Brent	**Community and Wellbeing Scrutiny Committee** 24 March 2021
	Report from the North West London Collaboration of Clinical Commissioning Groups

A&E Performance at Northwick Park and St Mary's Hospitals

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	Appendix 1 - Elective surgery and cancer performance at Northwick Park and St Mary's Hospitals
Background Papers:	0
Contact Officer:	Jonathan Turner, Borough Lead Director, Brent CCG Jonathanturner2@nhs.net 0794 725 4871

1.0 Purpose of the Report

1.1 To provide accountability for the performance of Accident and Emergency (A&E) services at two local hospitals against key national standards, and provide the scrutiny committee with assurance that pressures on services in recent years have been managed, and the present challenges of the Covid 19 pandemic for A&E are being managed and addressed.

To update the committee with information about changes to national standards piloted at one of the hospitals, and the implications for A&E from changes to the health economy.

2.0 Detail

2.1 National Standards

The NHS Constitution contains the pledge that all attendances at an Emergency Department should involve 'a maximum 4-hour wait in A&E from arrival to admission, transfer or discharge'.

The 4-hour measure was introduced in 2004, the standard was initially set at 100% but the standard amended to 95% in 2010.

It was recognised that the A&E 4 hour standard has had a transformational impact, but it has limitations.

In June 2018 there was a clinically-led review of NHS access performance metrics. New emergency care standards are being piloted at 14 Trusts nationally, including Imperial College Healthcare NHS Trust (ICHT). All Trusts involved in the pilot are not yet able to report performance publically.

The recommended new emergency care standards from the pilot are below:

Service	Measure	Rationale
Pre-hospital	999 category 2 Response Time - 90th centile	Measure of efficiency of pre-hospital response. Category 2 calls include a number of critical conditions that are also covered in the Critical Time Standards so this ensures that those patients are appropriately managed from the moment 999 is dialled.
	Conveyance rates to Emergency Departments by 999 ambulances	Measure of efficiency of pre-hospital response. Reducing avoidable conveyance to Emergency Departments is a key contributor to avoiding nosocomial infection, and alternative pathways of care including treatment at scene, referral to appropriate services or conveyance to an alternative care setting can all reduce conveyance.
	Percentage of interactions with NHS 111 receiving clinical input	Measure of effectiveness of local Integrated Urgent Care Services. We know it is important that there is clinical oversight of 111 calls in order to make sure patients are appropriately triaged and signposted to the right local service for their needs.
A&E	Percentage of Ambulance Handovers within 15 minutes	Measure of efficiency and flow into Emergency Departments. It is essential that patients can be quickly transferred into the care of hospital teams to ensure that treatment can be initiated quickly and ambulances can be released back onto the road in order to deal with new emergencies.
	Time to Initial Assessment - percentage within 15 minutes	Measure of efficiency of streaming and triage of patients. This provides assurance that patients needs are quickly assessed and in order that they may be treated in the right place and at the right time.
	Mean Time in Department - non-admitted patients	Measure of efficiency of A&E Services. While we want to ensure the sickest patients are treated most quickly, it is also important to ensure that efficient services are provided for patients who do not require admission into hospital. This is important in ensuring departments do not become crowded.
Hospital	Mean Time in Department - admitted patients	Measure of efficiency of hospital services. It is important that those patients requiring ongoing acute hospital care spend no longer in emergency departments than is necessary.
	Clinically Ready to Proceed	Measure of efficiency and flow out of the Emergency Department. In order to ensure patients receive timely onward care and to reduce crowding in departments it is vital that there is continuous flow out of Emergency Departments into acute / general medical and specialty services.
Whole System	Percentage of patients spending more than 12 hours in A&E	There is no valid reason why any patient should spend more than 12 hours in an A&E department. Any incidence of patients spending this length of time in A&E is suggestive of wider system problems as patients are unable to be transferred to services more appropriate for their needs.
	Critical Time Standards	Measures of the effectiveness of services for the critically ill who require immediate assessment and treatment in order to ensure good clinical outcomes. These services are not just delivered by Emergency Department, but also by wider specialist hospital services.

