

# Buckinghamshire System UEC Winter Plan 2023 / 24

Health and Social Care Committee  
October 2023



Buckinghamshire  
Council



Oxford Health  
NHS Foundation Trust



South Central  
Ambulance Service  
NHS Foundation Trust



Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board



Buckinghamshire Healthcare  
NHS Trust

# Executive Summary



The Buckinghamshire Winter Plan has been **developed across partners** to provide a comprehensive response to health and care pressures in the system this winter and ensure the best quality care for our patients and residents during this period. It **builds on** work that has been done through the year on **Urgent and Emergency Care Improvement**, national **guidance and learning from last year**. This plan will be iterated through September and October until it is finally signed off at the end of that month.

The Urgent and Emergency Care system is **performing better** across Buckinghamshire at this time compared to the same time last year. **Patients are waiting less time** in ambulances, the Emergency Department, on wards for discharge and in temporary placements. **Additional resilience** has been built into the system through increased workforce, investment in services to take pressure off primary care, a new Children's ED department and improved admission and discharge processes across the system.

There are also **tangible further improvements** to the system to be made over the coming months which are the product of year-long programmes of work including additional **new physical bed capacity**; a **care co-ordination centres** in the hospital and across health and social care to better manage capacity and reduce the time patients are waiting on their journey through the system; and a **Single Point of Access** to ensure that patients get to the right place first time.

This programme of work and plan will be supported by a comprehensive **public engagement campaign** over the winter period and **escalation process** to ensure we understand system pressures and organisations are able to best support one another.

# Buckinghamshire Winter Plan 2023 / 24



These slides represent the Buckinghamshire UEC System Winter Plan for 2023 / 24 and supporting the Frimley and Milton Keynes Winter Plans with the winter period being defined as Monday 30<sup>th</sup> October 2023 to Sunday 7<sup>th</sup> April 2024, recognising the higher demand periods are December to February.

The slides help define how the Buckinghamshire System will manage the winter period, and will cover the whole population of Buckinghamshire, including all ages and all conditions that will directly impact on the Buckinghamshire System.

The Buckinghamshire Winter Plan will be a high-level iterative plan to support the Buckinghamshire Health and Social Care System across Winter 2023/24 recognising providers will also have their own detailed local winter plans in place.

The Plan has identified five key challenges, as highlighted in Slide 4 and how we will address them as a system:

- Increasing Access to same day care
- Reducing Admission levels
- Increasing Capacity
- Reducing Delays to discharge
- Surge Planning

# Winter System Plan Challenges 2023/24



This slide highlights the key challenges anticipated and the high-level interventions the Bucks Place System will have in place:

## Increasing access to same day urgent care

- Extended Operating Hours for the Same Day Emergency Care Service at SMH
- New Clinical Decision Unit of 14 beds from October at SMH
- Increased Emergency Department workforce at SMH
- Primary Care Clinical Assessment Service in place throughout winter to support clinical triage of 111 Primary Care calls to more appropriate services

1

## Reducing admission levels

- Single Point of Access to ensure patients get to the right service first time.
- Expanded same day Emergency Care and Surgical Assessment Unit service to support admission avoidance
- Development of specialist clinical hubs to manage surge pressures where appropriate
- Strengthening and communicating Frailty line and Immedicare links, including, where possible, Dementia Care.

2

## Increasing capacity (physical & virtual)

- New Paediatric ED with 14 additional Clinical Observation Unit spaces
- New 21-bed acute medical ward from February '24
- At least 22-beds at Olympic Lodge from end October to end March
- Doubling the number of virtual ward beds by Christmas

3

## Reducing delays to discharge

- 26 Care Home Hub beds supported by MDT Teams
- Transfer of Care Hub to manage all discharge capacity, go-live October '23
- Implementation of the Integrated Discharge Team
- New care-co-ordination centre in BHT to better manage patient flow and predicted discharges

4

## Surge Planning

- Implement bespoke plans to cope with specific demand at the right time based on forecast pressures
- Planned 'surge' days and interventions to reduce pressure on the system at key points
- Agreed escalation plan across all partners

5

Underpinned by widespread communications and engagement plan

# Winter System Plan 2023 / 24

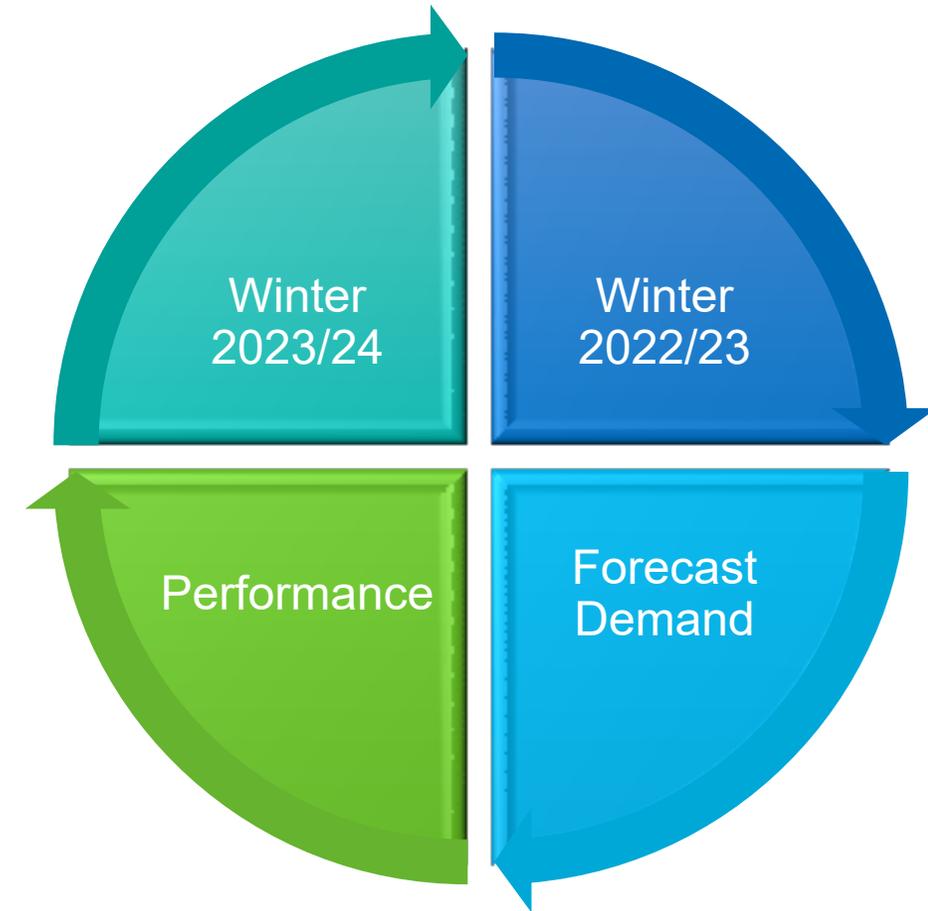


This Buckinghamshire System Winter Plan, including supporting the Frimley Plan, is made up of **four** sections, aligned to the **five** core challenges identified in the previous slide:

- 1) Lessons from last **Winter 2022/23** ensuring we learn from what went well and not so well.
- 2) Taking **Forecast Demand**, reviewing demand and capacity data to forecast Winter 2023/24 to make informed decisions and take action.
- 3) Overall **Performance**, comparing performance month on month.
- 4) Targets for **Winter 2023/24** and what we are planning.

All system partners across the Buckinghamshire Health and Care sector will contribute to the plan and all own the actions described.

The plan will be tracked and monitored via the **Buckinghamshire Urgent and Emergency Care Board**.





# **(1) Lessons Learnt Winter 2022 / 23**

# Lessons Learnt Winter 2022/23 – What went well



The UEC Winter Summit also identified areas from Winter 2022/23 that went well, and these are highlighted below:

**Resilience** – the Buckinghamshire System proved that there is already a good degree of resilience. The objective now is to build up that level of resilience.

**Surge Capacity** – Olympic Lodge surge capacity was implemented at the right time to support system pressures and was de-escalated appropriately to support the system in returning to business as usual, as well as reducing cost.

**Urgent & Emergency Care** – Urgent Treatment Centre and A&E capacity coped well with strong support from Ambulatory Care, Same Day Emergency Care, Frailty and Rapid Response services.

**Redeployment** – all organisations in Buckinghamshire demonstrated workforce flexibility through the tactical redeployment of staff to support Winter Surge pressures.

**Access** – MH Crisis Cafés, Learning Disability Day Centres, 111 and Primary Care access were all strengthened ahead of the Winter Pressures.

**Voluntary Services** – Recognising the invaluable contribution from the third sector, including the part Carers play keeping patients at home, and other third sector organisations including Age UK.

# Lessons Learnt Winter 2022/23 – Areas for Improvement



BOB ICB UEC Winter Summit took place July 2023 where learnings identified from Winter 2022/23 were identified and the key areas for improvement are highlighted below:

**System Escalations** – system calls were stood up/stood down based on acute hospital pressures, reflectively they should have been stood up/down based on system pressures.

**Operational information sharing** – cascade of OPEL status across organisations and services was well managed but with hindsight more attention should have been drawn to providers escalating to OPEL 4 and when the providers de-escalated from OPEL 4. Managing Surge pressures can be challenging but is made easier if all providers are transparent about the demand on their services and the clinical risk involved (SHREWD will support the real-time demand and capacity monitoring across the ICB).

**Hospital Ambulance Liaison Officer (HALO)** – implemented late across the system but proved effective once the staff were deployed into these roles. Conveyancing and redirection of ambulances can put patients in the wrong hospital and the call to convey initiatives help mitigate this risk.

**Workforce** – we need to look after staff (sickness rates across all organisations were quite high). Team skill mix remains important, ensuring experienced decision makers are spread across all health and social care teams.

**Voluntary Sector** – we need to recognise within our plans and strategies the part the voluntary sector play within the resilience including Age UK and Carers (Bucks) and other voluntary organisations.

**Dementia** – we need to consider how we support this cohort of patients and the impact on admissions and other services across Winter.



## **(2) Forecast Demand 2023 / 24**

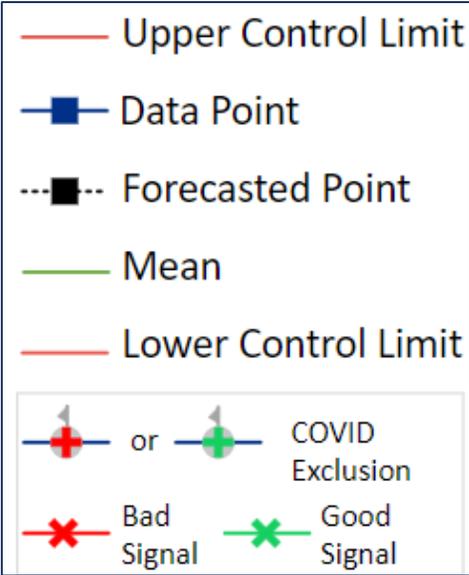
# Forecast Demand 2023 / 24



The following slides highlight the forecast demand for each of the core challenges anticipated across the winter period.

