# Agenda

West Dunbartonshire
Health & Social Care Partnership

# West Dunbartonshire Health & Social Care Partnership Board

**Date:** Wednesday, 13 November 2019

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**Time:** 14:00

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**Venue:** Civic Space, Council Offices, 16 Church Street, Dumbarton

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**Contact:** Gabriella Gonda, Committee Officer
Tel: 01389 737183 Email: gabriella.gonda@west-dunbarton.gov.uk

Dear Member

**ITEM TO FOLLOW**

I refer to the agenda for the above meeting which was issued on 1 November and now enclose copy of Appendix One for Item 9 which was not available for issue at that time.

Yours faithfully

**BETH CULSHAW**

Chief Officer of the Health &
Social Care Partnership

Note referred to:-

**9 UPDATE ON DEMAND AND PERFORMANCE ON UNSCHEDULED CARE IN WEST DUNBARTONSHIRE, INCLUDING PREPARING FOR WINTER**

Submit Appendix One –
NHS Greater Glasgow & Clyde Winter Plan 2019/20 223 - 232

**Distribution:-**

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Senior Management Team – Health & Social Care Partnership

Date of issue: 5 November 2019

# NHS Greater Glasgow & Clyde
# Winter Plan 2019/20

**24/10/2019**

**Version: 5.0** [SG Submission]

NHS Greater Glasgow & Clyde
East Dunbartonshire Health & Social Care Partnership
East Renfrewshire Health & Social Care Partnership
Glasgow City Health & Social Care Partnership
Inverclyde Health & Social Care Partnership
Renfrewshire Health & Social Care Partnership
West Dunbartonshire Health & Social Care Partnership

**Winter Planning Executive Lead:**

Jonathan Best, Chief Operating Officer – Acute Division
Susanne Millar, Chief Officer (acting), Glasgow City HSCP (on behalf of all GGC HSCPs)

## Introduction

This year's Winter Plan has been formulated within the context of a continuing increase in demand for Emergency Care. It reflects collaborative action between the six HSCPs and 3 Acute Sectors, building on the lessons learnt from last winter.

The Board's performance against the 4 hour Emergency access standard has been challenging over the summer period with the year to date position for August being 88%. This contrasts with the end of year position for 2018/19 of 90.3%

In formulating our plan, we are mindful that in addition to continuing high levels of demand, our preparations need to take into account:

- Sustaining our trajectories for planned care to meet the National Waiting Times Plan
- The potential impact of a BREXIT "no deal" on our supply chains across the health economy
- Contingencies in the event of a serious flu outbreak
- Continuing financial challenges

The measures outlined in this plan include specific actions and additionality of service that are put in place every year but also continuous service improvement and change, led by the Sector Unscheduled Care Improvement teams in accordance with the National 6 Essential Actions approach.

Following last winter, an explicit aim was to build a more systematic approach to cross-system improvement and Winter Preparation. A "Winter Workshop" took place in June, identifying a programme of actions. This work is also being aligned with the NHS GGC transformation programme "Moving Forward Together", of which Unscheduled Care is one of the six work streams. The aim of this work is to translate a strategic blueprint into service delivery that includes the development of the GGC wide HSCP Commissioning Plan for Unscheduled Care.

This Winter Plan represents a position statement of where we are in developing and improving our services whilst providing focus to ensure readiness for the expected seasonal challenges.

**Performance & Demand**

1. Our performance against the 4 hour Emergency Department (ED) target to date is 88% (to August), a 4.0% fall in performance compared with the year to date figure for the previous year (92.0% April to August 2018).

