

REPORT FOR: Harrow HWBB

Date of Meeting: 1 August 2013

Subject: **INFORMATION REPORT –
Urgent Care**

Responsible Officer: Javina Sehgal
Chief Operating Officer, NHS Harrow
CCG

Exempt: No

Enclosures: Appendix 1 - Timeline for A&E Recovery and
Improvement Plan and Winter Planning

Section 1 – Summary

This information report sets out a discussion of the recent activity of the Urgent Care Board's and the development of the Accident & Emergency Recovery and Improvement Plan submitted to NHS England in June.

The report covers the Council's recent motion in relation to A&E crises and Winter Pressures.

FOR INFORMATION

Section 2 – Report

2.1 Developing the “A&E Recovery and Improvement Plan”

All Accident and Emergency (A&E) departments have a 95% target for patients attending A&E to be seen within 4 hours. Across the whole country hospital trusts have had difficulty in reaching this.

This has prompted NHS England to require all Local Area Teams (LATs) to start working on recovery and improvement plans for each local area. A plan has been drawn up and was signed off locally by an Urgent Care Board which includes all relevant partners including Harrow Council.

NHS England advises that plans to improve current standards should be divided into three phases:

1. An urgent recovery programme with significant attention given by local and national commissioners and providers to all factors which can help recover standards (including clear performance management);
2. A medium-term approach to ensure delivery over the next winter period to include care system planning as well as a review of the levers and incentives in the system;
3. In the longer-term, the development of an urgent care strategy in order to deliver safe and sustainable services.

The local North West London Hospital Trust (NWLHT) A&E service has been under pressure from a series of issues including:

- Serious delay breaches and delays with ambulance hand-overs
- Clinical models include a lack of alternative pathways to A&E, leading to reactive behaviour and fire fighting
- The level of delayed discharges significantly increased during 2012/13
- Admissions avoidance schemes that were established to reduce pressure have had a limited impact
- There have been an increasing number of referrals from GPs
- A significant proportion of patients do not require A&E and a significant number more are not dealt with efficiently in the hospital
- Lack of clear understanding of the system wider demand and capacity requirements

In addition there are local concerns that the implementation of Shaping a Healthier Future will lead to further pressures on A&E in Northwick Park, including potential increases caused by the closure of services in Ealing.

The plan has been developed to overcome these and other issues. It is divided into three Key Outcomes and five Top Priorities. These “High Impact Initiatives” are set out in the table below. The priorities of improving patient experience and improving care for key groups, particularly mental health patients have been added at a later stage.

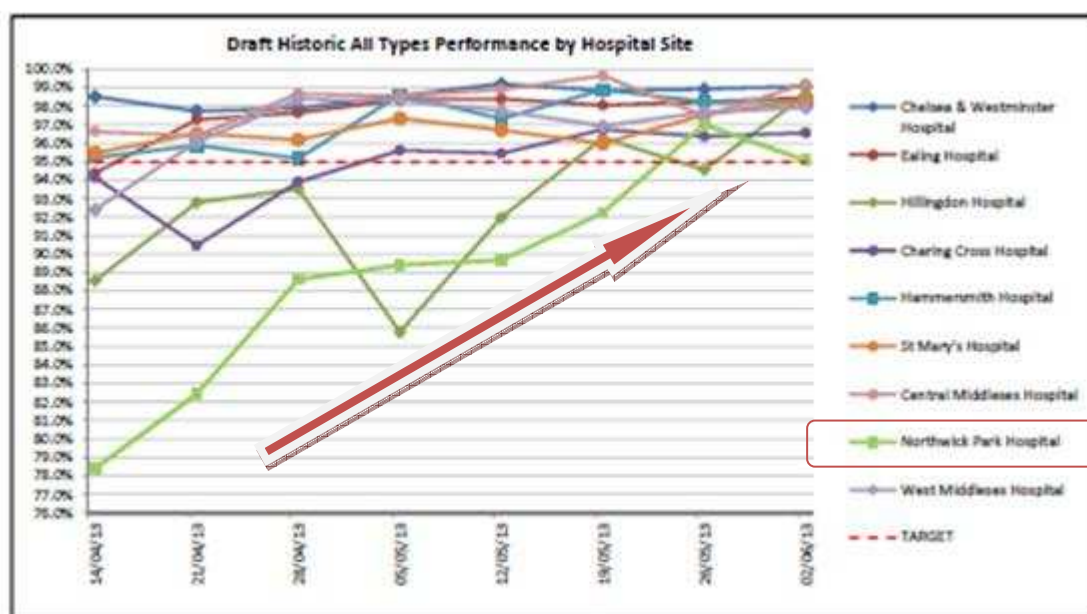
The aim of the plan is to enable the health and social care economy to focus on the 'Top Five Priorities' to improve performance.

Key Outcomes of the plan	Top Priorities to Improve Performance
1. Improve quality of care	1. Admission avoidance pathway development
2. Avoid unscheduled care where possible	2. Improving acute flow and bed capacity
3. Deliver high quality unscheduled care where necessary	3. Improved discharge performance
	4. Patient experience and safeguarding
	5. Improving care for key groups

2.2 Performance of A&E Services

Current A&E performance indicates that NWLHT is improving and is now in line with the national 4 hour A&E standard as shown in the graph below.