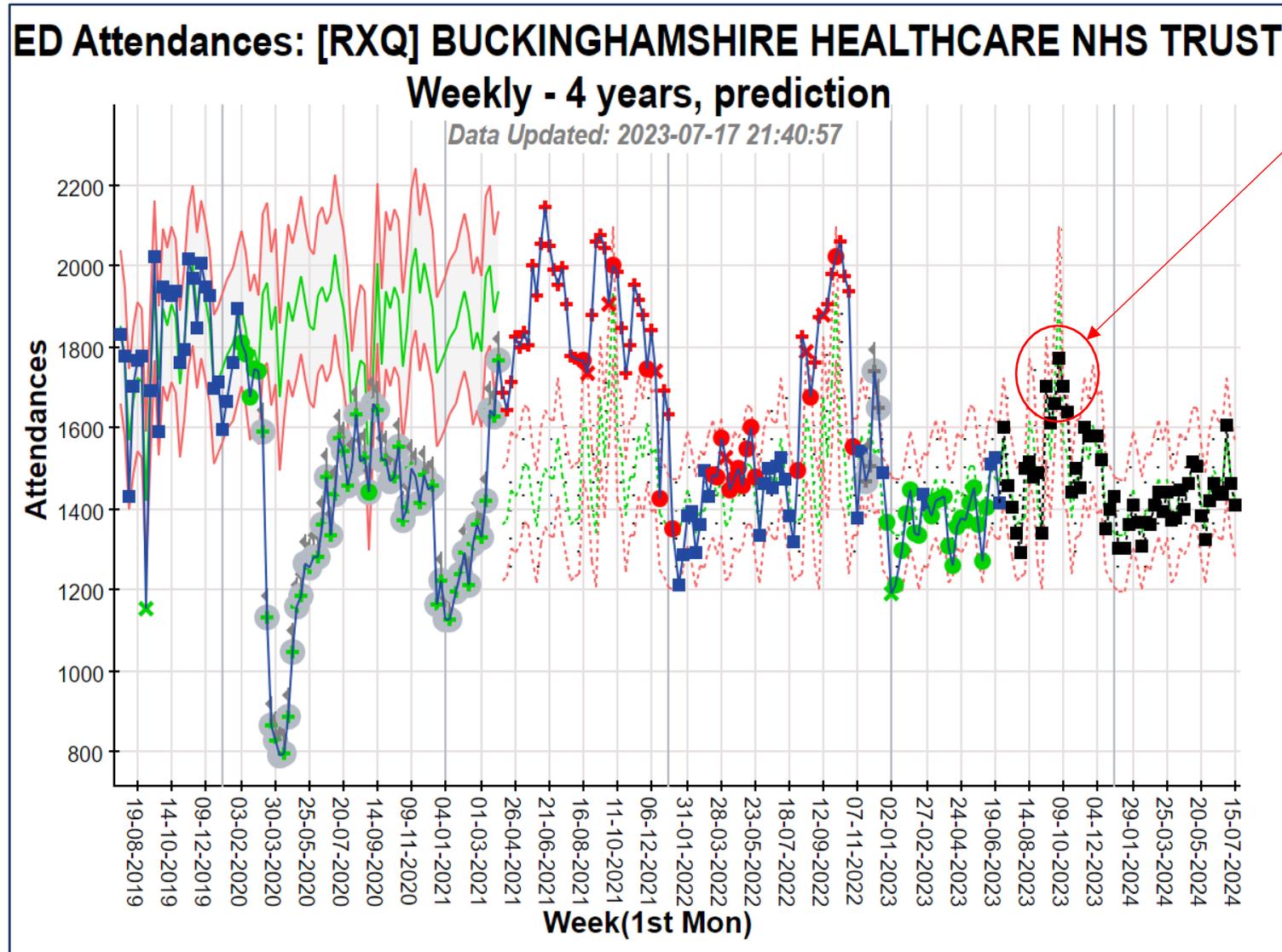
Each slide highlights a graph showing the historic activity and the forecast demand going into winter.

**Graph Key:**



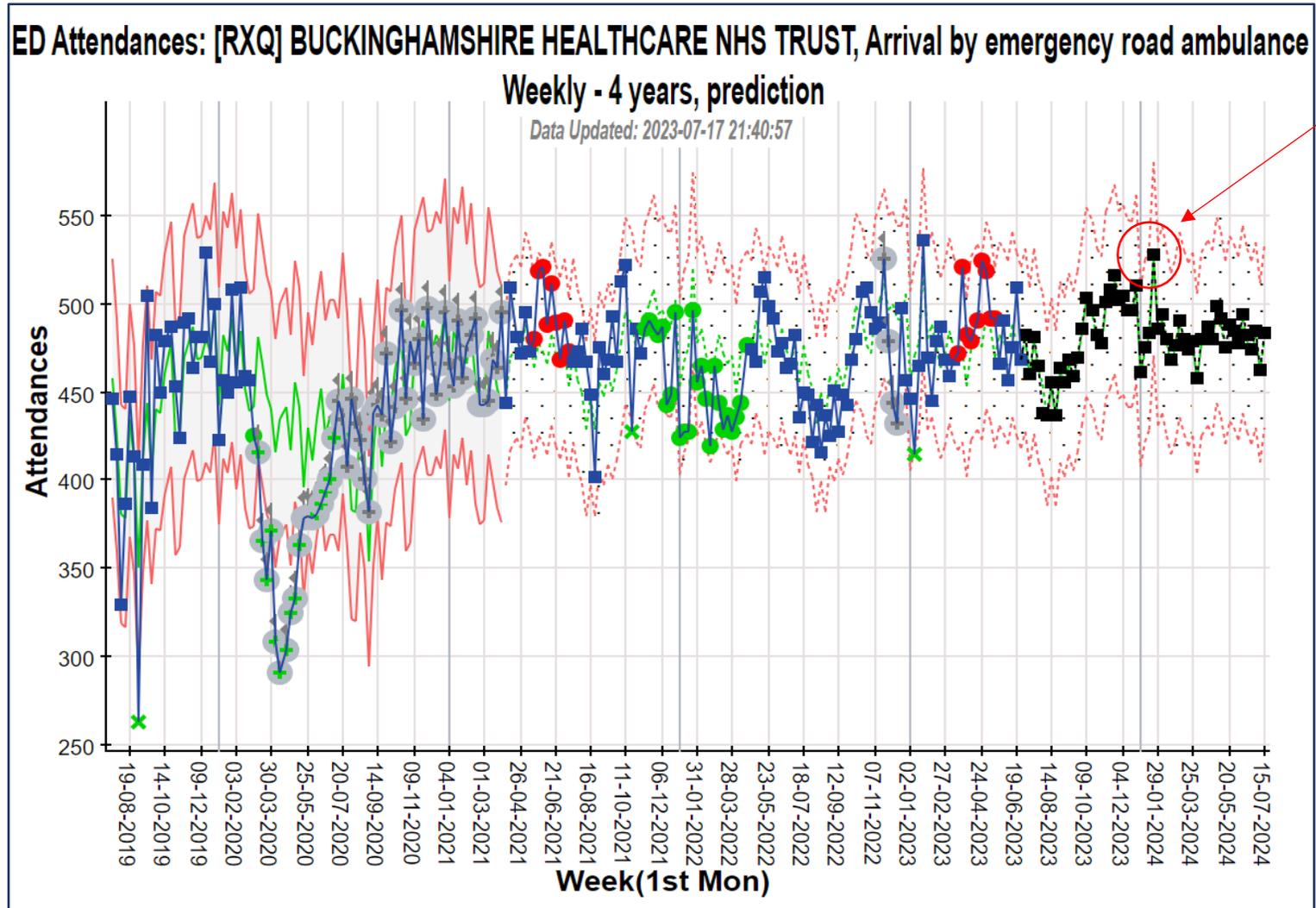
The next slide starts with Emergency Dept attendances at Stoke Mandeville Hospital.

# Predicted Demand Winter 23-24: ED attendances



- Weekly demand likely to peak at around 1800 attendances in October 2023.
- Demand forecasting predicts a similar pattern to Winter 22-23.
- Enhanced SDEC capacity as well as planned expansion of UTC opening hours will support demand.
- Front door reconfiguration has enabled enhanced patient flow in the department.

# Predicted Demand Winter 23-24: Ambulance Conveyances to ED



- Weekly ambulance conveyances are predicted to peak towards the end of January 2024 at 530 arrivals.
- The daily average for this predicted peak would equate to 75 conveyances per day.
- The deployment of a Hospital-Ambulance Liaison Officer has previously supported periods of high conveyances.



## **(3) Performance: 2022-23 compared to Financial Year to Date**

# 4-Hour ED Performance

This table shows the combined 4-hour ED Performance for all types as a % for Buckinghamshire NHS Trust, noting the national target is 95%.

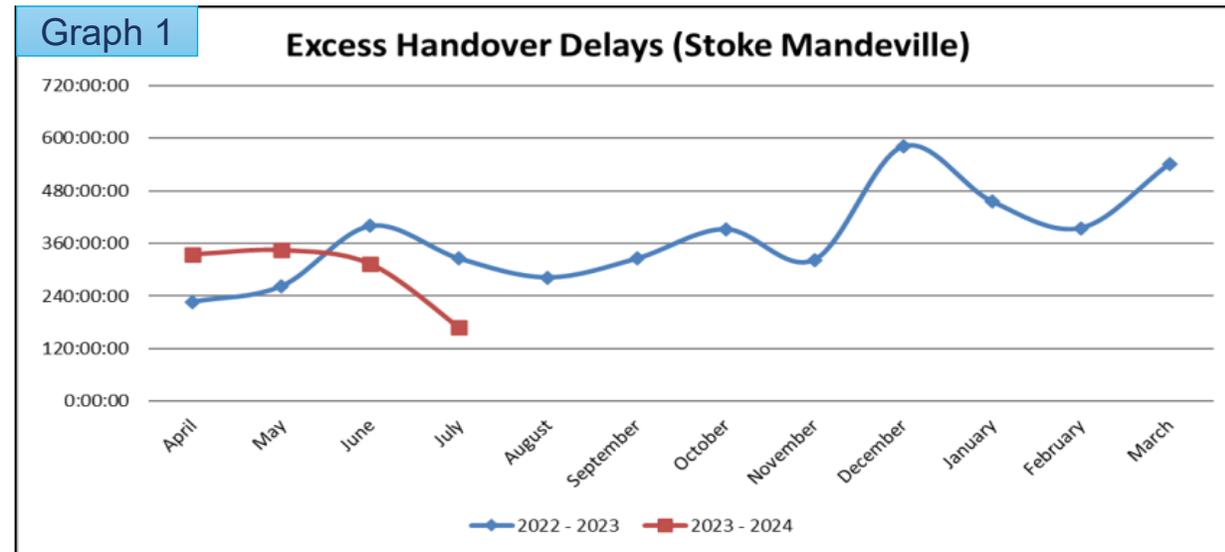
	2022	2023	Variance
January	73.0%	71.9%	↓
February	73.0%	72.8%	↓
March	69.7%	70.0%	↑
April	71.2%	71.2%	↔
May	74.2%	69.0%	↓
June	72.0%	67.0%	↓
July	72.2%	73.0%	↑
August	72.1%	74.8%	↑
September	69.7%		
October	67.0%		
November	67.5%		
December	62.2%		

- The comparative variances demonstrates that on comparative months, the NHS Trust has reported improved performance compared to the same month in the previous year on 3 occasions.
- This should be viewed in conjunction with overall attendances, as higher demand can also be strongly linked to worsening performance in this metric.
- Key interventions in recent months that have improved performance include enhanced roster of ED consultants, as well as the go-live of the 24/7 UTC model in July 2023 at Stoke Mandeville.

