Urgent Care in Rural Communities

Health Select Committee

20th November 2024

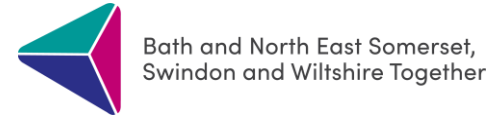Bath and North East Somerset, Swindon and Wiltshire Together

Overview of UEC approach across BSW

- Our focus and priority is to ensure we provide safe services with a system wide approach

- Key objectives are to improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, maintaining increased acute bed and ambulance service capacity

- Providers to deliver the following key performance outcomes:

  – Improving A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4hours in March 2025
  – Improve Category 2 response times to an average of 30 minutes across 2024/25

- Partners worked collaboratively to develop our system operational plan for 2024/25 and these were submitted in May 2024 which covers the whole of the financial year and not specific to Winter period (Oct 24 to Mar 25).

- In UEC system partners utilised the work of the demand and capacity to develop our local annual plans to support out of hospital capacity and the investment needed to support out of hospital pathways

- 3 key transformational work programmes (Care Coordination, Virtual Wards and Intermediate Care (now referred to Flow programme) and a number of improvement programmes

BSW Urgent Care and Flow 24/25 Plan

Urgent Care and Flow Delivery Group

Focus areas

Virtual Wards
Additional system capacity, national guidance statues requirement to provide additionality to acute trust beds in the system

System Care Coordination
Attendance and admission avoidance through diverting ambulances / attendances away from acute trusts

Process Improvements
Opportunity to delivery improvements in LOS & improve alternatives in acute trust flow, timely interventions for patients by senior clinical decision makers

Locality Plans
Out of hospital capacity to support out of hospital discharges to support delivery of NCTR

Activities / Opportunities

Virtual Wards
- BSW Integrated model (step up and step down)

Care Coordination
- Falls
- UCR
- Community Services

Acute
- Flow
- SDEC
- Ward Processes

Community
- Referral pathways P1-P3
- Intermediate Care
- Streaming and Redirection

Locality Plans
- Capacity
- NCTR

Outcomes & Measures (24/25 Impact)

Virtual Wards
- Increase utilisation of VW beds
- Reduce acute trust occupancy
- Reduce attendance and admission
- Reduce LOS of complex frail patients

Care Coordination
- Reduce ambulance conveyance
- Reduce attendances and admissions
- Reduce LOS
- Reduce overcrowding in ED and associated harms
- Decrease in handover delays

Acute / Community
- Reduction time between DRD and discharge date
- Increase productivity
- Reduce LOS and NCTR nos
- Increase <1 day LOS
- Improve 4 performance & Cat 2 response

Locality Plans
- Reduce LOS in acutes and community pathways
- Reduce NCTR nos
- Achieve JB% in line with national guidance
- Reduce acute escalation capacity and associated costs

Reductions in activity expected in 24/25

Virtual Ward 24/25
- Step up = 120-300 NELs per month / 22-55 acute beds
- Step down = 12-29 acute beds

System Care Coordination
- 11 admission per month,
- 2 acute beds,
- 25 ED attendances per month. 33 ambulance conveyances per month

Process Improvement
- Handover delay reduction
- ED performance to 81.3%
- Reduction in bed occupancy to 96%
- NCTR 9%

Locality
- New NCTR target of 9% agreed across system

Forecasted Savings %

RUH
- Bed Occupancy – 92%
- Discharge lounge occupancy – 40pts per day (70% by 10 am and 100% by midday)
- % discharged by 12 midday – 33%
- Zero P0 delays > 24hrs post EDD
- < 1 day LOS (SDEC) – 45% of admissions
- > 7 day LOS – less than 188 patients
- >14 day LOS – less than 96 patients
- NCTR numbers – reduction to 55 patients

