

Preparing For Winter 2013



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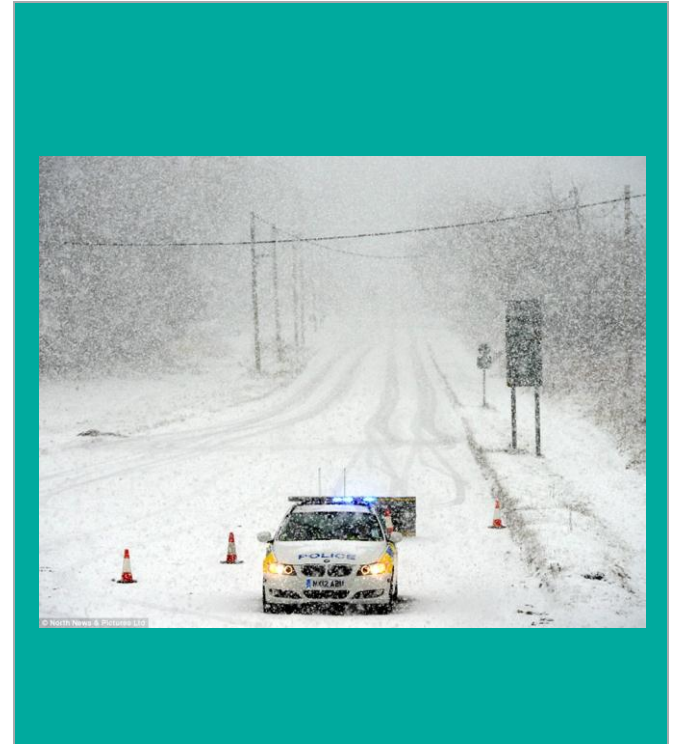
Chief Commissioning Officer

Portsmouth, Fareham and Gosport and South East Hampshire CCG

26 November 2013

Will this winter be challenging?

- Increasing elderly population
- Increasing birth rate
- Increasing Emergency Department attendances
- Increasing acuity
- Increasing ambulance attendances
- Increasing deprivation
 - energy bills
 - food banks
 - payday loans
 - debt worries



What do our services look like now?

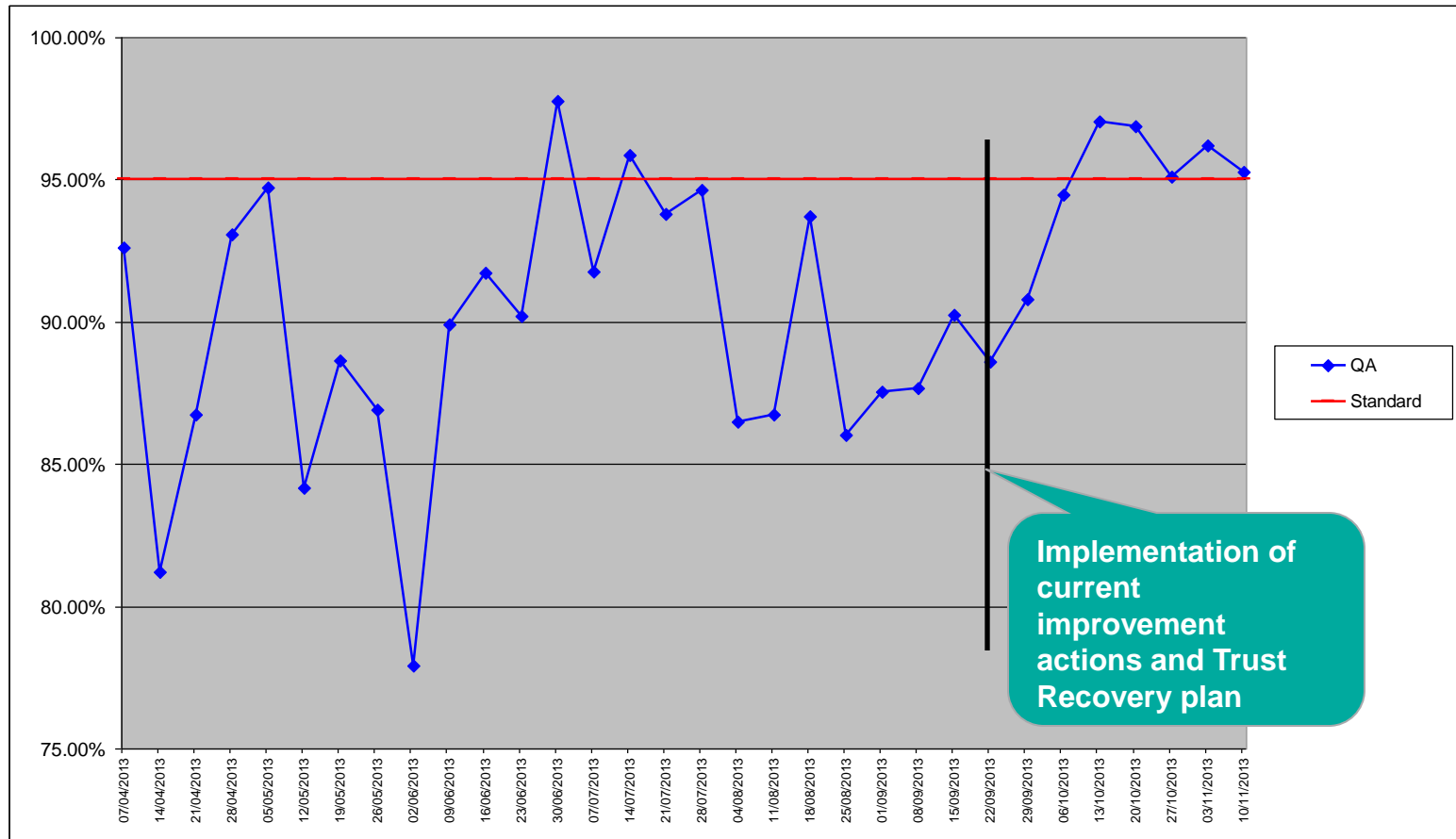
- **There has been good progress in developing out of hospital health and care services in Portsmouth & South East Hampshire**
- **Whilst the introduction of 111 and the re-procurement of out of hours service has created some demand, this is benchmarked to be significantly lower than that experienced nationally**
- **The local health system admits very few patients unnecessarily in comparison to other areas and has managed through the development of the out of hospital model to reduce non-elective admissions at a time when other systems have seen a growth in admissions**