In the graph the green line that climbs steadily from 78% to 95% is Northwick Park Hospital performance. The graph shows that this has improved significantly between April and June, following very worrying performance at the start of the year.



Positive performance has been sustained beyond the period set out in the graph. In the 8 weeks from 26 May to 14 July performance has remained consistently strong. In each week the performance has achieved the 95% target.

The Urgent Care Board is continuing to work to support this sustained improvement by working together to address the actions of the A&E Recovery and Improvement Plan.

2.3 Council Motion in relation to A&E Crises

Harrow Council raised the following motion in relation to concerns about A&E performance during their full Council meeting on 4th July 2013. The wording of the motion is set out below; it includes actions that will be under-taken by LB Harrow's Chief Executive.

The motion was:

The Council is proud of our National Health Service (NHS) and its achievements since its inception. We congratulate NHS on its 65th birthday and resolve to work to make it even stronger and better for the sake of improved health and wellbeing of the people of Harrow and this Country.

This Council would like to draw attention to the Harrow Health Overview and Scrutiny Committee response to the Joint Overview and Health Scrutiny Committee which in its report, highlighted concerns regarding potential problems of increased numbers at Northwick Park A & E. This concern was recorded in the final report together with concerns about lack of disabled friendly train access. It is within this context that we would like more and better A&E arrangements at Northwick Park Hospital while recognising the pressure on the hospital resources due to the down-grading of A&E at some neighbouring hospitals.

This Council recognises that any improvement in the status of the hospital and more resources because of this, would eventually provide better hospital services and patient care but in the meantime the hospital should keep looking for ways to provide best patient care and services.

This Council therefore instructs the Chief Executive to:

- 1) Write to the Chief Executive of Northwick Park to inform him about our resolve and invite him to keep us informed of future developments such as the hospital becoming a Trauma Unit or acquiring Foundation Trust status. We also urge that measures be taken to maintain good quality services as a part of the hospital business plan for future developments.
- 2) Write to Jeremy Hunt MP (Secretary of State for Health) urging a local review before any changes are made.
- 3) Call on local GPs through the Clinical Commissioning Group (CCG) to increase the hours at Alexandra Clinic for walk-in patients."

2.4 Winter Pressures and Planning Process

Each year the health and social care system in the country makes preparations for additional demand during winter. During severe weather conditions demand for hospital beds, and other services increase, and put additional strain on systems that are already facing challenges in coping.

Winter capacity has been a particular issue for NWLHT, and has been Red rated by NHS England, in relation to their assurance plans. In addition there has been concern that schemes funded to reduce winter pressures in the past have had limited impacts.

Harrow's Urgent Care Board will be responsible for planning for winter pressures during 2013, and has commenced early discussions. This is to ensure a joined up approach and mitigate the risk of a disjointed approach by acute, community, ambulance and primary care services.

In 2013/14 Pressure Surge (Winter) Planning needs to sit in the context of Recovery and Improvement Plans. This year's plan will build upon those of previous years, and the success to date of plans to improve performance in Northwick Park Hospital.

It will be important to plan proactively in anticipation of the additional demands introduced by cold weather if we are to sustain 95% performance over the winter period.

The aim of Winter Planning and preparedness is to provide more detail about activity and assurance to meet this target whilst maintaining service quality and safety. This will be achieved through managing demand across the system and giving additional focus to pressures such as infection control, and business continuity.

Feedback has indicated that the winter plans have been proportionate and added value. It is therefore anticipated that the process this year will:

- Include a RAG rated risk assessment carried out on behalf of Urgent Care Boards;
- Followed by an evidence based assurance process, including delivery against R&IPs and a winter exercise;
- Include a pan London bed audit;
- Report on progress at regular intervals to Delivery Assurance Network
- Conclude with a written output on overall preparedness to be produced for the NHS England London Region Delivery Group.

See Appendix 1 - Timeline for A&E Recovery and Improvement Plan and Winter Planning

2.5 Financial Implications

This report is for information only and is not asking for a decision. Therefore there are no financial implications to note.

There are however potential financial implications for all organisations of increasing pressures in A&E and other parts of the health and social care system. These will be considered in appropriate commissioning discussions.

2.6 Risk Management Implications

This report is for information only and is not asking for a decision. Therefore there are no risk management implications to note.

The Urgent Care Board is established to carefully monitor performance and risk, and will ensure that risks of service failure are closely scrutinised.

2.6 Equalities implications

Was an Equality Impact Assessment carried out? No

This is an paper for information only.

2.7 Corporate Priorities

Please identify which corporate priority the report incorporates and how:

- Supporting and protecting people who are most in need.

Section 3 - Statutory Officer Clearance

Name: Roger Hampson	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 24 July 2013		

Section 4 - Contact Details and Background Papers

Contact:

Jason Antrobus, Head of Unscheduled Care, NHS Harrow CCG, 07904 865 160

Thom Wilson, Head of Commissioning, LB Harrow, 0208 7366022

Appendix 1 - Timeline for A&E Recovery and Improvement Plan and Winter Planning