A consultation on the new standards took place in December 2020.

2.2 Local A&E Services

Brent has a number of urgent and emergency care services. The two most used A&E departments are at Northwick Park Hospital on the border between Brent and Harrow in the far north of the borough, and at St. Mary's in Paddington, which patients in the south of the borough tend to access more. There is also the A&E department at the Royal Free Hospital in Hampstead, which some of the patients in the east of the borough sometimes access. These are all major consultant-led units that are open 24 hours per day, 7 days per week all year round.

For type 2 (specialist A&E services) there is an emergency department at the Western Eye Hospital in Marylebone, which is run by Imperial College Healthcare NHS Trust. This operates between the hours of 8.30 until 20.30.

Type 3 attendances relate to urgent treatment centres. The departments at Northwick Park both have Urgent Treatment Centres, which are primary care-led organisations that are able to filter out conditions that do not require the support of a full-service A&E department. They are trained to deal with common ailments that people tend to attend at A&E departments for. At Northwick Park, the UTC is run by Greenbrook Healthcare and at St. Mary's the UTC is run by Vocare Group. These UTCs are a "front-end" to A&E and patients who do not arrive in an ambulance will first be triaged at the UTC to check whether they can be seen there, or whether they need to go through to A&E. Patients arriving by ambulance arrive at the ambulance "pit-stop" in A&E. The UTCs are open 24/7 in the same way that the A&E departments are.

Additionally, there is a UTC at Central Middlesex Hospital that operates from 8am until midnight. However, there is no A&E department at CMH. This is also run by Greenbrook Healthcare.

NHS 111 services and GP Out of Hours services are working together as part of an integrated urgent care model, which allows for improved streamlining, so that patients are able to access services in the right place and at the right time.

How Services Changed as a Result of the Pandemic - Imperial College Healthcare St Mary's Hospital: Urgent and Emergency Care During Covid-19 Second Surge

The usual demands of the winter period on urgent and emergency care were magnified this year because of additional prevention and control measures for Covid-19 during the second surge in hospital admissions – especially physical distancing. We streamlined care in our A&E departments to avoid unnecessary delays and crowding.

Our largest number of Covid-19 positive patients during the second surge was on 20 January 2021, when we were caring for 492 patients who had tested positive for Covid-19 on their current admission. One hundred and thirteen of these patients were being cared for in intensive care.

In response to increasing demand across London, especially since early January 2021, we expanded our intensive care capacity significantly, up to 150 beds. As well

as expanding our permanent adult intensive care units and acute respiratory units across all three main sites, we transformed most of our children's intensive care unit at St Mary's into an adult unit (while the majority of children's intensive care was consolidated temporarily at Great Ormond Street Hospital) and created additional intensive care units at each of our three main hospital sites.

With greater clinical understanding of Covid and more treatments available, we have been able to care for more patients on general acute wards during this second wave of infections. This has put more pressure on our wards, with up to 23 wards set up to provide care for Covid-positive patients. Our capacity expansion has relied on almost 1,000 staff being able to take on temporary new roles, for some or all of their time. In addition, we were very grateful to clinical staff from the military who, under the supervision of our clinicians, are helping to run one of our additional intensive care units at Hammersmith Hospital. We have also had to postpone all but time-critical planned care for January and February.

We have worked hard to ensure safe and high quality care for all patients, putting in place a wide range of infection prevention and control measures, including physical distancing and pathway separation within our A&Es and wards, regular inpatient testing, enhanced cleaning, careful compliance with personal protective equipment requirements and combining an expanded reception service with dedicated hygiene stations and support at key entrances. We also ensured we optimised the 'flow' of care, expanding our 'same day emergency care' to avoid unnecessary hospital stays and working closely with partners to ensure patients who were well enough to be discharged from hospital had the support in place to be discharged promptly.

We made a number of adaptations and improvements within our urgent and emergency care services, supported with £1.4m additional capital funding to enable estates work where necessary. The developments include:

- Improving facilities for mental health patients at both St Mary's and Charing Cross hospitals
- Providing more 'same day emergency care' to avoid unnecessary admissions
- Repurposing office space to provide more clinical assessment areas at St Mary's across both the paediatric and adult A&E
- Additional access to GP care at Hammersmith Hospital to support 111 referrals
- Investment in software to enable us to offer more online – or remote – care
- Increasing 'fit to sit' space for patients who do not need lie down.

