

# WILTSHIRE SUSTAINABILITY (WINTER) PLANNING

HWB

14th December 2018

'The right healthcare for you, with you, near you.'



#### **1st submission (06.07.18)**

- Builds upon lessons learnt within BSW from best practice and from winter 2017- 2018
- Evaluates winter resilience schemes from the 2017-2018 with recommendations
- Builds on the delivery and potential of Integrated Urgent Care as commenced May 2018
- Incorporates the on-going work on reducing length of stays in hospital and will build on the demand and capacity analysis across STP
- Confirm the 5 priorities through LDB
- Wiltshire data and narrative input into BaNES and Swindon system plans

#### 2<sup>nd</sup> submission (31.08.18)

- Following feedback from NHSE review (08.08.18)
- Review against KLOEs
- LOS improvement plan actions and dashboard (for sign off LDB 16.08.18)

#### 3<sup>rd</sup> submission (05.10.18)

- BSW rep at Regional Winter Event 6th September
- NHSE feedback 14th September / Review against Pauline Phillips Preparation for Winter letter 7th September
- Reviewed at LDB 18th September
- Separate returns to NHS on winter planning: primary care, digital and quality / patient safety
- Taken to WCCG Governing Body in public and PCCC 25th September
- CCG deep dive to understand what is driving demand across systems by postcode, diagnosis, referral and age
- Review of Demand and Capacity modelling for the South (as part of STP work)
- IA service commenced 1st October
- Weekly Expert Panel commenced 3rd October

#### 4th Iteration of Winter Plan for Wilts LDB (20.11.18)

- Q2 IAF BSW Focus on Winter 9th October
- LDB focus on Risk Summit 16th October to refine the Risk Register
- Winter Plan on Wiltshire Health and Wellbeing Board 17th October
- Escalation Training (NHSE) 13<sup>th</sup> November cancelled
- SWAST winter workshop 13th November
- ECIST Community Review 27/28 November
- Winter Plan JCB (28.11.18), WCCG GB in Public (27.11.18) and HWB (14.12.18)



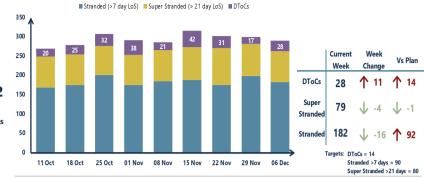
## **ALL SYSTEM WINTER PLANS**

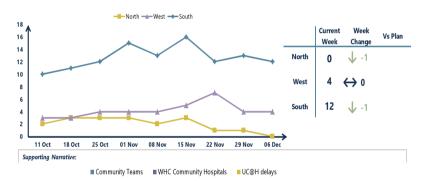
- System provider winter plans and escalation action cards reviewed and internally signed off at A&E Local Delivery Board (16.10.18)
- Weekly South System Senior Decision Makers meeting/call
- South System Action Plan in place weekly tracker
- Actions from Expert Panel (see later)
- Winter assurance document submitted NHSE (23.11.18)
- Input and review of BaNES/RUH and Swindon/GWH plans
- Review at LDB of key focus areas



