

Buckinghamshire System Winter Plan 2022 / 23

Health and Social Care Select Committee

September 2022



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

Introduction

The Buckinghamshire System Winter Plan 2022/23 presents the intentions of the Buckinghamshire Health and Social Care System to support the six month period of Winter 2022/23. Throughout this plan, the term 'winter' refers to the period **Monday 3rd October 2022 to Friday 31st March 2023**.

This winter plan covers the whole population of Buckinghamshire, including all ages and all conditions so these are not separated throughout the plan that groups priority actions at provider level, based on anticipated demands on each Urgent and Emergency Care Service.

This is a high level iterative plan to support the Buckinghamshire Health and Social Care System across Winter 2022/23 recognising providers will have their own detailed local winter plans in place.

NHSE will be providing a **Board Assurance Framework** to help all systems provide assurance for the anticipated challenges facing us this winter. These areas are embedded throughout this Winter Plan.

National Priorities

The collective core objectives and actions are to:

1. **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
2. **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and capacity funding to support the system through additional bed capacity during the winter months.
3. **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
4. **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
5. **Reduce crowding in A&E departments and target the longest waits in ED**, through improving use of the NHS directory of services and increasing provision of same day emergency care and acute frailty services.
6. **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards and improvements elsewhere in the pathway.
7. **Ensure timely discharge**, across acute, mental health and community settings, by working with social care partners and implementing the 10 best practice interventions through 'the 100 day challenge'.
8. **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Overview of the Buckinghamshire Winter Plan



The Buckinghamshire System Winter Plan consists of **10** key areas across the Health and Social Care System. These are highlighted in the diagram to the left.

System partner has contributed to this plan and are committed to delivering and supporting the challenges expected through the winter period.

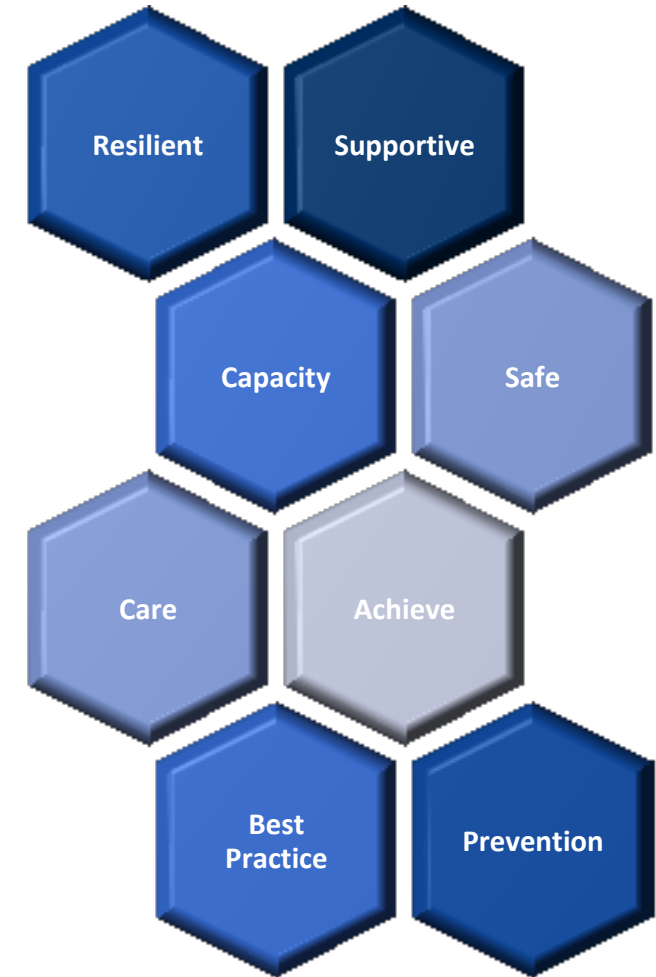
It should be recognised that all providers will have their own detailed local winter plans in place.

A **Winter Plan Tracker and Dashboard** will be developed to help track the delivery and impact across the winter period. This will be overseen via the Buckinghamshire UEC Board.

Aims

The **aims** of the Buckinghamshire System Winter Plan, based on learning from 2021/22, are to ensure all key partners are signed up to support and deliver the following:

- ✓ The Bucks System will aim to be **resilient and supportive** throughout the winter period, providing safe, effective and sustainable care for the local population
- ✓ The Bucks System will aim to have sufficient **capacity** available, including flexibility across the workforce, to meet likely demands over winter and potential surges in Covid-19 or other anticipated challenges
- ✓ The Bucks System will aim to deliver **safe** and high-quality **care** for patients/clients in the most appropriate setting
- ✓ The Bucks System will aim to **achieve** national and local access targets and trajectories across the wider system
- ✓ The Bucks System will continue to learn from previous winters locally and from **other systems** and ensure we adopt **Best Practice** where possible across Buckinghamshire
- ✓ The Bucks System will aim to promote **prevention** and supports self-care for staff and patients / clients.

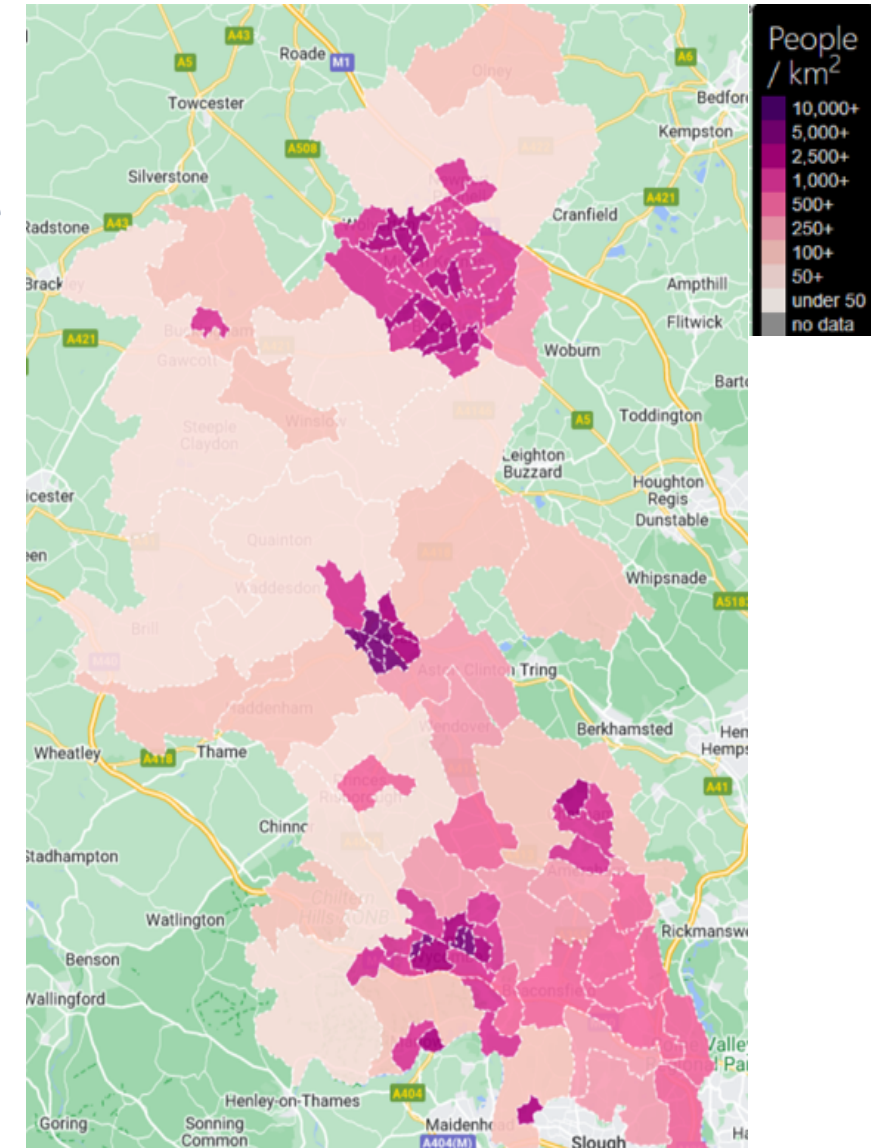


Overview of Buckinghamshire

Buckinghamshire has a resident population of approximately **553,100**. The authority is the 4th (out of 19) least densely populated upper tier local authority in the South East, with a population density of 353 residents per square kilometre as highlighted in the map to the right. The demands on our services continues throughout the year with the approximate volume highlighted below:

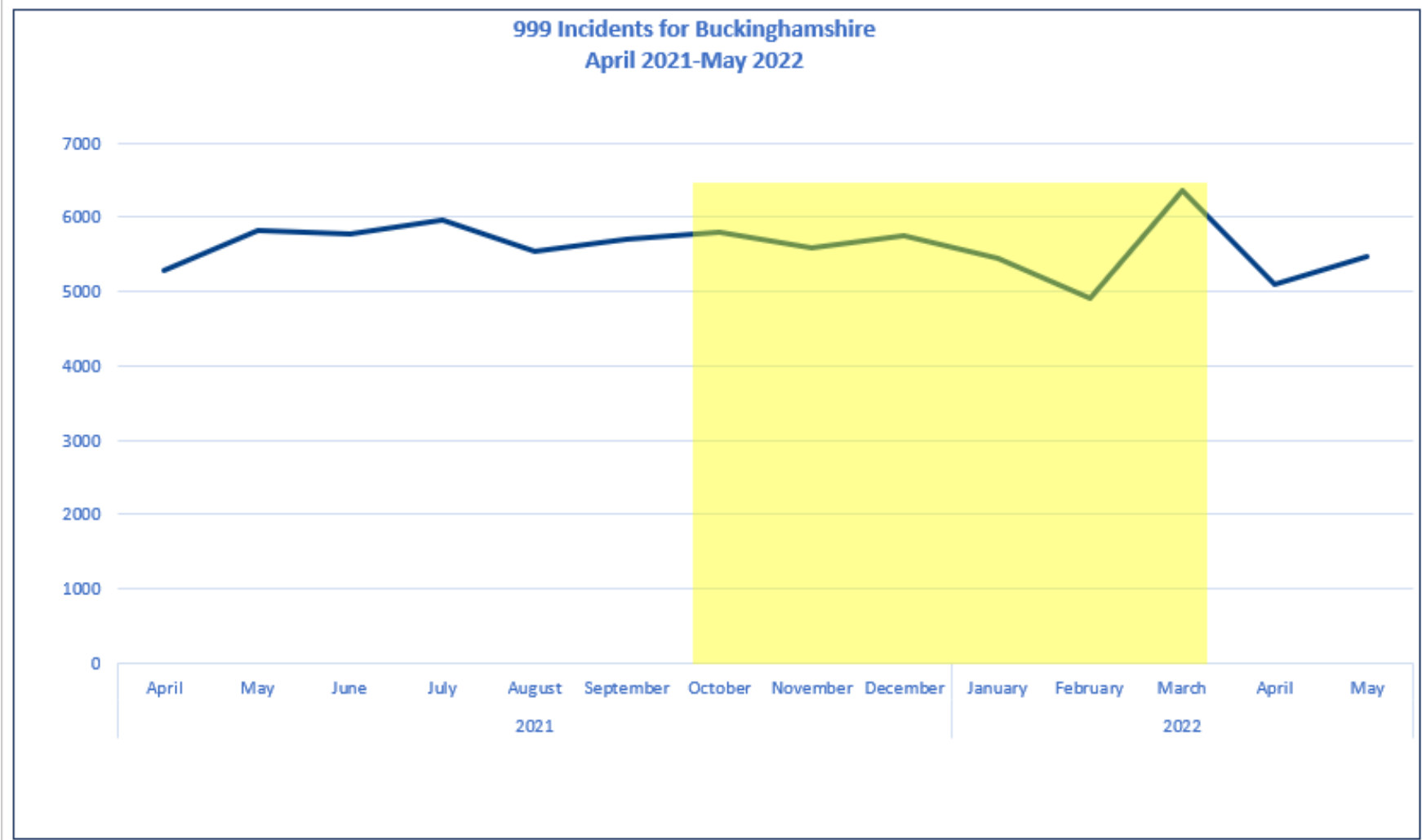
- **246,330** calls to 111 per annum from Bucks residents
- **66,543** calls to 999 per annum from Bucks residents
- **104,213** ED attendances per annum into Stoke Mandeville Hospital
- **37,665** patients admitted into hospital in Bucks per annum
- **34,000** attendances at the Urgent Treatment Centre at Wycombe Hospital per annum
- **2.7m** GP contacts across Buckinghamshire
- **48,265** contacts with Out of Hours Primary Care

Throughout the following slides, the activity that took place across the previous winter will be highlighted.



Ambulance – 999

Access to urgent and emergency care is frequently sought through the 999 process. The management of high demand represents an ongoing challenge for any ambulance trust. The activity for winter 2021-22 is highlighted in yellow on the chart.

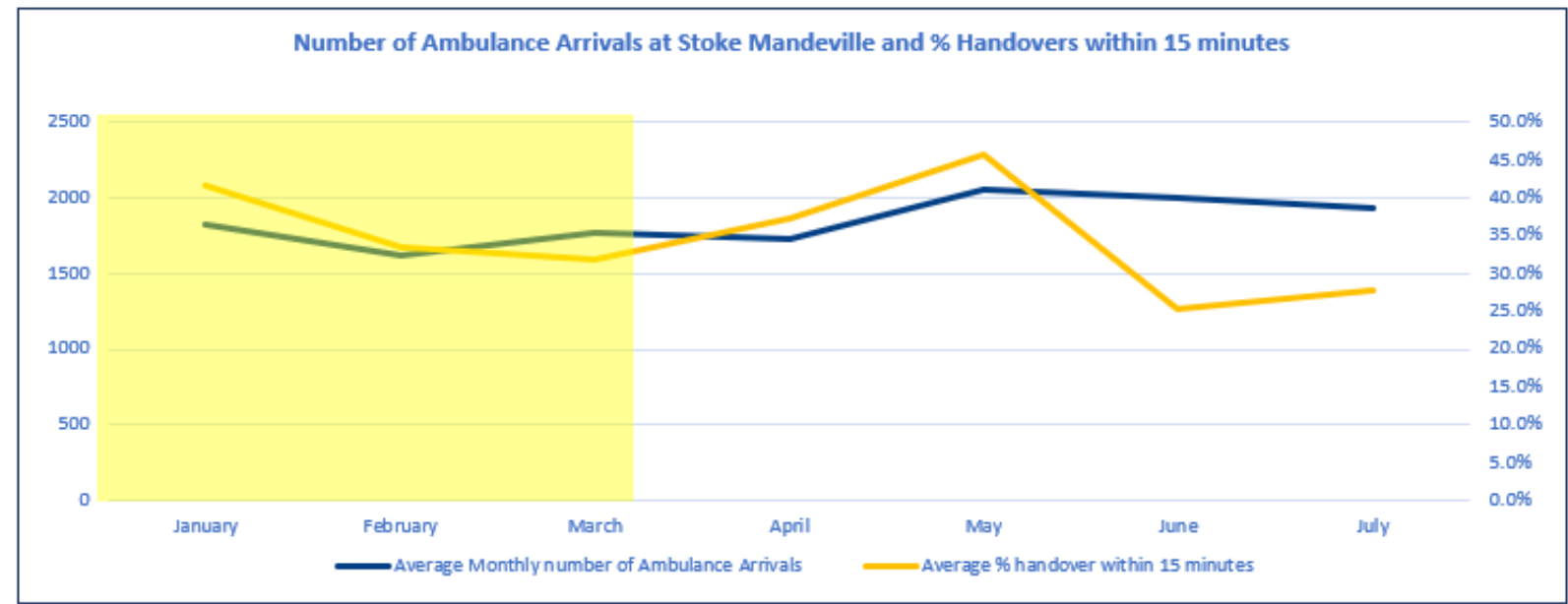


It is important to note that not every 999 incident results in an ambulance being dispatched and not every ambulance dispatch results in a conveyance to a hospital.