Since May 2019 our Trust has been part of the NHS England pilot testing new access standards for urgent and emergency care. Although this means we are no longer being monitored against the national 'four hour' target, we have committed to treating and discharging all 'non-admitted' patients within three hours and admitting 'admitted' patients within four hours. We also became part of the NHS 111 First approach from 1 December 2020.

2.3 A&E attendances

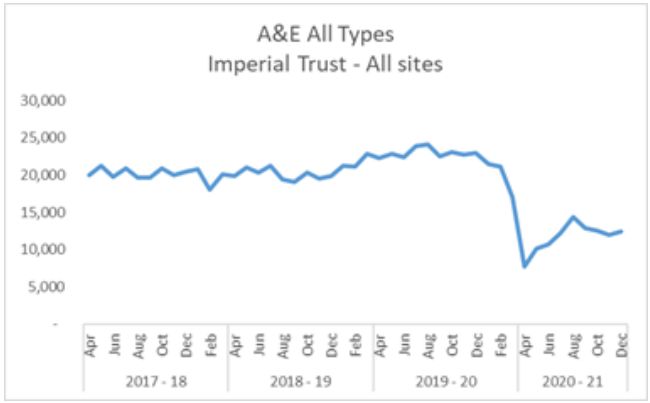
The graphs below show that the number of A&E attendances at both Trusts reduced significantly at the start of the pandemic, and then increased somewhat during the summer of 2020 as COVID levels subsided – however activity has not yet returned to pre-Covid levels. During the pandemic, COVID-related attendances increased, whilst non-COVID related attendances decreased. We can also see that where data for January and February 2021 is available, activity dipped again as wave 2 of the pandemic resurged.

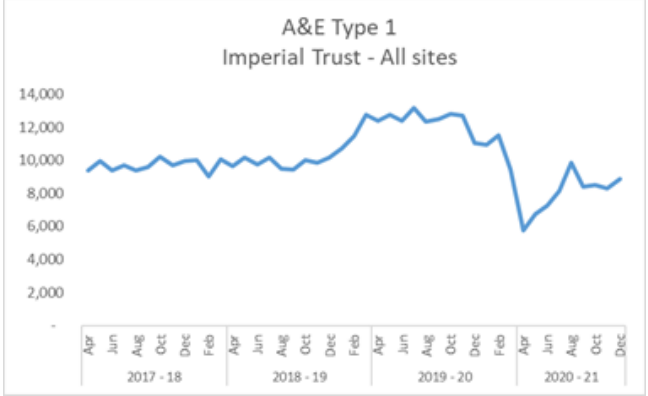
COVID-19 has led to significant changes in the way people are using NHS and social care services, and emergency care is no exception.

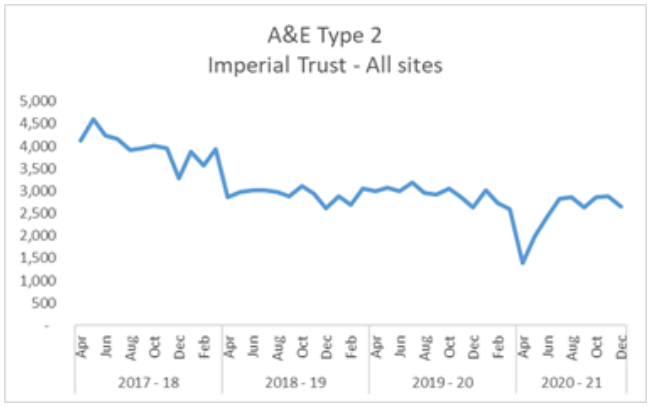
Likely reasons behind the changes include changes in how NHS services operate, changes in patient behaviour and changes in the prevalence of conditions. For example, nationally there has been a big reduction in the number of minor injuries such as sprains/ ligament injuries and muscle/tendon injuries. This may reflect the changed conditions of the lockdown and the lack of availability of opportunities for recreational activities, or reductions in movement of people. Part of the reason is likely to be concern about COVID-19 and people choosing to stay away from A&E when they have less serious conditions. They may also be keener to access alternatives such as GP practices or extended access hubs.

