NHS
North West London
Collaboration of
Clinical Commissioning Groups

North West London Joint Health and Overview Scrutiny Committee: Winter Plans

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Paper: North West London CCGs Winter Preparedness 2018/19

Contents

Executive Summary

Every year the winter period brings with it significant and increased pressure on local systems due to demand on A&Es, therefore impacting capacity and performance. Establishing processes and arrangements early on, taking a whole system approach and working across organisational boundaries to inform extensive planning, helps to manage the complexity and scale of demand.

In recent years seasonal pressure on health and social care services has increased and as an STP we have been working with the four A&E Delivery Boards (AEDBs) across North West London (NW London) even more closely to ensure we continue to deliver safe and high quality care throughout the winter period. (The four are: Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West Healthcare NHS Trust).

Across NW London our preparation for winter started earlier than ever before with winter 17/18 debrief sessions taking place in April 2018. These sessions helped us identify key themes and challenges, undertake a review of previous winter activity and likely demand assumptions for planning, and consider what worked well to share more widely. This has helped inform and build our local system wide winter plans; setting out our arrangements for the winter period (i.e. from 3 December 2018 until Easter bank holiday).

This paper updates the Joint Health and Overview Scrutiny Committee (JHOSC) on winter preparedness across NW London for 2018/19, and how as an STP we are planning to mitigate the winter pressures and improve our long-term performance.

Background

NW London continues to achieve A&E performance in line with operating planning guidance for 18/19. NW London is the largest STP in London and continues to be the best performing STP across London for the 4 hour target.

Over 18/19 the development of demand management schemes to reduce attendances, along with external support to acute providers to manage patient flow in the hospital, has helped build resilience in local systems which is demonstrated in our improved performance this financial year.

Provider	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NW London Healthcare	88.2%	87.6%	89.3%	89.2%	92.2%	91.0%	90.9%					
Imperial College	84.6%	86.9%	87.4%	88.4%	89.0%	89.0%	90.6%					
Hillingdon	80.3%	80.5%	83.6%	82.8%	81.2%	85.8%	84.8%					
Chelsea & Westminster	95.0%	95.7%	95.1%	95.7%	95.5%	94.9%	95.2%					
North West London STP	88.0%	88.7%	89.6%	89.9%	90.6%	90.8%	91.2%					
North West London STP Trajectory	87.6%	88.6%	88.9%	90.1%	90.8%	91.4%	91.5%	91.6%	91.7%	92.2%	92.6%	95%

Increased patient acuity, flu and other respiratory illness during winter often lead to increased length of stay in hospitals and higher demand for urgent and emergency care services including London Ambulance Service (LAS). Whilst non-elective admissions increased last winter, compared to the previous year, NW London actually saw a reduction in average bed days per non-elective admission. This was achieved through a variety of initiatives targeting Delays in Transfer of Care (DToC) and improving flow, aligned to NW London 17/18 winter plan.

1. Winter preparation

In summer 2018, Pauline Phillips, National Director for Urgent and Emergency Care, announced national ambitions in the form of key priorities to ensure local systems have sufficient capacity to deliver elective and emergency care performance and prepare for winter. These included:

- **Reducing extended lengths of stay** by reducing the number of beds occupied by long stay patients by 25%
- **Development of an ambulatory emergency care (AEC) service** so that all acute hospitals provide ambulatory emergency care at least 12 hours a day, 7 days a week by September 2019.
- **Minors patients breaches reduction** so that actions are undertaken to ensure the delivery of a reduction in the number of minors patients who breach the 4 hour A&E waiting time standard down to zero.
- **Improving ambulance handovers** so that 100% of patients arriving at an Emergency Department by ambulance are handed over within 30 minutes of the ambulance's arrival; all handovers between ambulances and Emergency Departments must take place within 15 minutes with none waiting more than 30 minutes by 30 September 2018.
- **Implementing effective demand management schemes** in out of hospital services to support the management of flows into emergency care services in hospitals.

All four local systems within NW London have developed trajectories and plans to deliver against the national ambitions detailed above, with the latter priority focussing on out of hospital interventions. These interventions along with current activity and performance are described in more detail in section 2.

