

**REPORT FOR: HEALTH AND  
WELLBEING BOARD**

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**Date of Meeting:** 3 October 2013

**Subject:** **INFORMATION REPORT –  
Urgent Care**

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

**Exempt:** No

**Enclosures:** None

## **Section 1 – Summary**

An urgent care report was presented to the August 2013 HWBB for information

A request was made for further details to be circulated for information to the October HWBB – this paper provides this additional information to cover:

- Current performance
- Next steps
  - o Additional A&E funding bids for winter 2013/14
  - o Publicising A&E Recovery Plan
  - o NHS England assurance process

### **FOR INFORMATION**

Paper developed by NHS Harrow CCG

## **Section 2 – Report**

### **2.1 Overview of Harrow’s unscheduled care pressures**

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.

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

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

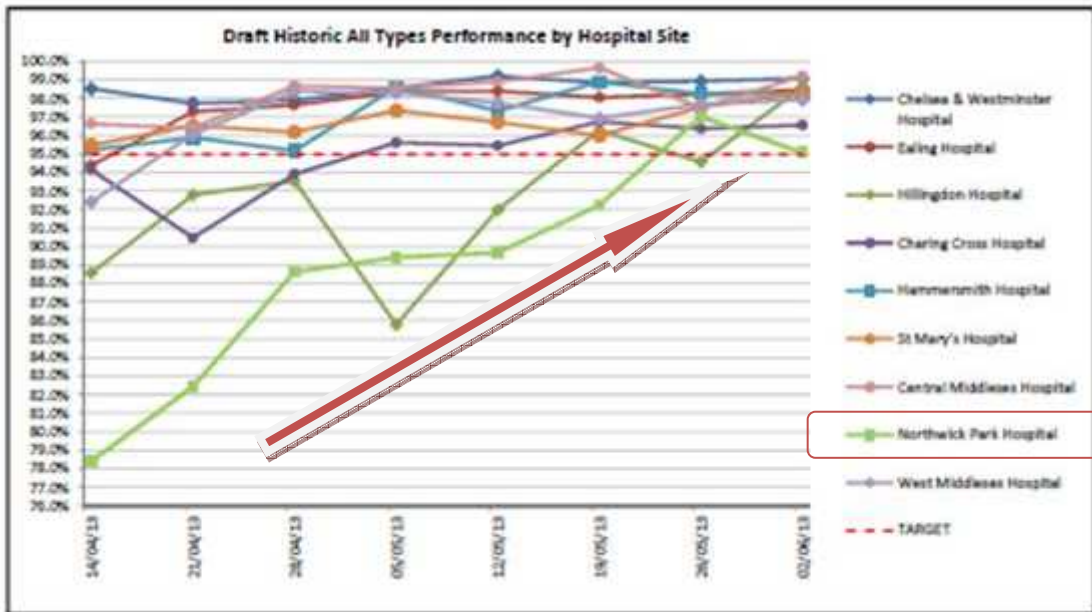
The below data provides a snapshot of NWLHT’s performance in relation to unscheduled care activity.

### **2.2 Current performance of A&E services at NWLHT**

**All type (1&3) performance - a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients combined with UCC led services**

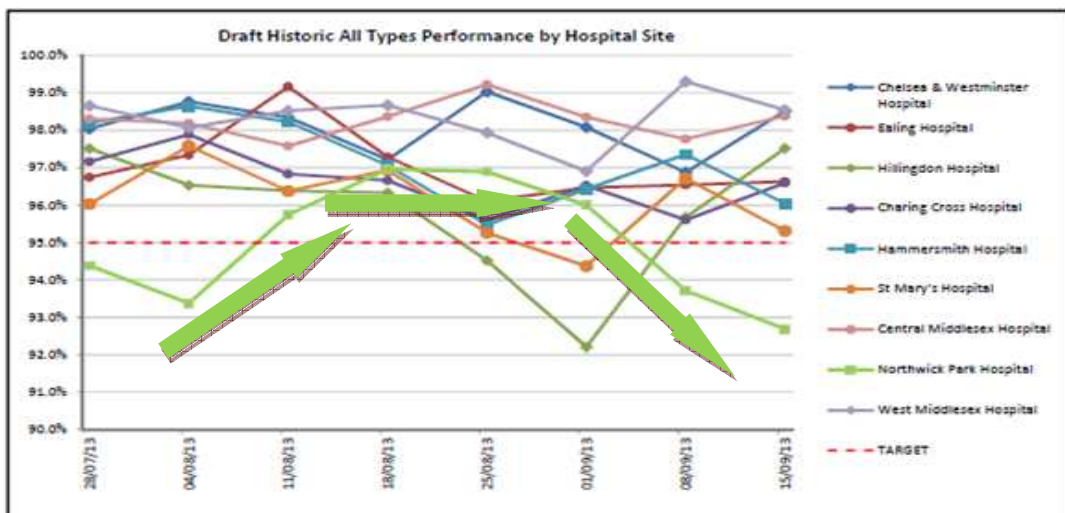
Current A&E performance indicates that NWLHT is improving and is now in line with the national 4 hour A&E standard as shown in the graph below.