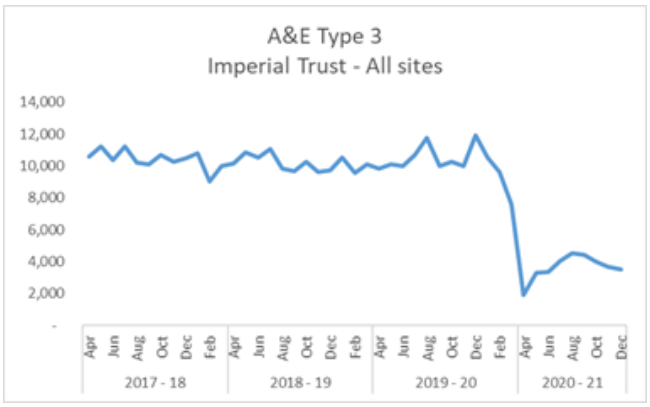
The pattern of A&E attendances (type 1) are shown below for the last 4 years of data available:

Imperial A&E attendances (validated):



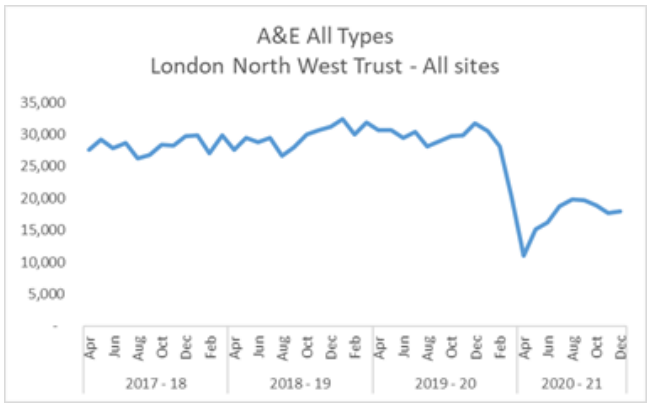


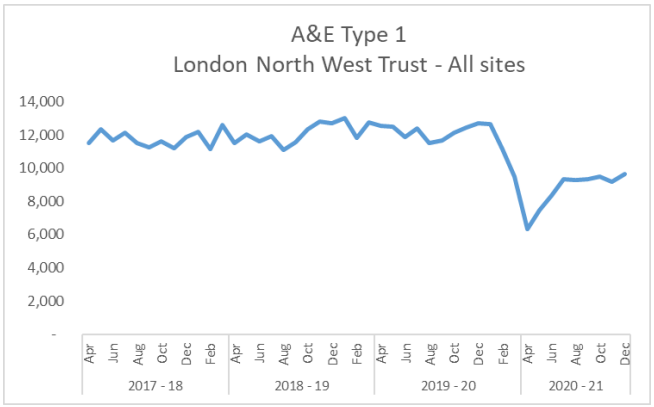


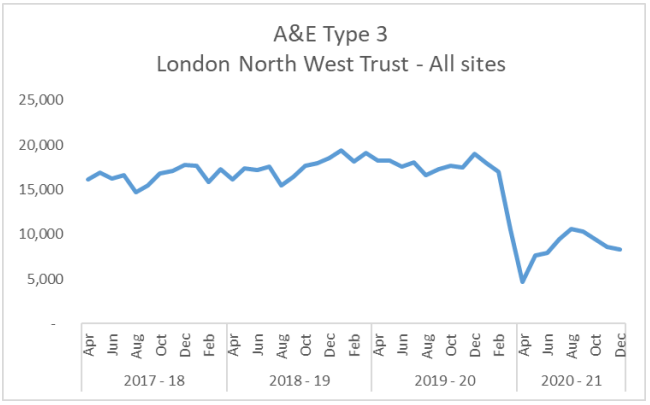


Data Source: *NHSE Joint Activity Report (JAR)*
Caveats: *Validated / Not available at site level*