GWH
- Reducing daily UTC breaches by c50% (+5 breaches mitigated oer day) including Mar 2025 to improve Type 3 performance to 95+% consistency (92% in Mar 24)
- Rapid assessment and treatment model for majors chairs, improving ED non-admitted performance c1-2% and mitigates safety risk
- Further improvements identified that have not yet been quantified

SFT
- Establishing a formal CDU (pathway on SSEU with ring-fencing of 4 spaces. Trial in Mar 24 demonstrated the ability to avoid 8 breaches daily. – 3.6% estimated improvement*
- Establishing a booked minors clinic (6 slots) to send appropriate patients home overnight to reattend a booked appointment the next day – 2.6% estimated improvement*
- Removal of all expected patients attending ED and awaiting review (Av 3.3 per day). – 1.5% improvement*
- Improvement in bed occ to enable better flow

Demand management

Bath and North East Somerset, Swindon and Wiltshire Together

There has been an increase in non-elective demand. The table below outlines the areas where we have seen an increase in activity and outlines the actions being taken to address the challenges. Prevention will play a significant role in the future management of UEC demand and will be through the delivery groups that relate to Primary Care and Community, THRIVE (mental health) and Children & Young People.

Focus areas	Primary Care	111 and IUC	Ambulance and conveyance	Attendances	Admissions	Internal process improvements	Discharges
Issue	• Demand for appointments	• Dental calls • Repeat prescriptions • Respiratory	• UCR response • Mental Health Demand • H&T to ED • More activity through Care Co	• Paediatrics • Wound care at UTCs and MIUs • RTT waits • Plain Xray requirements	• Paediatrics	• Flow through acute trusts	• NCTR high numbers • Variation in processes
Actions	• Primary Care team to work with PCNs	• Repeat prescription • Respiratory – hay fever / covid • Primary care PB actions • Testing in the DOS for OOHs ranking	• UCR inc falls • THRIVE board to explore the data • Identify short, medium and long term • Prevention – short, medium and long term • Care Co steering plan to increase activity • Pilot dates for 111 online 999 validation	• Wound care T&F group established • Audit of ED attendances of patients on RTT lists with focus on gastro complaints • Investigate benefit of C-ray Car (Cornwall) • GP Practice prevalence for ED atts	• UEC CYP group to review activity growth data to understand demand • CYP virtual wards	• Robust oversight and delivery of each Acute's Trust improvement programmes • LOS improvements • Direct access to Hot Clinics and SDEC	• Flow programme to accelerate • Evaluation of Locality schemes • Relaunch of revised Escalation policy for OOA patients • UEC Demand and Capacity group to review impact of locality schemes supporting P1-P3 discharges from back door and identify additional requirements for Winter 24/25

Locality funded schemes 24/25

Wiltshire	
Plan	**Funding/Source**
Integrated Equipment (Excluding continence) – Discharge Fund	£0.800K (ASC BCF)
Dom care – in house	£0.829k (ASC BCF)
Dom Care to support 2hr rapid response (UCR)	£1.100k (ASC BCF)
Brokerage Support	£0.190k (ASC BCF)
WH&C in-reach Wilts Council in-reach	£0.310 UCR £0.339 ASC BCF)
Wilts Council Flow Staff (Supports UCR)	
Wilts Council reablement staffing	£0.228K (ASC BCF)
Intensive enablement support team (LDA & Mental health)	£0.066k (UEC s75)
Wiltshire P1 Home First Capacity	£1.640k (UEC BCF)
Wiltshire P1 Complex cases	£0.300k (UEC BCF)
RSV Childrens Winter clinic capacity (SFT)	£0.040k (UEC)

Bath and North East Somerset, Swindon and Wiltshire Together

BSW primary care services are a vital part of our system serving almost one million patients

- Our primary care services serve a combined population of 940,000
- We are made up of 84 GP practices, 28 Primary Care Networks
- As an ICB, we spend c.£175m a year on primary care services including c.£12m on locally commissioned services.
- We are now responsible for the delegated commissioning for pharmacy, ophthalmology and dental services on behalf of NHS England.

