Buckinghamshire County Council

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Health and Adult Social Care Select Committee
24 March 2015

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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)

Project	Lead	Did it make a difference during 2014-15	Actions to prepare for 2015-16	Owner
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

Project	Lead	Did it make a difference during 2014-15	Actions to prepare for 2015-16	Owner
		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

Project	Lead	Did it make a difference during 2014-15	Actions to prepare for 2015-16	Owner
		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

Project	Lead	Did it make a difference during 2014-15	Actions to prepare for 2015-16	Owner
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

Project	Lead	Did it make a difference during 2014-15	Actions to prepare for 2015-16	Owner
		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)

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	• 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.	Continue throughout 2015-16 As part of implementing a health care professional line	BUC
BUC additional visiting GP	• The additional GP resource was helpful but it was difficult to predict when it would be needed – even for BUC with all their experience.	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

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

Scheme	Did it make a difference?	Actions to prepare for 2015-16	Owner
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

Responses to Wycombe District Council Improvement and Review Commission report on Urgent Care, March 2015

Wycombe District Council Improvement and Review Commission completed a report on urgent care in January 2015. The report can be reviewed here:

https://councillors.wycombe.gov.uk/documents/g5116/Public%20reports%20pack%2014th-Jan-2015%2019.00%20Improvement%20and%20Review%20Commission.pdf?T=10

Responses have been received from various agencies to the report's eight recommendations, and are in the table below. Responses to recommendations 1-7 have been supplied by Claire Gourlay from the Central Southern Commissioning Support Unit on behalf of NHS Aylesbury and NHS Chiltern Clinical Commissioning Groups (CCGs), Bucks Healthcare Trust (BHT) and Bucks Urgent Care (BUC). The table indicates who the various responses have come from.

The Buckinghamshire Health and Adult Social Care Select Committee will use these responses to inform some of their questions on Urgent Care at their meeting on 24th March 2015. All the responses will be formally considered by the WDC Improvement & Review Commission at a later date.

Recommendation	Response	Contact/ Officer
1 Following the local campaign that is being conducted and other recent measures (such as the Bucks version of the "Health Help Now" website which was due to be available from December 2014) patients' views should be sought on the ease of accessing the right service. Patient and GP feedback and action needs to continue until there is less confusion and clear evidence that patients are using the most appropriate service access channels for their medical condition and the levels of inappropriate referrals have reduced to an acceptable level, with information on progress made publically available.	CCGS response: .We are continuing to carry out work to promote the urgent care services in the area. The Health Help Now app is due to be launched in time for the busy Easter weekend and we are also creating a leaflet to promote the app and which service to go to and when. This leaflet will be delivered by Royal Mail to every household in Bucks. It will also include services relevant to those who live on the borders of the county. The Let's Talk Health Bucks engagement platform is also now available so we have an additional channel to gain views and opinions of the patients, the public and GPs.	Claire Gourlay (NHS Commissioning Support Unit).
2 Enhanced administration and management liaison is	BHT response: • Improving communications with	Claire Gourlay

required between High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency, so patients only have to "tell it once" at their first point of urgent health care access at Stoke Mandeville Accident & Emergency or High Wycombe Minor Injuries and Illness Unit, other than to confirm their condition.	patients prior to transfer to Stoke Mandeville – introducing transfer protocol to ensure identified patients are fast-tracked to relevant service on arrival at Stoke Mandeville – children already fast-tracked through to our paediatric decisions unit • Heralded transfers from MIIU to: o Stoke Mandeville A&E o Stoke Mandeville medicine o Stoke Mandeville surgery o Stroke/Cardiac Wycombe • Looking to establish a bi-monthly forum between Care UK and BHT to enable better collaboration in the future BUC Response: • BUC and BHT are working on closer IT integration as part of their new strategic partnership. This will eventually result in seamless record access at either site. In the meantime patients transferring from Wycombe MIIU to Stoke Mandeville A&E will have their information transferred by secure NHS email or secure fax to the receiving clinicians.	
3 Increased awareness is required of patients (and those accompanying them) daily requirements such as medicine and meals at set times, to enable people to manage their existing medical and domestic needs as far as possible, when attending High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Accident & Emergency.	BHT response: • At triage and when assessed by a clinician - patients medical details and relevant requirements are picked up and taken into consideration • We encourage the use of the 'This is me' booklet for patients living with dementia • Intentional rounding within A&E was introduced late last year – ensuring hourly checks of all patients in A&E • There are refreshment facilities available 24/7 at Stoke Mandeville for patient and relatives. BUC response: • Patient information taken at MIIU already includes current medication. Additional information will be taken regarding meal times and special requirements including those of carers attending with patients.	Claire Gourlay
4 Greater urgency needs to be given to joining up the separate IT systems to assist staff at High Wycombe Minor Injuries and Illness Unit and Stoke Mandeville Hospital in being able to give a seamless service to patients.	BHT response: • Very few patients require transfer to A&E – demonstrating that signposting is working. However we continue to work to further reduce the number of transfers to A&E – with our clinicians electronically reviewing x-rays before confirming & recommending need for patient to be transferred • We will continue to work with MIIU to identify ways of strengthening and improving communications • Bucks continuing care record is already	Claire Gourlay