2. Demand management interventions 2018/19

As an STP we are committed to holding and reducing, where possible, levels of demand on the local A&Es by ensuring patients are able to access same day urgent care locally through enhancing self-care, primary care and other non-acute options. Whilst our NW London clinical strategy is about long term change, over the past 8 months we have been transforming and developing various intervention models in order to drive activity changes in urgent and emergency care and ensure patients are cared for in the most appropriate and convenient setting. Below describes these interventions and the current impact on demand:

2.1. GP extended hours access

2.1.1 Extended access is available across all boroughs in NW London 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.

2.1.2 Direct booking via 111 into the 30 extended access hubs across NW London has been live since spring 2018. A programme of engagement and electronic capability has supported the 21,000 appointments now available on a monthly basis across NW London in time for winter.

2.1.3 This allows primary care appointments to be directly booked for patients who reach a primary care outcome following a call to 111, and should reduce referrals to Urgent Treatment Centres (UTCs).

The below graph shows extended access hub utilisation from April to September 2018:

Overall Data for NW London (April 18 to Sept 18)				
CCG	Appointments Available	Booked Appointments	DNAs	Average Overall Utilisation
Central London	11928	8920	1517	62%
West London	6769	4384	931	51%
Hammersmith & Fulham	9431	8224	1248	74%
Hounslow	20748	11482	1270	49%
Ealing	15524	10554	1593	58%
Brent	27711	19061	2185	61%
Harrow	2900	2780	151	91%
Hillingdon	5912	5269	1056	71%
NW London	100923	70674	9951	60%

2.1.5 Additionally NW London has a programme of work underway to mobilise direct booking from 111 to in hours GP practice appointments, further increasing capacity across the system. In hours slots available over winter period for direct booking from 111 are as follows:

- November – 3,600 appointment slots available (West London CCG and Hounslow CCG live)
- December – 14,600 appointment slots available (all NW London CCGs live with direct booking)
- January – 14,600 appointment slots available

2.1.6 For the winter period (November, December and January) there will be an estimated total of 83,410 slots available through extended access hubs and in hours direct booking.

2.1.7 Local advertising is planned prior to Christmas to encourage use of these hubs and 111 – please see further information on communications in section 5.

2.2 Integrated Urgent Care (IUC)

2.2.1 Integrated urgent care combines NHS 111 and GP out of hours, providing people with access to urgent health services 24 hours a day, every day of the week, simply by making a free call to NHS 111. The NW London IUC service went live in June 2018 and has focussed on the implementation of key initiatives that will support a reduction in Ambulance demand and A&E attendances, including:

- A clinical review of all calls that have an A&E outcome to ensure patients are cared for in the most appropriate and convenient setting
- A clinical review of all calls that have a category 3 (urgent calls up to 120 minutes) and category 4 (non-urgent calls up to 180 minutes) ambulance outcome to safely reduce London Ambulance Service (LAS) demand.

2.2.2 The Directory of Services (DoS) is a central directory that is integrated with NHS Pathways (the triage system used by 111) and is automatically accessed to find the most appropriate service for the patient.

2.2.3 Ahead of winter, an audit of pathways that are mapped to the DoS has been undertaken to ensure, for example that A&Es do not appear as an option for patients that have low acuity primary care outcomes

2.2.4 All NW London A&E/UTC/GP extended access hub DoS profiles have been reviewed to ensure the appropriate destination returns on the DoS.

IUC Performance:

111 calls answered within 60 seconds

NW London have consistently achieved above the London average for calls answered within 60 seconds. NW London 111 providers are actively working to ensure rotas are filled sufficiently and are providing training to newly appointed staff in preparation for winter.

Calls Answered in 60 Seconds	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NWL Performance	88.10%	92.90%	94.00%	94.40%	95.10%	92.30%	89.90%
London Performance	85.40%	89.50%	87.70%	87.80%	89.10%	85.00%	83.30%

111 calls abandoned after 30 seconds – NW London have consistently achieved less than the London average for abandoned calls after 30 seconds. NW London providers are actively working to ensure this good performance is maintained over winter.