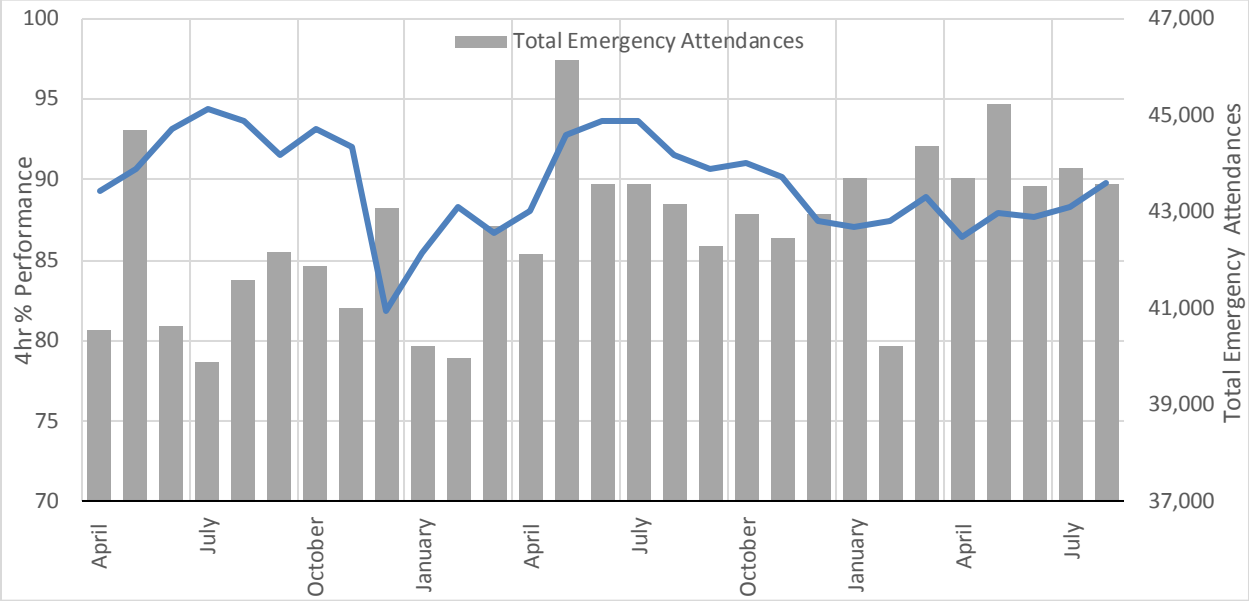


Table 1: GGC Monthly ED Performance and Emergency Attendances April 2017 to August 2019

2. During this period, there has been a sustained increase in demand. The first 5 months of this year has seen a 1.0 % increase in emergency attendances (ED and Assessment Unit) compared to the same period last year.