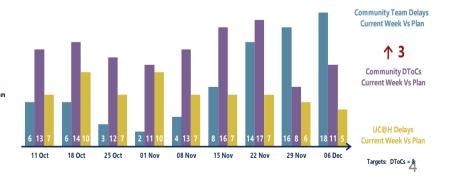
#### **Current performance - SFT**



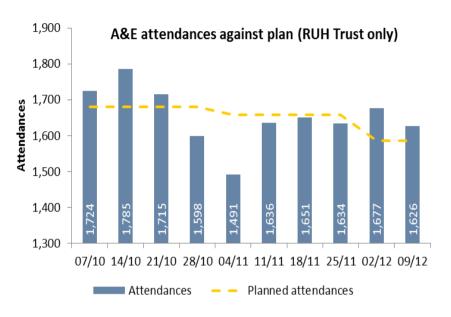






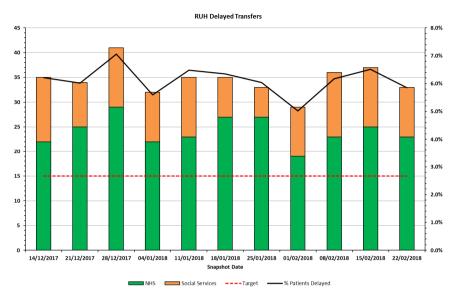


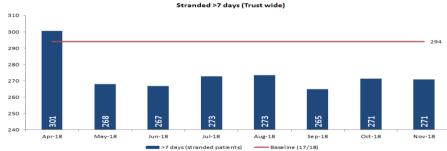
### **RUH** current performance

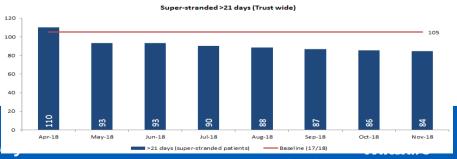




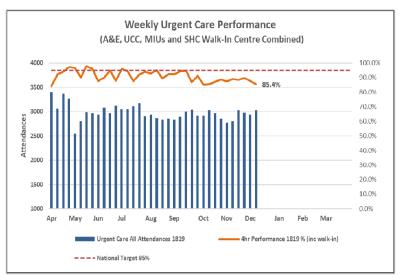


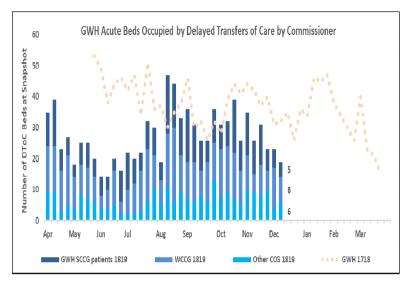


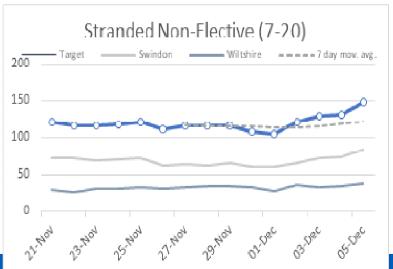


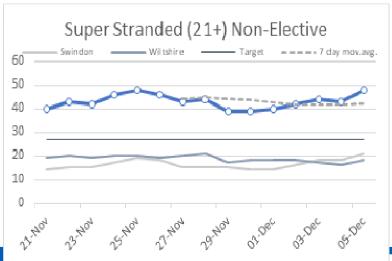


#### **Swindon Current Performance**

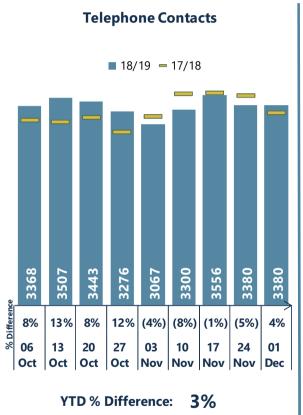


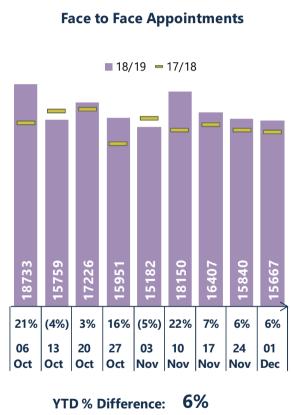


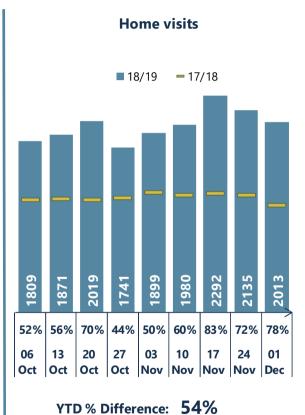




# **Primary Care (GP Practice) Activity**







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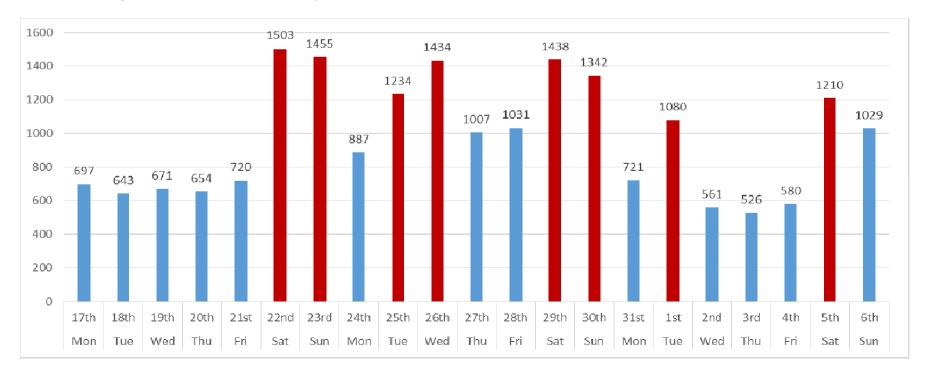


# Provider Winter Plans Festive Period Focus



#### **BSW 111 FESTIVE ACTIVTY FORECAST**

- Demand forecasts have been updated utilising last years activity (previous provider) and the demand profile experienced over the last 6 months.
- The graph below shows the forecasted volume of calls per day to 111 over the Christmas and New Year period (not including HCP direct calls to the CAS).
- Days where peak demand is expected correlate with those forecasted by SWASFT.
- One of the challenges is the pattern of the Bank Holiday days and the impact on public behaviour. For example, we have not had this pattern (with a 'normal' working day between the weekend and Christmas Day / Boxing Day) since 2007 therefore forecasting how that will impact activity Is very difficult. Many expect it to be treated like a five day Bank Holiday which is why the 24<sup>th</sup> prediction is much higher than other weekdays.

