NW London JHOSC

April 2016

North West London Collaboration of Clinical Commissioning Groups

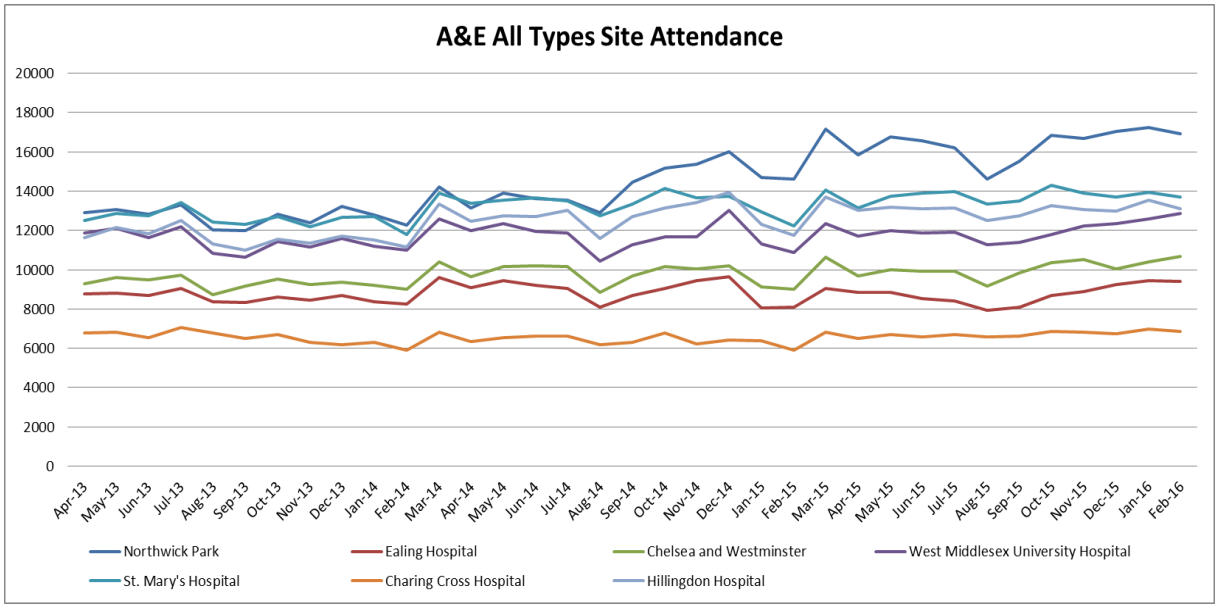
Purpose

This briefing has been provided to the NW London JHOSC to provide an update on North West London winter performance for accident and emergency. This paper will summarise the performance of our local urgent and emergency care system over the winter of 15/16 and the challenges that have been identified in meeting performance targets. It will also outline the range of actions planned for 16/17 to improve the patient experience and recover performance.