Approximately **53%** of 999 calls result in an ambulance being conveyed to a hospital and **35%** being managed by a paramedic on scene (see and treat) and **12%** being managed from within the call centre with clinical support.

Ambulance - handovers

The volume of ambulances arriving at hospital and the speed at which they can handover a patient are vital in understanding patient flow into the hospital. Most of the calls and care from ambulances within Buckinghamshire are via South Central Ambulance Service (SCAS).



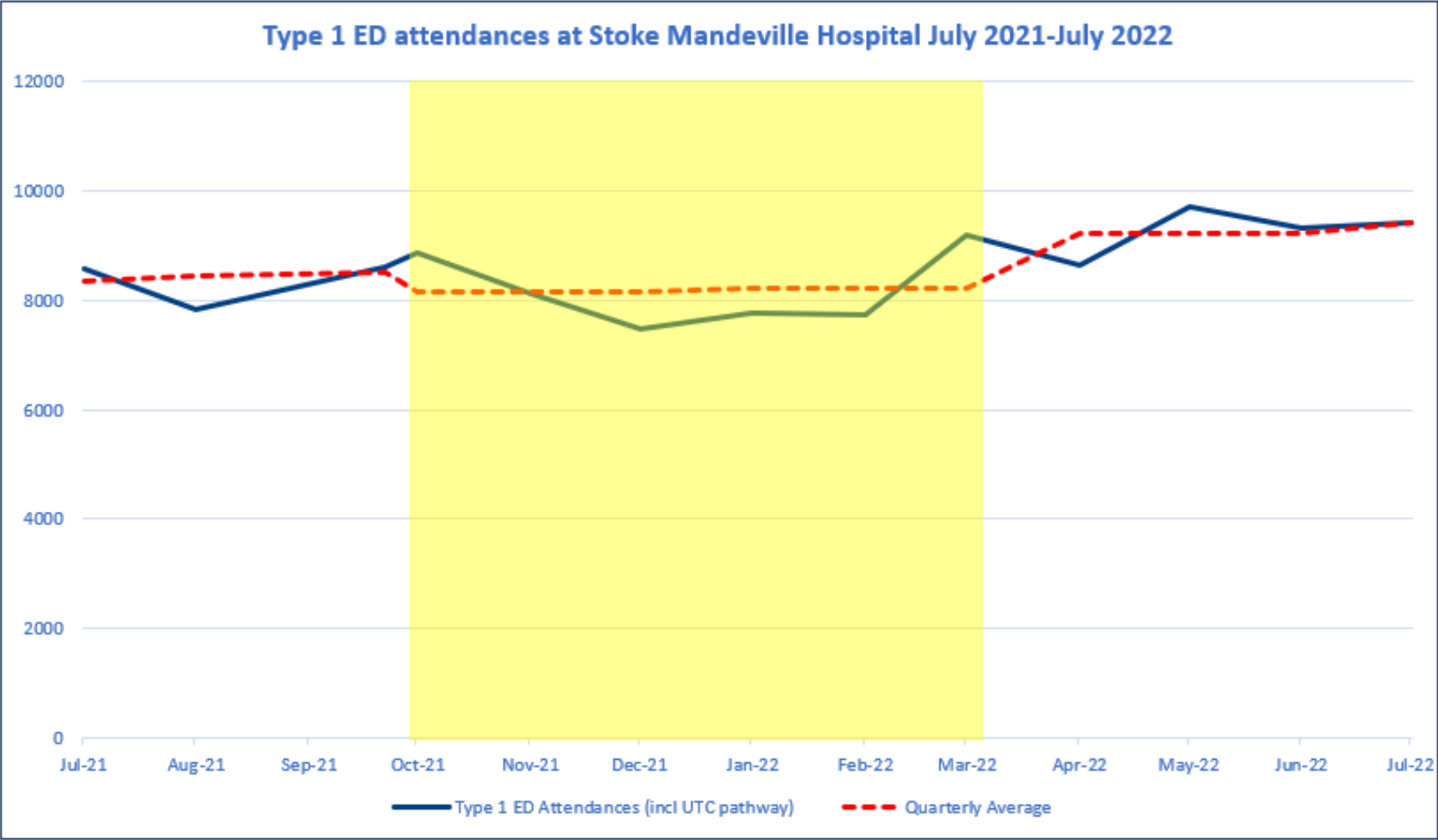
Ambulance arrivals continued to increase beyond the winter period 2021/22 with continued challenges to the speed at which handovers were completed. Significant focus has been placed upon improving the overall handover process within the hospital as well ensuring specific winter actions are in place. SCAS have an organisational winter plan that also has this as a high priority item.

We will be working closely with SCAS, who have a comprehensive Winter Plan, to help support the Buckinghamshire population. The table below highlight the actions intended through the Winter period:

Winter Challenge	Action
Alternatives to an Emergency Dept for patients	Ensuring the SDEC pathway is in place for winter
	Ensuring SCAS utilise Consultant Connect for the Frailty Line and SDEC line
Workforce to help manage increased demands	SCAS recruiting additional call handlers and where able, Paramedics to help with the anticipated increase in demand

Acute (Stoke Mandeville Hospital)

The Emergency Department at Stoke Mandeville Hospital, like most acute sites, has been experiencing sustained pressure and demand for some time. The graph below shows the total type 1 attendances at Stoke Mandeville since July 2021. The yellow highlighted section shows the winter period for 2021-22.

