ORCP 2014-15 evaluation and preparation for 2015-16

All organisations are asked to agree this plan

Dates of operation for planned increases in capacity
1 April – 10 May
18 – 31st May
24th August – 6th Sept
21st December 2015 – 31st January 2016
Total: 16 weeks

Questions:
1. Would it be better to start these initiatives on Wednesdays rather than on Mondays, to avoid the extra capacity being filled too early and not improving capacity over the BH weekend?
2. Would it be better to continue initiatives through until the end of May to avoid the "stop – start" issues?

Project	Lead	Did it make a difference during 2014-15	Actions to prepare for 2015-16	Owner
A2 – MH Input into Wycombe MuDAS (£45k)	OHFT	No – project abandoned – unable to recruit CPN	Not part of ORCP 2015-16	Oxford Health
B1 – Early Bird GP (£27,640 pm for one GP in April, rising to £55,280pm for 2 GPs for the rest of the year)	SCAS	In Dec 49 and in Jan 47 patients were seen who then did not require hospital admission 30% of patients EBGP visits are GP referred, the rest come via SCAS. Note: BHT are also reviewing impact on reducing batching of patients in A&E late in the day and so overnight stays	Plan for two EBGPs to be in place. One in AVCCG and one in Chiltern CCG. Each for the weeks before and after bank holidays throughout the year and for all of January. (12 weeks)	SCAS (Mark Begley)

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B2 - System & Capacity Vehicle (£115k for 6 months)	SCAS	Minimal – vehicle used for other functions	Not part of ORCP 2015-16	SCAS
B3 – System Community Demand Practitioner	SCAS	Has not demonstrated a reduction on number of high intensity users or activity.	Not part of ORCP 2015-16	SCAS
B4 – HALO (funded by Berks West CCG)	SCAS	Yes. Reduced handover delays	To be switched on and off quickly as part of escalation framework when ambulances start to queue	SCAS
B5 – NHS 111 Resilience (£217k) across Thames Valley 1. Access to Advanced Clinician Support 2. Streaming of 999 Green Calls and reduced dispatch 3. Health Information Service- releasing Clinical Resources 4. Home Workers	SCAS	Would be useful to maintain increased clinician input to reduce calls forwarded to primary care or A&E	To be confirmed – possibly from national funding	SCAS
C1 Carers Hub (£35k)	Bucks Carers	In Feb reported referrals to date = 63. Needs further evaluation.	Not part of ORCP 2015-16	BUCKS Carers (Stephen Archibald)
D1 – Care & Repair (£8k per month)	BCC	Yes – small numbers (8 – 16 per month) but a valued service that did make a difference getting patients home that would otherwise have been delayed. The service was also available at weekends. Small cost – big benefit.	ORCP funded for 2015-16	Bucks CC (Adam Payne)
X1 – Admission Avoidance (£23,700 pm)	BCC	Yes – part of REACT Team which is achieving 50 admission avoidances per month. Added value	ORCP funded for 2015-16	Bucks CC

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		of ASC input is difficult to quantify. Team is made up of a Social Worker, OT, Physio, Nurse and Geriatrician. They also have access to PIRLS and Pharmacy support. There is no similar scheme in WPH.		
X2 – Step down Beds (£780 per bed per week) (£20,833 pm)	BCC	Yes – particularly during **BLACK** escalation. Provided 6 beds for 26 weeks and so improved bed capacity in acute hospitals	To be switched on and off quickly as part of escalation framework in response to unexpected surge in demand when it is significantly higher than predicted.	Bucks CC
E5 – Bed capacity (£400k for 2-3 months)	BHT	Consolidation of existing escalation beds, but did not increase BHTs ability to staff additional beds. So did not affect likelihood of escalating to black	Already implemented and funded via PbR for 2015-16	BHT
E6 - Wycombe MuDAS Transport (£5k per month)	BHT	Around 140 patients transported to MuDAS per month. This is an increase of 20 per month since Sept. Based on December 2013 audit, 93% of referrals lead to an avoided admission. So the £5k per month on transport will have saved 19 extra admissions per month (c£38k)	Continue throughout 2015-16, additional resilience funding to add to block contract for MuDAS at H Wycombe	BHT
E7 – ACHT Extension for additional overnight team. (£14k per month)	BHT	Second night shift started in Nov. Number of OOH contacts approximately 300 per month. Improved speed of response, but difficult to quantify impact on resilience.		BHT
E8 – Phlebotomy support (£10,600 per month)	BHT	Currently 80% of wards are receiving a 7/7 phlebotomy service, an increase of 8% (2 wards) BHT support this as too few junior doctors to take all bloods so helps get patients discharged	Continue throughout 2015-16	BHT