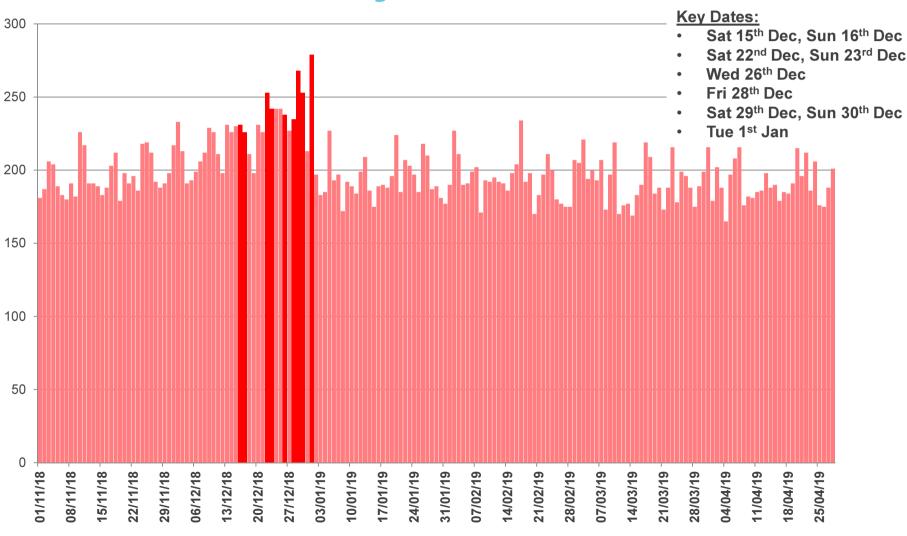


### **BSW 111 FESTIVE ACTIVTY FORECAST**

The below heat map shows the forecasted demand profile of 111 calls per hour. This is again based on arrival patterns within existing services.

									11	1 BSW (	CALL FO	RECAST									
	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st	1st	2nd	3rd	4th	5th	6th
00:00	21	24	23	24	30	22	29	26	16	19	37	43	21	27	21	14	19	20	24	18	20
01:00	17	13	16	16	16	20	20	21	16	19	24	23	20	18	17	14	14	13	13	16	14
02:00	17	13	12	13	14	17	17	21	8	9	21	20	16	16	17	7	10	11	11	14	12
03:00	14	13	12	12	12	14	16	18	12	14	19	17	13	15	14	11	10	10	10	11	11
04:00	11	8	13	13	10	16	14	14	15	17	19	15	16	13	11	13	11	10	8	13	10
05:00	13	10	10	12	8	14	15	16	9	10	19	11	14	14	13	8	9	10	6	12	11
06:00	20	15	18	15	16	26	24	25	26	31	23	22	25	23	21	23	15	12	13	21	17
07:00	23	25	27	23	22	50	47	30	31	35	35	32	47	44	24	27	23	18	18	40	33
08:00	33	21	22	22	25	96	83	42	91	106	34	36	92	77	34	80	19	18	20	78	59
09:00	26	19	21	20	18	120	105	33	141	163	30	25	115	97	27	123	18	16	14	97	75
10:00	22	19	17	19	20	119	112	28	141	163	29	29	114	103	23	123	15	15	16	96	79
11:00	21	18	21	17	18	110	114	27	106	123	26	26	105	106	22	93	18	14	15	88	81
12:00	22	16	18	17	20	93	97	29	98	114	26	28	89	90	23	86	15	14	16	75	69
13:00	22	15	23	18	19	85	87	28	71	82	28	28	81	80	23	62	20	15	15	68	61
14:00	20	18	26	18	22	82	78	25	69	80	27	32	79	72	20	61	21	14	18	66	55
15:00	18	16	20	19	24	75	73	23	48	55	30	34	72	68	19	42	17	16	19	61	52
16:00	22	19	23	19	21	76	76	29	57	66	30	30	73	70	23	50	19	15	17	62	54
17:00	36	38	36	30	35	74	72	46	51	59	47	51	71	66	37	45	30	24	29	60	51
18:00	70	72	75	66	86	75	86	88	45	53	101	124	72	79	72	40	63	53	70	60	61
19:00	65	68	59	67	77	87	79	82	43	50	104	110	84	73	67	37	50	54	62	70	56
20:00	63	55	61	66	72	85	68	80	36	42	101	103	82	63	65	31	51	53	58	69	48
21:00	54	57	48	55	56	60	62	69	43	50	85	80	57	57	56	37	40	44	45	48	44
22:00	40	37	42	42	43	54	50	51	37	43	65	62	51	46	41	32	35	34	35	43	35
23:00	28	35	27	29	35	31	31	36	25	29	45	49	30	28	29	22	23	23	28	25	22
Total	697	643	671	654	720	1503	1455	887	1234	1434	1007	1031	1438	1342	721	1080	561	526	580	1210	1029