GI2347- Bath and North East Somerset, Swindon and Wiltshire Primary Care Networks

GPs By Primary Care Network, Community, Acute & Specialist Hospitals

In recent years we have seen an increasingly challenging operating context for primary care

We are seeing increasing demand across all channels

- Significantly increased demand for same day appointments, with more patients considering their condition to be urgent
- Primary Care is seen as the default provider of care
- Particular increase in the working age, generally well population accessing general practice
- Increase in "health anxiety" and mental health consultations
- Increasing operational fragility
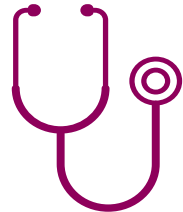
Clinical capacity stretched across routine, urgent, long term condition management and preventative services

- Backlog of routine chronic disease management including diabetes, respiratory and heart disease
- Continuing to see presentations of undiagnosed illnesses following lockdowns
- Continued effort to offer preventative services (immunisations and screening) and care navigation
- Continuing to manage increasing numbers of people on the waiting lists to access community and secondary care services

General practice financial, workforce and premises resilience pressures

- Increased staff turnover due to pressures in general practice
- Workforce capacity is stretched to maximum across all services
- Personal GP stress and burnout, and low morale
- Recruitment and retention issues for GP Practices and PCNs
- Inability to fully absorb cost of living and inflationary pressures
- High use of locum and agency staff required to maintain core services in some areas
- Longstanding premises pressures increasingly limiting ability to maintain or expand services

Pharmacy First

Pharmacy First enables GP and NHS111 referral of patients to Community Pharmacy for Minor Illnesses and includes 7 new clinical pathways.

The pathways enable community pharmacists to treat patients for the most common conditions without the need for a prescription.

The community **pharmacist will clinically assess the patient** and then:
- **Treat if clinically appropriate** via patient group direction (PGD)
- **A PGD allows a pharmacist to supply specific prescription only medicines.**
- Provide advice and support via over-the-counter medicines if appropriate
- Refer patient onto another health professional or GP practice if clinically required

<u>**All Wiltshire Pharmacies have signed up to deliver the Pharmacy First Service.**</u>

Currently we only have data at BSW level, but locality specific dashboards are in development, which we can share in future.
Since the service launched in January 2024 to end September, there have been **47,216 consultations** for minor illnesses or clinical pathways (PGD) in BSW pharmacies, **plus 10,142 consultations** for urgent supplies of repeat medicines.

The vast majority of consultations, around **96%,** are completed by the pharmacy with no need for an onward referral. Where referral is needed, the most patients are referred to their general practice.

NHS
Providing NHS services

We can help you with seven common conditions without needing a GP appointment

- **Sinusitis** (adults and children aged 12 years and over)
- **Sore throat** (adults and children aged 5 years and over)
- **Earache** (children and young adults aged 1 year to 17 years)
- **Infected insect bite** (adults and children aged 1 year and over)
- **Impetigo** (adults and children aged 1 year and over)
- **Shingles** (adults aged 18 years and over)
- **Urinary tract infection** (women, aged 16 to 64 years)

Ask us for more information about this free* NHS service

Visit your Pharmacy First!

*NHS prescription charge rules apply where a medicine is supplied

Total number of Pharmacy First consultations across all pathways at pharmacy level

6.6K · 6.3K · 6.8K · 5.3K · 5.3K

Apr 2024 · May 2024 · Jun 2024 · Jul 2024 · Aug 2024

● Clinical pathways consultation ● Urgent Medicines ● Minor illness referral ● Total PF Consultations
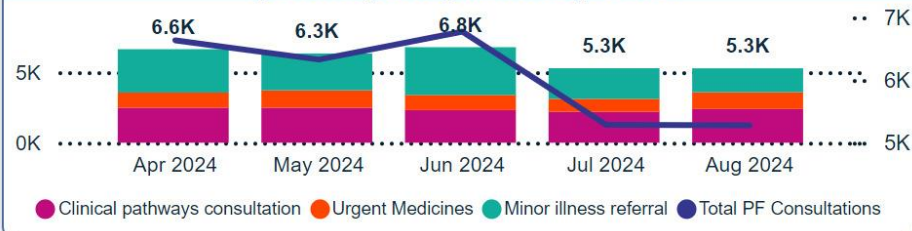
No of Pharmacy First clinical pathways consultations -level - complaint/condition