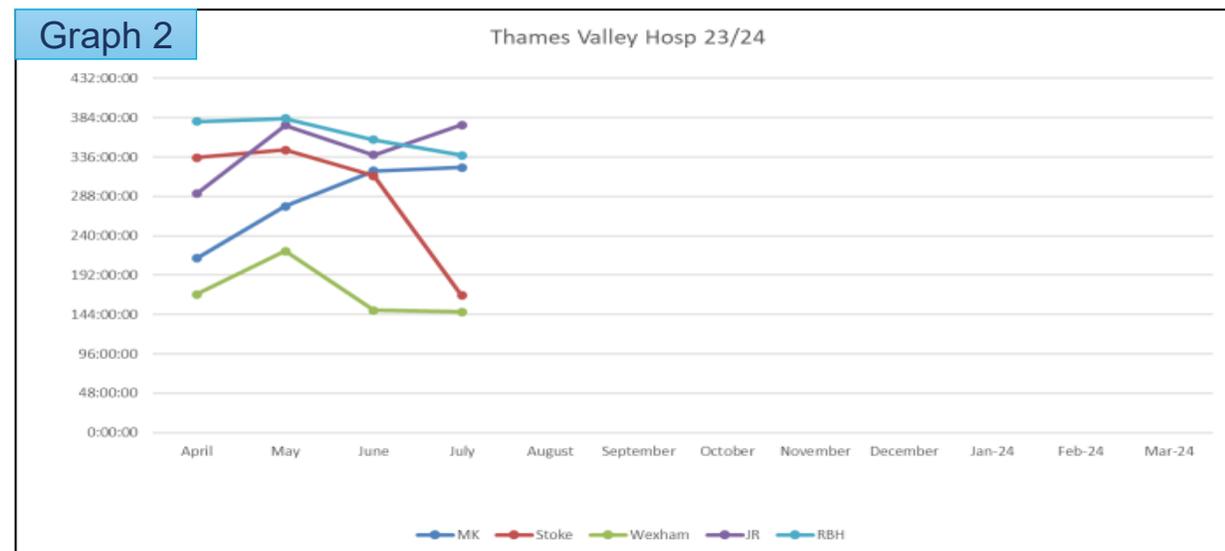


# Ambulance Handovers

The graphs below highlight the handover delays by time for ambulances arriving at SMH and comparison by the ICB:



**Graph 1:** shows that Stoke Mandeville has already improved significantly compared to the previous year in terms of reducing the monthly total hours lost to delayed ambulance handovers. This demonstrates enhanced patient flow in and around the emergency department.



**Graph 2:** shows that, for the financial year to date, Stoke Mandeville is the second best performing acute site in this metric – second only to Wexham which takes a much smaller cohort of conveyances from SCAS Ambulance Trust (majority of ambulance conveyances arriving at Wexham are from SECAMB).

# 12-Hour ED Waits

This table shows the Proportion > 12hrs (%) data for Buckinghamshire NHS Trust; the monthly total number of patients spending more than 12hrs in the Emergency Department expressed as a percentage of the total number of attendances.

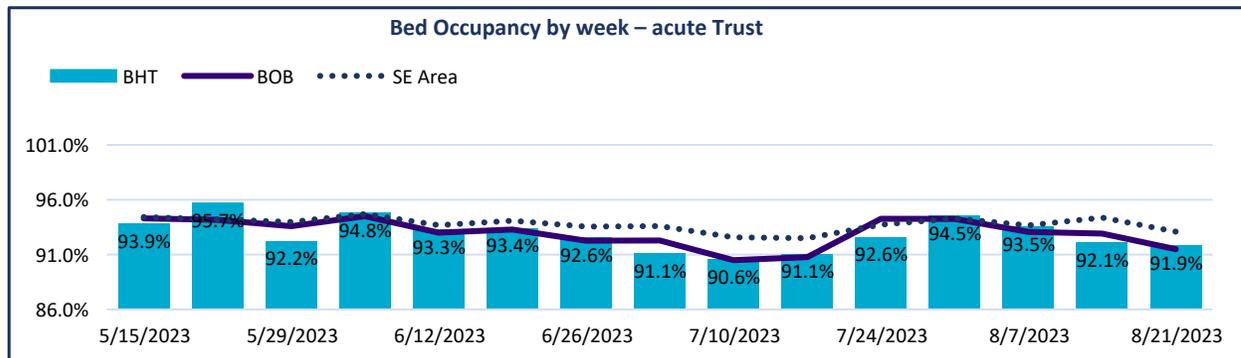
	2022	2023	Variance
January	13.4%	17.5%	↑
February	17.1%	15.3%	↓
March	13.6%	16.0%	↑
April	10.7%	14.8%	↑
May	8.2%	15.9%	↑
June	12.6%	15.9%	↑
July	12.4%	10.1%	↓
August	10.1%	13.6%	↑
September	9.1%		
October	12.0%		
November	17.2%		
December	20.7%		

- The comparative variances show that on two months this calendar year the Trust has posted improved performance with 12hr waits (February and August).
- This should be viewed in conjunction with overall attendances, as higher demand can be strongly linked to worsening performance in this metric.

# Patient Flow & Bed Occupancy

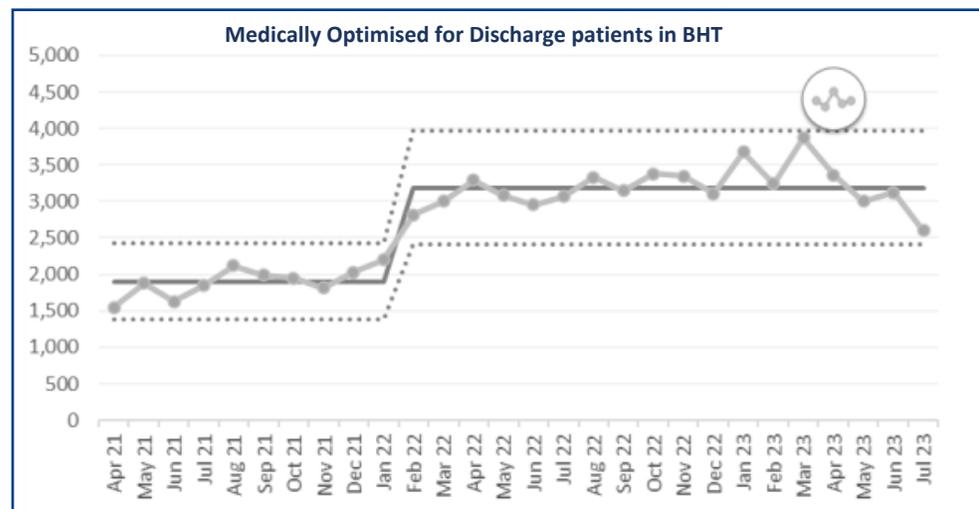


This slide highlights the challenges of patient flow and bed occupancy in the acute and community NHS beds:

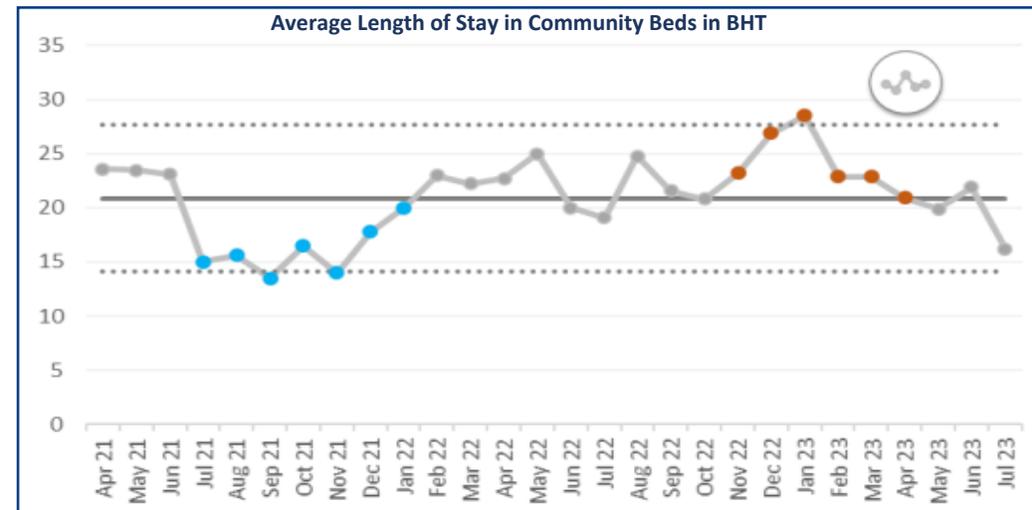


**Graph 1:** shows the pressures on the Acute Trust in terms of total General & Acute Bed occupancy since May 2023. The acute Trust’s occupancy levels have been consistently below the Southeast average which is positive.

**Graph 2:** shows the numbers of Medically Optimised for Discharge Patients in BHT which has reduced significantly since peaking in March and is at a lower level than at this time last year.