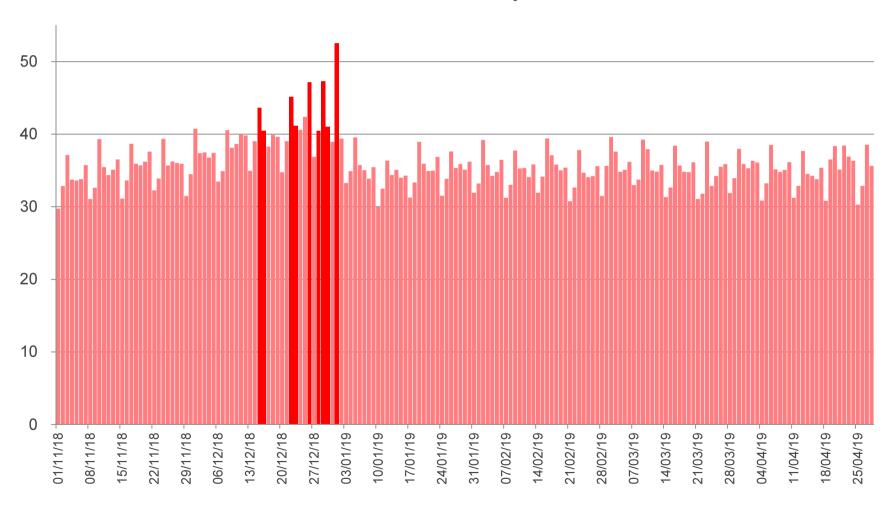
# Predicted SWAST South Western Ambulance Service NHS Foundation Trust Wiltshire Activity Forecast 2018/19



# Predicted SWAST ED Conveyance



#### Forecasted SWAST ED Conveyance to SFT

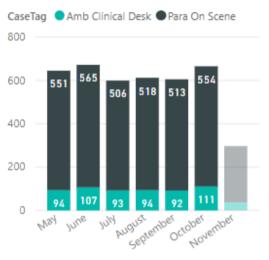


#### **AMBULANCE ACTIVITY & CONVEYANCE**

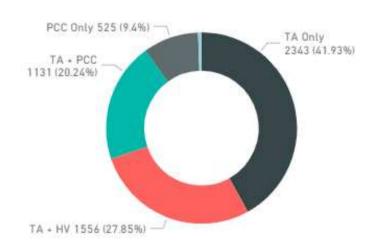
Medvivo & SWAST have commenced two key work streams in terms of the BSW Integrated Urgent Care Service (including 111) and the Ambulance Service:

- 1. Ensure Paramedics make full use of their direct access to the Clinical Assessment Service (CAS) 24/7 in order to work together to avoid conveyance / admission where appropriate. Update on next slides.
- 2. Further reduce the number of referrals from 111 to the Ambulance Service. Awaiting a risk profile for Cat 2 calls from Medical Director SWAST to generate a list of suggested Cat 2 Dx codes that could be held at 111 for clinical review along with a defined time period within which that review must take place. Once this is available it will be presented to the IUC Clinical Governance Group for sign off (4th December 2018).

#### **AMBULANCE CAS REFERRALS**



- All healthcare professionals have direct access to the Clinical Assessment Service (CAS) via a dedicated number. Paramedics are able to request a call back from a clinician within the CAS (to them or the patient) e.g. to discuss admission avoidance or to directly book a face to face appointment for a patient at one of the BSW Primary Care Centres.
- The graph on the left shows the number of calls to the BSW IUC CAS from the Ambulance Service. Medvivo has seen a small in uplift in referrals since SWAST circulated updated communications encouraging the use of the line. Designs for a sticker to be put in Ambulances with the contact details on have been submitted to SWAST to give a further prompt to crews.
- The diagram on the right measures the clinical input provided by the IUC Service for the referrals received directly into the CAS from the Ambulance Service. On average;
- 42% receive a telephone consultation only
- 20% receive a telephone consultation followed by a face to face assessment at an OOH primary care centre
- 9% are directly bookended into a face to face assessment at an OOH primary care centre
- 28% receive a telephone consultation followed by a home visit
- This type of data, combined with activity profiles will be utilised to support resource planning moving forwards.



#### **AMBULANCE CAS REFERRAL OUTCOMES**

The table below shows the outcomes of cases for patients referred by the Ambulance Service via the direct line.

Outcome	М	ay	Ju	ne	Ju	lly	Aug	gust	Septe	mber	Octo	ober	6 Mont	th Total
No follow up - call again as needed	314	49%	285	42%	252	42%	286	47%	255	42%	282	42%	1674	41%
OGP follow up	192	30%	205	31%	168	28%	180	29%	201	33%	223	34%	1169	29%
Referred to Secondary Care (SC)	57	9%	98	15%	66	11%	60	10%	79	13%	75	11%	435	11%
Information Only	49	8%	49	7%	71	12%	47	8%	42	7%	49	7%	307	7%
Referred to Emergency Services	7	1%	8	1%	15	3%	15	2%	13	2%	14	2%	72	2%
Referred to / advised to attend community service	16	2%	11	2%	15	3%	9	1%	10	2%	8	1%	69	2%
Failed Encounter / DNA	9	1%	13	2%	6	1%	11	2%	5	1%	13	2%	57	1%
Referred to Mental Health Service	0	0%	2	0%	4	1%	1	0%	0	0%	1	0%	8	0%
Referred to Palliative Care Service	1	0%	0	0%	1	0%	2	0%	0	0%	0	0%	4	0%
Referred for Community Bed Admission	0	0%	1	0%	1	0%	1	0%	0	0%	0	0%	3	0%
Grand Total	64	45	67	72	59	99	61	<b>L2</b>	60	)5	66	65	40	95
Non-conveyance Supported	523	81%	504	75%	441	74%	479	78%	466	77%	514	77%	2927	71%