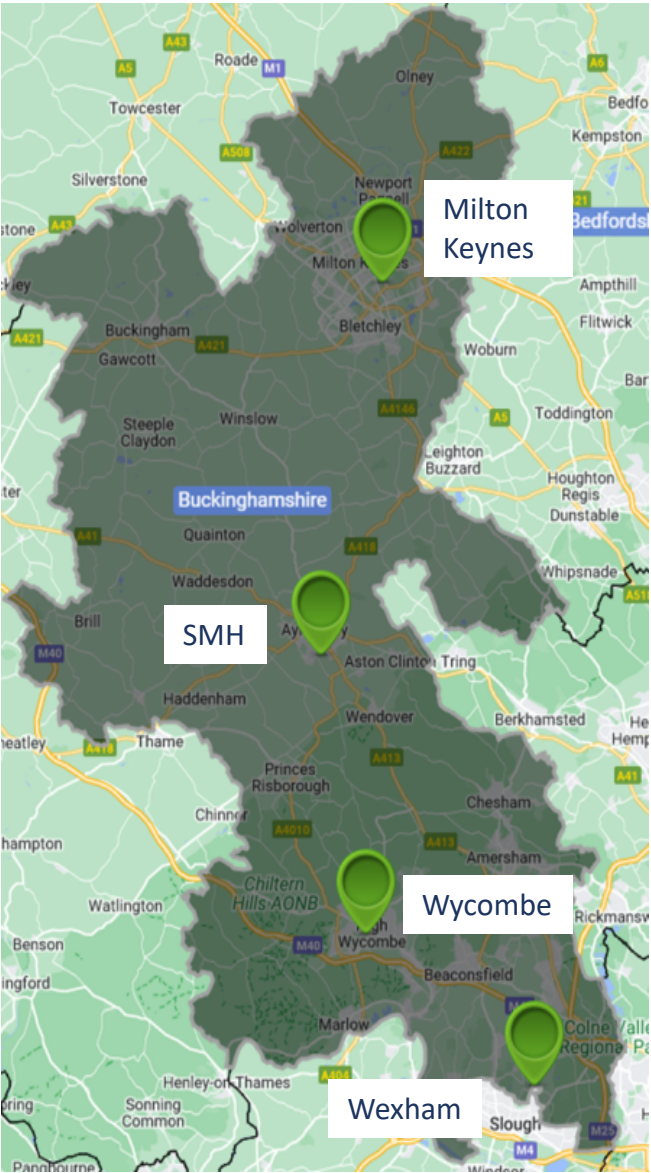


The trend shows that the 4-month period after “winter” last year saw a 13% increase which has sustained across the summer period.

Given the winter period is normally associated with increased activity, it is reasonably to assume that the activity will be very challenging this winter.

Therefore, a strong focus on alternative options to attending ED will be vital.

Acute Hospitals



BHT will also have their own more detailed Winter Plan in place. Buckinghamshire Healthcare Trust (BHT) has two main Acute Hospital sites: Stoke Mandeville Hospital (SMH) and Wycombe Hospital. Buckinghamshire patients also attend neighbouring Milton Keynes and Wexham as highlighted on the map. In Buckinghamshire, the winter period additional actions will take place to help manage the anticipated increased demands. The high level actions are included in the table below.

Winter Challenge	Action
Insufficient Bed Capacity to meet the demand of the activity	Additional funding to assist in the increase in additional demand and capacity over the winter period. Plans are being developed to mobilise this as soon as funding approved
Lower acuity patients self-presenting at ED	Fully operational UTC Pathway at SMH to take approximately 40% of all ED demand through winter
Treating patients who do not need admission but require longer support.	Same Day Emergency Care (SDEC) to take patients direct from GP practices, 999 and 111 through the winter period
Volume of ambulances attending ED	SDEC to take direct referrals from the Ambulance Service to be operational during winter
Ensuring actions support demand	BHT will run a ‘Perfect Week’ in October to fully test proposed pathways and to enable tweaks in preparation for winter.
Reducing Ambulance handover delays	Ensuring clinical care is available for patients to be handed over appropriately

Community

Buckinghamshire Healthcare Trust (BHT) has five Community Hospitals:

- Amersham Hospital, which has two inpatient wards (36 beds) and the Bucks Neuro Rehab Unit (17 beds)
- Buckingham Community Hospital, which has 12 inpatient beds
- Chalfonts and Gerrards Cross Hospital, which provides community health services only with no inpatient beds
- Marlow Community Hospital, which provides community health services only with no inpatient beds
- Thame Community Hospital, which provides community health services only with no inpatient beds

The actions below highlight the support for the winter period. alongside multiple community based services supporting the population of Buckinghamshire. The high level actions are included in the table below. BHT will also have their own more detailed Winter Plan in place.

Winter challenge	Action
Insufficient bed capacity to meet demand	Additional funding to assist in the increase in additional demand and capacity over the winter period. Plans are being developed to mobilise this as soon as funding approved which include the re-opening of the Olympic Lodge reablement facility (22 beds) on 3 rd October 22
	Increase existing Community Hospital capacity by another eight beds, facilitating discharges from Wexham Park Hospital
	50 virtual ward beds will be established across Buckinghamshire by December 22, enabling early supported discharge and admission avoidance across the county
Helping managing patients in their own home instead of coming to hospital	Improve function of Single Point of Access and increase UCR referrals from Primary Care, ED, Care Homes, 999 and 111. Communications to all key referrers as a reminder of the UCR offer. Strengthen collaboration with SCAS (pulling off stack and Perfect Days) and increase specialist practitioners in RRIC. Exploring potential to extend UCR offer later into evening to support discharges home from ED
	Three ‘Big Conversations’ planned with BHT, Age UK and local residents about how to prepare and plan for winter and how to access additional support to help keep well and active

Social Care (Adults)

Buckinghamshire Council provides both adults and children’s social care support for all Buckinghamshire residents. This includes Care Act Assessments and organising long term support for people.

The actions below highlight the support for the winter period. Buckinghamshire Council will also have their own Winter Plan for wider council services.

Winter Challenge	Action
Social Care Provider Resilience	<ul style="list-style-type: none">• Ensure all providers have updated business continuity plans• Maintain regular communications with providers for early identification of issues in the care market and for rapid distribution on key messages and guidance• Monitor market capacity through the national capacity tracker so commissioners understand placement and care package availability• Promoting Covid and Flu vaccination to care providers for clients and staff
Delivering an effective discharge pathway	<ul style="list-style-type: none">• Local Outbreak Management Plan in place to ensure appropriate admissions to care homes impacted by Covid• ASC Surge Plan in place• Working with Care Homes and Domiciliary Care providers to ensure flexibility to facilitate, as far as possible, admissions during the weekend
ASC Workforce	<ul style="list-style-type: none">• 7 day social work in place to match resource with demand• Promoting and enabling the uptake of flu vaccination for all frontline ASC staff and BC staff but prioritising front line staff and those at risk.
Supporting the safety and continuity of care for vulnerable residents	<ul style="list-style-type: none">• Supporting wider providers (such as Apetito, Red Cross Home from Hospital, NRS) who can deliver safe and effective services over the winter• Work closely with Social Prescribing Link Workers (SPLWs) and VCSE to maximise the support for vulnerable residents• Contingency plans in place to support vulnerable adults during emergencies• Provide communications to carers so they know what support is available to them and who to contact if they need help

Social Care (Children's)