Abandoned after 30 Seconds	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NWL Performance	2.00%	1.50%	1.20%	1.20%	1.10%	1.20%	1.70%
London Performance	2.90%	2.00%	2.60%	2.50%	2.40%	2.60%	3.10%

Clinical Contact - Clinical contact in NW London has remained above the 50% target since April 2018 and is above the national average of 51.7%. This is expected to increase once A&E revalidation is implemented, from 3rd December 2018.

Clinical Contact (target 50%)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
NWL Performance	58.40%	58.70%	57.10%	55.80%	54.20%	53.50%	53.50%
England Performance	50.20%	51.10%	51.40%	52.10%	51.50%	53.10%	52.50%

Cat 3 & 4 Validation - Category 3 & 4 ambulance validation is achieving higher that the London average.

Category 3 & 4 Validation	NWL Performance						NWL Average Apr-Sep	London average Apr -Sep
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18		
% Category 3 & 4 ambulance disposotions **directed to clinician**	78.90%	83.18%	78.42%	80.01%	84.06%	84.72%	**81.55%**	79.20%
% of directed category 3 & 4 ambulance dispositions **overridden / downgraded**	66.00%	65.59%	65.20%	65.12%	64.18%	64.32%	**65.07%**	63.50%

2.3 Care Homes

2.3.1 The Five Year Forward View (5YFV) sets out a clear programme of change to increase the focus on out of hospital care; integrate services around the patient, ensuring health, mental health and social care services are coordinated; delivering care through a system approach using networks of care not just single organisations.
2.3.2. Other drivers for change include reduction on LAS demands and non-elective admissions for the care home cohort and facilitate the opportunity for people to die in their place of choice.
2.3.3 We have built on experience from Airedale NHS Foundation Trust telemedicine programme that connects care home residents to a 24 hour nurse-led service at NHS Airedale Hospital.
2.3.4 There is evidence that high numbers of patients from care homes unnecessarily attend A&E, this is the cohort that the NW London schemes will focus on.
2.3.5 The roll out of the NW London NHS 111 *6 service for care homes to support all residents, crucially those in their last phase of life was successfully launched on the 6 August where trained nurse specialists give clinical advice to care home staff and make onward referrals to appropriate services. Currently the service is open from 8am to 8pm but will be increasing to 8am to 2am by the end of November 18. An allied video consultation technical solution, (using Skype for Business) has been successfully tested in 8 early adopter homes across NW London, and roll-out of the technology to additional care homes is scheduled over the coming months
2.3.6 CarePulse Capacity Management System is live across NW London, and is being used by over 70% of care homes to indicate available capacity. However, data indicates usage of the system by acute and community Trusts and local authorities is low. There is a clear need for a real time overview of care home capacity across each AEDB system to avoid delays in identifying and accessing available beds, and in line with winter planning initiatives. STP senior leaders have agreed that acute providers will undertake the full adoption and utilisation of the CarePulse system by November 2018.
2.3.7 It is the intention that elderly residents from all care homes in NW London will be admitted to hospital with a red bag that will remain with them throughout their hospital stay and return with them upon discharge. The bags will contain standardised documentation to ensure that vital information is available regarding the resident's general health and any medication they may be receiving. This ensures that everyone involved in the patient's care will have easy access to understanding their needs. Rollout of this scheme has been completed across three NW inner London CCGs, with the intention for coverage to be provided across the STP area by the end of 2018
2.3.8 We are supporting care homes across NW London to procure and deliver a variety of training packages. The training provides care home managers and staff

the right tools to make informed decisions that avoid unnecessary and stressful conveyances to hospital. A 'recognising and acting of early signs of deterioration' best practice pocket guide for care homes staff entitled '**Is my resident well?**' has been developed and distributed to care homes and the associated training has commenced with 20 sites. The intention is to roll out this initiative across all NW London care homes during 18/19 including the development of the tool for home carers and creation of a digital version of the pocket guide.