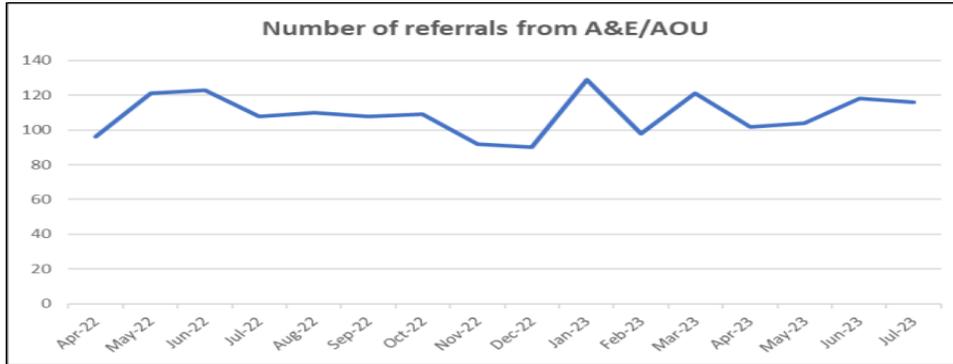


**Graph 3:** shows the average length of stay for patients in community beds in BHT which has also reduced markedly and benchmarks well with other community providers.

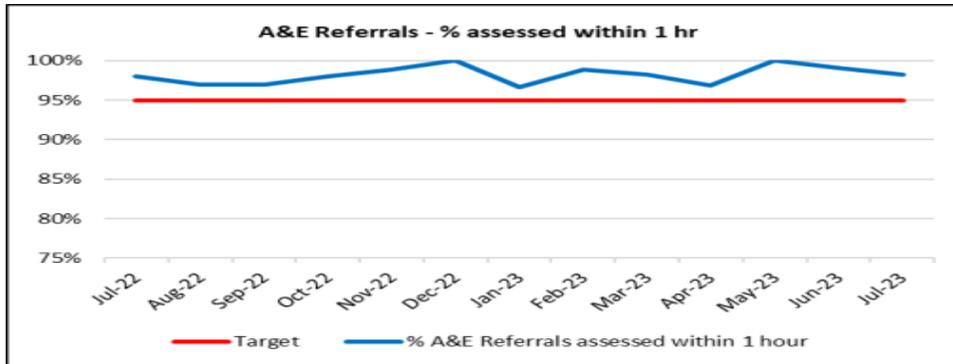




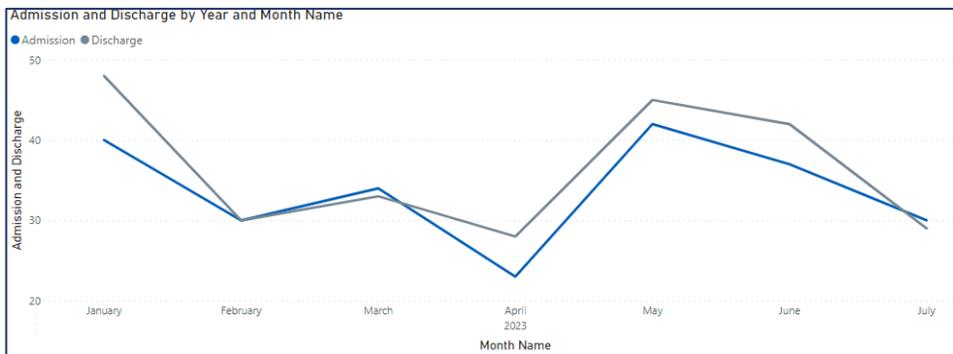
# Mental Health (Oxford Health) – Psychiatric Liaison Service (Stoke Mandeville)



**Graph 1:** shows the referrals received by month since April 2022 by the Psychiatric Liaison Service based at Stoke Mandeville. Last Winter saw a drop in demand in October and November with a sharp increase in referral numbers by January 2023. Referral numbers are starting to plateau at present to similar levels as seen last year, and a spike in referrals is expected again in December through to January 2024.



**Graph 2:** shows Oxford Health have maintained excellent performance since July 2022 in terms of ensuring over 95% of all referrals are assessed within 1 hour.

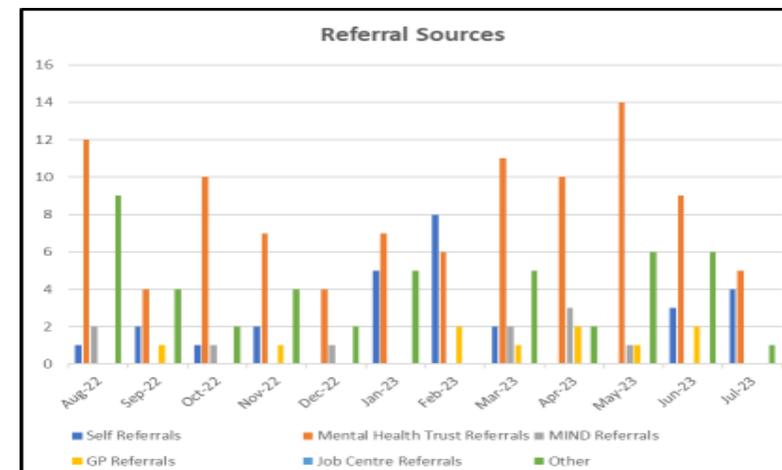
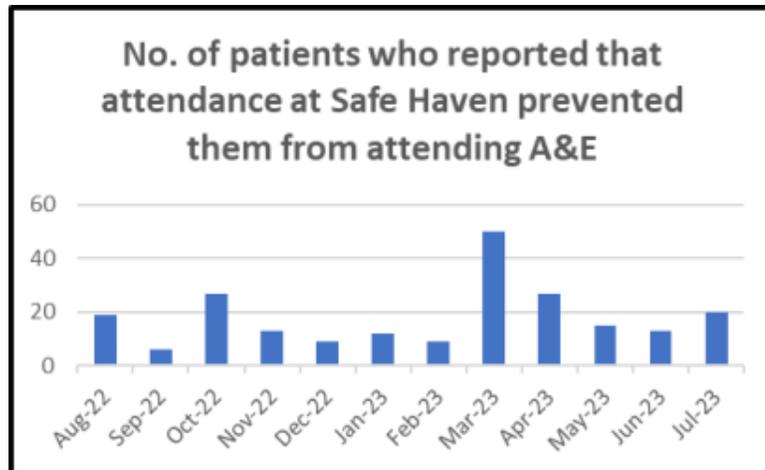
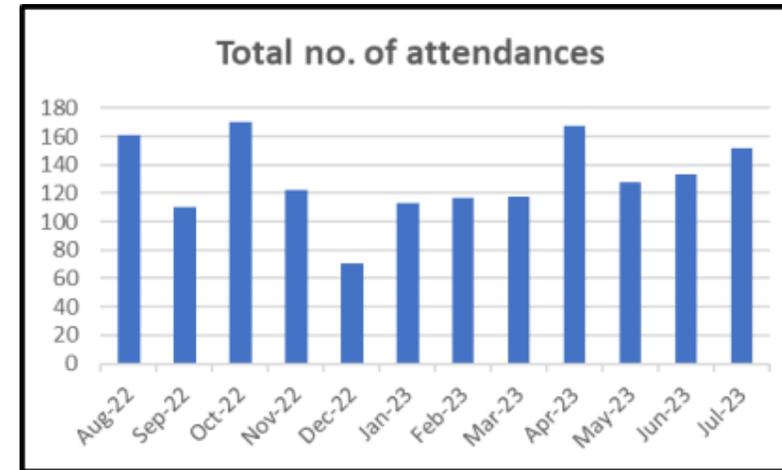
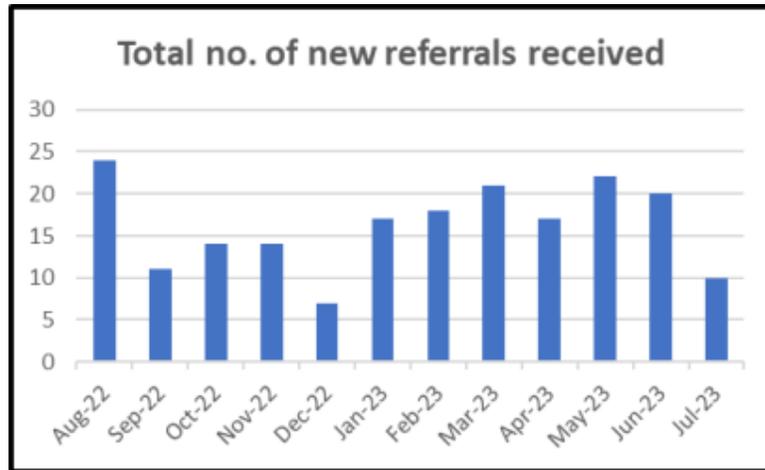


**Graph 3:** shows that since January this year, the inpatient units have managed to maintain flow by discharging more than they admit on a month-to-month basis.



# Mental Health – Safe Haven Scheme

The graphs show the activity from the Safe Haven scheme. Current attendance levels are similar to Summer 2022 and, whilst we can expect a reduction in activity in December, the activity will pick up again quickly in early 2024. The scheme's effectiveness is highlighted by the patient survey info which indicates a significant number of A&E attendances are avoided.





## **(4) Winter Interventions and Escalation 2023 / 24**



## Bucks Winter Interventions



# 10-High Impact Interventions (1 of 2)

The next two slides highlight the interventions relating to the 10 National High Impact Interventions:

Same Day  
Emergency  
Care

Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

Enhanced SDEC opening hours.  
Reducing variation in SDEC provision, with specialist in-reach teams providing support to help discharge a variety of patients with a multitude of simple and complex conditions back into the community.

Inpatient Flow  
and Length of  
Stay (acute)

Reducing variation in inpatient care and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

Weekly system escalation call in place for Pathway 1, 2, 3 delays. Support in place from Bucks UEC Team with escalations, for patients awaiting services from other ICBs and other Places within the ICB.  
Senior oversight of LOS data at Place and at ICB level.

Care Transfer  
Hubs

Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.

TOCH planned for operational launch in October 2023. Place-based Discharge Workshop to be held in September 2023 which will help to align services and ambitions across all providers.

Virtual Wards

Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.

Local promotion of virtual ward services designed to support admission prevention and early discharge from the acute setting.

Single Point of  
Access

Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.

CCCT SPA in place. Consultant Connect providing link between service and community/Primary Care clinicians/SCAS.  
Linking into Community Pharmacy and strengthening the pathway across Bucks.

# 10-High Impact Interventions (2 of 2)

## Bucks Winter Interventions



Frailty	Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.	Frailty Unit in place, with dedicated Frailty Line utilised by SCAS & Primary Care, support admission and attendance avoidance. Considering links to Dementia pathways.
Community Bed Productivity and Flow	Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.	Additional beds at Olympic Lodge. Intermediate Care Beds in Chartridge Ward.
Intermediate Care Demand and Capacity	Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care, including community rehab.	New Intermediate Care Hub planned to open in Chartridge Ward (Amersham Hospital) Autumn 2023
Urgent Community Response	Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.	New UCR model in place from September 2023 to increase the number of patients treated.
Acute Respiratory Infection Hubs	Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.	Whilst Bucks will not be establishing specific ARI Hubs, the system will have focused actions during anticipated times of increased respiratory demand.