London North West A&E Attendances (validated):



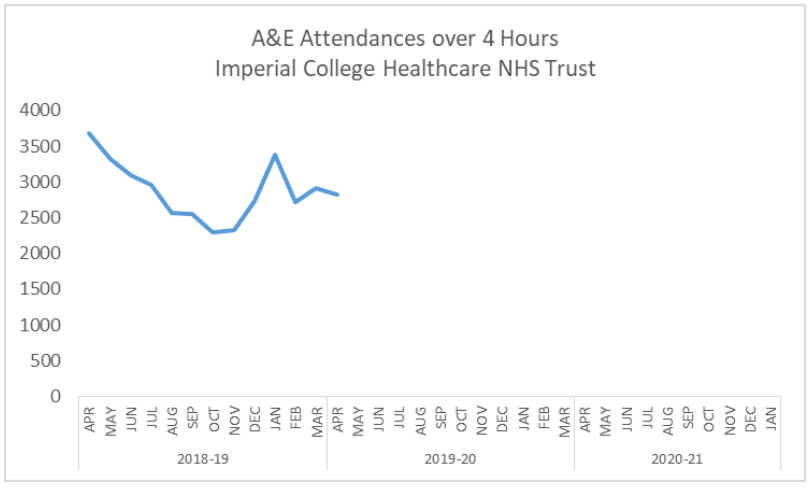


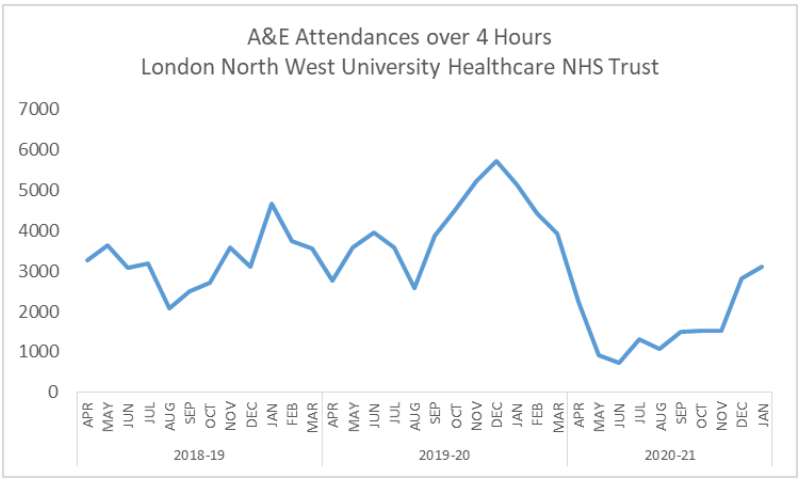


Data Source: *NHSE Joint Activity Report (JAR)*
Caveats: *Validated / Not available at site level*

A&E Attendances over 4 hours (validated):

The 4-hour A&E waiting target is a standard set out in the NHS Constitution. The operational standard is that at least 95% of patients attending A&E should be admitted, transferred or discharged within four hours. The Imperial data for this metric stopped being collected from April 2019/20 onwards due to participation in a national pilot for new emergency care standards. Site level data is not available for the 4-hour wait. The data is showing a large reduction at LNWHT of A&E attendances over 4 hours from the start of the pandemic, which is presumably due to the lower volume of A&E attendances overall. As we went into the winter of 2020, the numbers started to increase, but never returned to the highs of the pre-pandemic levels.