North West London Winter Performance for Accident and Emergency

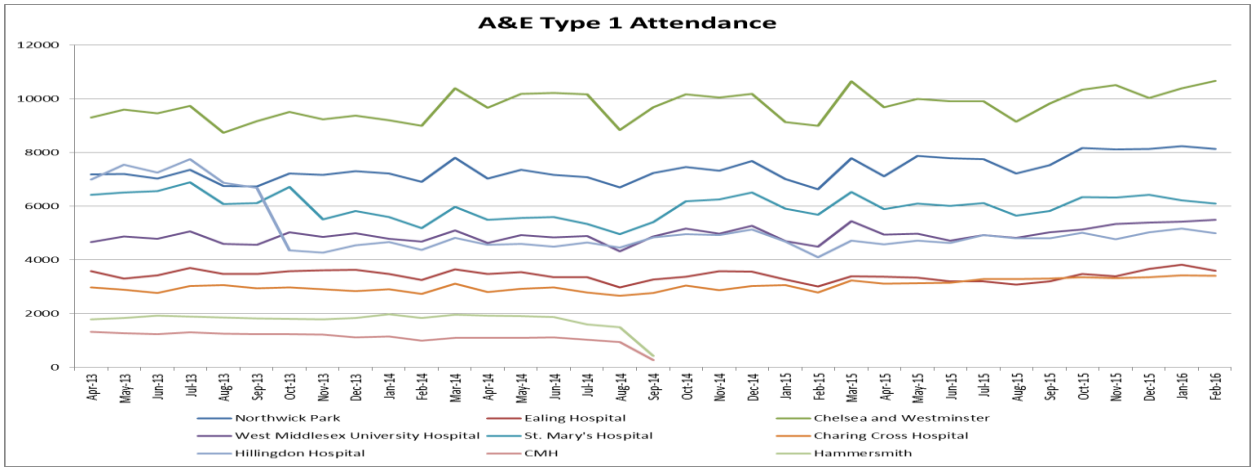
Demand

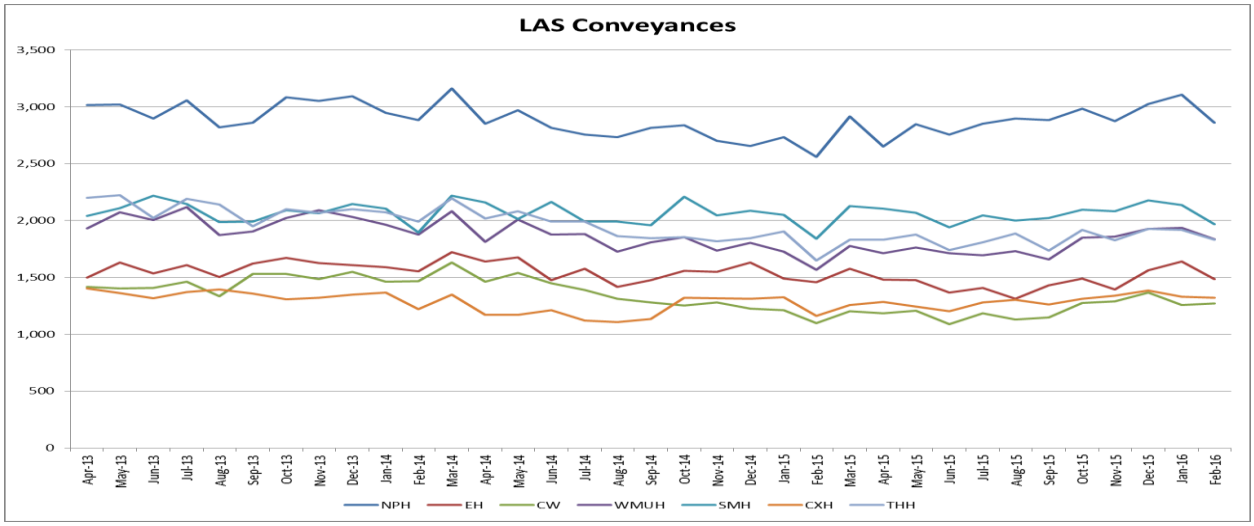
Demand for A&E services across North West London has risen during the winter of 15/16. In particular the Northwick Park system has seen an increasing number of A&E and UCC attendances over the period.



As planned, Northwick Park and St. Mary's both saw a rise in the Type 1 A&E demand (activity treated within a type 1 (major) facility) in September 2014 when Central Middlesex and Hammersmith Hospital A&E departments closed. However demand has continued to rise at Northwick Park during the winter of 2015/16. London Ambulance Service Conveyance has remained relatively consistent throughout the period.

In terms of Type 1 attendance whilst Northwick has, again seen a rise, activity at other sites has remained fairly steady over time though some sites have seen a rise in the last 3 months.