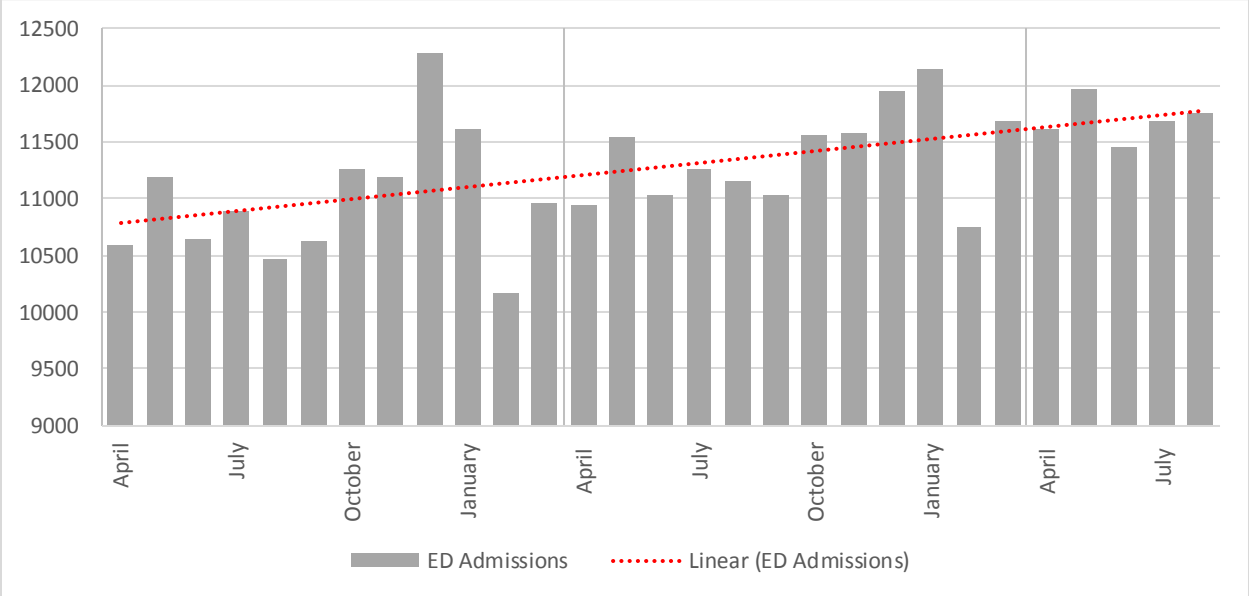


Table 2: GGC Monthly Emergency Admissions April 2017 to August 2019

3. Emergency admissions to hospital have also increased compared to 2018/19 by 3.8% year to date. This increase in demand is a major concern for our services and places pressure on our hospital capacity, workforce and beds, to address.

4. The number of people who are awaiting discharge increased during 2018/19 and has not reduced. The impact on beds rose by a daily average of 82 during 2017/18 to daily average of 108 during 2019/20 (Apr to Jul).

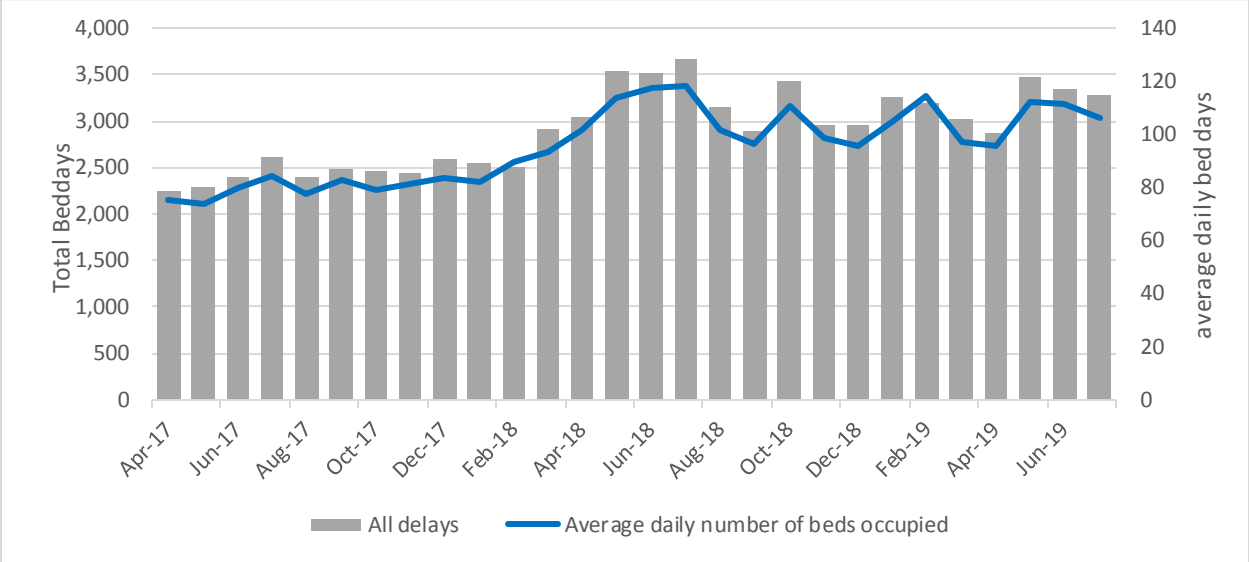


Table 3: GGC Monthly Delayed Discharges Apr 2017 to July 2019

5. Analysis of performance against demand demonstrates the challenge to achieve and sustain the 95% ED target against a backdrop of continuing increases in demand. Our acute bed capacity needs to accommodate the demands of planned care, to deliver the National Waiting Times Improvement Plan, as well as unscheduled care.

6. Implementation of Complex Continuing Care policy saw the closure of beds in facilities such as Mearnskirk in the spring, albeit offset by community based alternative approaches to meet the needs of those patients. We have also seen a fall in performance on delayed discharges adding to pressure on bed capacity. For patients described as 'adults with incapacity' (AWI), legislation requires consent prior to discharge downstream to non-acute accommodation. Our practice in Glasgow is subject to a current legal challenge which, if successful, would imply significant delay with corresponding implications for bed availability.