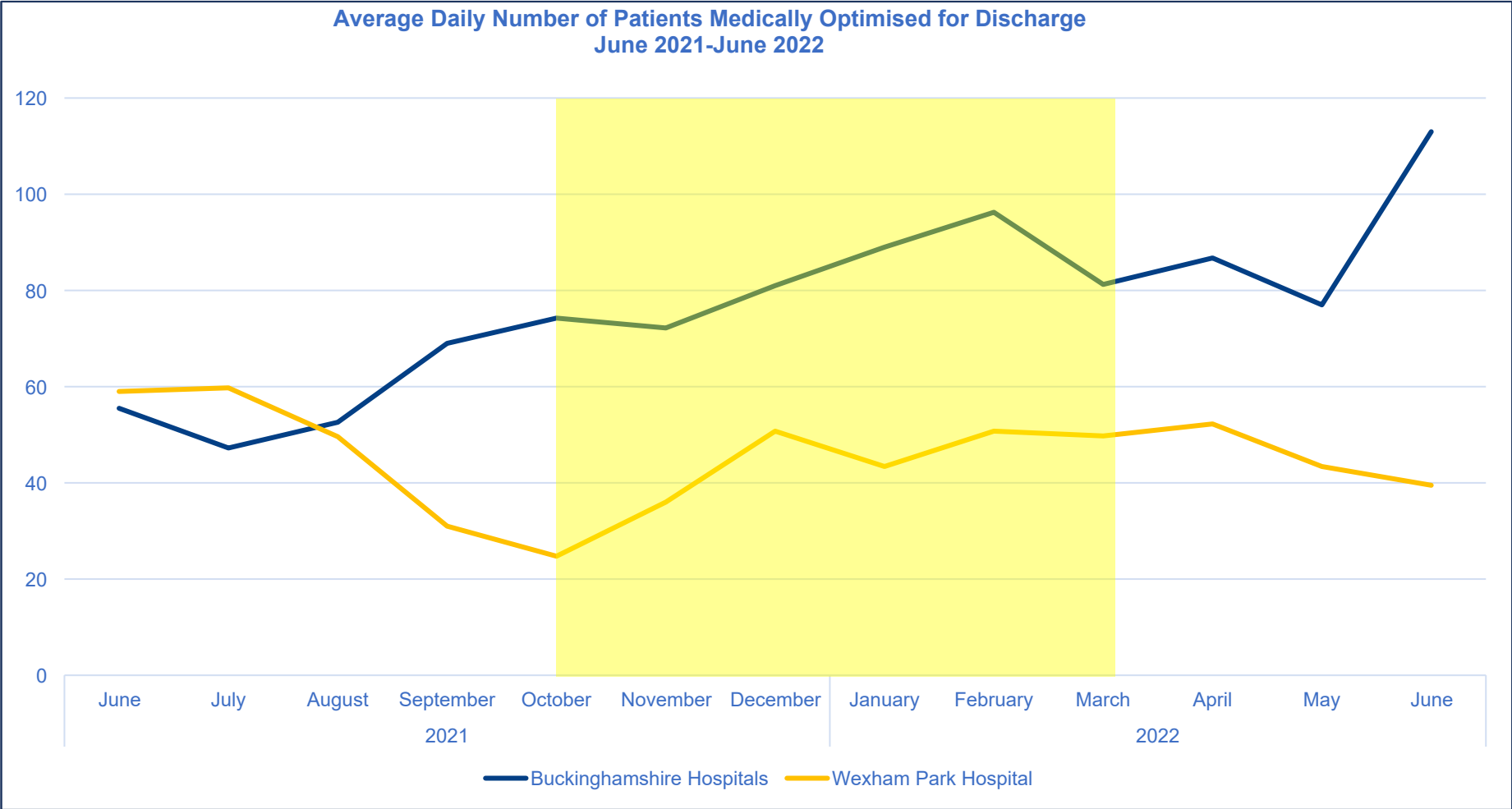
Buckinghamshire Council provides Both adult and children's social care support for all Buckinghamshire residents. This includes Care Act Assessments and organising long term support for people.

The actions below highlight the support for the winter period. Buckinghamshire Council will also have their own Winter Plan for wider council services.

Winter Challenge	Action
CSC: Staff absence due to sickness / inability to travel due to adverse weather	<ul style="list-style-type: none">• Staff encouraged to take up offered vaccinations• Workers may be temporarily deployed to locations closer to home to lessen travel obligations• Team managers to prioritise risk and ensure that most vulnerable children are visited in accordance with our practice standards, where this cannot be achieved escalate concerns to Service Director
CSC: School closures due to adverse weather	<ul style="list-style-type: none">• Met office warnings shared with education providers when at earliest opportunity• Remind schools to keep Schools Web up to date of closures / alternative learning plans and• Ensure maintenance of grounds is up to date for preventative action i.e. frozen pipes
CSC: Availability of placements for looked after children	<ul style="list-style-type: none">• Continue with the implementation of our Recruitment and Retention Strategy• Commissioned services to ensure that all contracts include adequate business continuity planning to ensure services offered are not compromised• Ensure that our placements team have an accurate understanding of placement availability• Financial sustainability concerns as a result of ongoing cost of living and energy price pressures identified at the earliest opportunity through contract monitoring discussions in order to determine continuity plan/additional support required
CSC: Transport for children and young people to school and activities	<ul style="list-style-type: none">• Commissioned services to ensure that all contracts include adequate business continuity planning to ensure services offered are not compromised.

Discharge from Hospitals

A key metric to understand the challenges with discharge and hospital flow is the Medically Optimised for Discharge (MOFD) list. This is patients who no longer require an acute hospital bed and are now waiting to be moved to the next appropriate care setting. The graph below shows the daily average number of patients on the MOFD over a 12 month period. The highlighted yellow area shows the winter period 2021-2022.



As with ED attendances, challenges with MOFD numbers have sustained beyond the last winter period.

Significant focus is being placed upon improvements to the discharge process across winter and beyond both with additional investments and process improvement work.

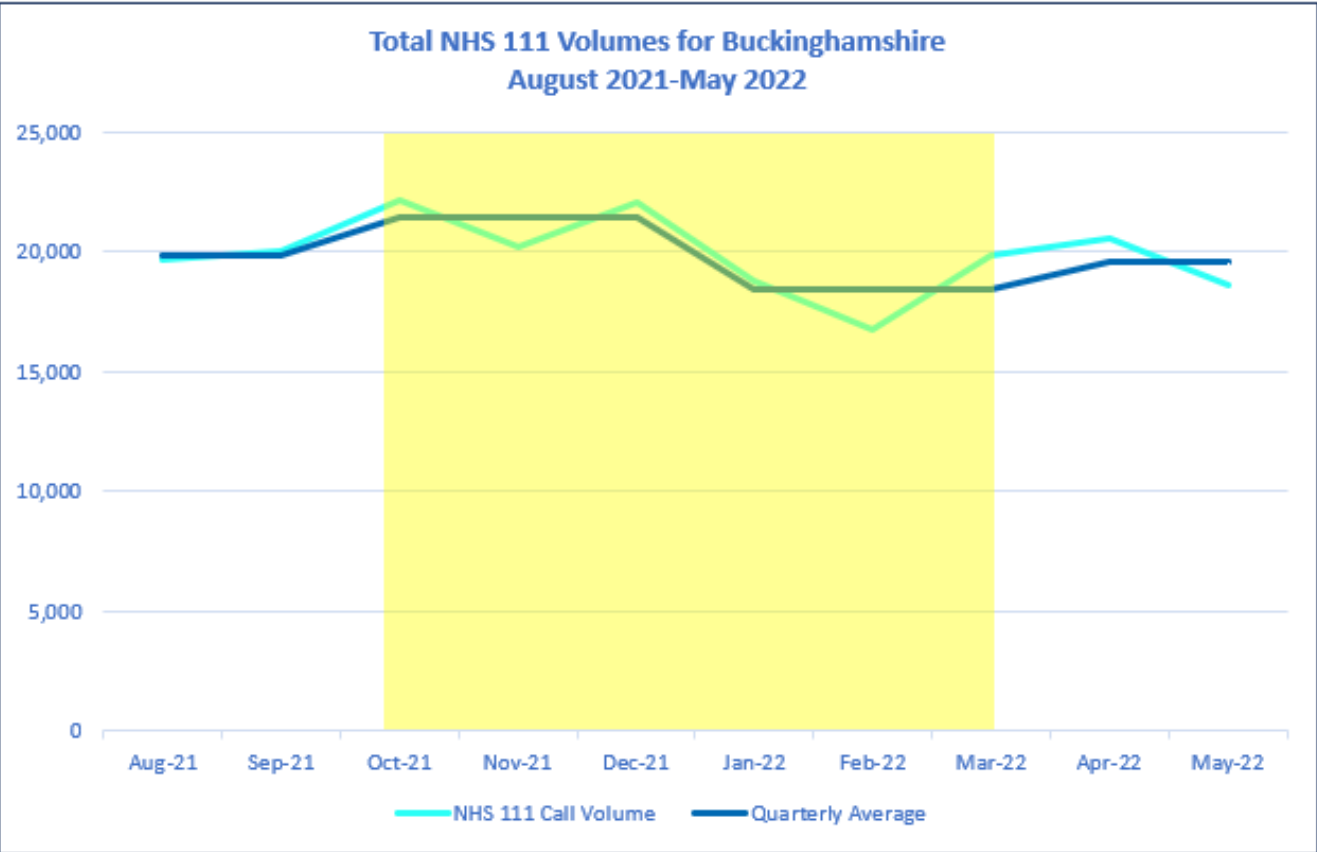
Discharge

During winter we will ensure patients are discharged from hospital in a safe and appropriate manner. All system partners will work together to deliver on key actions to help ensure patients are in the best setting for their health care needs. The actions below highlight the support for the winter period:

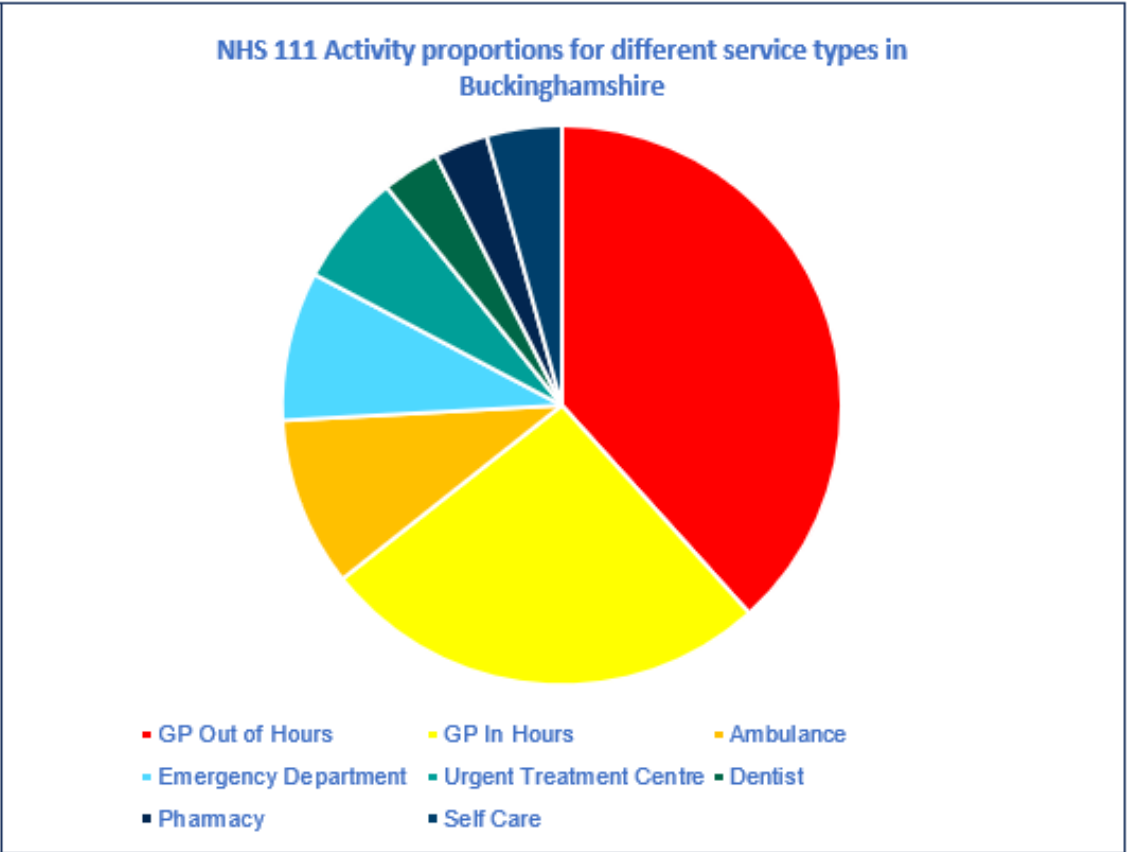
Winter Challenge	Action
Discharging patients from hospital beds in a timely way when they no longer meet the Criteria to Reside	Ensure patients who will require complex discharges are identified early in their admission and MDT planning takes place to support a timely discharge. This will be supported by the recruitment of the additional ward based discharge co-ordinators at BHT
	Ensure all patients have Expected Dates of Discharge (EDD) and system focus on progressing towards discharging patients within 48 hours of not meeting the Criteria to Reside. Agree trajectory and performance management via the discharge dashboard
	Ensure 7-day working across all wards and support this with consistent processes and documentation across the MDT. This is a key focus area of BHT flow transformation
	Utilising demand and capacity plans to help manage patients who are fit to go home. A detailed analysis of demand and capacity for discharge has been completed and is informing capacity planning being led by the Care Integration Programme Board
	Increased surge capacity to be operationalised to support flow via the demand and capacity funding. This will include additional community beds in multiple settings and care capacity

Integrated Urgent Care

Integrated Urgent Care comprises a number of services: NHS 111, Out of Hours, Urgent Treatment Centres and Clinical Advisory Services. NHS 111 represents the entrance point for the majority of urgent care activity into the other urgent care services. The charts below show the NHS 111 activity for NHS 111 (yellow highlighted area shows winter 2021-22) as well as the proportions of where the 111 activity is directed.



NHS 111 activity remained relatively stable across the last winter period and into the months following. In addition, an average of 250 people a day access NHS 111 via the online platform.



Most of the activity from NHS 111 is directed into primary care (in and out of hours). Less than 10% of patients are directed to ED.

Integrated Urgent Care

To help urgent care demand across Buckinghamshire there are a number of ‘Integrated Urgent Care’ services that are managed locally including:

- Urgent Treatment Centres,
- Out of Hours

At the BOB Integrated Care Board (ICB) level, focus will continue to be support 111 and 999 call handling performance and the continued integration with other urgent care services. The table below also highlights the potential actions to support the Winter period:

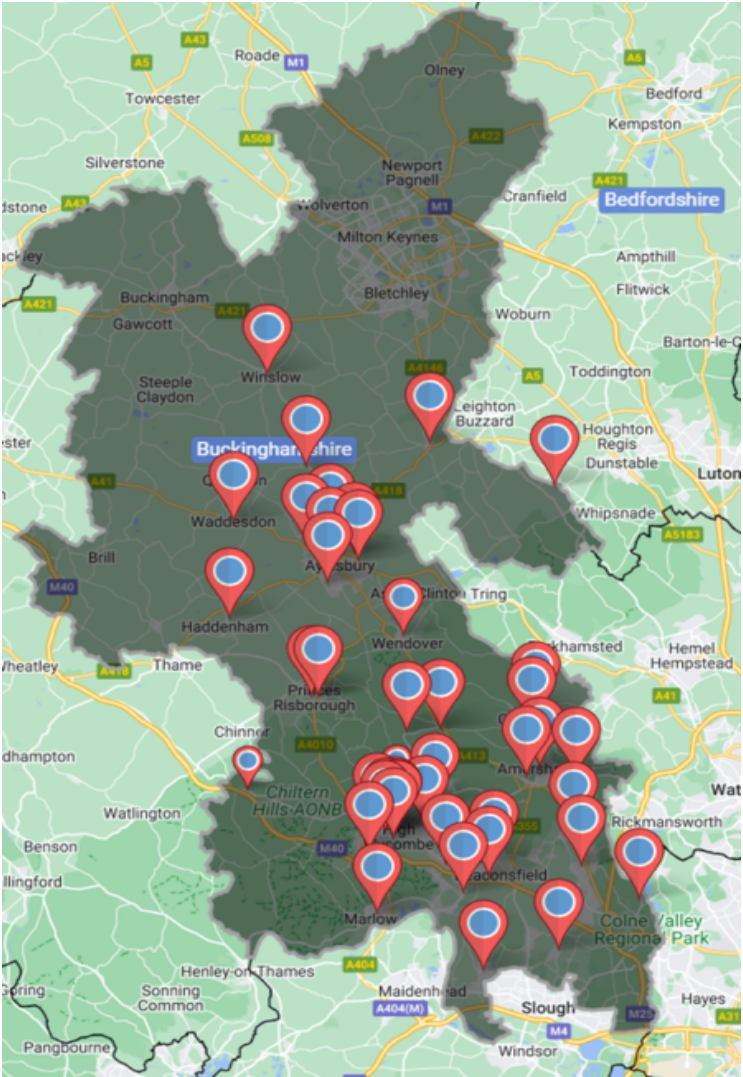
Winter Challenge	Action
Low acuity dispositions sent to Primary Care taking higher priority slots	Potential CAS proposal to revalidate all primary care dispositions over winter being developed to help reduce demand on GP practices and out of hours to free up capacity
Ensuring patients are sent to the right place first time	Review of Directory of Service before winter to ensure pathways fully utilise the services and bookings across the system, including increasing referrals to Pharmacy
Supporting minor injuries across Buckinghamshire	Explore and implement direct booking pathways for injuries into the UTC pathways at both Stoke and Wycombe. Also considering an extension of opening hours in Wycombe to be equitable across the County and demand management
Ensuring patients ring 111 first before self-presenting at services	Communications for 111 and the opportunities across Buckinghamshire going via this pathway

Primary Care

Buckinghamshire has **47** GP practices and **13** Primary Care Networks (PCN) across the county. PCNs are groups of GPs working together with a range of local providers to offer more personalised and coordinated health and social care to their local populations.

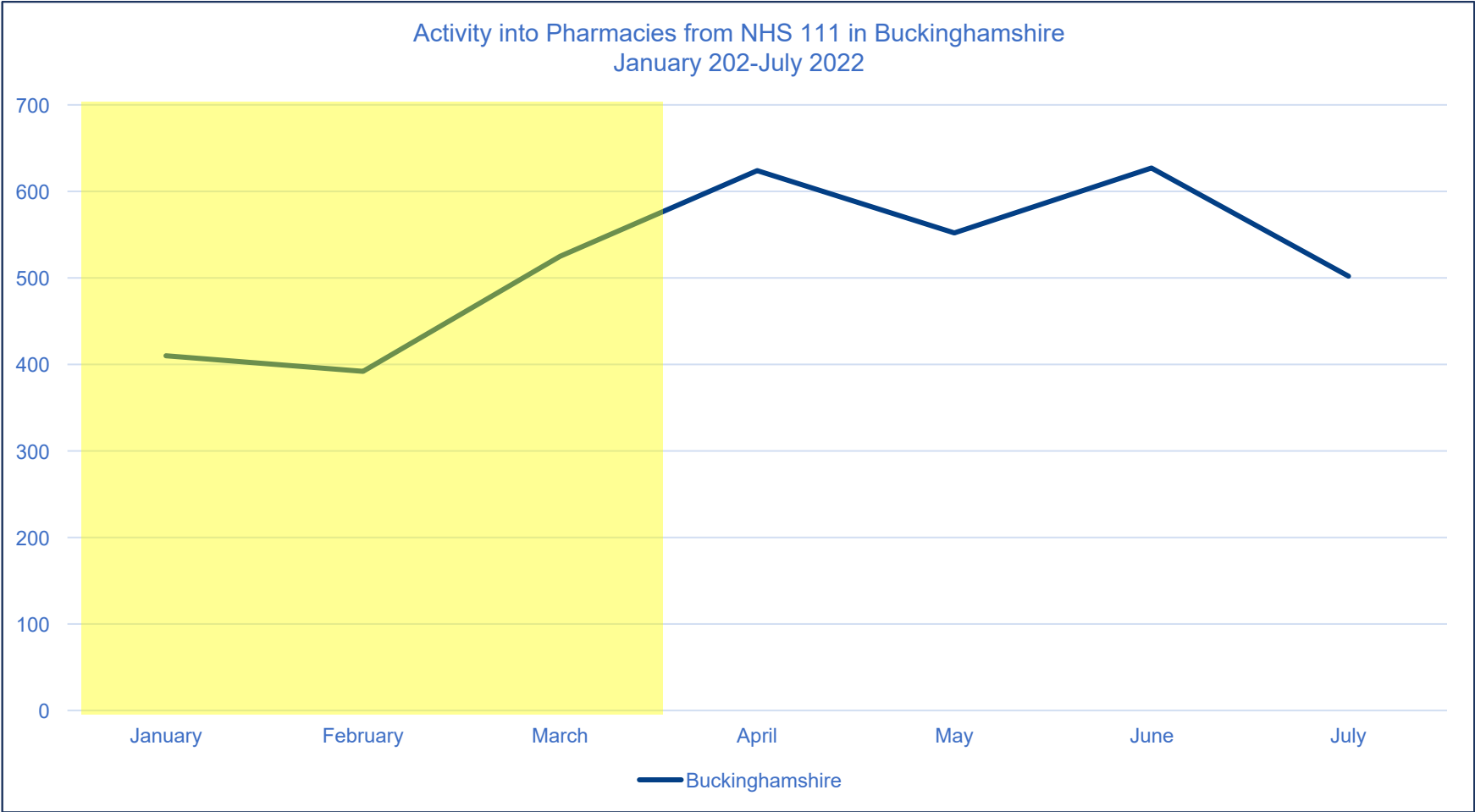
The map highlights where the 47 GP Practices are located across Buckinghamshire. The table below highlights the actions practices intend to deliver during the winter period.

Winter Challenge	Action
High volume calls from 111	Potential CAS proposal to revalidate all primary care dispositions over winter being developed to help reduce demand on GP practices and out of hours to free up capacity
Key winter cohorts	Frail Elderly provision and support for isolated patients – ensuring that community support available
Practice Capacity	System agreed protocol in place for dealing with GP capacity and service interruption – weekly sitrep
Vaccination	Practices will help support the wider vaccination programme across Buckinghamshire



Community Pharmacists

There are **87** Community Pharmacies in Buckinghamshire. Pharmacists play a key role in providing quality healthcare. They are expert in medicines, and use their clinical expertise, together with their practical knowledge to advise on common problems, such as coughs, colds, aches and pains, as well as healthy eating and stopping smoking.



We have been working with our local pharmacies to increase direct bookings into the service from 111 and our GP practices. The graph shows the activity via NHS 111 into pharmacies since January 2022.

We intend to increase this during winter as a crucial clinical support to our patients. Pharmacies can see patients with minor ailments and illnesses as well as manage repeat prescriptions.

Communications to the public and to pharmacies will also be stepped up to ensure clarity on process and expectations.

Mental Health

Mental Health services in Buckinghamshire are delivered on behalf of Oxford Health NHS Foundation Trust. The services are integrated into most areas across Buckinghamshire including Emergency Dept, GP Practices, 111 and 999. The continuous pressures following the pandemic have been growing and therefore anticipated as a challenging winter for all Mental Health services.