# What will be different – Buckinghamshire Healthcare Acute Trust

The table below highlights what was in place last year and the anticipated changes for this winter across the Buckinghamshire Healthcare Acute Trust:

Category	Last winter	This winter
<b>ED staffing</b>	Six substantive consultants and a large reliance on locums.	Twelve substantive consultants – fully established. From mid-September.
<b>Beds</b>	Olympic Lodge in place with 32 beds	Olympic Lodge in place with 22 beds Additional ward – 21 beds New Paediatric ED & Assessment Unit – 14 beds New Clinical Decision Unit – 7 additional trolley spaces, 12 additional chairs
<b>SDEC</b>	Consistently bedded and saw c.40 patients a day	No ability to bed. Seeing 80-100 patients a day.
<b>Discharge</b>	Fractured discharge processes and discharge teams across partners.	Integrated Discharge Team in place Transfer of Care Hub in place – due 16 October.
<b>Site management</b>		Electronic bed management in place with central command centre
<b>Virtual Ward capacity</b>	50 beds in place in Q4	160 beds in place in Q4 (January – March 2024)
<b>Single Point of Access</b>	Wide range of services without single access and triage	Single point of access of acute and community admission avoidance pathways with senior clinical triage

# Adult Social Care – Winter Plan Objectives:

Ensuring the delivery of safe and effective adult social care services

Enabling more people who need care and support to be discharged from hospital as soon as they are medically fit

Maximising opportunities for people to become as independent as possible

Enabling clients to remain at home and achieve effective discharge at weekends and holiday periods

Supporting clients to remain at home and achieve effective discharge at weekends and holiday periods

Supporting providers to deliver safe and effective services throughout the winter period

Supporting the safety and continuity of care for vulnerable residents

Supporting wider providers (such as the British Red Cross, Nottingham Rehab Supplies) to deliver safe and effective services during winter

Promoting and enabling the uptake of key winter vaccinations

Providing the public with information on staying well and appropriate routes to access support

Supporting Adult Social Care Emergency Response mechanisms through winter

# Adult Social Care – Key Planning Areas:

## Hospital Discharge

- Work as part of an Integrated Discharge Function
- Working with Care Homes and Domiciliary Care providers to ensure flexibility.
- Delivery of the Transfer of Care Hub
- Delivery of assessments in hospital with discharge into long term care where appropriate.
- Work with NHS to support discharge from mental health settings to appropriate settings and with appropriate support.

## Maintaining Operations

- The Home Independence Team will work closely with RRIC.
- Plans are underway to grow reablement capacity
- Maintaining on call rota for approvals of social care and CHC packages.
- 5 working Day Public Health Advice via Public Health Mailbox.
- Implementation of Bucks and Oxon Response Group 4x4 plan if required.
- Adults and Health Emergency Plan and business continuity planning in place

## Provider Resilience

- Continue to implement the commissioning approach set out in the market sustainability plan
- Encourage all key providers to update their Business Continuity Plans for winter planning and potential surge.
- Supporting providers who report challenges over the winter period
- Keeping providers updated on current information guidance and how to link to national level support
- Continue to take a whole-system approach to promoting recruitment and retention

## Communications and Vaccination messaging

- Deliver the First Response Multi Agency hub
- Liaising with Corporate communications on messages to vulnerable residents.
- Supporting the ICB communications on Flu and Covid vaccinations.
- Working with ICB to maintain awareness with providers of Infection Prevention Control guidance and monitor on monitoring visits
- Support the Staying Well During Winter Campaign

## Wider Commissioned Services

- Deliver the First Response Multi Agency hub
- Liaising with Corporate communications on messages to vulnerable residents.
- Supporting the ICB communications on Flu and Covid vaccinations.
- Working with ICB to maintain awareness with providers of Infection Prevention Control guidance and monitor on monitoring visits
- Support the Staying Well During Winter Campaign

# Mental Health – Emerging Plans & Initiatives

Flexible funding pot – established to support timely discharges from the inpatient wards (adults and older adults) such as paying for emergency Bed & Breakfast and emergency food parcels to minimise delayed discharges.

Crisis Team staffing – x2 Band 6 clinicians on 6-month deployment to support the Crisis Teams with their in-reach work; pulling early discharges from ward setting and supporting them in a community setting, further enabling patient flow through the whole pathway.

Voluntary Sector Support – admission avoidance and LOS reduction support for People with Personality Disorders, using voluntary sector support to avoid admissions in this sub-group of patients.

Rapid Response Beds (D2A) – this scheme was used successfully last Winter and can be considered again if additional funding becomes available. This would support the timely discharge of patient from A&E and medical wards at Stoke Mandeville, keeping up with increased demand over the Winter.

Safe Haven – partnering with two local VCS organisations to pilot a safe have scheme in High Wycombe and Aylesbury for under 18's. The model is designed to work alongside existing targeted drop-in provision in both towns (already running and organised by these 2 voluntary care sector organisations). Crisis Team to provide training, supervision and online/remote support to enhance the service.

# Other System-wide Interventions

**HALO** – deployment of Hospital Ambulance Liaison Officer to help support with the management of ambulance queue, escalations (corridor care, rapid release of crews) and triage in ED.

**Community Hub Bed Scheme** – continuation of current scheme, providing dedicated care home capacity, supporting with delayed discharges from the acute (criteria dependent).

**Keep Warm Hubs** – community centre space (Leisure Centres, Council Buildings, Libraries) for Bucks residents to make use of during spells of cold weather. Voluntary Sector, Primary Care, Social Care and Housing teams to consider providing in-reach support in these hubs.

**Specialty-driven Hot Clinics** – front door (acute) walk-in clinics run by specialties to intervene with ED attendances in specialty categories. Genitourinary Hot-clinic for example could intercept patients presenting to ED with UTI's, catheter issues etc., with a view to turning them around same day with specialist input, outpatient follow up etc.

**Primary Care Clinical Assessment Service** – allowing for 111 Primary Care dispositions to be clinically triaged and patients treated or sent to the most appropriate service including: Community Pharmacy, Urgent Community Response, GP Practice.

**Prevention** – promoting the wider Vaccination programme working with partners to promote and encourage the Covid and Flu vaccines across the Bucks population.

**Voluntary Sector** – working with our voluntary partners to promote and support pathways across Buckinghamshire including Age UK, AA, and Carers (Bucks) recognising, as a system, the invaluable contribution to managing winter.

# System Communications Through Winter

Weekly UEC System Dashboard to be circulated to all partners, showing key performance metrics including:

- *Number of calls waiting in the 999 service*
- *Number of additional patients in the hospital*
  - *Number of MOFD patients*

Targeted promotion of Winter Services via Consultant Connect Webpage – bespoke webpage being designed to communicate the opening hours and access points for all key UEC services. This will be for clinicians and MDT's to access to help support their decision making and to keep them informed of what services are available and when they are open.

Delivery of 'Bucks Key Messages of the Week' to be circulated to all partners.

BOB ICB Winter Comms Plan to be implemented across Bucks.

The Buckinghamshire system will work directly with Frimley and Milton Keynes to ensure communications and engagement with the Bucks population presenting into the Frimley and Milton Keynes system.

# Buckinghamshire Winter Escalation (1 of 2):

The table below highlights the Bucks Escalation Structure that will be in place during the winter period, with the next slide highlighting the process for escalation:

Description	GOLD	SILVER	BRONZE
<b>Members</b>	Raghuv Bhasin (BHT) Philippa Baker (ICB) Craig McArdle (BC) Donna Clarke (OH) Mark Begley (SCAS)	Michael Maynard (Chair)  OPEL System Members	Partner Leads
<b>Criteria</b>	If a partner is declaring OPEL 4 and an Executive member requests a GOLD call this will be set up as per escalation process.  If the Bucks Place declares System OPEL 4 a GOLD call will be set up.	If a partner requests a system call to be set up an invite will be sent to those on the Bucks OPEL list with the request for call detailed.	This will include all existing battle rhythms in place across the Bucks System. Providers will be responsible for establishing these meetings.
<b>Administration</b>	Bucks UEC Team	Bucks UEC Team	Provider Led

# Buckinghamshire Winter Escalation (2 of 2):

In line with the Gold, Silver and Bronze approach all partners across the Buckinghamshire, Frimley and Milton Keynes system work together to produce a daily OPEL status position, if at any time a partner requires system support the following system wide support Escalation processes are in place as follows:

- A System-wide Winter Escalation Call can take place Monday to Friday **11am** if system partners request and will contact [bobicb.bucksuec@nhs.net](mailto:bobicb.bucksuec@nhs.net) highlighting the request and reason for call. The Bucks UEC team will set up the call.
- Call will go ahead with partners bringing reason for call and actions required from partners.
- At weekends escalation calls are set up and will be stood down / or agreed to go ahead by Gold / Silver BHT staff by 09:30hrs and the call will go ahead at **10.30am**.
- All partners submit their daily Opel Status and narrative to [bobicb.bucksuec@nhs.net](mailto:bobicb.bucksuec@nhs.net) by 10am.
- Daily System Opel Status and narrative are circulated to all partners by 10:30am daily (*Monday to Friday*)
- The Bucks UEC Team and Bucks System support the Frimley escalation processes as and when required.