**Reducing Attendance**

7. We are developing strategies to redress the continuing increase in presentations to our emergency departments. Changing expectations of the public is a challenging agenda. The evidence base of successful programmes is limited and dependent on understanding the different characteristics of users of ED and a long term approach. Critical to changing behaviours will be convincingly demonstrating that the benefits of alternative services are more responsive and effective than attending ED. Not all ED attendances are genuinely emergencies and developing responses in other services or in planned care will be integral to this.

<u>Redirection</u>

8. Last year, we adopted a refreshed Redirection Protocol that empowered staff at the front door to direct patients with a range of conditions that are not "emergency" to alternative services such as community pharmacy. The policy has modest aims and fits with guidance from the Royal College of Emergency Medicine guidance. This will be further supported with an explicit communications programme advertising the positive benefits that community pharmacy offers.

9. We will continue with work to ensure better utilisation of our Minor Injury Units (MIU) at the Stobhill and the New Victoria Hospitals, diverting patients from the QUEH and GRI. In addition, we are exploring the potential to create dedicated MIU areas at the QEUH and GRI. This work is also supported by Scottish Ambulance Service colleagues.

10. Further work to understand ED demand is developing and will include a balance between public messaging and developing effective alternatives for specific cohorts of patient demand. We have successfully tested the impact of Musculoskeletal Physiotherapists (MSK) in ED to manage patients and in the immediate short term will continue to ensure they are part of the ED multidisciplinary team. We also intend to explore improved access to Community MSK services in manner that can be communicated to the public as a better, more appropriate alternative.

11. Because of the influence that health professionals have on patient decision-making, we will develop a specific campaign aimed at primary care, including GP surgeries, community pharmacy, optometrists and dentists to support them to give appropriate advice.

Frequent ED attenders

12. Patients who repeatedly attend ED more than 5 times over a 12 month period account for 7% of all attendances. Work has been progressing with HSCPs to identify these "frequent attenders". Patient lists have been analysed to identify common characteristics that may offer possible interventions and deliver more appropriate care. Our experience echoes the research base indicating that many of these patients have chronic conditions and may be users of mental health and addictions services.
HSCPs are working with Primary Care to more systematically support these patients with bespoke care plans.

13. The Board routinely promotes the "Know who to turn to" messaging throughout its corporate social media platforms. We will add to this specific messaging on Out of Hours and over the holiday season. Additional actions will include:

    - A national on air and online radio campaign will be backed by funding from the Scottish Government. Key messages will be to 'Meet the Experts' and encourage people to make use of the local 'experts' within minor injuries units, pharmacies and mental health for swift access.
    - The radio campaign will be backed by a suite of 'Meet the Experts' videos on NHS Greater Glasgow and Clyde's social media channels which already have a proven record in promoting alternatives to ED. The videos cover minor injuries, mental health, pharmacies and self-care.
    - In preparation for the public holidays, we will deliver a social media campaign encouraging people to be prepared for the holiday period, support the NHS 24 'Be Health Wise' campaign through our social media channels and website and produce our annual winter booklet on accessing services over the holiday season in print and online.

GP Out of Hours (OOH)

14. To better target the utilisation of our GP OOH service, we are strengthening capacity with the appointment of salaried GPs and are working closely to with NHS 24 to match rosters with anticipated demand. 10% of the c. 2 million attendances annually are 'walk-ins', people who do not contact the NHS prior to attending. A social media campaign has been launched to encourage people to call NHS 24 first to help us to help them be directed to appropriate services. Professional to professional support is also being phased in, starting with community nursing who will be able to contact GPs directly.

**Managing/Avoiding Admissions**

Anticipatory Care Planning

15. NHS GGC has placed care planning as a core feature of ensuring our patients receive person-centred care according to the principles of Realistic Medicine. Developing Anticipatory Care Plans (ACPs) with patients and the carers means that at the time of need, there is better understanding of the patient's preferences to help inform decisions, particularly towards the end of life. They can inform decisions on admission to hospital and reduce the likelihood of over testing.