Non-conveyance Supported	523	81%	504	75%	441	74%	479	78%	466	77%	514	77%	2927	71%

It demonstrates excellent outcomes in terms of supporting non-conveyance / admission avoidance.

41% of cases were closed with no follow up required and 71% were either closed with no follow up or referred to a primary care or a community service.

Information only cases are those where a Paramedic calls to provide an update that may support any future patient contacts or to ask for information to be passed to the patient's own GP.

All cases closed following a failed encounter undergo a risk assessment by a member of the Clinical Team. For medium or high risk cases this includes contacting allied services such as local hospitals and if required arranging a welfare visit.

#### **AMBULANCE CAS REFERRAL OUTCOMES**

Some primary outcomes can then be further split by a secondary outcome such as speciality and a tertiary outcome such as location as per the below tables

Referred to Secondary Care (SC)	May	June	July	August	September	October	6 Month Total	6 Month %
ED	36	58	42	40	42	43	261	60%
Medics	7	15	14	8	18	16	78	18%
Paeds	9	12	7	2	11	8	49	11%
Surgeons	3	9	3	6	7	5	33	8%
Other Speciality	0	3	0	0	1	0	4	1%
ENT	0	0	0	3	0	0	3	1%
Gynae	1	0	0	0	0	2	3	1%
Obstetrics	1	0	0	0	0	1	2	0%
Ophthalmology	0	1	0	0	0	0	1	0%
Urology	0	0	0	1	0	0	1	0%
Total	57	98	66	60	79	75	435	100%

Referred to Secondary Care (SC)	May	June	July	August	September	October	6 Month Total	6 Month %
Royal United Hospital	18	36	30	27	36	29	176	40%
Great Western Hospital	17	28	18	16	22	23	124	29%
Salisbury Foundation Trust	19	29	15	14	20	20	117	27%
Other	3	5	3	3	1	3	18	4%
Total	57	98	66	60	79	75	435	100%

Salisbury Foundation Trust	May	June	July	August	September	October	6 Month Total	6 Month %
ED	10	14	5	8	7	10	54	46%
Medics	2	8	4	3	6	5	28	24%
Paeds	5	4	5	1	1	4	20	17%
Surgeons	1	1	1	1	6	1	11	9%
ENT				1			1	1%
Gynae	1						1	1%
Ophthalmology		1					1	1%
Other Speciality		1					1	1%
Total	19	29	15	14	20	20	117	100%

This data provides useful information in order to identify opportunities to improve patient pathways such as increasing the number of referrals direct to specialities where possible to prevent presentation at ED.

## PRIMARY CARE PLANS

- Guidance to all practices for repeat medication requests to avoid patients running out of medication
- Local primary care initiatives to support residential and nursing homes to reduce avoidable attendances and admissions
- Plans in place to support patients with longterm conditions and high-risk groups, including monitoring illness patterns in the local community and weather changes that may affect patient cohorts;
- Practices are clear on their Business
   Continuity Plans covering the risks, impacts
   and associated plans for managing disruptive
   incidents such as staff sickness and absence,
   and adverse weather, and loss of essential
   services.

ALL meds requested are on a 28 day repeat cycle d are not CDs or "when required" items

Increase to 56 days, issue and then revert to 28
Patient must understand this is an exception, we are not permanently increasing their Rx
All painkillers, especially those that are Codeine based (e.g. Zapain), to be treated as "when required" items. However, consider
Diazepam and Zopidone to be treated as CDs
Methotrexate, Azathioprine, Sulfasalazine,
Leflunomide & Lithium to be queried with pharmacist before issuing extra

Patients on a 56 day cycle Or if any med given from acute, CDs, "when required" meds

- Advise patient when they are due next and explain that we'll exceptionally accept requests 14 days in advance due to Christmas to ensure they get their Rx on time
- If a "when required" item is given regularly (e.g. paracetamol, Epimax), check with pharmacist if can be increased to cover 28 extra days
- All acutes to be referred to pharmacists as per usual procedure, pharmacist may decide to increase supply to cover Xmas holiday

#### Posts



Published by Aceso Hathaway [?] - 19 hrs - 6

It's nearly Christmas . We will be starting to issue two months of medications to see people through the Christmas period. There are some medications that we cannot do this for but we will advise you at the time. Start thinking about planning your medications for Christmas - especially if you are going away. If you have relatives coming to stay remind them to bring their medications with them - this makes Christmas a whole lot less stressful for everyone!