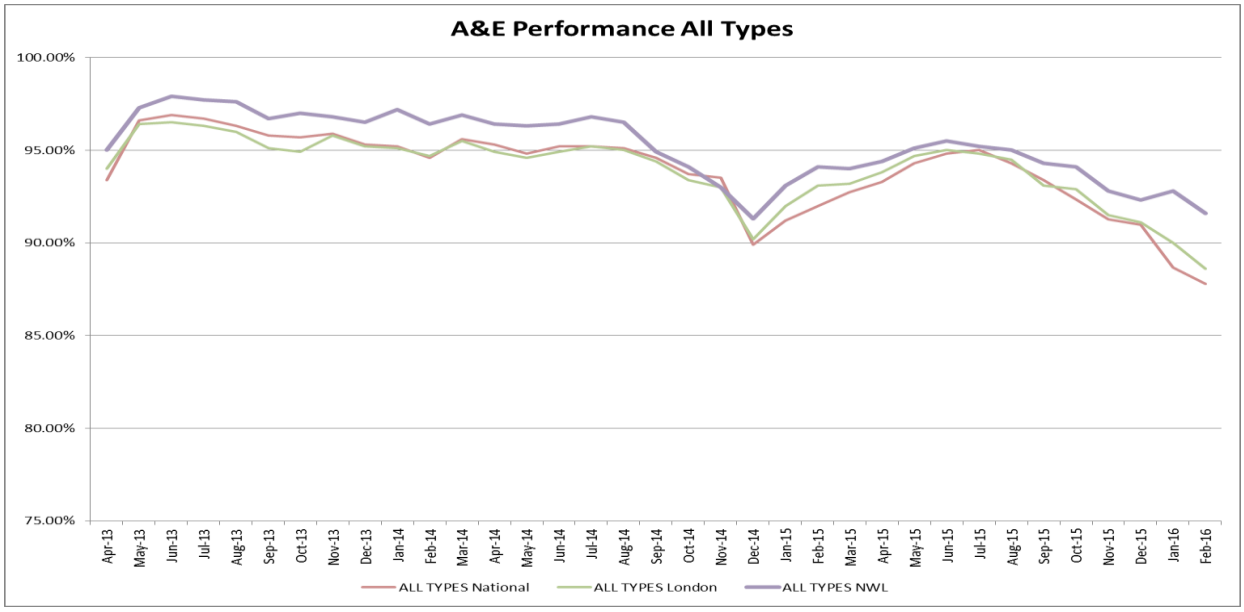




Performance

NWL continues to perform consistently higher than the national and London average for 'all types' of Accident and Emergency Performance. National A&E Performance during the winter of 2015/16 was consistently below the target of 95% of patients admitted or discharged within 4 hours. In North West London the majority our hospital sites tracked above or close to national performance for the majority of the winter. London North West Hospital's Ealing site has consistently delivered the standard whilst the larger Northwick Park site has under-delivered for nearly three years. The Trust have an agreed recovery trajectory with the local commissioners and NHS Improvement (the replacement body for the Trust Development Authority) in order to improve performance over the coming months. The reasons for this include limited bed capacity across the site which has been improved through the opening of 48 additional beds and increased local co-ordination to improve flow.