16. A summary ACP document has been developed in partnership across all six HSCPs to ensure a standardised approach to summarising ACPs and sharing these with GPs to inform Key Information Summaries (KIS). This summary includes the Rockwood Clinical Frailty score which facilitates assessment of patient needs. Over the autumn period, we will:

    - Complete a programme of awareness sessions across the Board
    - Launch an electronic format of the summary ACP to enable access digitally through the Clinical Portal.
    - Develop reciprocal work to launch a digital care management escalation plan on Trakcare within the Acute Sector, starting with older people.

Care Homes

17. Approximately 4% of Admissions come from Care Homes. Improving the interface between care homes and hospital at time of need will improve the quality of care patients receive and enable potential admissions to be managed more effectively or averted.

18. Over the last 18 months, identification of patients from care homes who have been admitted to hospital has been supported by the launch of a real-time dashboard, enabling the targeting of discharge support. This has been accompanied by a drive to ensure all patients have an Anticipatory Care Plan (ACP) and the roll out the "Red Bag" scheme [Bags containing patient's care planning documentation and personal effects that accompany the patient into hospital].

19. Further tests of change are being explored with care home providers to determine additional means of supporting patients without admission to hospital.

Enhanced Pathways

20. Conditions that generate high volumes of admissions have been targeted for development work to determine *Enhanced Pathways* with defined interventions aimed at supporting management in the community, reducing unplanned admissions and expediting discharge. Foremost in this agenda has been COPD and heart failure but good progress has also been made with respect to falls, cellulitis, Frailty and UTI.

21. For COPD, the key interventions are:

    - Identification of "at risk" patients: The Glasgow Community Respiratory service maintains a register of patients, works with primary care to ensure patients are supported in their own home and have an ACP.
    - A real-time dashboard has been developed to alert respiratory teams when a patient has been admitted. Increased specialist respiratory nurse capacity enables targeting of patients to support discharge directly from the Acute Receiving Units.

- A "Discharge Bundle" has been established on Trakcare to enable criteria led discharge and link back to the ACP for community follow up.

Next steps:

- Roll out across GGC of "Emergency Meds" process enabling Community Pharmacy to prescribe directly (in place of GP/ED attendance). Introduced in Renfrewshire HSCP during 2018/19 and based on established practice in other Health Boards.

22. Patients discharged following diagnosis of Abdominal Pain accounted for over 6200 admissions during 2018/19, the highest single diagnostic cohort. Most of the patients do not require surgery, have very short hospital stays and suit an ambulatory pathway with rapid diagnostics. The RAH has a well-established ambulatory pathway and we aim to introduce this in the GRI and QEUH for this winter.

Professional to Professional Advice

23. The potential to divert patients into alternative pathways in place of admission is being developed through exploration of "Professional to Professional" support. Last winter, "Consultant Connect" was introduced for a limited range of specialties [Cardiology, Care of the Elderly, Acute Medicine and General Surgery] and GPs in the South Sector. The service provides enhanced telephony which enables the caller to be rapidly connected to specialist advice. The package includes the facility to measure outcomes. Early evaluation indicated that it was used effectively to prevent admission. The service is to be continued for a further year, extended to the GRI and RAH with more specialties and broader catchment of GPs.

24. We will be working with the Scottish Ambulance Service to support paramedics on specific pathways with the intention of introducing a COPD pathway that avoids need for conveyancing to hospital. Following this, we will consider other pathways such as falls and frailty where there is an established alternative to admission.

**Reducing Length of Stay**

25. The Day of Care Audit in May recorded continuing high levels of bed occupancy at 96% (up from 89.5% in October 2018), 14.2% of patients did not meet the Day of Care criteria comparing favourably to a national rate of 39%. This indicates that whilst there is still scope for improvement, our processes enable discharge without undue delay when clinically ready. The potential bed capacity released from continued improvement is considerable.

