home more quickly (improving the discharge pathway)

This winter, a greater emphasis has been placed on reducing the number of patients with a length of stay in an acute hospital of over seven days. There are many reasons for extended hospital stays but a proportion of stays will be as a result of unnecessary waits in the system. Some of these may be internal within the hospital, such as waiting for a clinical review, diagnostic test or referral to specialist services, but others will be a result of external delays outside of the hospitals control (e.g. support packages from social services or residential placement in the community). By reviewing these patients, social care, CCGs, community provides and the hospital team can address blockages within the inpatient stay to speed up discharge. A decrease in the number of patients staying in hospital over seven days is an indicator of improved patient flow.

The graphs below show an improvement over the winter months with three of the four NW London trusts below the 40% threshold.

Fig 16: Percentage of patients with length of stay seven days or more by month - NW London

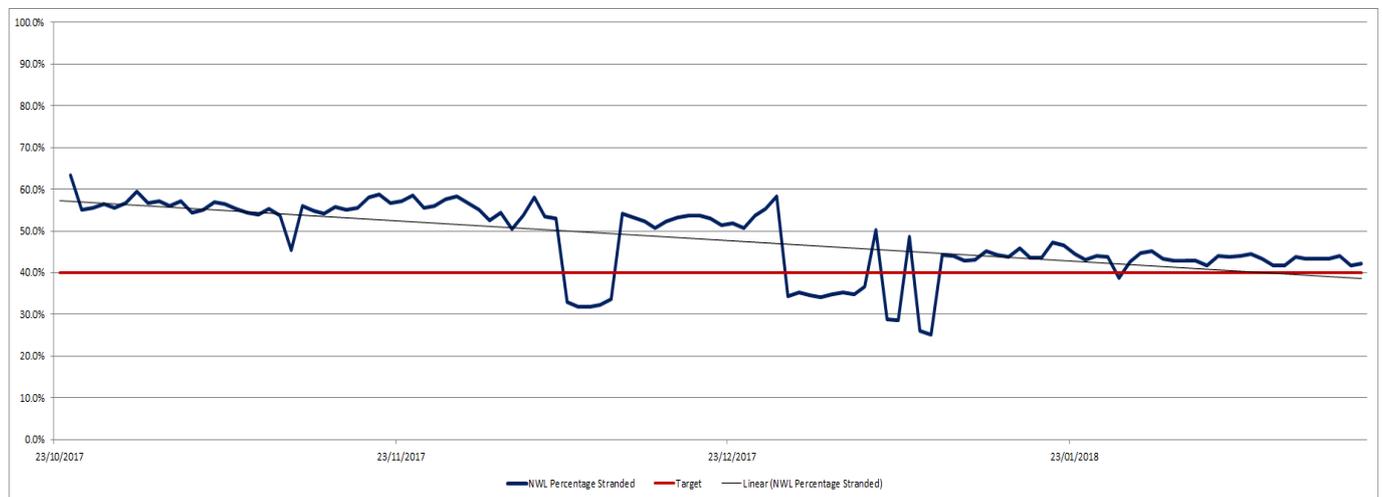
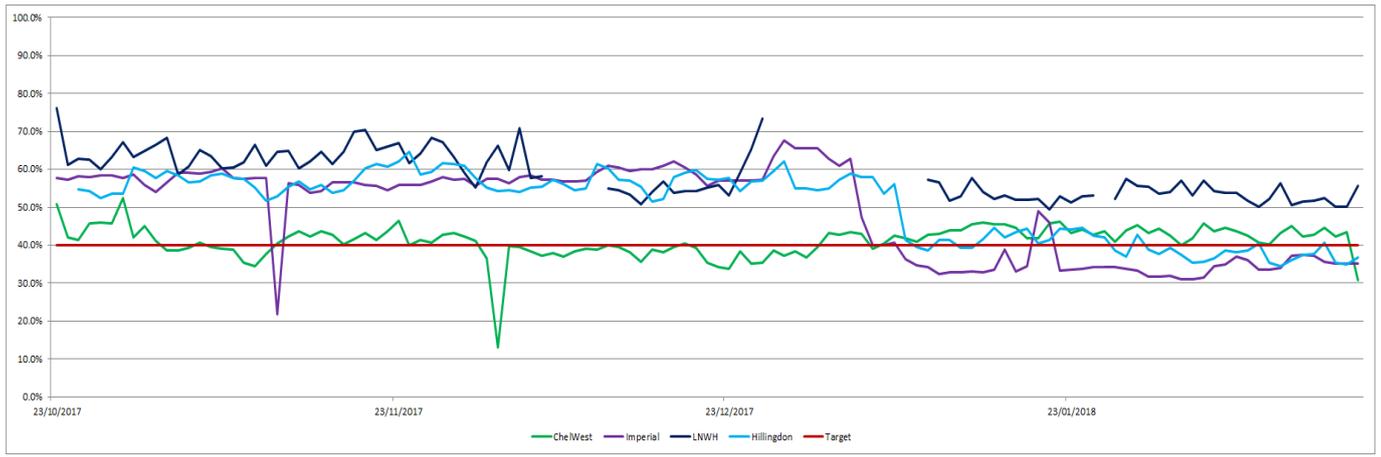