All sites saw an improvement in performance during the summer of 16/17, however as we moved into winter performance reduced again as it had the previous year. Both the Charing Cross and Mary's sites of Imperial NHS Trust have also under delivered over the winter. A number of initiatives have been identified as part of the 16/17 contracting round to improve delivery during the coming year, including estates changes which are outlined later in this paper.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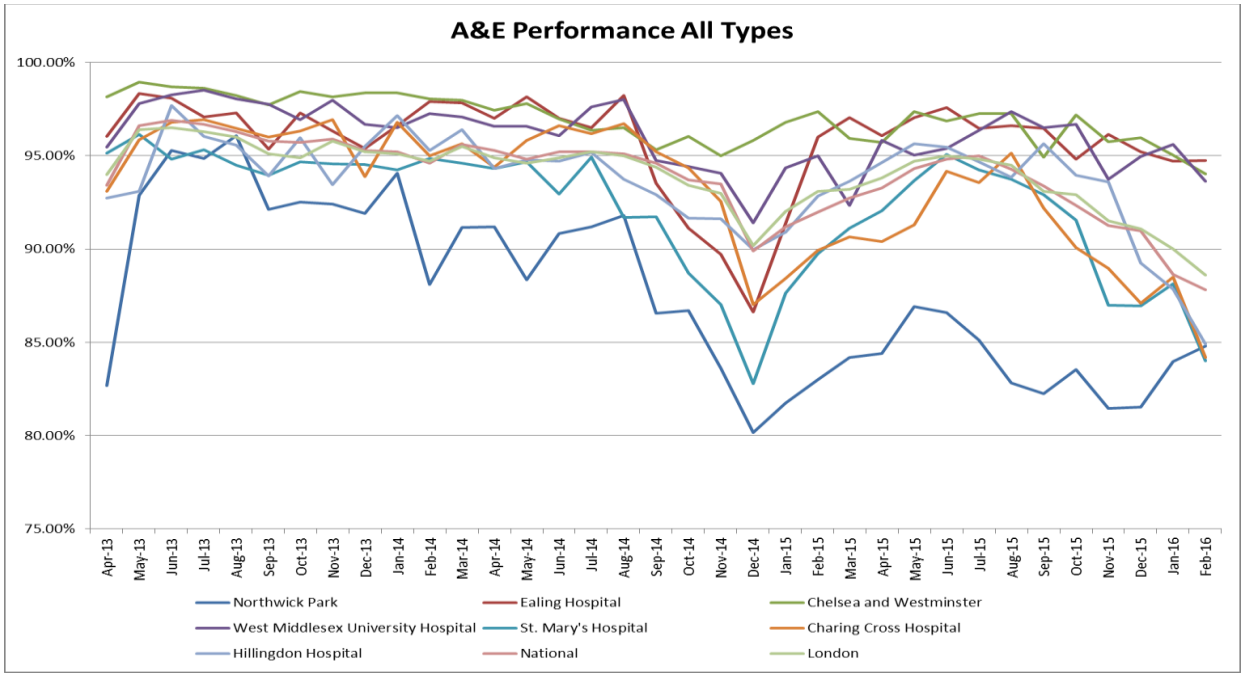
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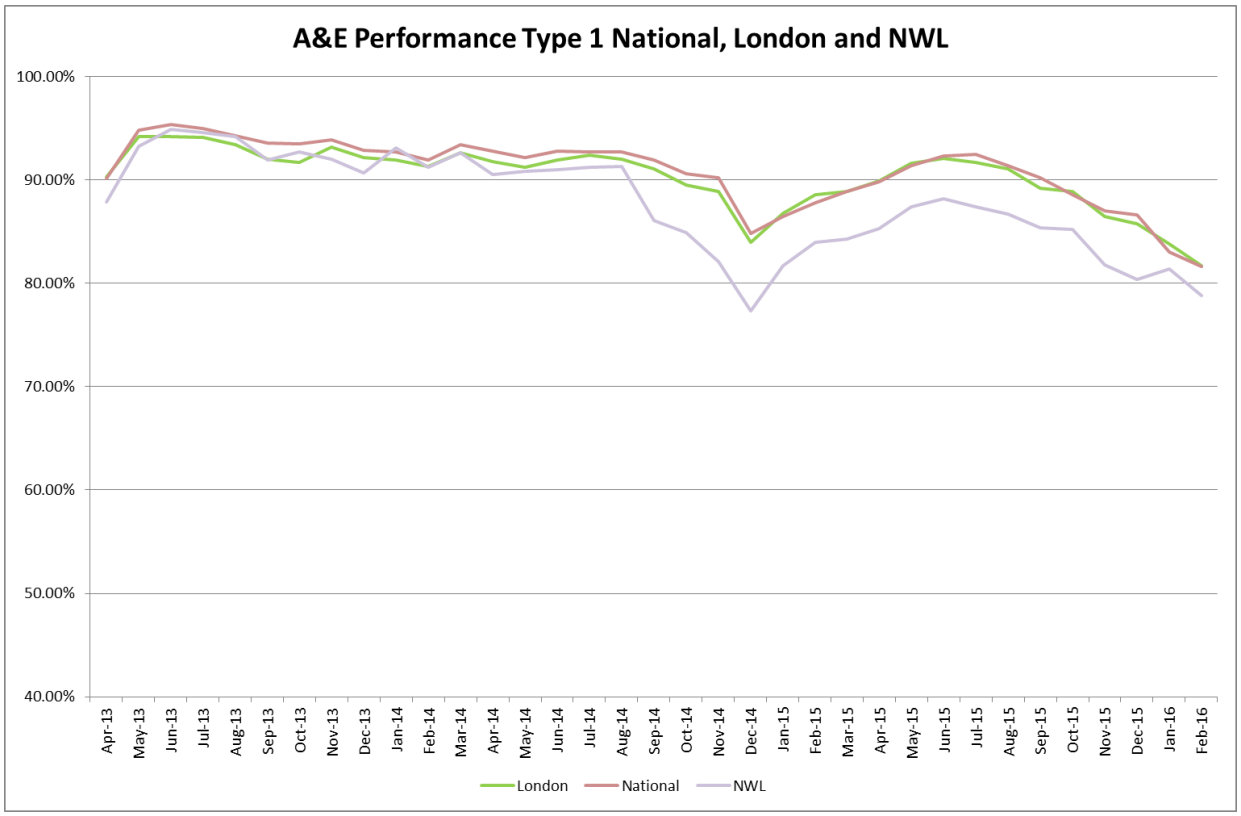
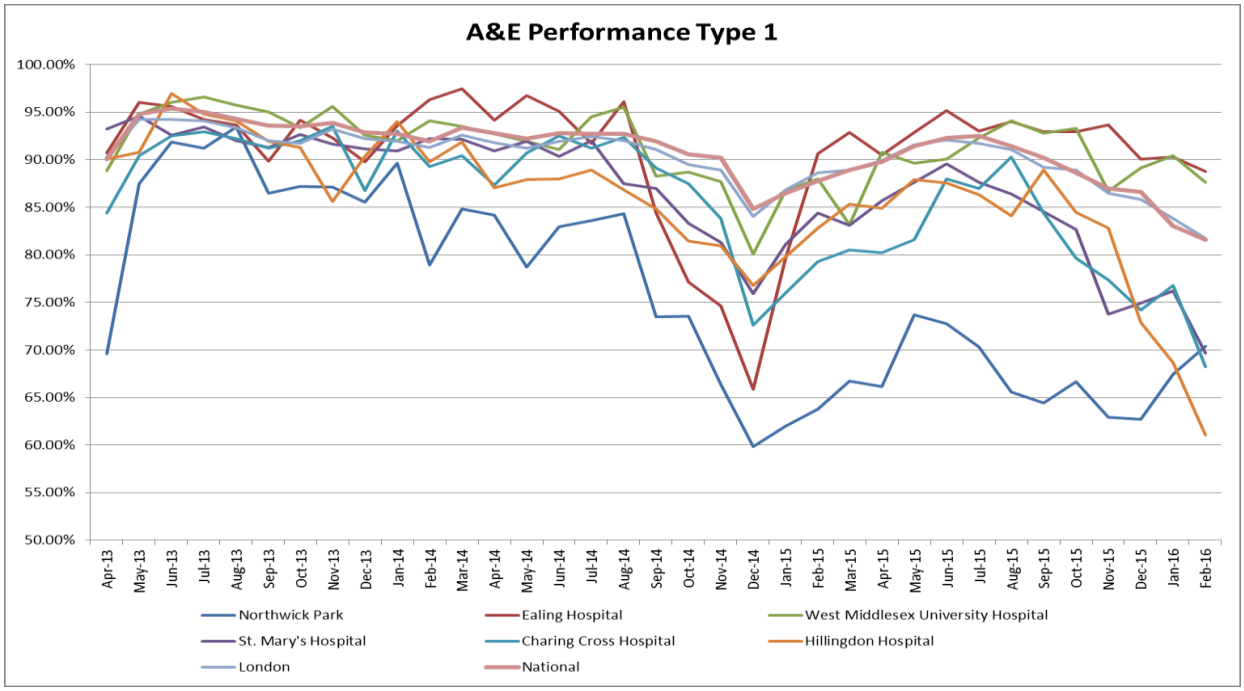
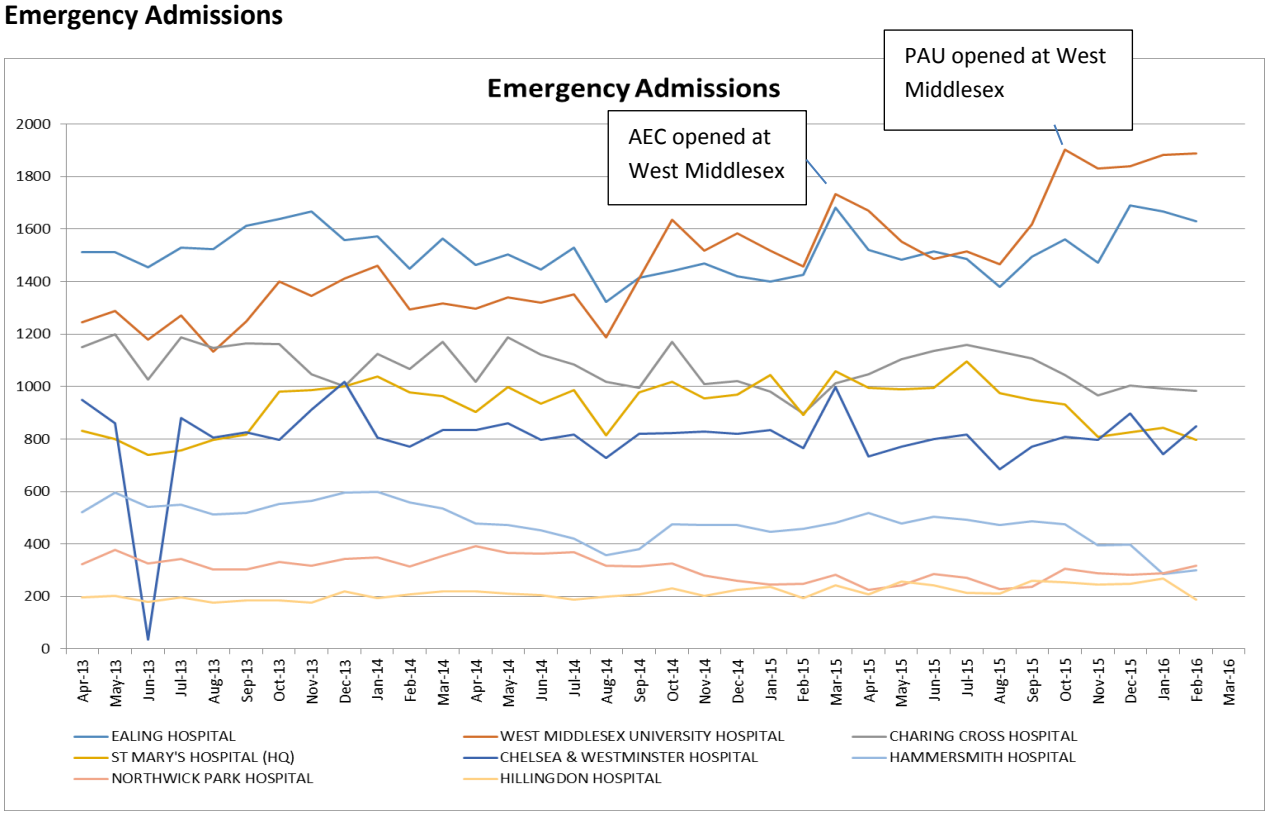
Northwick Park
Ealing Hospital
Chelsea and Westminster
West Middlesex University Hospital
St. Mary's Hospital
Charing Cross Hospital
Hillingdon Hospital
National
London