The Buckinghamshire OPEL Framework is attached for information:

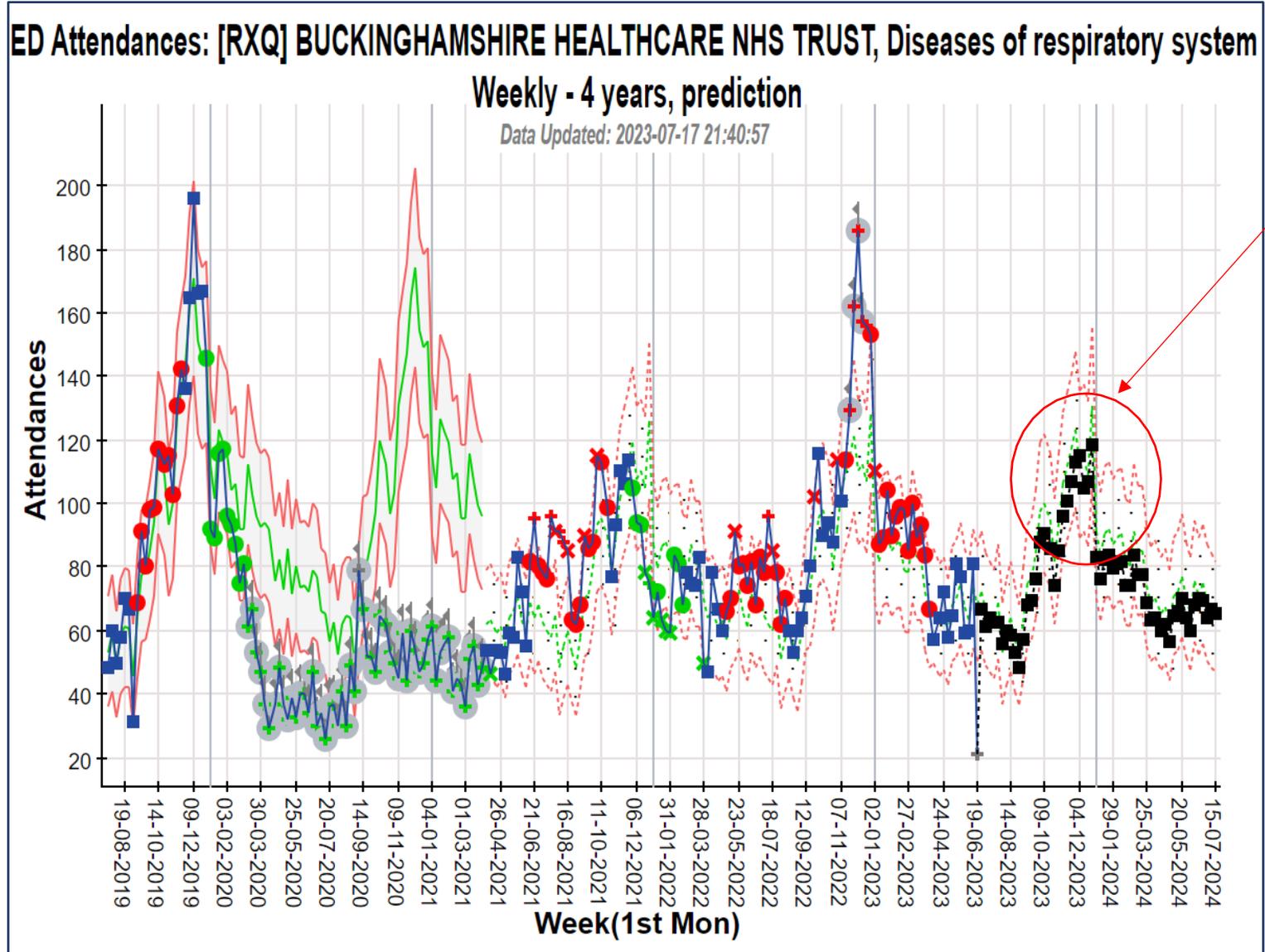


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Document

# Appendix A

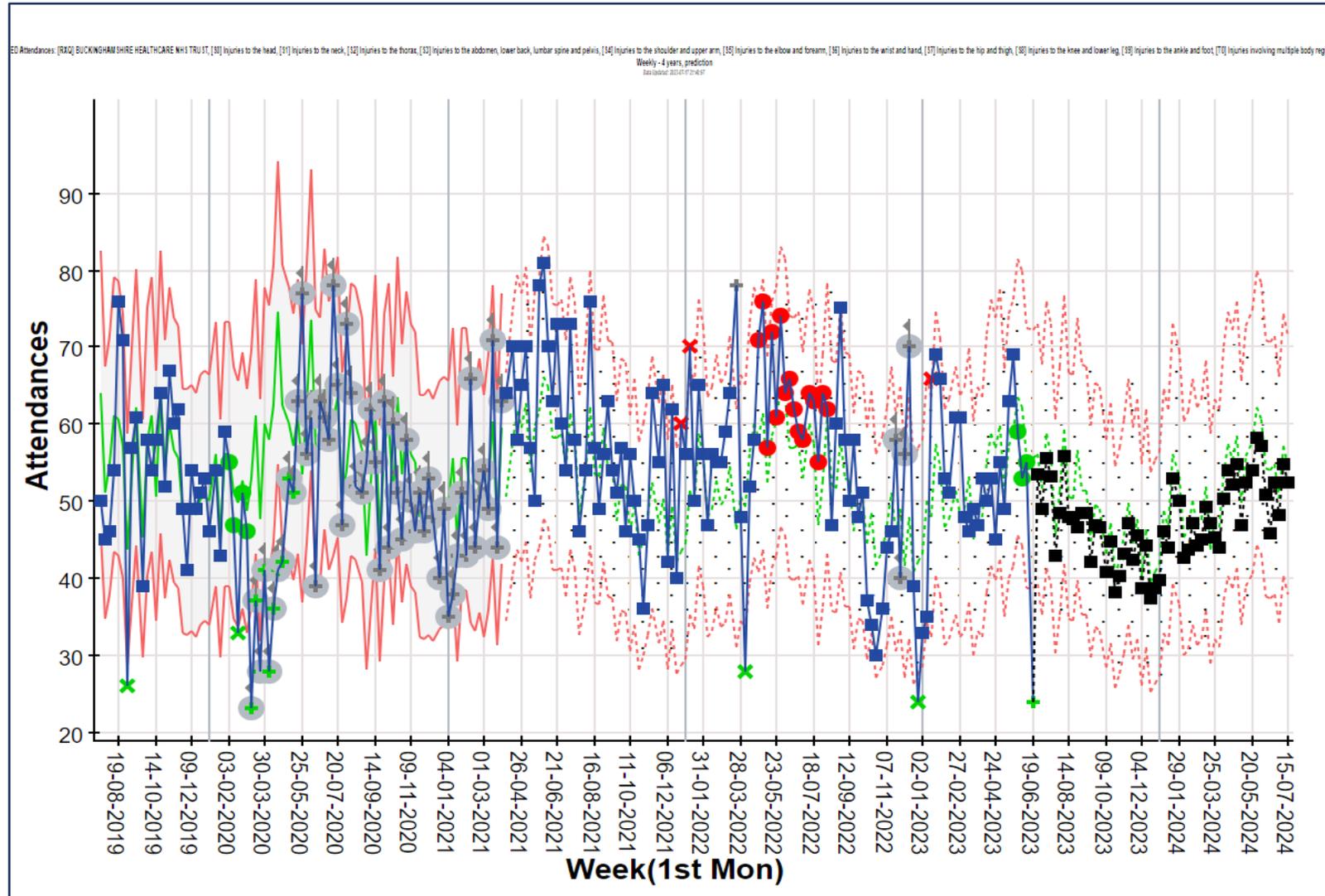
## *Detail of anticipated activity*

# Predicted Demand Winter 23-24: Respiratory ED Activity



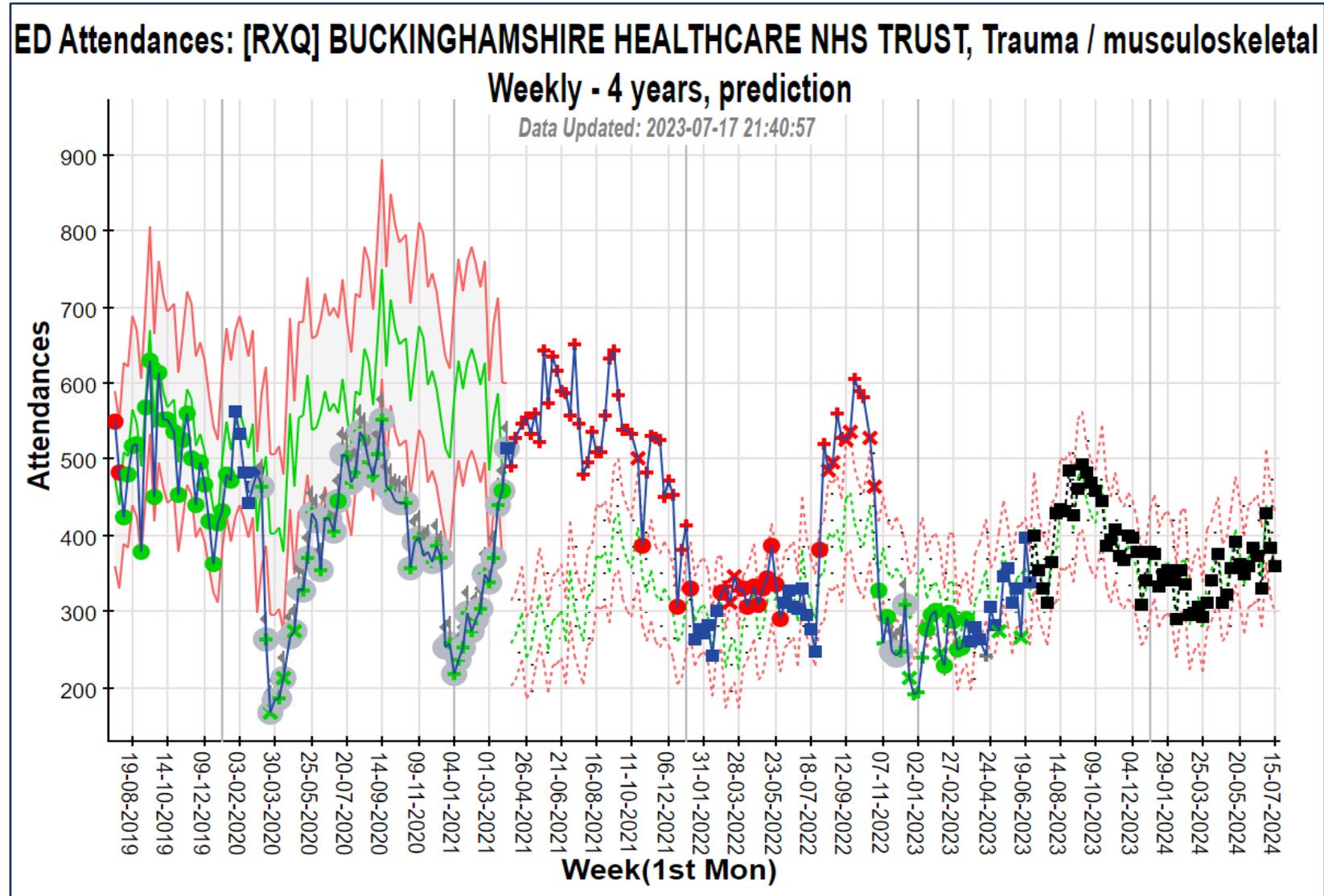
- Modelling indicated BHT will receive peak numbers of patients with a primary diagnosis of a respiratory disease across the month of December 2023.
- Majority of patients are likely to be registered with PCN's in the Aylesbury area.
- Community hubs have been setup to help with the dispensary of prescribed inhalers to patients at risk.