2.4 Ambulances (including admission avoidances)

To ensure NW London delivers a safe reduction of ambulance conveyances to A&E over the winter period, a number of demand management interventions are in progress that are as follows:

2.4.1 The lowest acuity ambulance calls (Cat 3 & 4) sent from 111 to LAS are triaged by a clinician before being sent to LAS to ensure that an ambulance is the most appropriate response. The NW London IUC service is on trajectory to clinically triage 90% of Cat 3 & 4 calls, set to result in a **reduction of over 5,000 ambulance** dispatches across NW London per year. Between April to September 18/19, NW London has seen a reduction of 2,879 ambulance dispatches compared to the same period last year, which is 1,862 better than what was planned.

2.4.2 Rapid response teams provide treatment (within 2 hours of referral) to patients in their own home who otherwise may have attended A&E. Following on from the successful shadowing scheme in Central London, Hammersmith and Fulham , and West London CCGs whereby LAS staff ride-out with Community Independence (CIS) teams, the scheme is being further rolled out in Hillingdon in December to increase awareness of the service and increase utilisation, and funding has been applied for to further roll-out to remaining CCGs across NW London.

2.4.3 The District Nursing pathway for LAS has been signed off by all four providers in NW London; the pathway is helping to mitigate rejected LAS referrals from rapid response teams and prevent some district nursing patients from being conveyed to the ED (e.g. catheter issues).

2.4.4 LAS have digital access to patent care plans and MiDoS (the mobile directory of services used by 111) via recently purchased tablets to improve visibility of appropriate care pathways for LAS crews. MiDoS usage is being monitored monthly to understand the impact and where further improvements can be made.

2.4.5 NW London is also focussed on a number of additional demand management schemes to reduce inappropriate use of LAS that include:

- Working with the Metropolitan Police Service (MPS) and the triage process for calls requiring LAS involvement and support the use of the mental health crisis line as a first port-of-call for police officers requiring guidance.
- The NW London mental health crisis line was launched to allow crews to contact and refer patients either directly to their community mental health Trusts in or in an out of hours setting to prevent conveyance to A&E.
- The launch of a standardised frequent attender service at all NW London acute trusts to support those who unnecessarily use A&E to access other local services where required.
- Addressing inappropriate use of LAS crews amongst care homes, care agencies, and nursing homes, to appropriately manage non-injured fall patients that do not require clinical assessment or conveyance.

- Introducing intermediate level care for those in mental health crisis but not requiring admission.
- Ensure LAS have direct access to Urgent Treatment Centres (avoiding A&E) where clinically appropriate and other specialist pathways to reduce pressure on the front door.

2.5 Frailty – response at times of crisis

2.5.1 Across North West London last year 16% of all NW London A&E attendances were for over 65s:

- 23,397 admissions for patients over 65 lasted fewer than 2 nights
- the over 85s spent an average of 10.4 days in hospital, compared with 3.5 days for the 18-65 years population
- 14% of the population aged over 65 accounted for 46% of the non-elective hospital admissions and 68% of the non-elective occupied bed days

2.5.2 We know that being in hospital is not in the interests of these patients who begin to decondition very quickly when stuck in a hospital bed. The longer they spend in hospital, the greater the chance of general decline in their fitness levels and their ability to be independent in the future.

2.5.3 Given that the 65+ population of NW London is expected to increase by 27% and the 85+ population by 47%, we need to address this to enable people to stay well for as long as possible and, because, increasing numbers will exacerbate current capacity issues.

2.5.4 In NW London we have established multi-disciplinary frailty models at the front-door of acute hospitals to identify and manage older frail patients who require specialised support. This will ensure this cohort of patients are not admitted unnecessarily.

2.5.5 The objective is to avoid unnecessary admissions by specialist management of frail patients at the front-door. This will be measured by the proportion of patients seen by the frailty model and not subsequently admitted against the baseline of admission rate prior to the introduction of frailty teams. Another aim of the project is to ensure patients only stay in hospital for as long as clinically required. This will be measured by reviewing the length of stay of patients seen by the frailty model both before and after the introduction of frailty teams.

2.5.6 Front-door frailty models are live in Hillingdon Hospital, West Middlesex University Hospital, Northwick Park Hospital and Charing Cross Hospital. Four of the Seven A&E sites in NW London.

