



right care
right place
right time
right outcome

MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 30th November 2017

Agenda No: 11.3

Attachment: 15

Title of Document: Winter Planning – 2017/18	Purpose of Report: To note
Report Author: Shaun Stoneham – Interim Director of System Resilience & Transformation (NELCSU) Jill James – Primary Care Development Manager John Atherton – Director of Performance Improvement	Lead Director: John Atherton – Director of Performance Improvement Andy McMylor – Director of Primary Care Development
Executive Summary: Merton and Wandsworth CCGs are working closely with SGH to address the pressures caused by A&E attendances, admissions and bed management over the winter period and the Christmas and New Year bank holidays. The previous winter was challenging for SGH, which was similar to the position across much of London. The approach to 2017/18 winter planning is based on both a clear understanding of current demand and capacity and system pressures plus a comprehensive review of the lessons learned from the previous winter. There is ongoing work to agree demand and capacity assumptions and escalation arrangements.	
Key sections for particular note (paragraph/page), areas of concern etc: Areas identified that require further actions to mitigate risks.	
Recommendation(s): The Governing Body is asked to note the update on winter preparedness undertaken and the future actions that are planned.	
Committees which have previously discussed/agreed the report: Urgent Care Delivery Board; Executive Management Team.	
Financial Implications: None	
Implications for CCG Governing Body: The Governing Body should be assured that the CCG has appropriate winter planning processes in place.	
How has the Patient voice been considered in development of this paper: NA	
Other Implications: NA	
Equality Assessment: NA	
Information Privacy Issues: NA	
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) The CCG and acute Trust have developed a winter communications plans.	

Context

Merton and Wandsworth CCGs are working closely with St George's University Hospitals NHS Trust (SGH), mental health providers and primary care to address increases in A&E activity over the winter period and the specific pressures of the Christmas and New Year bank holidays across the health economy.

The previous winter was challenging and SGH is already under pressure with high levels of attendances, particularly at the beginning of each week, and ambulances conveyances. The approach to 2017/18 winter planning is based on both a clear understanding of current demand and capacity and system pressures plus a comprehensive review of the lessons learned from the previous winter.

Lessons Learned from 2016/17

Key areas of learning include a focus on neuro-rehab and the requirement for capacity and effective transfers. There was also learning in relation to the requirement for effective and standardised oversight of primary care provision (particularly over extended weekend and holiday periods), nursing workforce recruitment and the need for strong site management at SGH across winter months to maintain patient flow. Commissioners also recognise the need to ensure early discharges prior to bank holidays and, in particular, sufficient capacity of ambulatory clinics in medicine in order to support greater streaming away from ED during peaks in demand.

Key Priorities for 2017/18 Winter Plan

In line with national planning priorities, the Merton and Wandsworth winter plan focuses on demand and capacity modelling, ED front door processes and primary care streaming and ensuring optimal flow through the UEC pathway. The plan also focuses on effective discharge processes, accurate planning for peaks in demand over weekends and the winter bank holidays and ensuring the adoption of best practice as set out in the NHS Improvement guide: Focus on Improving Patient Flow.

The development of the Merton and Wandsworth winter plan is being led by the Interim Director of System Resilience & Transformation and work is already underway implementing initiatives in a number of these areas with regular reporting of progress and impact to the Emergency Care Delivery Board.

Winter Readiness – NHS England assurance process

NHS England developed an A&E Delivery Board winter readiness checklist. The key components of the checklist are set out in the first table below along with a summary of the elements that remain amber or red rated in the second table below.

There is a further submission to NHS England required in December that sets out more detailed day by day plans to address resilience arrangements for the Christmas/New Year bank holiday and highly pressured early January period.