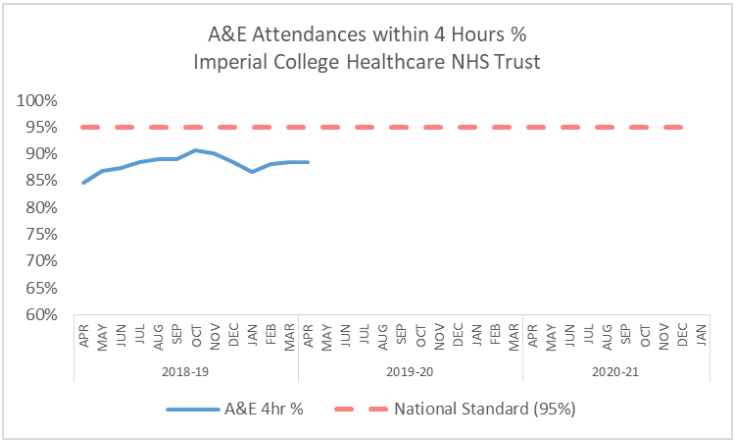


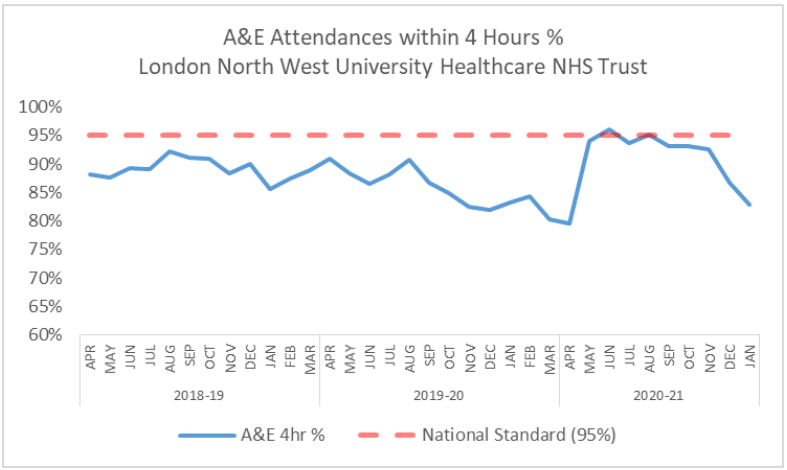


Data Source: *NHS Statistics, A&E Attendances and Emergency Admissions*
Caveats: *ICHT stopped reported in 19/20 due to pilot of new emergency care standards*
Provider-level data only, site-level data not available in national dataset

% of A&E Attendances within 4 hours (validated):

With regard to the A&E attendances within 4 hours, this took a dip as we first entered the pandemic in February and March 2020, but then increased significantly during May and into the summer as the first wave reduced in size but numbers of A&E attendances continued to fewer than pre-pandemic levels. The percentage then started to dip again during the pressures of wave 2 of the pandemic in December 2020 and January 2021.





Data Source: *NHS Statistics, A&E Attendances and Emergency Admissions*
Caveats: *ICHT stopped reported in 19/20 due to pilot of new emergency care standards*
Provider-level data only, site-level data not available in national dataset

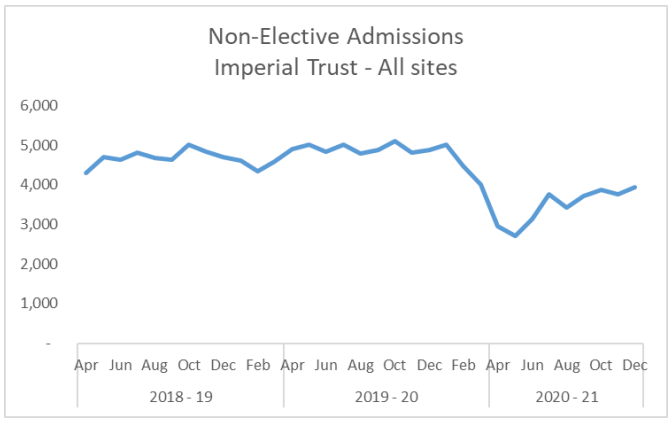
In the 34 months between April 2018 and January 2021 LNWHT achieved the 95% standard in 2 months – June 2020 and August 2020.