North West London has a high number of urgent care services across the area to reduce unnecessary demand on the A&E departments. This results in greater appropriate use of our A&Es and a higher proportion of the patients attending the facilities who are seriously ill, resulting in reduced performance in comparison to the London or National position. The measurement of type 1 attendance and performance by different hospitals is inconsistent which means that comparison is not possible.



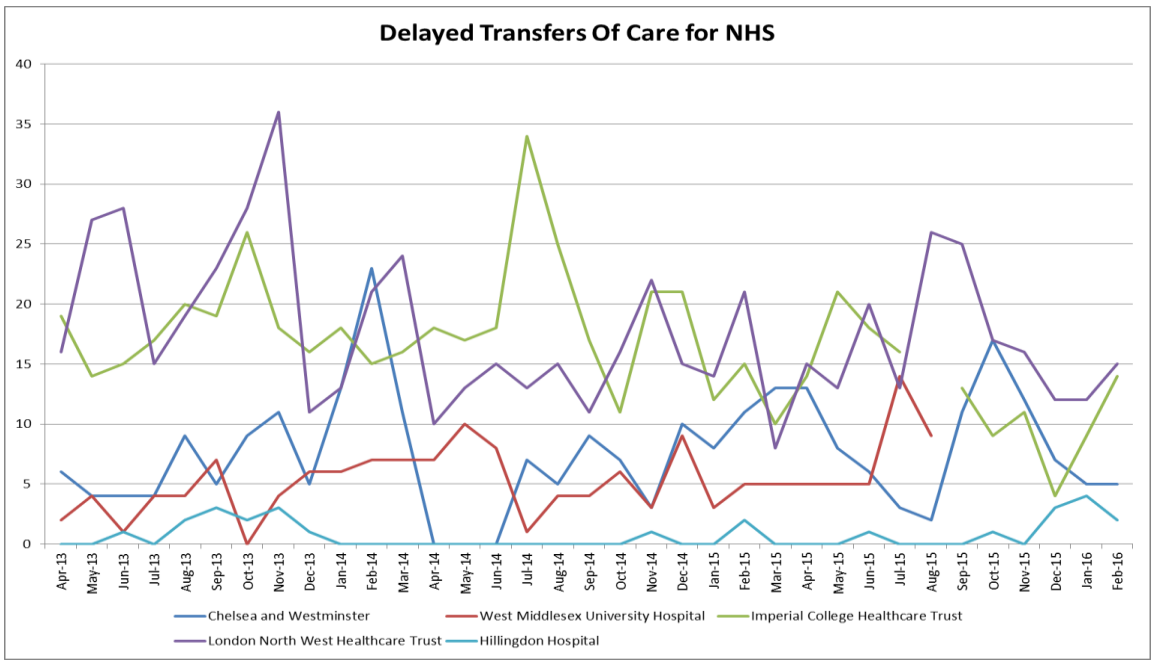


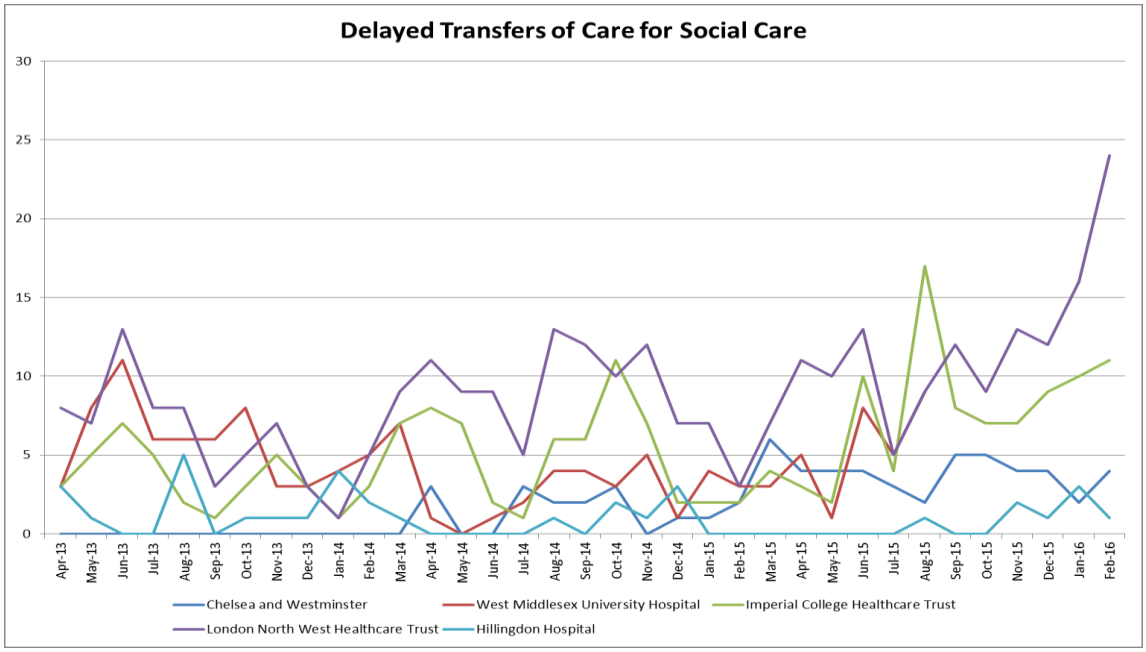
Emergency Admissions



Emergency admissions over the period have remained mostly consistent whilst reflecting seasonal variations. West Middlesex has seen a rise in demand in the later half of 15/16 due to a coding issue with the opening of the paediatric and ambulatory assessment units. This has not driven up admissions rather the assessment has been coded as an admission incorrectly. This has been rectified for 16/17.