The table below highlight the actions intended through the Winter period. Mental Health services also have a detailed internal winter plan.

Winter Challenge	Action
Pressures on CAMHS emergency care services.	<ul style="list-style-type: none">• Seek additional capacity to recruit additional staff specifically to support Childrens' emergency care services.• Review/commission community placements for CYP ED to divert from Pediatric acute where appropriate
Community Mental Health: increased referrals, more acute presentations, increased pressure on inpatient beds and demand for housing, due to social and financial issues.	<ul style="list-style-type: none">• Further coms regarding 111 service for MH• Optimise flu and COVID vaccinations for patients and staff• Strengthening partnerships though the CMHF programme to increase capacity to meet additional Winter demands for support (including Safe Havens)• Planning to purchase short-term supported housing for temporary stays to increase flow of inpatient wards over Winter• Implementation of a Patient Flow Team to manage bed capacity and facilitate delayed discharges to reduce LOS
IAPT (Healthy Minds) service expects increased demand during winter, as in previous years.	<p>Seek additional capacity for:</p> <ul style="list-style-type: none">• outreach workers or peer support workers to help prevent acute admissions through early identification of older adults with comorbid mental health and physical health conditions and signposting to suitable services.• therapists to increase capacity for rapid assessment and provision of interventions for older adults with comorbid mental health and physical health conditions to reduce risk of admission or demand on A&E.

Frimley

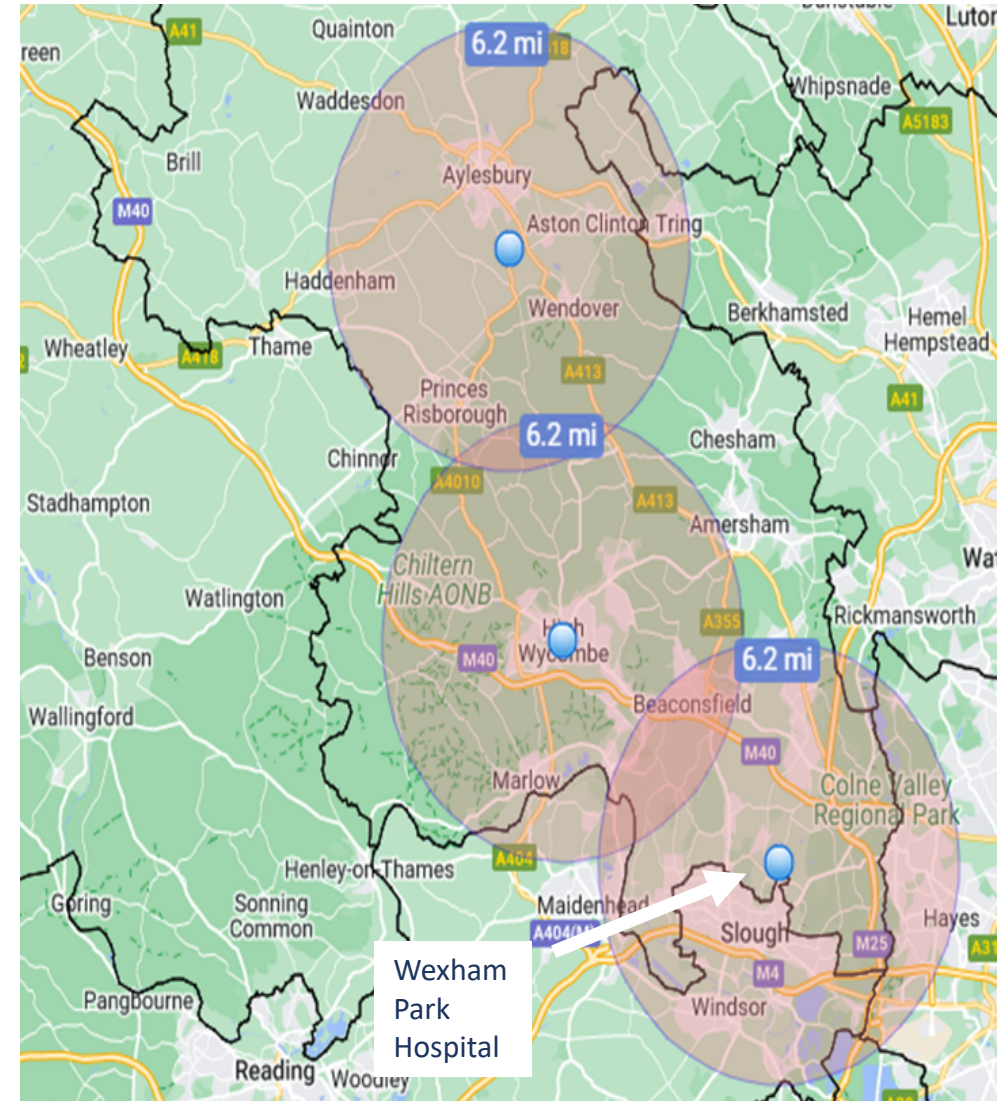
Key services such 999, NHS 111, Out of Hours and Urgent Treatment Centres are commissioned to cover the whole population of Buckinghamshire. However, there is a dense population area in the south of the county that are within a six mile radius of Wexham Park Hospital (within the Frimley ICB). This is therefore the closest Emergency department for approximately 30% of the population.

We will continue to work closely with Frimley to ensure our actions directly support the Buckinghamshire patients who receive care from the Trust.

There a number of actions and processes which are a permanent feature of the relationship between the two areas which will be vital during the winter period:

- Daily contact facilitating discharges from hospitals with social care presence
- Three times weekly MOFD meetings with Wexham Park discussing discharge challenges
- Ensuring Urgent Community Response teams can align into the Wexham Park hospital process.
- Input into Frimley ICB Gold system calls

We will also ensure we are supporting Frimley ICB in managing the potential impact on their winter demand. Communications teams from Frimley ICB and BOB ICB have co-ordinated communications efforts so the population in South of Buckinghamshire can receive consistent messages as those within the Frimley border.



Infection, Prevention and Control (IPC) and COVID

Infection, Prevention and Control

Infection, Prevention and Control is ever present aspect of healthcare services and as such all providers continue to adhere to national IPC measures. We will continue to work closely with partners to ensure the safety of the population.

COVID Variants

National agencies and all local services remain vigilant for any surges in COVID numbers and new variants. It is anticipated that this winter, high numbers of beds may be needed for respiratory patients. As such, IPC requirements will make bed management complex, especially if bed occupancy remains high. Providers continue to stress test their processes and plans taking all the learning gained from the previous surges in cases.



Vaccinations

Vaccinations:

There will be a full Vaccination Programme across Buckinghamshire for:

- Covid Booster Vaccines
- Flu Vaccines

This will be led and overseen by the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

As in previous years there will be priority groups for the vaccinations and we will aim to deliver through our tried and tested approaches across Primary, Community and Acute Care as well as with Pharmacy and Oxford Health Partners.



Communication

Throughout the winter period there will be the expectation for our system partners to support preventative care and supporting the public around the right healthcare choices, through our social media and other comms outlets. We are awaiting the BOB ICB Winter Comms Plan.

The list below highlights some of the areas of communication focus across the winter period:

Think 111 First

What Pharmacies can offer

Choose Well Campaign

Reminder of Repeat Prescriptions – Use of NHS 111 online

Agreed System Escalation Comms

Get Vaccinated Comms

Align communications with messages with Frimley ICB

Questions?