	in place for patients who are coming to the end of their life. All agencies have access to this record to ensure continuity of care. • We are introducing a new electronic patient record system later this year, it has the ability to connect with other systems and this is something that we will explore further in the future once the system is up and running. BUC response: • (see previous response) BUC and BHT are working on closer IT integration as part of their new strategic partnership. This will eventually result in seamless record access at either site. In the meantime patients transferring from Wycombe MIIU to Stoke A&E will have their information transferred by secure NHS email or secure fax to the receiving clinicians.	
5 The introduction of additional facilities and services at High Wycombe Minor Injuries and Illness Unit gives a further opportunity to promote the "one-stop treatment" approach for patients in High Wycombe, reducing the number of transfers required to Stoke Mandeville Hospital, which should also include follow-up appointments at Wycombe Hospital.	BHT response: • Wycombe is home to planned surgery centre, cardiac, stroke, breast centre of excellence, so where possible services are provided locally. We also have a whole range of outpatients clinics as well as MUDAS to support frail elderly patients and avoid admission to hospital • We have a programme of working looking at how we improve the administration of outpatients, including how we reduce unnecessary follow-ups (& alternatives to face to face) BUC response: • The MIIU has recently been refurbished and has a new X-ray facility in place which will hopefully reduce the number of transferred patients to Stoke Mandeville. There are outpatients clinics at WGH where they refer fracture patients for follow up.	Claire Gourlay
6 The waiting area in High Wycombe Minor Injuries and Illness Unit needs to be reviewed, in particular the need for proper temperature control, to avoid patients (and those accompanying them) from having to wait in a less than ideal environment	BUC response: The waiting room has been redecorated and a children's area has been created. The waiting room does not have air conditioning but we do put portable air conditioning units in place at times of hot weather.	Claire Gourlay
7 Ambulance handover times at hospitals need to improve, as the current	BHT response: • Delays have been a national challenge. SCAS continues to work in partnership with	Claire Gourlay

time frame is too wide and results in a poorer patient experience. Achievable hospital targets and timescales for the reduction in queuing of ambulances are required.	their hospital colleagues and there have been improvements through the year • We have increased nurse staffing in A&E to support handovers from ambulance • As part of our system resilience work, and working with social care, we continue to take actions to support discharges in order to free capacity elsewhere in hospital and prevent blockages within A&E • We are working closely with SCAS – we have established a monthly meeting to review in real-time any delays and identifying solutions. We are also looking at the role of advanced nurse practitioner and geriatricians support across the ambulance service and A&E	
8 Bucks County Council and the Bucks Local Enterprise Partnership should make the improvements of the A4010 a high priority in bidding for funds from Government as part of the Single Local Growth submission.	Improvements to North-South routes are a key part of the council's aims for improved connectivity across the county. The County Council will continue to work closely with the District Council to see development come forward in a way that maintains the functionality of the road network and mitigates the effects of new housing and employment growth across the county as far as possible. Bids submitted as part of the Local Growth Fund are prioritised on their ability to deliver economic growth, however if WDC believe this is the highest priority for their area the County Council will be happy to work to bring forward improvements in partnership with the District and LEP in future bidding round opportunities.	Stephen Walford Director - Growth & Strategy Buckingha mshire County Council