

# Urgent and Emergency Care Improvements and Winter Preparedness

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## Context

This year we are facing a unique set of challenges across health and social care and Telford and Wrekin is no exception.

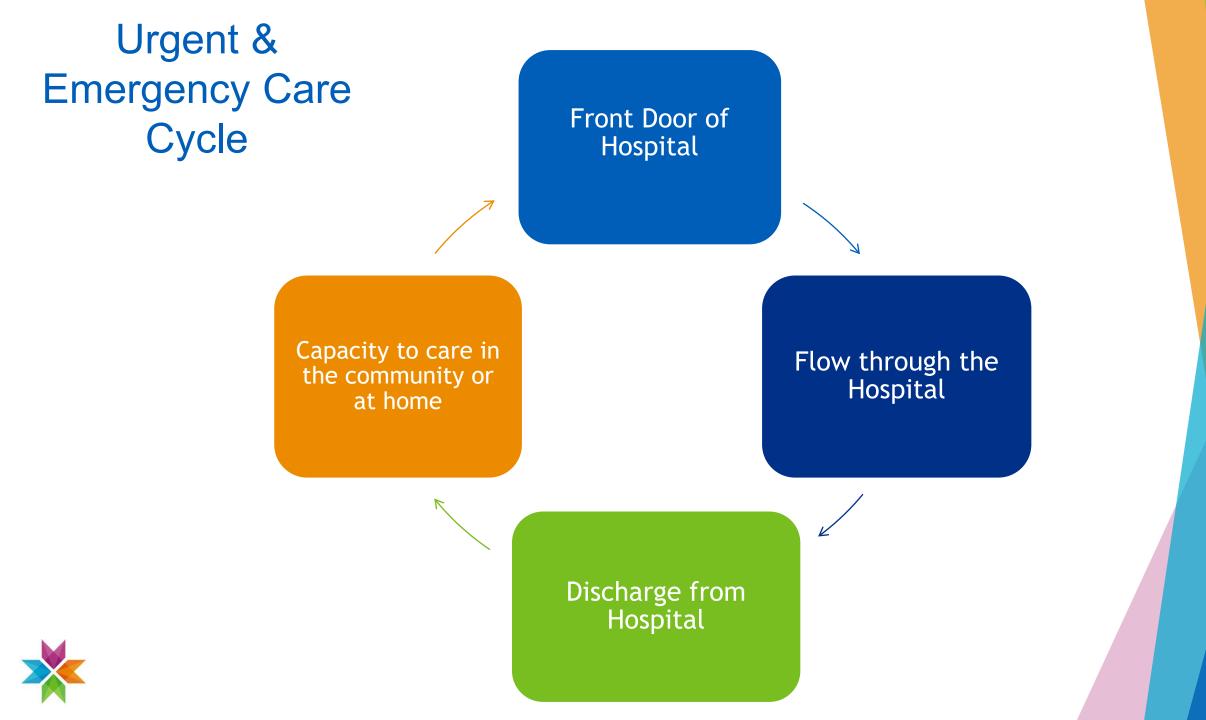
As a system we have been addressing a number of longstanding issues regarding workforce, financial resources and service quality which impact on Urgent and Emergency Care. Further to this, during 2020-2021 we have seen a distinct set of challenges including:

- The ongoing impact of Covid19,
- The ongoing recovery of services following previous waves of the pandemic,
- Significant workforce capacity pressures
- Increases in demand on all services

As the winter period arrives we are also planning for the resurgence of other infectious diseases

The following slides set out the work being undertaken to improve our Urgent and Emergency Care offer and the preparations we have made for further increases in demand over winter





### Context – what the data is telling us

- For T&W residents who are accessing UEC services 78.8% are using A&E
- Year to date A&E attendances for T&W residents are showing a 8.9% increase compared to pre-pandemic 19/20 values
- Attendance by self presentation/walk in is showing a year to date increase of 14.5% for 21/22 when compared to 19/20.
- We continue to see high numbers of patients self presenting to A&E who are classed as being "unheralded" (no recorded advice offered prior to attending)
- There has been an 18% increase in unheralded patients being discharged from A&E without the need for any tests or treatment
- A recent NHSE audit of patients attending A&E at PRH showed that 85% did not need a A&E doctor