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		earlier in the day, which has directly influences 4 hour achievement		
E9 – Rehab & Reablement (£45,700 per month) Community/Intermediate Care working as part of the team in-reaching to Acute Wards.	BHT	Around 13 frail and elderly patients per month were referred to the community team to be assessed and supported for their on-going rehab/reablement at home. This allows patients to be discharged as soon as they are medically stable – meaning a short hospital stay. A useful trial of a new service targeting frail and elderly patients.	tbc	BHT
E11 – Surgical Ambulatory Care (£33k per month)	BHT	Creating additional ambulatory surgical capacity resulted in a reduction of surgical 4 hour breaches in the ED from 10% to 6% of the total.	Continue throughout 2015-16	BHT
E12 – Pharmacy Support (£25,200 pm)	BHT	Increased number of medicines reconciliations by 25 per month. This project also targets TTOs in ED to support early discharge. BHT Ideal week identified improvement in TTOs by pharmacy required to get early discharge and this directly influences 4 hour achievement.	Continue throughout 2015-16	BHT
E13 – MuDAS @ SMH (£25k pm)	BHT	A project to reduce the number of frail and elderly patients needing to go to acute wards. 40% of frail and elderly avoided an acute ward by being supported by the MuDAS and REACT Team. % of patient over 65 years admitted to wards increased from 35% to 46%, although this will have been affected by flu.	Continue throughout 2015-16	BHT
E15 – Ambulatory Emergency	BHT	Yes, achieving 19% of medical take and most	Continue throughout 2015-16	BHT

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Care (£60k pm)		patients are not admitted.		
E16 – 7/7 X Ray (£42k pm)	BHT	Difficult to evaluate as no information about baseline last year with which to compare 70% inpatient plain x-ray reports in 7 days achievement this winter.	Continue throughout 2015-16	BHT
E17 – ACHT to care home step down (£11k pm)	BHT	Very limited number of patients supported. Approximately 18 patients over 3 months	Plan for service to be in place for week before and after bank holidays throughout the year and for all of January. (12 weeks)	BHT
F1 – Programme support (£10k pm)	CCG & BHT	A cost benefit analysis needs to be undertaken.	Use same funding to recruit permanent post throughout 2015-16	CCG (Ian Cave)
F 2 – Spot Purchasing (4 beds at Hampden Hall and 4 beds at Cherry Trees NH. (£32k pm) including BUC and GP costs	CCG	Yes, useful particularly during **BLACK** escalation. Can switch on and off quickly. 6-8 beds purchased.	Plan for service to be in place for week before and after bank holidays throughout the year and for all of January. (12 weeks) plus bed days until discharge.	CCG (Ian Cave)
G1 – WPH Transfer of Care (£17k pm)	CCCG	PACE not yet implemented so unable to evaluate impact	Pilot for 2 months in 2015-16	CCCG (Paramjit Singh)
G2 – Step down rehab home packages (24k pm)	CCCG			
G3 – Care Home Nurse WPH (8k pm)	CCCG			
G4 – Step down beds WPH (£17k pm)	CCCG	Beds purchased in Berks on a temporary basis at Chandos Lodge and in BHFT community hospitals. Awaiting information about number of patients benefiting.	Three beds at Chandos Lodge for April	CCCG (Paramjit Singh)
H1 – Communications (£11k pm)	CCG	Talk before you walk campaign implemented. The Health Help Now self-care portal –due to	Deliver throughout 2015-16	CCG (Nikki