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# **Primary Care Additional Capacity**

Locality	Area	Core Hours (08:00-18:30)	Extended Hours	Improved Access
North	Chippenham	100%	100%	100%
North	East Kennet	100%	100%	100%
North	Calne	100%	100%	100%
North	North Wilts	100%	100%	100%
South	Sarum North	100%	In discussion	In discussion
South	Sarum South	100%	In discussion	In discussion
South	Sarum West	100%	100%	100%
West	West Wiltshire	100%	100%	100%
Bank Holidays and	County-wide provision			

# Salisbury Walk in Centre Service

#### Walk in Service

- Moved to Millstream 1<sup>st</sup> October 2018 to provide more space
- Mon- Fri 18:30-22:00 and 08:00-20:00 Weekends and Bank Holiday
- Open through out Winter including Christmas and New Year
- Operate 2<sup>nd</sup> and 3<sup>rd</sup> on-call rota to increase clinical capacity if unexpected demand

#### Kids Health 1st Clinic

- Booked appointments for Children 17 and under
- Open Monday to Friday, Boxing Day and New Years Day
- Book through 111 or GP practice



Clinical Commissioning Group

# CURRENT AND ADDITIONAL OUT OF HOSPITAL CAPACITY

Clinical Commissioning Group

# Wiltshire Council ASC Winter Funding

For Wiltshire, the allocation of the adult social care winter pressure grant is £1.8m. This funding has specific grant conditions with an aim to reducing delayed transfers of care and cannot be used for recurring expenditure. The initiatives the government have announced to date are:

- home care packages to speed up patients move out of hospital
- re-ablement packages, which support workers to help patients carry out everyday tasks and regain mobility and confidence
- home adaptations, including new facilities for personal care, such as adapting a shower room if a patient has limited movement

#### Wiltshire Council Proposals:

#### 1. Prevention

- There are currently in excess of 100 social care clients in the community waiting for care packages.
- A proportion of the grant commissioning additional market capacity as well as additional re-ablement capacity to prevent these people being admitted to hospital.

#### 2. Hospital Flow and Discharge

• The remainder of the grant on improving hospital flow and social care discharges from acute settings. This will be allocated based on the proportion of the social care DTOC numbers over the last three months:

ASC Delayed days	3 Month Averag
GWH	12%
RUH	15%
SFT	42%
AWP	7%
Community Ho	spitals 22%
Other	2%
Total	100%





	SERVICE	RESOURCE	DATE IN PLACE	FUNDING
	Community Hospital beds (Chippenham, Warminster and Savernake)	88 beds	Existing	WHC CONTRACT
	Intermediate Care	65 beds	Existing	BCF
<b>≅</b>	HomeFirst / HomeFirst+	85,500 hours	Mob timeline	BCF
IDE pt 18	Urgent Care @ Home	Baseline provision approx. 65 POC/mth	Existing	BCF
WILTSHIRE WIDE Pop 492,763 (Sept 18)	HTLAH Alliance	Baseline provision is c18,000 hours per week. New HTLAH Alliance has added 10 new providers to Wiltshire who will be building new capacity.	1 <sup>st</sup> Nov	WC current contracts
Pop 4	County wide - Peripatetic Social Work Team	Locum Social Workers (x 4 countywide)	26 <sup>th</sup> Nov	ASC winter
	Peripatetic Social Work Team manager	X 1 Specialist manager	1 <sup>st</sup> Dec	ASC winter
	HTLAH block contracts for additional winter capacity for dom care and Reablement	Tender closed (23.11.18)	14 Dec	WC
SOUTH/SFT 31% of pop 36% of activity to SFT	Step down Social Care D2A 3 - Bartlett House, x1 - Avonbourne Care Centre, x1 - Willowcroft x1 - Buckland Court	6 beds OSJ	1 <sup>st</sup> Oct	ASC winter
SOUTH/SFT 31% of pop of activity to	Age UK Home From Hospital Services	VCS support for discharge reviewed and scope expanded	15 <sup>th</sup> Oct	ASC and CCG
<b>39</b> %	Dementia Nursing beds – Longbridge Deverill	2 beds (countywide resource)	1 <sup>st</sup> Nov	ASC winter
EAST/GWH of pop activity to	Step down Social Care D2A (Athelstan House)	4 OSJ	1 <sup>ST</sup> Nov	ASC winter
I EAST/GWI % of pop f activity to GWH	Dementia Nursing beds – Brunel Hse	2 beds (countywide resource)	Tbc	ASC winter
NORTH EAST/G 36% of pop 26% of activity GWH	Step down beds (mitigation HF recruitment) Bassett House	6	From 17 <sup>th</sup> Dec	BCF (HF envelope)
Ž Ž	Additional beds on Ailesbury	4	21 <sup>st</sup> Jan 19	CCG
WEST/ RUH 8% pop 33% of activity	Step down Social Care D2A (Hungerford House)	4	1 <sup>st</sup> Nov	ASC winter
8% F ac 33	Dementia Nursing beds Trowbridge Oaks	2 beds (countywide resource)	1 <sup>st</sup> Nov	ASC winter