Fig 17: Percentage of patients with length of stay seven days or more by month: North West London providers



Breaks in line indicate that no data was submitted for this period by Trust

### 3.6 Delayed Transfers of Care (DTOCs) in NW London

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur for many reasons, for example when health or social care assessments are not completed, or when required equipment is awaited in the patients home or suitable care homes cannot be identified quickly enough. Delayed transfers can cause unnecessarily long stays in hospital for patients as well as affecting A&E waiting times for NHS care, as they reduce the number of beds available for other patients that require admission.

- The total number of delayed transfers across the whole of NW London between October-December 2017 overall was 5% lower than the previous year.
- Hillingdon has the lowest level of DTOCs of all the boroughs in London and all boroughs are within five days of their target set within November, a significant improvement in comparison to the beginning of the year.
- All the NHS acute Trusts are meeting the targets.

Fig 18: Total bed days lost due to DTOC by month - NW London acute trusts

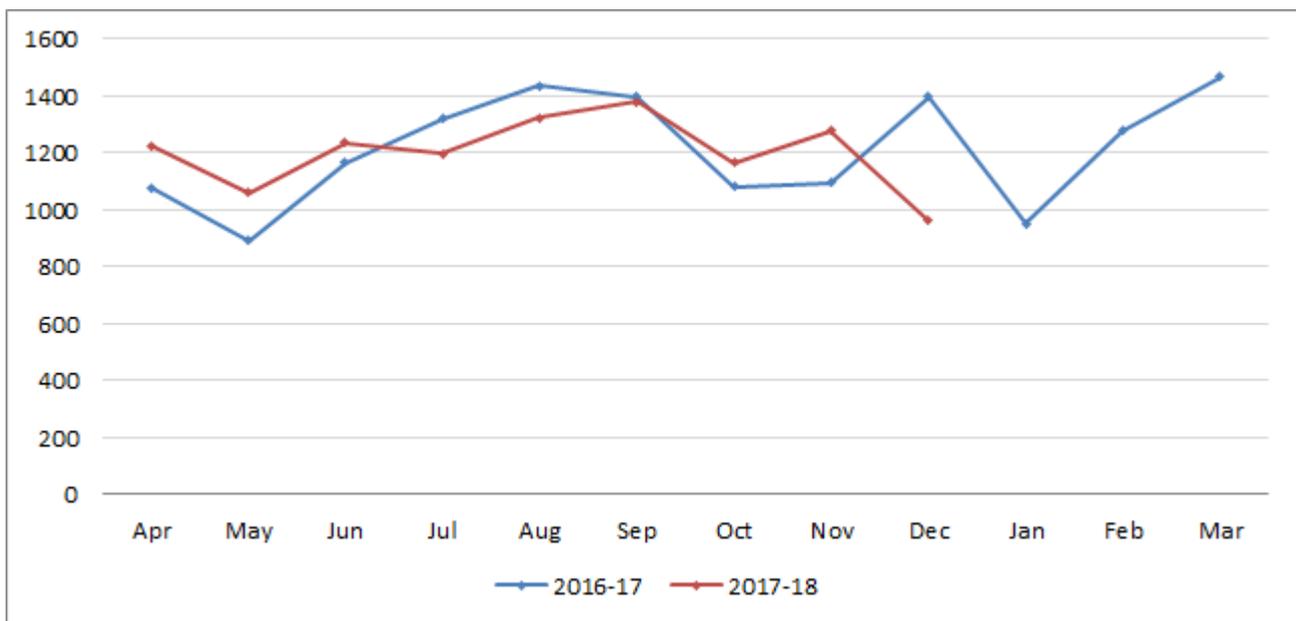
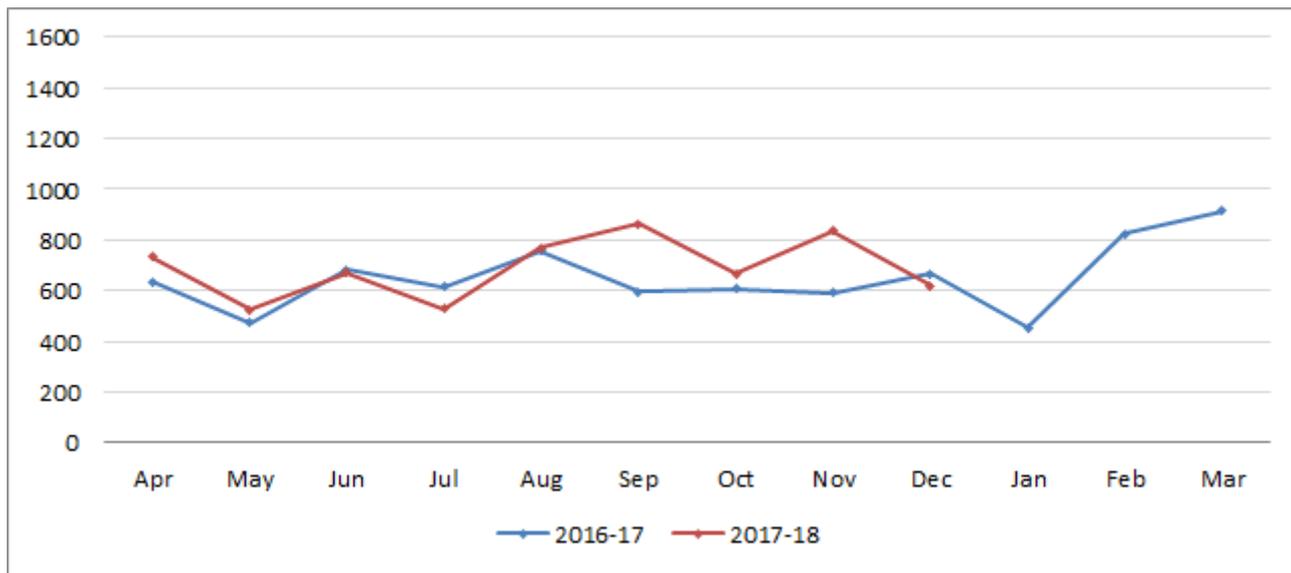
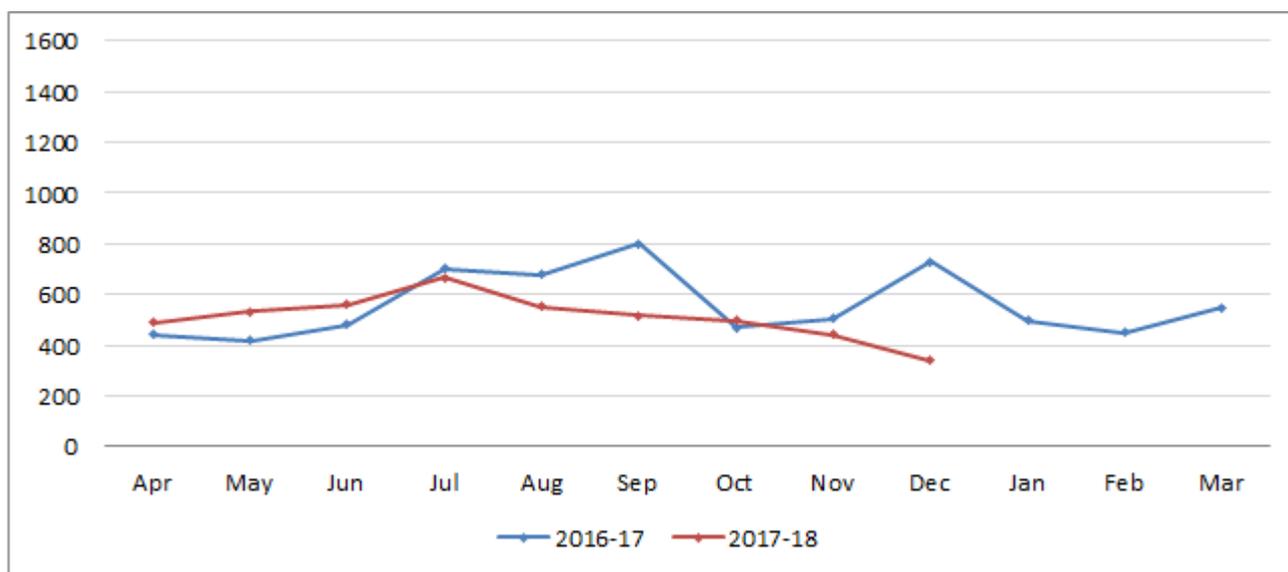


Fig 19: Bed days lost due to DTOC related to social care needs by month - NW London acute trusts



Delayed transfers with a delay attributed to social care are higher with a 12% increase in October-December 2018 compared to the previous year.