LNWHT currently has the best performing A&E services against the 4 hour-target in the whole of England as of March 2021, which is a combined figure for the Northwick Park site and the Ealing Hospital A&E departments. LNWH has also moved to no.3 nationally (Emergency Care Intensive Support Team UEC Dashboard), the two trusts that are above LNWH are children sites (Sheffield children & Alder Hey). The trust has also been recognised for its improvement in Hospital-level Mortality Indicators nationally from October 2019 to September 2020 – No. 7 in London. The length of stay performance continues to improve: 10% occupying a bed 21+ days (sector range 10% to 29%) and 20% occupying a bed 41+ days (sector range 20% to 39%). Staff survey – percentage response the highest level since the start of the survey plus more staff recommended the trust as place to work.
The Trust combined performance against the 4 hour A&E standard was 94.7% in Feb 21. The Trust's 4 hour A&E standard rose to be the highest performing in London and rated between 3rd and 7th nationally for weekly emergency care performance as per the Emergency Care Intensive Support Team Urgent & Emergency Care Dashboard. The 2020/21 year to date position is 91.7% compared to the 2019/20 year end position of 85.9%

2.4 A&E emergency admissions

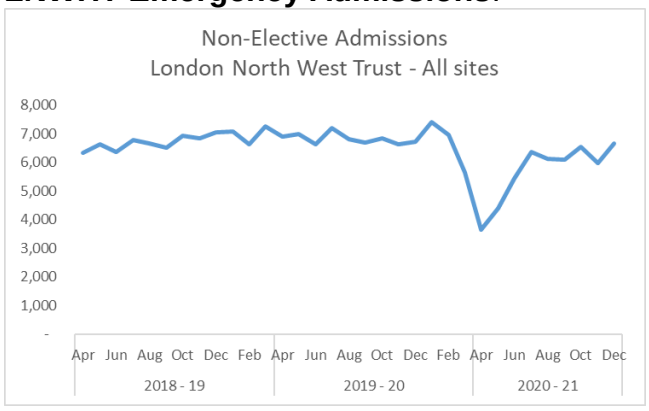
Emergency admissions are admissions that take place following an attendance at an A&E department. They are not planned admissions. The patterns in the graphs shown below indicate that admissions dropped during the initial wave of the pandemic in March 2020, and never returned to pre-pandemic levels. This is likely due to a number of factors, including an overall reduction in the number of A&E attendances and a higher threshold for admission during the peaks in waves, where a concentration of focus was required to manage COVID patients in ITU and on COVID wards.

Imperial Emergency Admissions:

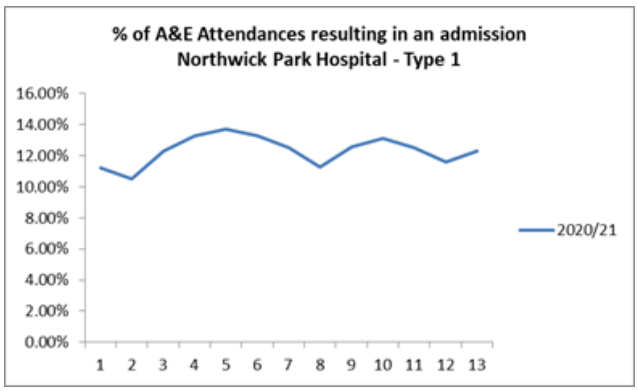


Data Source: *NHSE Joint Activity Report (JAR)*
Caveats: *Validated / only available at Trust level / unable to split at Type 1, 2 or 3*
Contains all emergency admissions, unable to identify emergency admissions via A&E in national dataset

LNWHT Emergency Admissions:



Data Source: *NHSE Joint Activity Report (JAR)*
Caveats: *Validated / only available at Trust level / unable to split at Type 1, 2 or 3*
Contains all emergency admissions, unable to identify emergency admissions via A&E in national datase



Data Source: *NWL Emergency Care Dataset; NPH Trust local data*

Caveats: Data only covers patients registered to a GP practice within the 8 NWL CCGs; NPH data excludes zero day admissions to SDEC and CDU

2.5 A&E demand

Primary and community care has stepped up to manage demand in A&E during the COVID pandemic.

During March 2020, the CCG set up a COVID Escalated Care Clinic, which sees patients with moderate COVID symptoms. GPs were able to support people with mild symptoms to manage their condition at home without needing further intervention. Those with moderate breathlessness and moderate reduction in oxygen saturations were managed by the COVID Escalated Care Clinic (otherwise known as the "Hot Hub") and treated by GPs operating to a North West London clinical protocol. Patients were monitored at home using pulse oximeters and the results reported 3 times per day to ensure that patients were not deteriorating and were making a good recovery. Escalation routes into A&E were set up. The ECC hub capacity and hours were flexed up and down to accommodate the peaks and troughs of COVID presentations, operating from 8am-10pm during the peak of waves 1 and 2.