2.5.7 Different models are established in these sites based on local staffing and expertise. Some are geriatrician led, whilst others are acute medical team led. All models have specialist frailty therapy or nursing input. Some models are live in the A&E and Clinical Decisions Unit, whilst others are more active in the acute medical unit (AMU) and Acute Frailty Unit.

- As of 31 October 2018, frailty teams have seen 936 patients, of which 415 (44%) patients were identified and managed at home rather than being admitted into the hospital.
- Baseline data show that the generic 75+ patient cohort have a 30% non-admitted rate and 40% of 75+ patient A&E attendances are not frail. Further evaluation is planned.
- Work is currently underway with NW London geriatricians to update the acute frailty standards for the next phase of implementation.

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

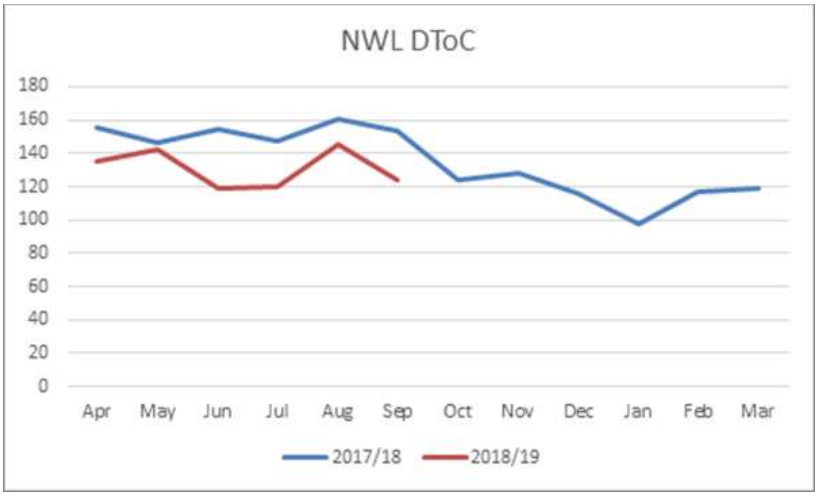
Delayed Transfers of Care (DTOC)

2.7.1 A DTOC occurs when a patient is medically fit for discharge and 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.

2.7.2 DTOCs 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.

2.7.3 Across NW London we have improved our position on the total number of delayed transfers across the system; however significant work is underway to ensure attainment of 2018/19 trajectory.

Below shows our marked improvement in reducing DTOCs against last year's performance



2.7.4 In October 2018, The Department of Health and Care announced that £240million of national funding would be made available to local authorities to support adult social care services. Across NWL discussions are currently underway between health and care providers which schemes should be commissioned locally to reduce extended Length of Stay and support patients that are medically fit for discharge.

2.8 Home First ('discharge to assess')

2.8.1 Discharge to Assess (D2A) is a concept whereby patients who are medically fit for discharge and do not require an acute hospital bed, but may still require care services, are provided with short term funded support to be discharged to their own home (where appropriate) or another community setting.

2.8.2 Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

2.8.3 Commonly used terms for this are: 'discharge to assess', 'Home First', 'safely home', 'step down'.

2.8.4 Home First has been rolled out and is operational in all eight boroughs across NW London, currently around 90-120 patients are being discharged per week, this makes up around 10% of total 75+ Non Elective (NEL) discharges from NW London acute sites.

2.8.5 The primary aim of this initiative is to maximise independence of older and frail patients in NW London. The discharge to assess model has been implemented in all acute trusts and boroughs in NW London to ensure patients are discharged with appropriate support at home, as soon as they no longer require hospital care (pathway 1).

2.8.6 Our ambition is to increase discharges to 230 patients per week and therefore pathways are also being established for those who cannot go home immediately, or have

complex and long term assessment needs (pathways 2 and 3). These pathways will have a significant impact on the long stay (stranded and super stranded) patient cohort.

- Ramp up is underway to support our most complex patient cohorts (pathway 2 - bedded rehab, pathway 3 – patients with complex, long term and continuing healthcare needs) using Discharge to Assess principles. A pilot is already underway in West Middlesex University Hospital, with Chelsea and Westminster Hospital, Charing Cross Hospital and St Mary's Hospital starting at the end of November.