# Predicted Demand Winter 23-24: Trauma & Orthopaedic ED Activity



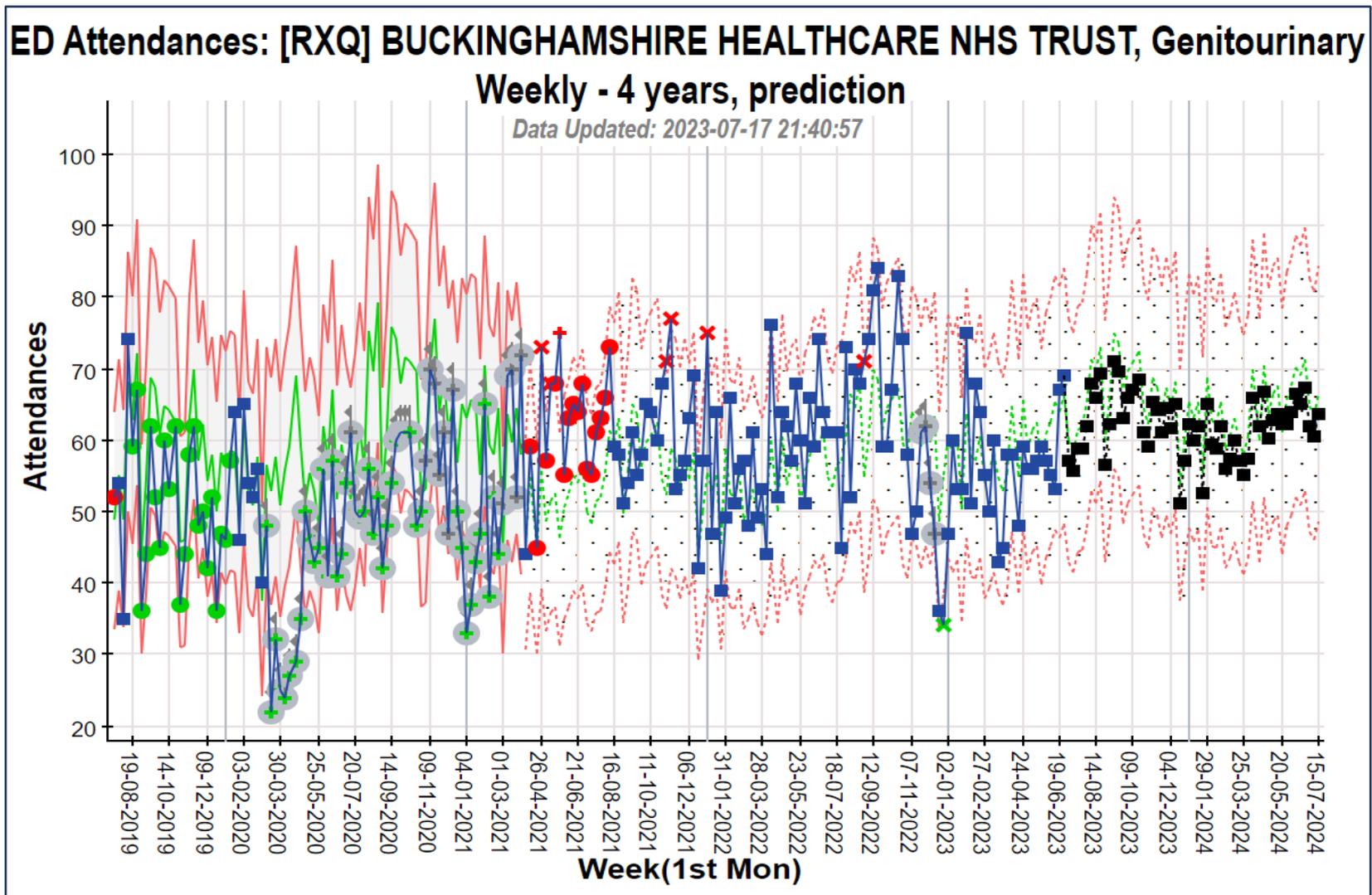
- Predictions indicate peak Winter attendances presenting with injuries likely to require T&O input (review in ED, admission to ward and/or surgical intervention) will peak in January 2024 at circa 55 attendances per week.
- This is based on SUS data confirming a Primary diagnosis
- The graph demonstrates historical and predicted activity based on a patients where a diagnosis of a fractured bone are confirmed.

# Predicted Demand Winter 23-24: Trauma & Orthopaedic ED Activity



- This graph demonstrates predicted activity based on patients who have attended ED with any type of skeletal or soft tissue injury.
- Weekly activity where the ED Chief complaint is listed as Trauma/Injury indicates an earlier peak in October of 500 patients per week – after initial assessment in ED these numbers will then be revised by Primary and Secondary confirmed diagnosis.

# Predicted Demand Winter 23-24: Genitourinary ED Activity



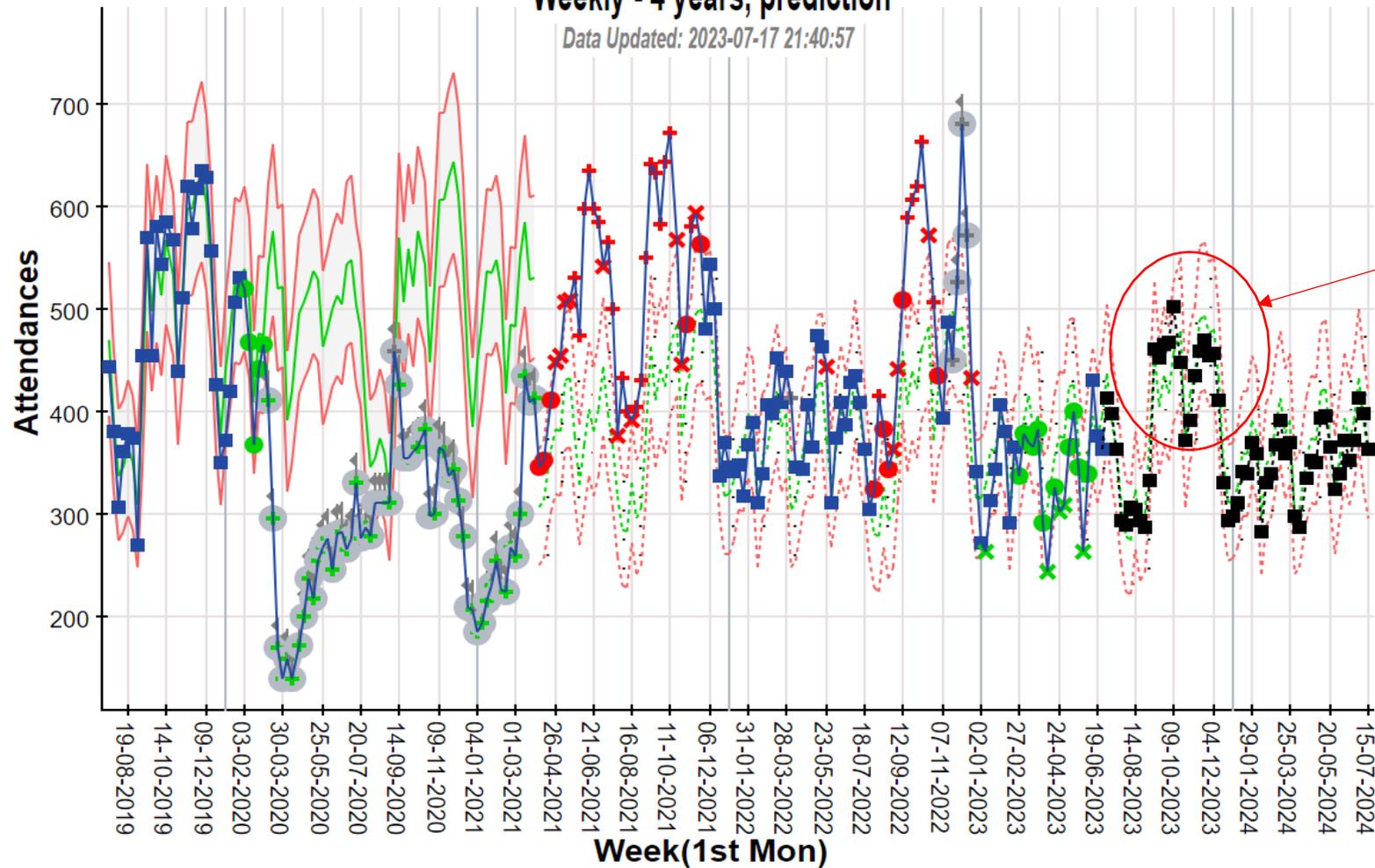
- Predicted demand modelling indicated that there will be slightly increased pressure on ED compared to last Winter with higher numbers of patients presenting with a Genitourinary Chief Complaint on arrival to ED.

# Predicted Demand Winter 23-24: Paediatric ED Activity

ED Attendances: [RXQ] BUCKINGHAMSHIRE HEALTHCARE NHS TRUST, 0 to 4 years, 5 to 14 years, 15, 16, 17