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		launch in March Impact difficult to assess on A&E attendances		Malin)
I1 – Street Triage (£411k per year)	MH	Not yet – posts out to advert. Oxford Health hope is to start late Feb/early Mar.	Full year effect funding already provided from initial ORCP (MH) funds	Oxford Health (Britta Klinck)
I2 – Extension of PIRLS (£205.7k per year)	MH	Not yet. PIRLS support to ED is good and much appreciated. Support to wards is also now being provided and, again, is much appreciated. Very good Consultant (Dr Pavan Joshi) in post who is supporting the service and positively helping ED's understanding of MH. Still slow to dispose of patients who require an inpatient MH bed. This is much to do with legal processes required e.g. 2 x Consultant assessments.	Full year effect funding already provided from initial ORCP (MH) funds	Oxford Health (Britta Klinck)
I3 – Ambulance Triage (£??)	MH	Not yet got going. Still out to advert for staff.	Full year effect funding already provided from initial ORCP (MH) funds	Oxford CCG

Other Schemes to be evaluated

Scheme	Did it make a difference?	Actions to prepare for 2015-16	Owner
Trusted Assessor	Yes, reduced delays in placing patients.	Costs nothing but saves everyone time. It was trialled	BCC Adam P)

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Scheme	Did it make a difference?	Actions to prepare for 2015-16	Owner
BHT and BCC accepting a single assessment by either organisation's staff as acceptable to both organisations		when the system went to **BLACK** escalation and no concerns were reported. BHT and BCC need to reach agreement about how to implement this.	and BHT (Isobel Day)
Trusted assessment between BHT and care homes Care homes accepting BHT therapists assessment of patient needs, rather than duplicating it which delays patient being transferred.	Increases weekend transfers to care homes at Cherry Trees NH which accepted BHT assessments.	Work being taken forward	tbc
OOH Hospital Admission Avoidance BUC using their 999 admission avoidance BUC additional visiting GP	• SCAS crews are calling BUC OOH when they think a patient could benefit from a GP visit rather than taking to A&E. Requires further evaluation, but early signs are that 50% of patients subsequently don't require admission. • The additional GP resource was helpful but it was difficult to predict when it would be needed – even for BUC with all their experience.	Continue throughout 2015-16 As part of implementing a health care professional line Service to be in place throughout the year as part of BUC planned capacity for predictable demand. Could be implemented at short notice as part of escalation in response to surge in demand over that predicted.	BUC BUC

Scheme	Did it make a difference?	Actions to prepare for 2015-16	Owner
The OOH service seeing patients from A&E with minor illness	• Whilst the numbers are small, it is useful to have as part of OOH rather than having an extra ORCP.	Continue throughout 2015-16	BUC
Increased GP input to community hospitals. GPs doing longer ward rounds in community hospitals speed up discharges?	Not found to be helpful as patients often needed social care packages.		
Care Homes • SCAS calling GP before conveying • Training to care home Designated responsible Persons in charge of shifts • Weekend/evening admissions	• GP triage in hours, or 999 avoidance via BUC OOH • No evaluation available yet • Benefits by reduced hospital stay when new patients are identified by acute hospitals at weekends or late on Fridays, which is rare.	GP triage already in place 2015-16 999 BUC avoidance – see above 2015-16 full year funding already provided Build into contract negotiations with care homes	
Discharge to assess • Clarify different pathways (ie going home for reablement or not) • Assess capacity required for those requiring bed based services • Consider BCC sourcing		Part of 2015-16 urgent care work plan	BHT & BCC

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capacity and NHS/joint funding whilst assessments done • Care home beds for patients definitely requiring bedded long term care, but undergoing assessment. Without prejudice to which organisation will fund these.			
GP step up beds in Aylesbury managed by Westongrove partnership		Pilot 2 beds in Aylesbury for 3 months and evaluate impact on admissions.	AVCCG
Alamac system to enable clear anticipation of developing capacity issues		Implement through 2015-16	AVCCG

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