2.8.7 An evaluation of Home First (pathway 1) showed a significant reduction in the length of time patients stayed in hospital (1.7 days reduction in average lengths of stay (LOS) for 7+ day LOS patient cohort and a 3.9 days reduction in average LOS for 14+ day LOS cohort). The evaluation also showed 92% patient satisfaction with the support received at home and a 33% reduction in 30 day readmission rate.

3 Flu management planning

3.1 The winter period also brings with it increased infectious diseases including the risk of norovirus, influenza and increased risk of acute exacerbation of respiratory diseases. There is also the risk of the onset of pandemic flu. With this in mind, we need to assure ourselves that as an STP, where possible, we can mitigate around infectious diseases particularly front line staff. Our four system plans indicate that:

3.2.1 All acute, community and mental health providers, and LAS have plans in place to vaccinate frontline staff ahead of winter (3 December), with the aim of meeting the 75% national compliance target, with additional vaccines available to meet demand.

3.2.2 Provider communications teams are supporting to increase awareness through a number of channels including the use of social media, the staff intranet, screen savers and the internal communications cascade.

4 Governance

4.1 Each of the four AEDBs across NW London will approve 18/19 winter plans in November 2018. Each AEDB is chaired by the acute CEO and consists of the following representation:

- Acute provider (AEDBs are formed around acute hospital sites with an A&E)
- Local authority (including social care)
- Mental health provider
- Community provider
- Ambulance provider
- UTC provider
- IUC provider
- CCGs (including clinical commissioners)

4.2 All providers within NW London also have winter resilience plans in place to ensure bed capacity is maximised and senior clinical leadership is in place seven days a week.

4.3 A core responsibility of an AEDB is the development of whole system plans (including local authorities) for winter resilience and ensuring effective system wide surge and escalation processes exist.

5 Winter communications 2018/19

5.1 Our communication strategy across NW London for 2018/19 aims to:

- To educate about self-care during winter
- To encourage people to use alternatives to A&E and 999 when appropriate:
    - To encourage the use of local pharmacies

    - To increase the awareness of NHS 111
    - To inform people about improved access to GP and nurse appointments
- To increase the number of people getting their flu vaccination.
- To remind patients with repeat prescriptions to make sure they have enough medication over the Christmas period.

5.2 Key messages we will seek to communicate are:

- HELP US HELP YOU this winter
- Don't let a cough or cold slow you down this winter – be prepared and stock up your medicine cabinet
- Keep 999 and A&E for emergencies only
- If you are worried about an urgent medical concern, call 111 and speak to a fully trained advisor for help and advice.
- Visit your pharmacist for help and advice at the first sign off illness
- Get your flu vaccine to protect yourself and those around you / Protect your child with the nasal spray flu vaccine could be free for your child
- GP and nurse appointments are available in NWL seven days a week between 8am and 8pm. Ask your surgery for more information.

5.3 Key audience involvement

- NHS England has worked with the public to develop this year's campaign.
- NW London is working in partnership with our local CCG colleagues and providers across the NW London who are feeding in the needs and views of their residents.
- We will also have discussions with the NW London Lay Partner Group.

5.4 Timeline

5.4.1 The NW London campaign will support that campaign although many of our messages will run throughout the season, focusing on target audiences.

- Phase one (October – November): vaccinations and staff communication
- Phase two (November – February): 111, GP access and self-care

Conclusion

While there will always be winter pressures, it is possible to create robust and sufficient plans that can mitigate against the key risks and describe how the winter period will meet expected demand. Our winter plans in NW London cover the period from the 3 December 2018 until 23 April 2019 (Easter holiday). However, it is expected that local systems will continue to build on these plans following a review of Christmas and New Year demand and to help support systems meet locally agreed trajectories throughout the following months.

While NW London is not yet consistently meeting the operational standard for A&E waiting times - *95% of patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department* – all four AEDB systems are working towards delivery of 95% of all type performance by March 2019.