Delayed Transfers of Care

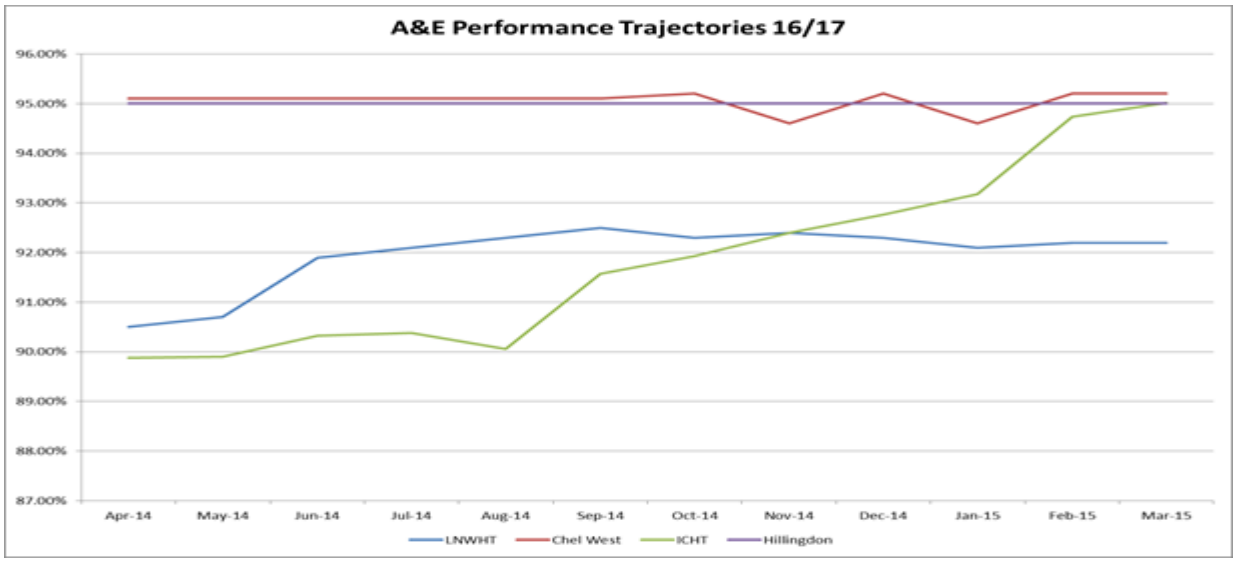




Improved cross organisational working between commissioners, Trusts and social care have continued during the winter of 15/16. Delayed transfers continue to be an issue for Trusts however overall there is an improvement. Availability of nursing home placements for routine and fast track packages; social care housing delays and family delays as part of choosing nursing homes are the causes of the majority of longer delays. Nursing home placements continue to be a challenge due to the reduction of capacity for care home beds as a result of the suspension of providers as a result of quality concerns. Additional interim neuro rehabilitation beds were purchased over the winter and new permanent beds opened in April 2016 to reduce delays for these patients.