● Acute Otitis Media
● Acute Sore Throat
● Impetigo
● Infected Insect Bites
● Shingles
● Sinusitis
● Uncomplicated UTI

885 858 759 651 711
632 637 593 611 508

Apr 2024 · May 2024 · Jun 2024 · Jul 2024 · Aug 2024
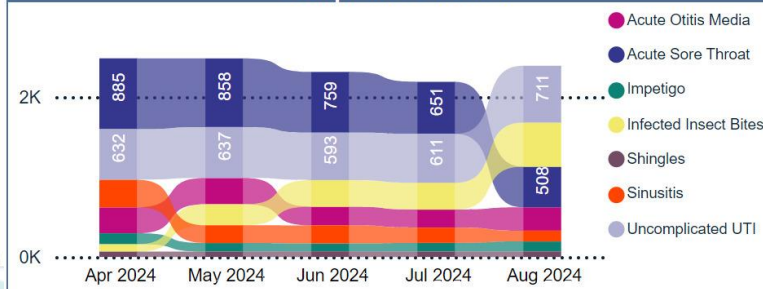
PF consultations by Services (weighted by list size)

BNSSG · DEV · BSW · DOR · SOM · GLOS · COIS

● SW ICBs — National Average - - - BSW ICB
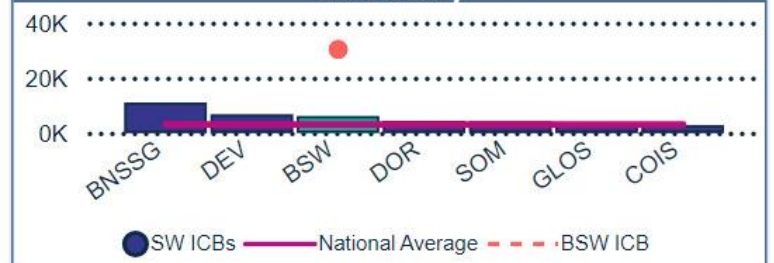
South Western Ambulance Service NHS Foundation Trust - Update

Category 1 Mean Response Times
By Local Authority Area

	ICB	2023				2024		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Swindon	BSW	0:07:56	0:07:36	0:07:35	0:07:57	0:07:55	0:08:08	0:07:31
Bath and North East Somerset	BSW	0:09:15	0:08:38	0:08:16	0:08:55	0:09:11	0:08:40	0:08:19
Wiltshire	BSW	0:11:17	0:10:58	0:10:31	0:11:06	0:11:09	0:11:15	0:10:59
Vale of White Horse	BSW	0:12:36	0:11:23	0:12:35	0:13:34	0:11:51	0:16:52	0:11:09
South West Total	**ALL**	**0:09:39**	**0:09:22**	**0:09:20**	**0:09:58**	**0:09:48**	**0:09:38**	**0:09:36**

	Q1	Q2	Q3	Q4	Q1	Q2	Q3
National Category 1 Mean Response Time	**0:08:36**	**0:08:22**	**0:08:23**	**0:08:39**	**0:08:23**	**0:08:16**	**0:08:14**