How well are we performing?

- Non-elective admissions at Portsmouth Hospitals NHS Trust are currently 3.8% lower than last year, against 0.5% growth nationally.
- Emergency admissions between 2007 and 2012 grew by just 3%, compared to 21% across the South of England.
- The admission rate for assessed patients with a high risk condition (e.g. heart failure, respiratory disease, dementia) is 20% compared to a national rate of around 30%.
- The three local CCGs are in the top 5% nationally for unplanned admissions for conditions that should not need hospitalisation
- 6% of 111 calls in Portsmouth and South East Hampshire were transferred to 999 compared to 10% nationally
- 10% of 111 calls in Portsmouth and South East Hampshire were transferred to 999 or the Emergency Department compared to 15% nationally
- The local 'see and treat' rate for South Central Ambulance Service is 47.6% compared to 36.9% nationally

Current performance against the national four hour standard



Implementation of current improvement actions and Trust Recovery plan

What's in place this year to cope with winter?

- Winter plan signed off by area team including all partners and stakeholders
- Comprehensive desktop planning exercises to stress test the responses
- System wide performance monitoring and surge management tool
- GPs in the Emergency Department (ED)
- Ambulatory Care expanded
- MAU Consultant triaging GP calls
- GP referrals by-passing ED
- Additional Consultant hours in ED and Medicine
- Additional Consultant hours at weekends
- Community Assessment Lounge
- Community in-reach into elderly care
- Psychiatric Liaison services in ED
- Increased therapy support
- Trust Recovery Group – Exec led, plan signed off by Trust Development Authority
- 4 Community Step-up Beds
- 10 Discharge Assessment Beds
- 40 Escalation beds in place for use as flex capacity

How prepared are we?

Emergency Care Intensive Support Team Recommendations in place:

- An internal performance framework with clear time triggers
- Meaningful initial assessment is carried out on all ambulance cases within 15 minutes of arrival
- Levels of staff (both medical and nursing) mapped to demand
- Escalation policies in place to manage increased demand
- A mechanism to manage patients who have long waits to be seen (safe queue management)
- See and Treat for minors
- Rapid Assessment and Treatment model (RAT) in majors
- Clear pathways in place for the management ambulatory care conditions
- Separate paediatric area
- An observation area with a clear operational policy
- Continuous (24/7) active floor management by a Senior Nurse and Senior Doctor working together
- Measuring admission rates and referral rates to specialities
- An established process to evaluate patient experience and implement improvements based on findings

How prepared are we?

- An acute assessment unit co-located/adjacent to ED profiled to match the demand
- Capability within the assessment unit of delivering single organ (level1) support
- GPs are offered systematic advice on a range of alternatives to avoid Emergency Department attendance on a hotline manned by a medical consultant
- GP referrals can go direct to the assessment unit which is covered by consultant staff 12 hours per day 7 days per week
- Access to diagnostics on the assessment unit are the same as in the ED
- Ambulatory care is located in close proximity to ED and the assessment unit, and has its own staffing
- The general medicine wards are differentiated into sub specialties (e.g. respiratory, renal) with clear criteria for transfer to a sub specialty ward
- Daily consultant delivered reviews (ward rounds or board rounds) of the entire bed base
- On a daily basis, we know how many definite discharges there will be at the morning bed management meeting
- There is predictive modelling, based on historical demand and capacity in use
- There are regular bed management meetings through the day covering the acute bed base
- The bed meeting has access to up-to-date information on community capacity (bed based and non-bed based) and social care provision
- There is a central operations centre where capacity and flow processes are coordinated

Questions