Fig 20: Total bed days lost due to DTOC related to health needs by month - NW London acute trusts



Delayed transfers with a delay attributed to social care are lower with a 33% decrease in October-December 2018 compared to the previous year.

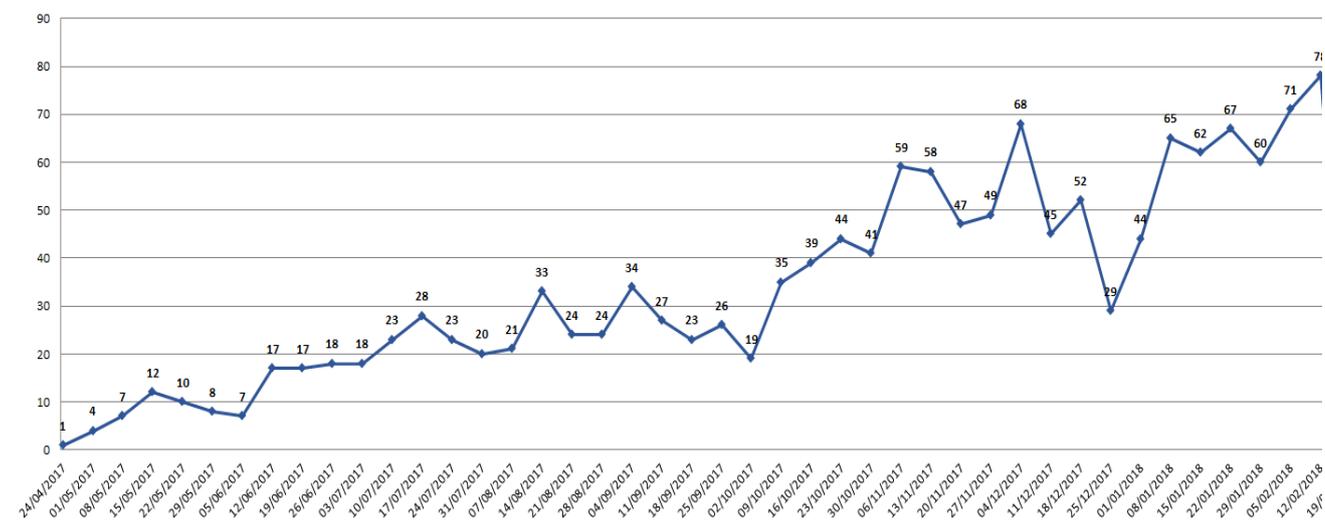
### 3.7 Discharge to assess

Discharge to assess refers to a situation in which people who are well and no longer require an acute hospital bed may still require additional care services, are provided with short-term, funded support in order to be discharged to their own home (where appropriate) or another community setting.

Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.”<sup>3</sup>

- All eight boroughs across North West London have designed and tested a new Home First pathways and are focused on implementation and wider sustainability planning.
- Over 1,450<sup>4</sup> patients have been discharged using Home first principles.
- The average age of those discharged under the pathway is 81.

Fig 21: Total discharge to assess (Home First) by week - NW London



- Brent Home First commenced on 24 April 2017. **362** patients have been discharged on Home First pathway
- Hillingdon Home First started on 8 May 2017. **372** have been discharged on Home First pathway
- Ealing Home First started 5 June 2017. **273** patients have been discharged on Home First pathway
- Harrow Home First commenced on 12 June 2017. **141** patients have been discharged on Home First pathway
- Tri-borough Home First started 10 July across both Imperial and Chelwest Trusts. **253** patients have been discharged on Home First pathway
- Hounslow Home First started on 10 August 2017. **56** have been discharged on Home First pathway

<sup>3</sup> NHS England Publications Gateway Reference 05871

<sup>4</sup> Figures correct as at 23 February 2018

## 4. Conclusion

North West London continues to achieve A&E performance in line with or better than both London and England. While North West London is not yet consistently meeting the 95% national standards during 2017/18, performance is improving, and we are close to meeting the 'key deliverable' goal of 90% as set out in the 2017 NHS England planning guidance.

Planning guidance for 2018/19 continues to target an improvement in our A&E performance with the aim for each A&E delivery system to improve or deliver 90% all type performance by September 2018. Our Health and Care Plan does set out the ways in which we expect to manage demand effectively and improve services. Our A&E performance across the winter months demonstrates the resilience we have built into the system.