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.



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.

SITE	Last 8 Weeks Performance							
	28 July 2013	04 August 2013	11 August 2013	18 August 2013	25 August 2013	01 September 2013	08 September 2013	15 September 2013
Chelsea & Westminster Hospital	98.04%	98.77%	98.34%	97.21%	99.03%	98.08%	96.88%	98.52%
Ealing Hospital	96.74%	97.34%	99.17%	97.29%	96.10%	96.46%	96.54%	96.63%
Hillingdon Hospital	97.51%	96.53%	96.38%	96.33%	94.52%	92.20%	95.68%	97.52%
Imperial College Healthcare NHS Trust	96.77%	97.86%	96.86%	96.88%	95.40%	95.38%	96.53%	95.80%
Charing Cross Hospital	97.16%	97.88%	96.83%	96.66%	95.61%	96.53%	95.60%	96.59%
Hammersmith Hospital	98.20%	98.64%	98.22%	97.07%	95.47%	96.42%	97.36%	96.04%
St Mary's Hospital	96.03%	97.58%	96.37%	96.93%	95.26%	94.37%	96.71%	95.31%
North West London Hospitals NHS Trust	95.46%	94.76%	96.24%	97.35%	97.53%	96.66%	94.84%	94.32%
Central Middlesex Hospital	98.30%	98.18%	97.58%	98.37%	99.23%	98.35%	97.77%	98.38%
Northwick Park Hospital	94.38%	93.38%	95.75%	96.96%	96.89%	96.00%	93.71%	92.68%
West Middlesex Hospital	98.66%	98.07%	98.52%	98.67%	97.93%	96.90%	99.30%	98.54%
North West London Trusts	96.98%	97.10%	97.31%	97.23%	96.60%	95.95%	96.49%	96.47%



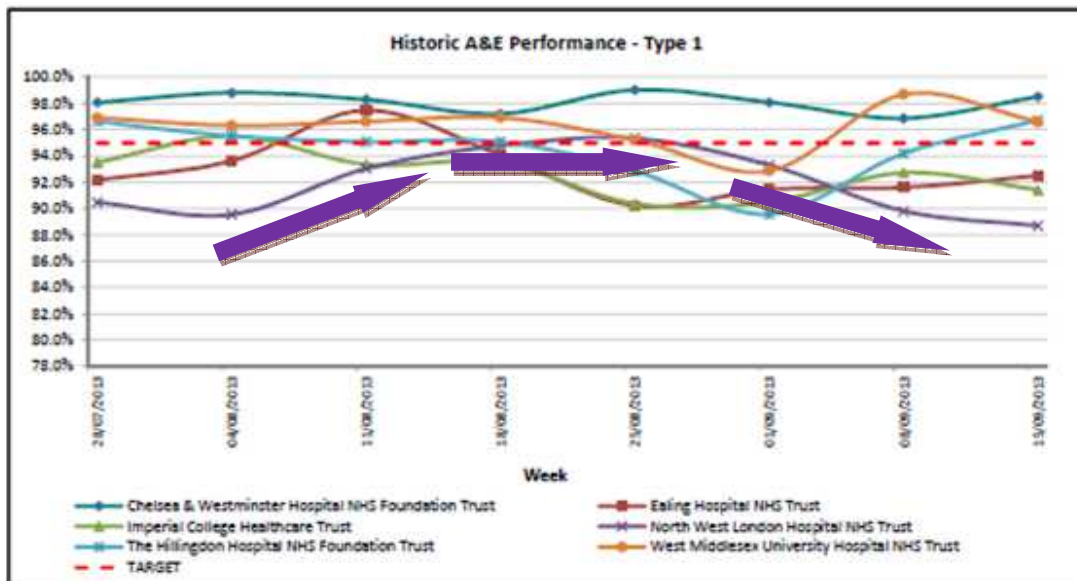
**Type 1 performance only – a consultant led 24 hour service with full resuscitation facilities and designated accommodation for the reception of A&E patients only**