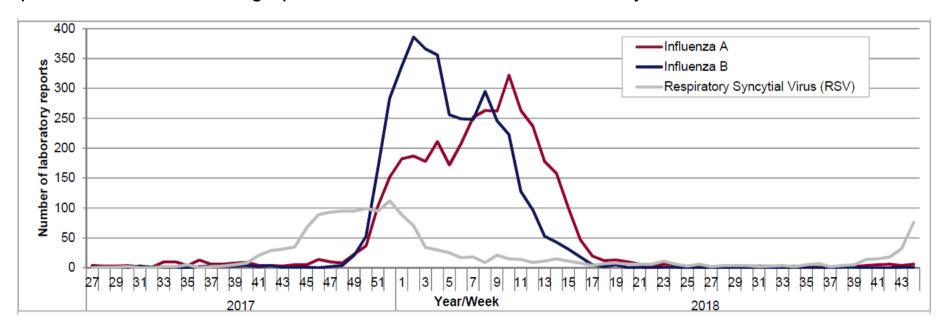
# SOUTH WILTSHIRE COMMUNITY REVIEW – ECIST SUPPORT

- 27/28 November
- Align to learning from Expert Panel
- Review of process through the Integrated Discharge Team.
- Review of site and operational reporting
- Review of referral process and pathways
- Review of community teams case management and transfer of cases.

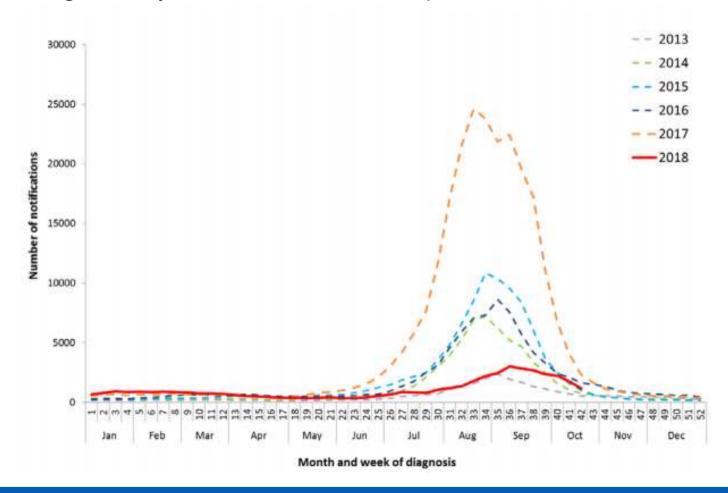
### **FLU UPDATE**

As of week ending 16/11/2018 influenza rates are the same as the same time period last year. The rate of Respiratory Syncytial Virus (RSV) is less than the same time period last year, but is rapidly increasing.

Outbreaks across Wiltshire have been limited to 3, all 3 were reported in care homes, 1 was confirmed RSV, 1 confirmed Chest infections and final one is currently awaiting the results of swabs taken. Admission to secondary care due to influenza remain low at this point in time. The below graph illustrates the confirmed laboratory influenza rates.

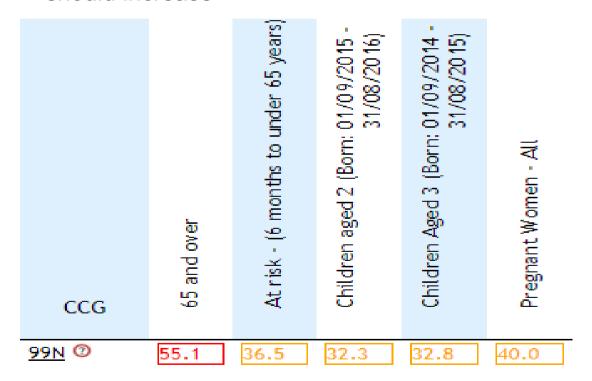


The below graph represents the Australian (southern hemisphere) influenza season for 2018. The red line shows the current confirmed laboratory influenza rate. The northern hemisphere mirrors the southern hemisphere for influenza and the predictions for influenza season appears to be that of a significantly lower circulation in comparison to 2017/18.



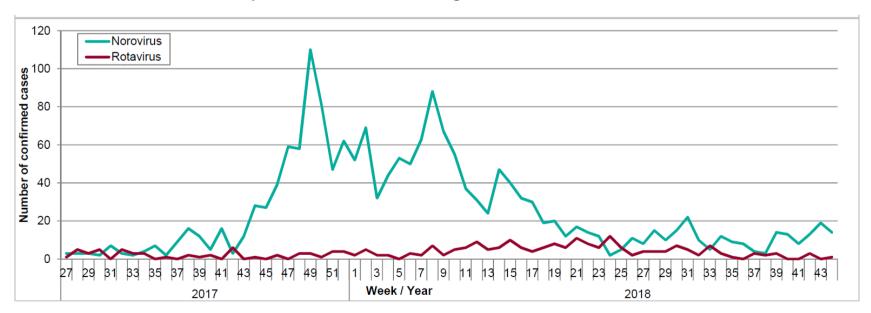
# Flu Vaccine uptake rates

- The below table indicates the current vaccine uptake rates for Wiltshire
- This year has been challenging due to the staggered delivery for the aTIV vaccine for the over 65 age group
- It is anticipated that following the final delivery last week these uptake rates should increase

