

# Winter Planning Update

**Health Overview & Scrutiny Committee**

**18 November 2013**

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# Background

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The Health Overview and Scrutiny Committee are reminded of recent events that impact on the winter planning process and are included in winter surge planning:

- Winter bids to NHS England (NHSE) for additional funding 2013/14
- Further plans to reduce A&E attendances and admissions
- Capacity planning undertaken by Capita
- Responses received
- Key risks
- Further actions being considered
- Matters for Governing Body

# Winter bids

The following schemes were awarded funding across the local Brent-Harrow health economy

WINTER SURGE SCHEME	RESPONSIBLE ORGANISATION	VALUE
Top slice – NHSE advised scheme	NIHR CLAHRC	£ 50,000
Top slice – NHSE advised scheme	LAS intelligent conveyancing	£ 190,000
Additional acute bed capacity – 34	NWLHT	£ 2,000,000
24/7 working to improve flow	NWLHT	£ 2,200,000
Enhance STARRS		
Weekend therapy		
Extra CEPOD lists		
24 hr surgical assessment unit		
Medical 7 day ward rounds		
24hr stroke service		
Extended hours of Gynae assessment unit		
24 hr critical care outreach		
Extra diagnostic and anaesthetic support		
DTOCs		
20 additional beds in Willesden	Brent Community	£ 1,065,000
Acute Psychiatric unit – co-located	CNWL	£ 459,000
Residential Reablement beds x 6	Brent Adult Social Care	£ 88,000
Residential Reablement beds x 6	Harrow Adult Social Care	£ 88,000
Denham	Harrow Community	£ 312,000
	<b>Total</b>	<b>£ 6,452,00</b>

# Further plans to reduce A&E attendances & admissions

In addition to winter bid plans, Brent CCG has implemented the following schemes

SCHEME	ACTION	IMPACT
NWPH North Brent LAS divert – Full year contract - £400,000	Divert takes place between 8am – 7pm	Equivalent to an estimated 8 beds / year at NWLHT or 4 avoided attendances per day
Brent CSPA –Clinical single point of contact pilot for 6 months at NWPH - £500,000	Provides senior GP advice on alternatives to admission to A&E and to Brent & Harrow GPs on alternatives to A&E admissions; supports planned effective discharges	Only GP advice in A and E to date with limited impact on saved admissions (target 1 a day) 2 remaining elements to go live on 4 November
Launch Brent & Harrow ambulatory care pathways to increase flow through A&E by GP direct referrals	10 agreed ambulatory care pathways rolled out 31 <sup>st</sup> July 2013. Expansion to 20 pathways to be progressed.	Not in as position to report on impact will have data from CSU from month 6 (August)
Harrow STARRS	NWLHT working to revised spec to act on pre 4 hour activity only  Annual target of 1000 A&E and 1700 NEL avoidance	A&E demand management FOT – 909 NEL demand management FOT - 1494
Harrow STARRS stretch 14/15 (13/14 Nov –March ramp up opportunity). Awaiting CCG sign off to implement in year	(13/14 Nov –March ramp up opportunity). Awaiting CCG sign off to implement in year	A&E demand management target – 193 NEL demand management target – 349
Brent STARRS £4m	GP and A&E referrals	2230 avoided admissions per annum - achieving
Brent STARRS Stretch £68,000	Extension of STARRS from 20.00 to 22.00	Additional 12 avoided admissions per day
Increasing GP access in (6 month pilot) - £900,000	5 locality hubs open 3pm to 9pm Monday to Friday and, 9am to 9pm Saturday – (37,000 additional appointments)	Harness & Kilburn start in September Wembley & Kingsbury start in November
Brent Willesden 7 day therapy - £800,000	Provision of therapies Saturday & Sunday	Increased bed throughput and reduced length of stay (achieving)
Direct ambulances to UCC at Northwick Park & Central Middlesex sites	Exclusion criteria at Northwick Park site and inclusive criteria at Central Middlesex site	4 avoided attendances per day across both sites
Integrated Care Pilot Brent & Harrow	Multidisciplinary teams (threshold funded)	Harrow £12,000 to date Brent £ nil to date

# Capacity planning by Capita

Capita provided demand and capacity calculations for the Northwick Park site are as follows:

	OCT	NOV	DEC	JAN	FEB	MAR
<b>ESTIMATED TOTAL DEMAND FOR ACUTE/GENERAL BEDS (CAPITA)</b>	253	251	276	293	285	271
<b>ACUTE MEDICAL BEDS ON THE NORTHWICK PARK SITE</b>	195	195	195	195	195	195
<b>WINTER BIDS:</b>						
Additional acute beds (winter ward)			20	20	20	20
Community beds (Willesden)	0	0	20	20	20	20
Reablement beds (Brent+Harrow)	12	12	12	12	12	12
Increased capacity at Denham Unit	3	0	3	4	7	10
<b>ESTIMATED CURRENT GAP IN CAPACITY</b>	<b>43</b>	<b>44</b>	<b>26</b>	<b>42</b>	<b>31</b>	<b>14</b>
<b>PLANS UNDER DEVELOPMENT</b>						
Additional beds at Willesden			12	12	12	12
Clayponds		5	5	5	5	5
Mount Vernon additional beds			20	20	20	20
Repatriation of patients to Ealing		3	7	7	7	7
Additional reablement beds (Brent)			6	6	6	6
Spot purchase of beds for DTOCs	20	20	20	20	20	20
<b>ESTIMATED FINAL GAP IN BED CAPACITY</b>	<b>23</b>	<b>16</b>	<b>-44</b>	<b>-28</b>	<b>-39</b>	<b>-56</b>

Figures in red represent a shortage of beds

# Plans to reduce Delayed Transfers of Care (DTOCs) from hospital to community setting

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## Root Causes

- Awaiting health and / or social care assessments
- Awaiting residential / nursing home placements (health and / or social care)
- Lack of appropriate / accurate information on potential discharges

## Actions Agreed

- Additional social worker and continuing healthcare assessor capacity within NWLHT discharge team
- Additional six reablement beds leading to a total of twelve beds
- Three additional NWLHT discharge assistants (winter only) within NWLHT discharge team

## Responses received

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Health Overview & Scrutiny Committee will wish to note the responses received following recent discussions with Tripartite Panel and NHS England assurance meetings:

**Tripartite Panel: NHS Trust Development Agency (NHSTDA), NHS England (NHSE), North West London Hospitals Trust (NWLHT) and Brent Clinical Commissioning Group (BCCG)**

- Confirm bed gap for a sustainable level of acute bed demand
- Plan efficient use of bed capacity across whole of NWL including Ealing
- Submit a trajectory for achievement of 95% A&E target
- Take part in whole system review of how best to utilise bed capacity in London

### **NHS England**

- NHSE noted the extent and scope of the CCGs plans – as summarised above
- NHSE noted the focus on reducing number of DTOCs
- NHSE will follow up on loss of benefit rules that were delaying discharge
- NHSE acknowledged that the Trust and CCG were working more effectively together

# Capacity

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- NWLHT is using the capacity at both NPH and CMH to ensure all available beds are used for suitable patients
- CMH additional flow from medical treat and transfer; rehabilitation patients and repatriation from other Trusts
- Nurse co-ordinator employed to manage flow between sites
- Patients' information given on admission
- Additional elective work occurring at CMH to support delivery of 18 week target
- Further elective work needs to occur at CMH and reconfiguration of services will be required to achieve this including increasing capacity for Emergency work at NPH



## Information to Patients and Consultation

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- On admission to NWLHT, patients are informed they may complete their care in another setting when they are medically fit for discharge, but need further healthcare (Willesden, nursing home, Mount Vernon Hospital)
- Brent patients currently attend hospitals outside Brent: Ealing, Imperial College Hospital Trust, and the Royal Free. Brent CCG is in discussion with NHSE and NHSTDA about the flows to these hospitals increasing if NWLHT cannot cope with demand during the height of the winter pressures
- Brent CCG and NWLHT will keep the Health Overview & Scrutiny Committee informed of any emergency measures that might need to be taken and to agree public consultations required if planned changes were significant

# Matters for Health Overview & Scrutiny Committee

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The Health Overview & Scrutiny Committee are asked to note the current situation and risks; and, support the following actions:

- Support efforts to reduce number of delayed transfers of care (DTOCs) by local authorities
- Monitor DTOCs for social care and housing services
- Monitor implementation of winter monies and relevant QIPP schemes
- Promote all schemes that reduce A&E attendances and admissions with GPs
- Movement of backlog of elective operations to other providers
- Support for GPs referring patients for elective procedures to other providers to free up capacity on Northwick Park site
- In the forthcoming contracting round, improve balance of the demand for elective and non elective acute care across all providers
- Monitor progress of winter surge planning

In addition Health Overview & Scrutiny Committee may wish to propose other actions not considered above

## Key risks

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The Health Overview & Scrutiny Committee will wish note the following risks for the local health economy:

- Recent progress on Mount Vernon beds has addressed short-fall in non-acute bed capacity; especially, in December and early January
- Additional community / step-down beds may not be suitable for acuity of case mix
- 18 week RTT backlog
- A&E 95% target performance
- Demand and capacity remain a systemic problematic at Northwick Park site