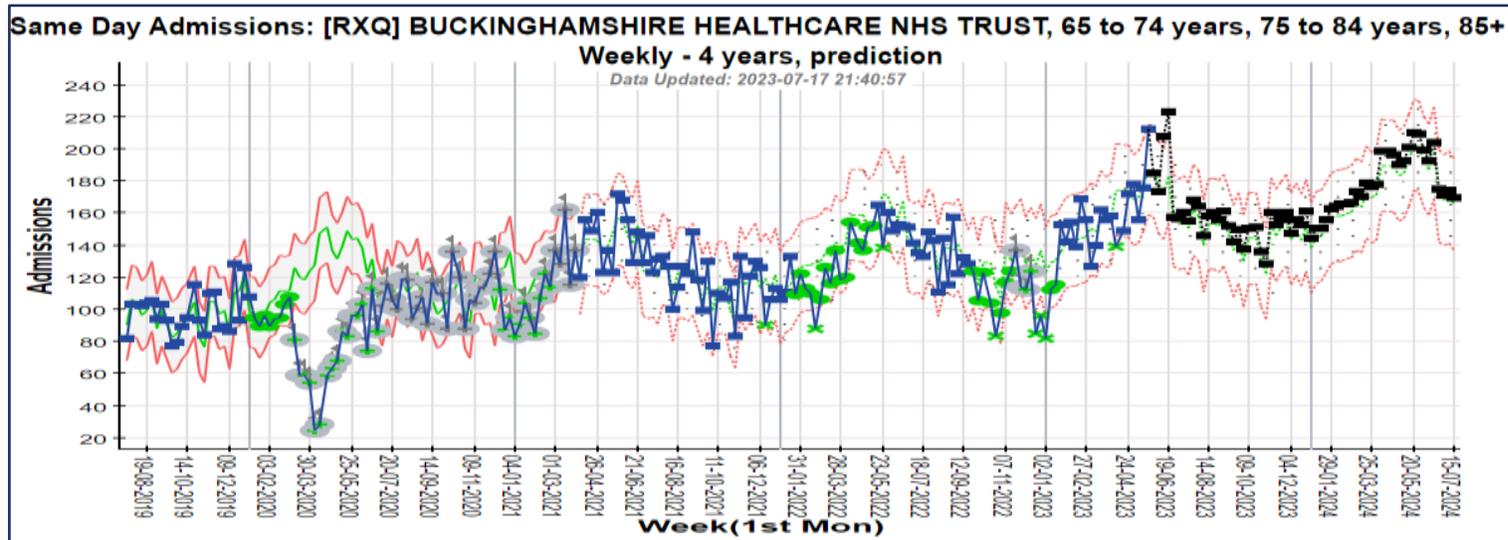
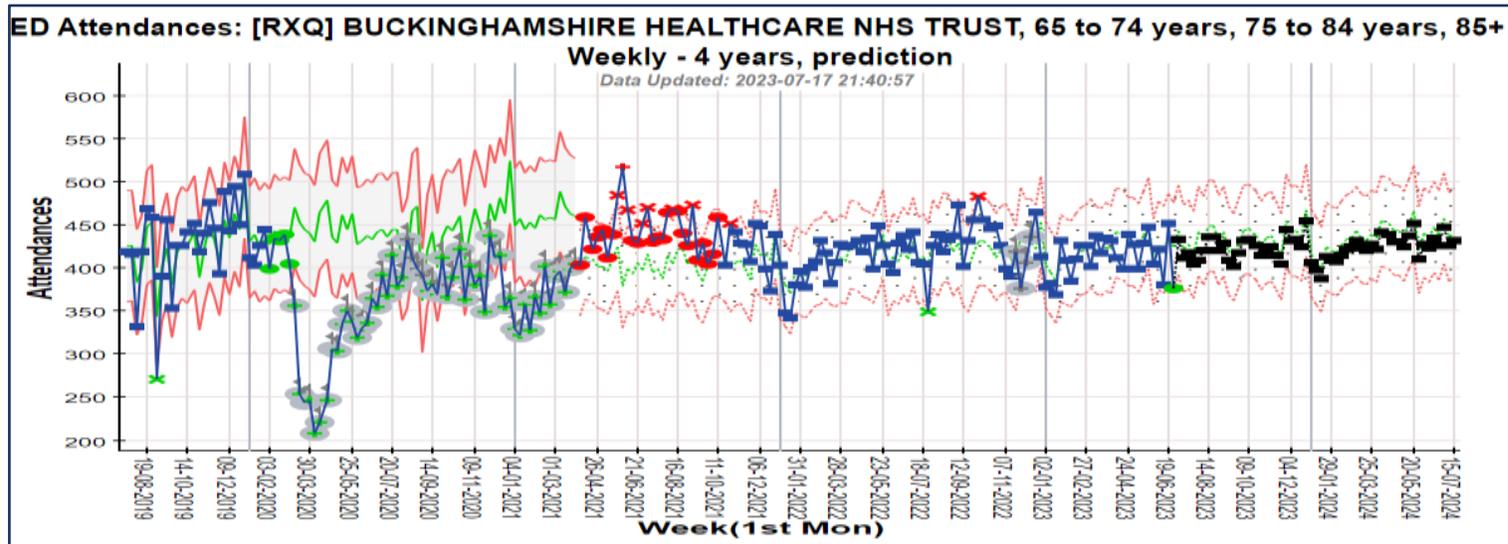
Weekly - 4 years, prediction

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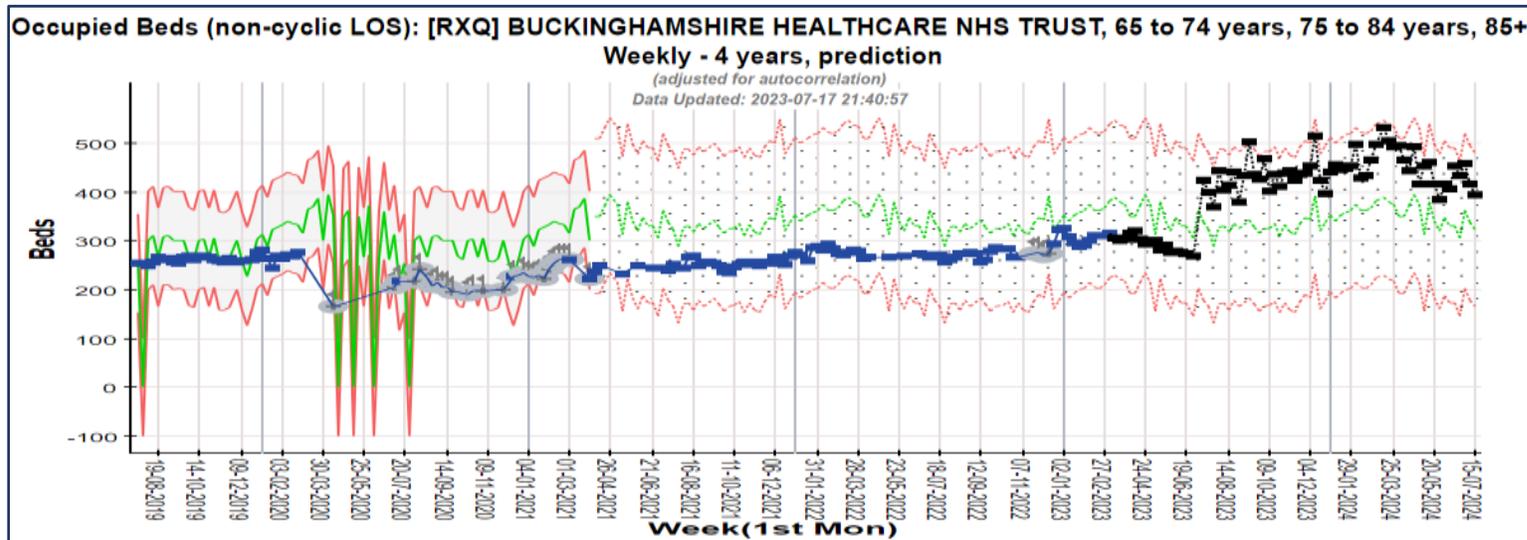
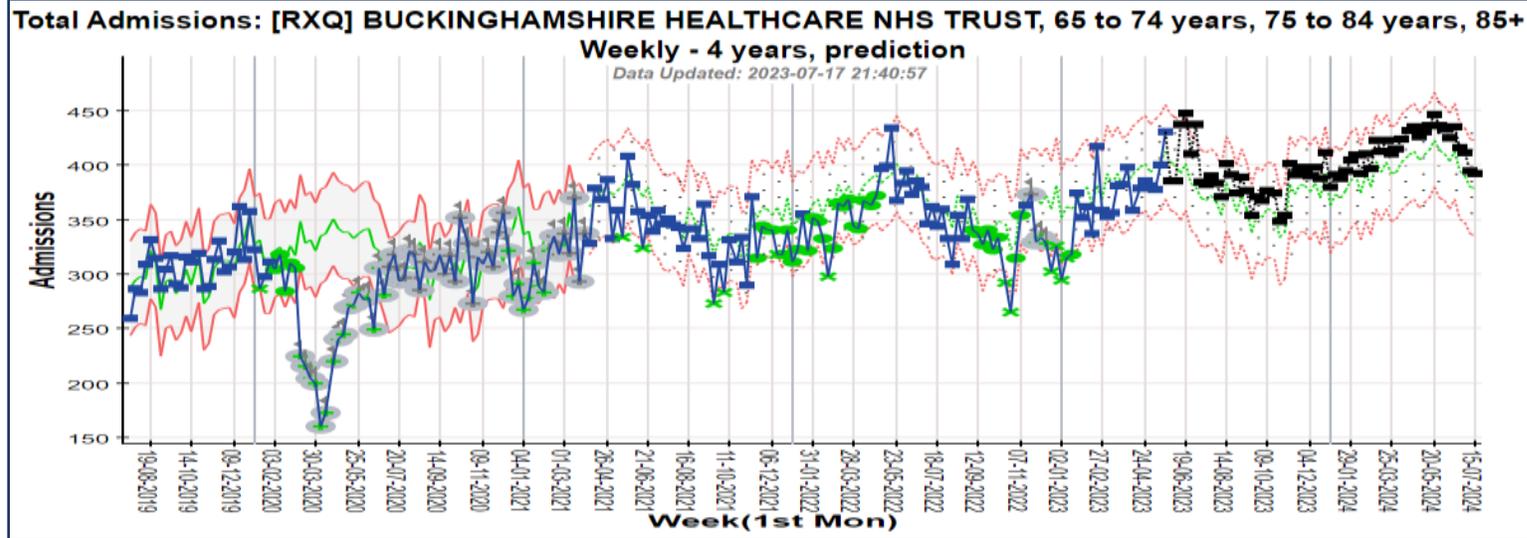
- Predicted demand modelling indicates that there will be slightly increased Paediatric presentations to ED in October & November.
- Last year's high demand in November and December was driven by the Strep A outbreak (community, nationwide).
- National advice from the Health Security Agency currently states that services should be prepared for another Strep A outbreak – further details to be provided in the following weeks. Initial predictions indicated that any new outbreak likely to be less impactful compared to previous.

# Predicted Demand Winter 23-24: Frailty ED & Inpatient Activity



- Predicted demand modelling indicates that ED attendances in the Frailty category will remain consistent with current demand.
- Data indicates that the drivers for attendances for patients aged 65 and over are already embedded.
- Same Day Admissions/Discharges are predicted to increase across Winter 23/24.
- This is indicative of a split in acuity, with lower acuity patients being turned around from ED and back into the community in larger numbers.
- This is also reflective of the increased drive during the Winter months to discharge home as many people as possible with community and Hospital at Home type services.

# Predicted Demand Winter 23-24: Frailty ED & Inpatient Activity



- Total admissions for patients aged 65 and over are likely to increase as will the number of G&A beds occupied by patients meeting the Frailty age criteria.
- This indicates that acuity as well as a pressure on community resources will contribute to greater pressures on G&A bed stock and will negatively impact on hospital site flow.
- As per the previous slide, the increase in admissions to the hospital may be driven by a split in the acuity, with a higher proportion of patients aged 65 and over presenting as more infirm/unwell and requiring inpatient treatment.
- This then leads onto a likely outcome of more beds occupied and a longer length of stay in hospital for patients over 65 years, as wait times for support services are likely to increase.