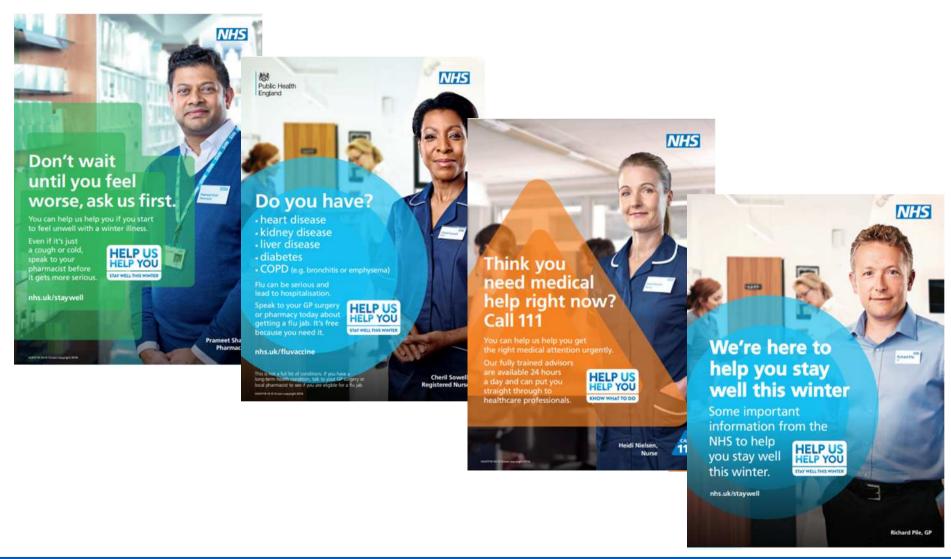


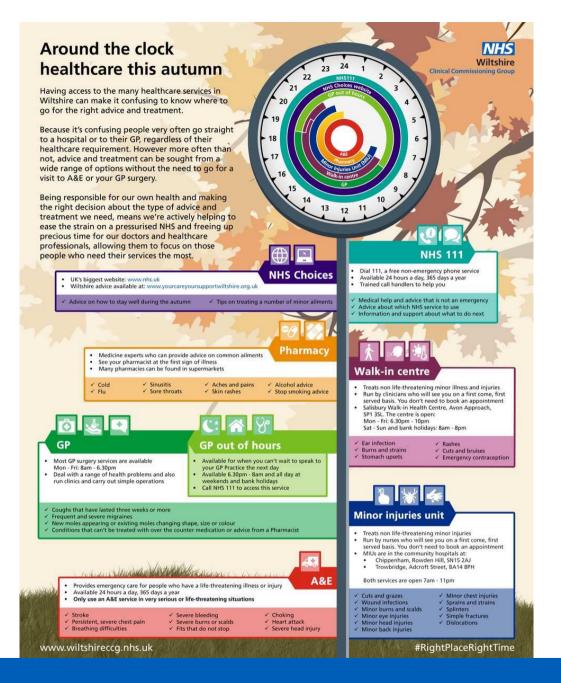
# IP&C

- Currently across the whole health economy we are experiencing increased rates of Norovirus and Gastrointestinal outbreaks
- The below graph illustrates the current rates across the south west
- Wiltshire have so far had 17 outbreaks, 5 in education settings, 1 in hospital setting and
   11 in care homes
- WCCG in collaboration with Wiltshire council, PHE and NHE held a workshop for care home staff aimed at the prevention and management of infectious outbreaks



# **COMMUNICATIONS PLAN**







Themed weeks which will see coordinated press, social media and website activity and tie in with PHE/NHSE comms grid and schedule for winter and flu.

Themed weeks would be led by an STP-wide press release and related activity.

Week commencing	Theme
8 October	NHS 111
22 October	SWTW - flu
12 November	Self-care week
3 December	GP Extended hours
24 December	Stay well at Christmas, where to get help over holidays
2 January	Focus on post-Christmas reactive comms
21 January	Cancelled appointments, winter theme
11 February	NHS Pharmacy

### **RISKS**

- Current levels of demand and performance
- Workforce availability and sickness
- System collation of risks from plans and presentations
- Demand and capacity modelling outputs
- Assurance on sufficient domiciliary capacity
- Key areas of anticipated unprecedented demand
- Learning from ECIST review
- Risks from discussion at LDB
- NHSE winter operating model daily reporting 27<sup>th</sup> November (threshold for SFT <85%) and from 3<sup>rd</sup> December = 7 days





#### SW WINTER ROOM DAILY ROUTINE