Winter Readiness Checklist – overview of contents	
1. Wider system preparation including demand and capacity plans	7. Capacity / bed occupancy
2. NHS 111 / primary care	8. Effective discharge processes
3. Care home support	9. Public health including managing flu and infection control
4. Front door processes and primary care streaming	10. Workforce
5. Mental health	11. Escalation arrangements
6. Flow through the UEC pathway	12. Business continuity
	13. Communication

Winter Readiness Checklist – remaining red/amber areas		
Priority Area	Rating	Description
System preparation	Amber	Ability to share care records
NHS111 / primary care	Amber	Ability for NHS111 to book into UCC and primary care
Care home support	Amber	Care home capacity and risk of delays in transfers of care
	Red	Limited access to tele-health impacts on high 999 calls and ED visits
Front door	Amber	Risk on completion of the AEC capital works
	Amber	ED booking into primary care clinics
	Amber	Risk that estates work will be delayed, impacting on access to ambulatory care
Mental health	Amber	Compliance with NICE guidelines around self-harm management
	Amber	Bed capacity and S136
	Amber	Management of people with MH needs in ED
	Amber	Suitable waiting areas
Flow	Amber	SAFER programme
	Amber	Processes to support 'stranded' patients
	Red	Mental health bed availability
Capacity	Amber	Beds not always used for the appropriate patient
Discharge	Amber	Effective management of transfers of care
	Amber	Additional services in non-acute settings
	Red	'Placement without Prejudice' process and DTOCs
	Red	Roll out of Trusted Assessments
	Amber	DTOC trajectory
Public health	Red	Assurance on sepsis CQUINs
Workforce	Amber	Workforce and current / future vacancies

Demand and Capacity Planning

To support the winter planning process, a comprehensive system-wide demand and capacity model has been undertaken with a seminar held October and a follow up meeting scheduled for November.

The work has focused on co-ordinating and testing the system-wide capacity and demand plans to identify and agree plans for peaks in demand, apply learning from previous bank holidays trends and co-ordinate capacity and demand across the system from predicted illness patterns and weather fluctuations, particularly across LAS and primary care. The work has also focussed on the identification of risks around resourcing appropriate workforce across the system and compliance with good practice on patient flow across the organisations.

The demand and capacity modelling has reviewed the system-wide ability to access Mental Health crisis plans, GP Care Plans, End of Life Care plans and extended patient data either care record sharing services, in particular across SGH's Emergency Department (ED) and Urgent Care Centres (UCC) and an assessment of how demand/surges in activity for each provider will have a knock-on effect across the system.

Further work is required in some areas and the following issues will be addressed in the November seminar:

- Revised bed modelling at SGH and further review of latest risks and challenges.
- Review of demand and capacity modelling used to inform the SGH winter plan along with further detail and quantification of the mitigations that have been included.
- Final agreement on OPEL Escalation and local escalation thresholds and actions.
- Further update on the staff flu vaccination uptake.

Primary Care Resilience

There are around 6,000 additional primary care appointments available each month across Wandsworth and Merton over and above the core general practice appointments this winter. Utilisation of these additional appointments is currently at around 75% therefore capacity is available to manage increased demand expected over the winter period.

Additional primary care access is provided as follows:

- There is seven day, 8am to 8 pm access to Primary Care across Wandsworth and Merton. This is provided through a combination of individual practice extended opening and Primary Care Access Hubs.
- Merton has two hubs which provide primary care services to 4.00pm to 8.30 pm on weekdays and 8am to 8pm weekends and Bank Holidays (one hub opens on a Sunday). This service also offers a wound care clinic for daily dressing needs.
- Wandsworth has three hubs which provide a primary care service to cover 6:30-8:00pm on weekdays, 8am-8pm on weekends and 8am-8pm on bank holidays (not all hubs are open at all times).
- Practices in both Boroughs are also signed up to deliver urgent on the day appointments within four hours, where it is determined that a patient has a clinical need for such an appointment. Practices in both Boroughs are signed up to accept patients redirected by the A&E navigator 9am – 3pm. Plans to develop direct booking from A&E are in progress.
- Primary Care is currently running a scheme across Wandsworth and Merton with A&E frequent attenders. This is anticipated to reduce attendances at A&E. The

identification of frequent A&E attenders, presents an opportunity to improve care for individuals and use resources more effectively.

Summary

Winter planning arrangements for 2017/18 have been developed to reflect learning from previous years and ensure a robust demand and capacity led approach to delivering resilient services. Further review will take place over the coming month of the demand and capacity model to further mitigate any gaps with additional day by day modelling of late mid-December to early January to ensure comprehensive planning for the period of bank holidays and predicted high demand.