Category 2 Mean Response Times
By Local Authority Area

Local Authority	ICB	2023				2024		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Bath and North East Somerset	BSW	0:42:35	0:38:41	0:32:09	0:46:04	0:42:26	0:37:13	0:35:00
Swindon	BSW	0:51:28	0:44:14	0:46:10	0:55:56	0:52:47	0:53:29	0:37:02
Wiltshire	BSW	0:48:24	0:44:07	0:40:53	0:50:20	0:47:04	0:47:30	0:40:01
Vale of White Horse	BSW	1:04:34	0:57:49	0:54:41	0:55:08	0:58:08	1:02:25	0:45:16
South West Total	**ALL**	**0:43:52**	**0:37:40**	**0:38:47**	**0:50:20**	**0:44:34**	**0:40:17**	**0:38:11**

	Q1	Q2	Q3	Q4	Q1	Q2	Q3
National Category 2 Mean Response Time	**0:34:40**	**0:32:34**	**0:33:39**	**0:42:03**	**0:36:45**	**0:32:35**	**0:32:17**

Response Times / Activities

Response times across the South West have been under increasing pressure over the last two years, linked both to increases in activity volumes and hospital handover times at acute hospitals.

For the first six months of the current financial year (April to September 2024) the Trust has seen activity volumes increase in the BSW area by 6.6% compared to the same period in 2023.

The average hospital handover times during this period (in BSW) is around a 69 minute delay per patient (compared to the 15-minute national standard).

The Trust has invested in additional resourcing levels to help improve response times across BSW, but it is heavily reliant on consistent improvements in hospital handover times.

South Western Ambulance Service NHS Foundation Trust - Update

% of Incidents Conveyed to ED
By Local Authority Area

Local Authority	ICB	2023				2024		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Swindon	BSW	35.8%	37.4%	36.4%	32.4%	31.8%	32.1%	37.1%
Vale of White Horse	BSW	33.6%	33.1%	36.1%	38.4%	32.4%	35.5%	37.1%
Wiltshire	BSW	37.0%	37.6%	39.3%	37.3%	37.1%	37.6%	38.3%
Bath and North East Somerset	BSW	39.7%	42.4%	42.3%	38.8%	39.2%	41.0%	41.3%
South West Total	**ALL**	**41.0%**	**43.1%**	**42.6%**	**39.6%**	**39.1%**	**39.4%**	**39.9%**

Average Handover Times at Acute Hospitals

Hospital	ICB	2023				2024		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
SALISBURY DISTRICT HOSPITAL	BSW	0:37:23	0:26:39	0:24:50	0:30:56	0:25:17	0:26:33	0:25:27
ROYAL UNITED HOSPITAL - BATH	BSW	1:14:57	0:51:51	0:38:23	1:06:46	1:14:07	1:17:43	0:56:48
GREAT WESTERN HOSPITAL	BSW	1:13:56	0:54:05	1:16:07	1:30:30	1:38:58	2:08:59	1:12:43
Average Handover Time Across All South West Hospitals		**1:10:52**	**0:44:30**	**0:48:28**	**1:15:18**	**1:09:06**	**0:59:27**	**0:49:30**
Average Handover Time Across - National (from Oct 23)					**0:36:36**	**0:36:00**	**0:32:28**	**0:30:47**

Hospital Conveyance and Handovers

The Trust currently manages a high proportion of activity without conveying the patient to an Emergency Department, which helps avoid unnecessary attendances.

In BSW, there is a Care Coordination (CareCo) Hub. The Hub brings together multi-disciplinary teams, including ambulance service clinicians and health and social care professionals. They provide real-time access for patients, to health and urgent care services based within the community or secondary care settings to ensure they get the right care, in the right place, first time. The hub supports a reduction in avoidable emergency department admissions and therefore avoidable ambulance dispatches and conveyances, whilst improving patient outcomes, quality of care and experience.

Handover delays at emergency departments remain one of the Trust's biggest challenges. In 2019/20 average handover times across the South West were around 13 minutes per patient.

In recent months, the average handover time in BSW has risen to over one hour per patient – significantly increasing the length of time taken to manage each incident and decreasing the remaining resource available to respond to other patients. This pressure is further increased overnight.