26. The Acute Division has reviewed processes to improve management of inpatient length of stay. In January a new Standard Operating Procedure was agreed for Expected Dates of Discharge (EDD) as recorded on Trakcare, the purpose of which is to ensure all elements of clinical management and discharge are co-ordinated in a timely manner. Based on a person's individual care and needs, the EDD should help multi-disciplinary teams to proactively plan and action a patient's discharge from the start of their admission.

27. A process is now in place across each of the main acute sites whereby weekly compliance is monitored by senior management. This is supported by a micro strategy dashboard providing real time status. Compliance and accuracy of EDDs has improved considerably enabling improved decision-making on bed management capacity. Across sites, wards with patients with extended length of stay are now surveyed by senior management weekly to confirm care plans are in place and issues are being escalated appropriately.

28. From a partnership perspective, HSCPs have focused attention and invested in in-reach services to commence discharge planning early with acute colleagues. Teams are co-located on acute sites. The utilisation of real-time dashboards is allowing community teams to identify patients early during their admission hence bringing forward discharge arrangements. Approaches such as "Hospital to Home" (East Renfrewshire), "Home 1st" (Inverclyde) and "Home for me" (East Dunbartonshire) are examples of dedicated

multidisciplinary teams including AHPs, Elderly Care Advanced Nurses or Specialist Nurses focused on closer working with hospital teams to address unnecessary delays.

29. Closer working between acute services and social care to resolve the reasons for delay is being supported by the improvement of real time management information. Better understanding of spikes in demand indicates processes may be the issue rather than real underlying demand, particularly around holiday periods. Batching of referrals is another symptom of process delays which may be remedied by changes to operational procedures. Work will continue on these process issues and related differences in thresholds to risk that obstruct effective discharge

**Focus on flow through Acute Care**

30. Last winter, the Acute Division approved investment to establish Flow Hubs on each of the main sites. These are now in place with new roles and operating procedures developed and being embedded. Demand & Capacity Managers keep an overview of ED performance, anticipating the potential requirements of patient flow for beds. Key tasks for demand and capacity managers include:

- Lead 2hr Safety pauses, providing overview of site performance
- Co-ordinate and escalate capacity issues through the management structure
- Lead hospital huddles at weekends and at times during the week if appropriate and delivers leadership, safety focus and escalation guaranteeing the huddle delivery and scrutiny process
- Ensure implementation of agreed AU protocol and decompression policy.

31. Additional Bed capacity is critical to maintaining flow during the periods of high demand. Last year an additional 166 beds were opened for the duration of the Winter, extended by a further 66 beds at times of extreme pressure.

| | Plan | In extremis | Total |
|---|---|---|---|
| South | 50 | 50 | 100 |
| North | 32 | | 32 |
| Clyde | 84 | 16 | 100 |
| **Total** | **166** | **66** | **232** |

Table 4: Additional 'Winter' Beds 2018/19

32. The plan for this Winter will be:

| | Plan | In extremis or Weekend only | Total |
|---|---|---|---|
| South | 46 | 42 | 88 |
| North | 51 | | 51 |
| Clyde | 59 | 30 | 89 |
| **Total** | **156** | **72** | **228** |

Table 5: Additional 'Winter' Beds 2019/20

33. Glasgow City HSCP have confirmed that existing Step Down Intermediate Care bed capacity will be extend by 10%, bringing the total for the city to 99.

34. Additional Rapid Response Transport (British Red Cross) will be provided to support discharge and improve release of beds in the acute system.

**Workforce**

35. The fall of the Festive Public holidays on Wednesdays and Thursdays this year with Friday as a 'normal' working day before the weekends runs the risk of being perceived as 5 day slow down on each week. Our staffing rotas are being planned with this mind to mitigate any impact.

36. Within the Acute Sector, pending agreement of financial resources additional staffing will be targeted at:

- A&E and the Acute Assessment Units to ensure sufficient senior clinical decision makers are available at peak times during early evenings and weekends.
- Inpatient Consultant capacity to deliver additional ward rounds at weekends
- AHP capacity to expedite assessment, treatment and discharge planning
- Dedicated boarding teams, multi-disciplinary teams to ensure continuity of care at times of peak pressure for patients who cannot be accommodated on the appropriate specialty ward
- Extended Pharmacy hours into early evening and weekend cover
- Diagnostics

37. HSCPs have confirmed their priority around Home Care responsiveness. Learning from profiles from last winter, each HSCP has plans to ensure Home Care capacity is targeted and available when most required. Experience last year indicated that additional capacity at weekends was not consistently utilised hence provision will vary across HSCPs.