# **Urgent Care Improvements**

#### Pre-Hospital Improvement and Alternatives to Admission

- Funding allocated to increase same day capacity in Primary Care resulting in over 10,000 additional GP and allied health professional appointments at T&W Practices between October and March.
- Practices now receive a Monthly Dashboard reporting their A&E activity weighted per 1000 population for benchmarking
- High Intensity Service User scheme continues to operate through Court Street Medical Practice
- Continued roll or of 2hr Rapid Community Response service towards full coverage of county by March 22
- 8 December go live for a system Single Point of Access for all clinical referrers to urgent care services to support alternative pathways to A&E
- Implementation of measures to increase use of 111 bookable appointments, including a patient survey run via Healthwatch throughout November
- Implementation of a Screening and Redirection tool in A&E to assist in directing self presenting patients to the right place to get their care
- Trialling a dedicated Advanced Clinical Practice Primary Care Nurse from primary the front door of RSH A&E to stream appropriate patients with a view to rolling this out across the county if successful.
- Direct pathways for paramedics to access Same Day Emergency Care facility at PRH



# **Urgent Care**

Hospital Flow and Discharge

- Ongoing use of Hospital Ambulance Liaison Officers at PRH
- Seated Discharge Lounge facility fully open at PRH
- "Fit to Sit" facility functioning at PRH
- A "pull" model in place from A&E into other alternative hospital pathways
- Implementation of the learning from recent NHSE A&E Audit in particular the options for patients to be accepted directly into specialties without the need to enter A&E
- Continue to embed learning from SaTH "Flow Fortnight"
- Funding secured for additional community beds
- Additional funding package agreed to support:
  - An expansion to Domiciliary Care capacity including block purchasing care for specific runs
  - Increased social work and administrative support to the Integrated Discharge Team to further enhance capacity
  - Social work support to our newly commissioned Designated Care Home beds
  - Shropshire Trusted Assessors Pilot focused on working with community partners to undertake low level prevention work supporting at pace discharges in the community



## Winter Preparedness

To ensure the right preparations are carried out for the increase in service demands over the winter it is customary that the system assesses its preparedness and put arrangements in place to meet additional service demands winter brings. For the 21/22 period we have done this preparation early

In making our preparations we have focused on three elements:

- Existing Arrangements that will be relied upon at times of extreme pressure
- Assessing the specific challenges we believe we will face this winter
- Implementing specific Winter schemes

#### Existing arrangements

included reviews of current policies, procedures, protocols and actions that are not winter specific but would be enacted or enhanced over the winter period to provide support to the system if the situation renders them necessary, workforce mutual aid and capacity mutual aid through the Adult Critical Care network

#### Specific Winter Challenges

- Ongoing impact and management of Covid19
- resurgence of winter illnesses such as flu, norovirus and Respiratory Viral Infections
- Ongoing delivery of the Covid19 vaccination programme and an enhanced flu vaccination programme
- Staffing shortages
- Escalating demand for all services
- Ongoing recovery of services following the eight of the pandemic

### Winter Preparedness

#### Winter schemes

Following an assessment of the effectiveness of previous winter schemes, and a bidding process, the CCG approved £1.4m of spend to support winter specific schemes as follows:

- Implementation of a Hospital avoidance scheme for Older people with dementia
- Enhancing capacity for voluntary sector support
- Creating additional capacity for Children and Young People's Early intervention
- Creating additional capacity in Pulmonary Rehabilitation provision
- Increased therapy support to care homes
- In reach capacity to support the acute Interdisciplinary Team
- Increased community bed capacity via our two Local Authorities
- Additional same day capacity in Primary Care

The above schemes have all been implemented and will run until March/ April 22. They are all subject to ongoing monitoring throughout their operational period to ensure we maximise impact and understand what works well

To supplement our winter work we are also running a winter communications campaign focussing on prevention, signposting and managing public expectations

We will also continue to promote access to our flu and covid19 vaccination programmes which will run throughout winter as well as reinforcing the need to follow Government covid19 guidance

### Summary

The Health and Social Care system is seeing increasing levels of demand, pressure on Urgent and Emergency Care continues to rise

System partners are working collaboratively on a number of fronts to address these pressures

A number of schemes have been initiated to mitigate this pressure and the system continues to closely monitor and work together to manage these pressures

All system partners need to continue to play their part in reinforcing with the public how to keep themselves safe from Covid19 and other winter infections and the best way to use our local services