Additionally, capacity at our Extended Access Hubs was increased, so that the number of sessions were doubled during weekends and the hours were extended during weekday evenings. The Extended Access Hub phone lines were made directly available to patients during weekends when the GP practice phone lines were closed.

During wave 1, the Extended Access Hubs also helped the 111 service to triage calls and to redirect them to a more appropriate setting when they did not need to be seen in an acute setting.

General practice has continued to be available during the pandemic, and although more appointments have shifted into virtual appointments, including telephone or e-consultations, general practice has remained open to see patients who need to have a face to face consultation or examination.

An enhanced level of support has been offered to care homes through Brent's "Enhanced Care in Care Homes" team. This has offered daily ward rounds of care homes to proactively care for patients and to avoid unnecessary admissions. Proactive asymptomatic testing of care home staff and patients has also been taking place to get a grip on any COVID infections that have started to limit their spread.

2.6 Patient Experience

The Friends and Family Test is the main way in which patient experience is measured for A&E departments. The outcomes below from February 2021 show that most people are satisfied with the performance of their A&E department. Slightly more people are dissatisfied with St. Mary's than with Northwick Park.

Feb-21 **A&E Friends and Family Test**	**Response Rate**	**Percentage Recommended**
Northwick Park Hospital	7%	88%
St Mary's Hospital	9%	82%
England	**9%**	**85%**

Data Source: Friends and Family Test, NHS England

2.7 A&E collaboration and the wider Integrated Care System (ICS)

Daily updates on A&E status, ITU capacity and pressures for each acute site have taken place via morning NWL Gold arrangements chaired by the Medical Director for Imperial. This has been followed by daily afternoon surge calls throughout the latest wave of the pandemic. Trusts have worked together as a 'system' with mutual aid agreements regarding LAS intelligent conveyancing arrangements where required. Given the improving position with regard to this latest wave of surge, these arrangements are currently reviewed.

Each site in NWL has operated 'red' covid ED areas and 'green' non COVID ED areas in order to minimise the risk of transmission throughout the pandemic.

Same day emergency care pathways have been maintained across all acute sites to support those presenting with specific ambulatory conditions to be seen, treated and discharged.

Direct booking from 111 into UTC/ED timed appointment slots, where an emergency department outcome has been indicated via 111 assessment, has also been established to reduce risk of overcrowding and nosocomial transmission of illness in waiting areas.

Urgent and emergency care is a key priority for the NWL Integrated Care System. The work is overseen by the NWL Acute Care Programme and the Urgent and Emergency Care Boards, of which all acute Trusts are represented.

<u>NWL Local Care Programme</u>

Covid Response working collaboratively with our partners. The following schemes have been in place to support flow and admission avoidance where possible.

- Discharge hub operating with established team– benefitted specifically from medical leadership in discharge process. There is NWL learning from the GP in reach work supported by MC Patel to assess potential for primary care to support discharge
- During the surge of wave 2 daily sector calls were set up between acute providers to support the management of Level 3, level 2 care through mutual aid as required. This included transfers of Level 3 patients to neighbouring organisations as well as working with LAS to manage conveyances to the sectors in the most effective safe way
- Covid Oximetry remote monitoring - delivered Virtual Ward, including clear pathway of ED referrals to Hot Hub for Covid @ Home
- Opportunity for extending remote monitoring approach to other LTC with links to hot hubs now part of the planning in terms of how we take the benefits from oximetry remote monitoring forward
- Development of Post covid clinics requires on-going support – both specialist assessment clinics and the MDT/SPA in the community. It is acknowledged that there are capacity constraints and also concerns about potential demand, however the NWL approach is to get started and use experience of delivery to inform how we address these challenges
- Recognising that the transition of community services, later in year means that there is a continued need to work with wider community system in short term to ensure consistent NWL approaches.