Performance Trajectories for 16/17

Contracts are currently being finalised with our acute Trusts for 16/17 and include an average of c5% increase in demand from demographic and non-demographic growth. This growth and our demand mitigation plans have been factored in to the following A&E trajectories for 16/17.



A number of demand mitigation schemes are planned and are in place to reduce non-elective activity by offering a number of services OoH (Out of Hospital) as well as Trust actions to improve capacity and flow.

- Rapid Response Services (Hillingdon)
    - These provide a single point of contact for patients experiencing a health crisis who could be safely cared for in the community instead of being admitted to hospital.
- The Community Independence Service (CIS Tri-Borough)
    - Spans the Tri-Borough CCGs and offers an increase in rapid response activity will prevent a number of NEL admissions and an associated level of AE activities. Although there is more activity in the community under within the rapid response service it is not a like for like intervention, therefore shown here as a reduction within the system.
- Homeward (Ealing)
    - This service aims to give a more responsive OOH service that maximises admission avoidance through managing a wide range of patients in a sub-acute setting.
- Community Response Service (Hounslow)
    - Integration of Health and Social Care by bringing together four existing OoH services; the Community rehabilitation Service, Neuro Rehabilitation Service, LBH reablement and LBH OT. These are redesigned into the Community Recovery Service.
- Nursing Home schemes (Brent)
    - Falls education, including care bundles to prevent falls
    - GP Network Contracts, to provide care to nursing home patients
- Whole Systems Integration (Brent)
    - Case managing complex patients in the community
- End of Life (Harrow)
    - Proactive signposting for patients along with redesigned pathways tio ensure plans are in place to manage patients the most appropriate setting to their needs
- Nursing Home Support (Harrow)
    - Admission Avoidance by supporting Nursing Homes and Falls Prevention

Further to the above Estates work has already been undertaken to increase the capacity at the ChelWest site and Northwick Park as part of Shaping a Healthier Future. Additional estates work is planned for West Middlesex, Hillingdon, St. Mary's and Charing Cross.

All the Trusts plan to undertake a number of internal initiatives during 16/17 to develop sustainable improvement.

At Imperial these include actions to improve early discharge, improve specialty response times, reduce delayed transfers of care, develop ambulatory care further and reduce mental health breaches. which is to be monitored at a fortnightly joint steering group. These will be enhanced through additional local estates work which includes the opening of two enhanced discharge lounges at St. Mary's and Charing Cross; refurbishment of the Charing Cross and St. Mary's site A&E to increase capacity; increased referral of patients from St. Mary's A&E to the Urgent Care Centre; development of surgical, medical and paediatric assessment units to reduce delays in decision making.

At London Northwest Healthcare NHS Trust work will be undertaken to support the emergency care services and pathway: LNWT will work with LAS on frequent attenders and turnaround times; senior decision makers will be on ward rounds to aid timely discharge; the development of a Frailty Unit;

increase ambulatory care provision at Ealing Hospital; recruitment & retention initiatives across the clinical workforce and review of clinical pathways across sites.

At Hillingdon, Ambulatory care via the Acute Medical Unit (AMU) has increased by > 200% from 14/15. The AMU clinics accept community GP heralded patients and also work proactively to 'pull' patients from the ED. During February these clinics have started to run at the weekend. The discharge lounge now remains open until 2000 hrs Monday to Friday and is able to accept both ambulance and non ambulance patients. Additionally senior ED nurses are undertaking full triage including diagnostic requests to ensure that once seen by a medic all necessary information is available to make safe, clinical decisions, and where possible discharge patients home/make timely referrals to specialities. System wide working is also a priority working with Hillingdon CCG to commission step down/interim bed provision in the community.

North West London as a sector accepted the opportunity to be a national First Wave Delivery Site for the new 7 day services programme (as launched by the PM at the conservative party conference). As part of this programme, our acute trusts have agreed to achieve delivery of the 4 prioritised Clinical Standards by April 2017:

Time to First Consultant Review

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival at hospital.

Access to Diagnostics

Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

Access to Consultant-directed Interventions

Hospital inpatients must have 24 hour access, seven days a week, to consultant-directed interventions either on-site or through formally agreed networked arrangements with clear protocols, such as:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery

On-going Review

All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks.

Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

Conclusion

In line with the rest of the country, A&E performance fell in the winter of 2015/16 compared to 2014/15. However all type performance remained above the national and London averages. All providers and commissioners are committed to returning performance to the 95% target and 3 or the 4 Trusts have agreed trajectories to achieve this during 2016/17. There are detailed plans at Trust level to support these trajectories and we will continue to engage with local scrutiny committees during the year to report on progress.