Planned Care / National Waiting Times Plan

38. We will continue to seek to maximise the overall elective programme during the winter period with specific emphasis on maintaining the Orthopaedic Programme. During the festive period and the initial two weeks of January we will focus on prioritising cancer and urgent patients as well as utilising fully Day Case and 23 hour stay capacity. This will include maximum use of theatres and bed capacity on sites which are not the main acute receiving sites.

Seasonal Flu

39. NHSGGC's Staff Flu Vaccination Programme works to maximise vaccination uptake amongst staff; giving them, their patients, friends and family the best protection against flu this winter.

40. As per previous years, delivery methods include mass flu vaccination drop-in clinics, peer vaccination and appointments at Occupational Health. This year's programme of mass staff flu vaccination drop-in clinics commences on 1st October.

41. Efforts to increase the number of areas offering peer vaccination have been strengthened through close working with nominated leads identified by NHSGGC Corporate Management Team, with the aim of increasing the number of staff vaccinated through this route.

42. A new online registration system for staff and peers has been developed this year with the added functionality of text reminders. The new system will allow for improved monitoring and reporting which will be available to managers though local Workforce Dashboards. Uptake

will be monitored on a daily basis with regular reports provided to key stakeholders to inform any reactive measures necessary.

43. Point of Care testing for Flu is now embedded within our ED and Assessment Units, building on the learning from previous years.

44. The Public Health Protection Unit will support Primary Care on diagnosis, anti-viral treatment and flu immunisation. New this year will be a pilot with community pharmacies offering flu vaccine to eligible adults. Care homes are also supported to promote vaccination and encourage uptake in residents and staff. Routine surveillance, utilising the Health Protection Scotland weekly reports, is embedded into daily practice. Local outbreaks in locations such as schools, prisons and care homes are actively managed to minimise the spread and potential impact on secondary care.

| Eligible Groups | Average Uptake Rate 2018/19 (2017/18) | Range | National Uptake Target |
|---|---|---|---|
| 65 yrs and over | 73.7% (73.9%) | 55.7 - 86.7% | 75% |
| < 65 yrs & 'at risk' | 43.0% (45.6%) | 10.5 – 69.9% | 75% |
| Children 2 – 5 yrs | 54.3% (54.7%) | 11.6 – 111.9% | 65% |
| Pregnant Women (not in another clinical risk group) | 52.4% (54.2%) | 20.9 – 100% | - |

Table 6: Flu Vaccination uptake 2018/19

Preparation for and Implementation of Norovirus Outbreak Control measures.

45. The national flu campaign will be supported with local press releases and case studies. The Board's staff campaign to increase uptake of the flu vaccination programme amongst healthcare workers with a particular focus on recruiting peer immunisers is up and running.

46. Board procedures for the management of Norovirus and infection control are firmly embedded and supported by IPCT training. There is close working with local Infection Prevention and Control staff and all receiving units to ensure policy and procedures are up to date.

47. Communication of issues are part of daily 'huddle' processes, with escalation to Board Directors and across the broader heath community with HSCPs, GPs and nursing homes. The Press Office is included and will be part of any outbreak control meeting where consideration of public messaging is necessary.

BREXIT

48. The uncertainty caused by BREXIT is a further consideration for Winter Planning. The Board Brexit Readiness Steering Group has scoped the major risks associated with Brexit and the mitigating actions which need to be taken in the short to medium term. Broader work with HSCPs is looking specifically at the risks posed within the independent sector and the potential impact on the NHS and Health and Social care:

- Impact on non UK EU nationals working within the NHS and care sectors
- Supplies of medicines, clinical consumables and disruption to supply chains in general
- Risk of closure of independent sector organisations and suppliers due to economic challenges.