NWLHT has continued to struggle to achieve the 95% target for Type 1 activity only

However NWL as a whole has struggled to perform to this standard

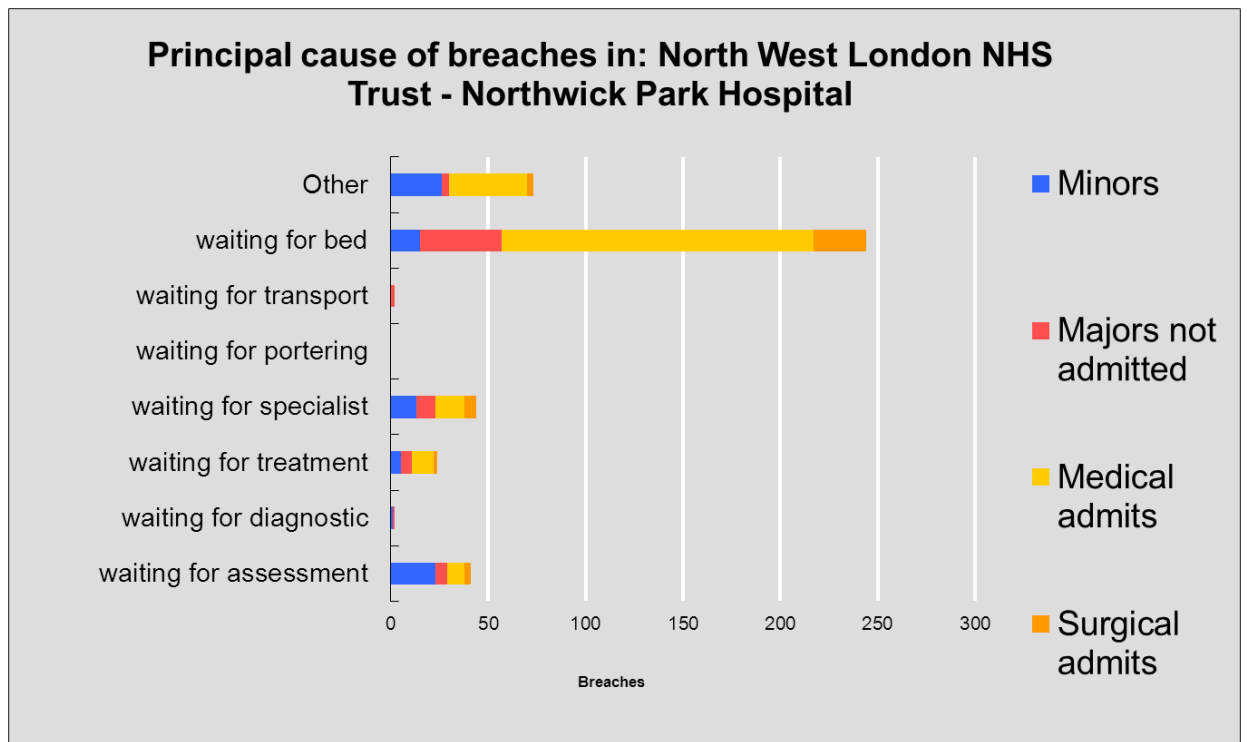
Chelsea and Westminster Hospital repeatedly achieved this standard, however they report activity differently to all other NWL acute trusts

Trust	Last 8 Weeks Sitreps								YTD
	28 July 2013	04 August 2013	11 August 2013	18 August 2013	25 August 2013	01 September 2013	08 September 2013	15 September 2013	
Chelsea & Westminster Hospital NHS Foundation T	98.08%	98.81%	98.29%	97.21%	99.03%	98.08%	96.87%	98.52%	96.48%
Ealing Hospital NHS Trust	92.17%	93.63%	97.47%	94.07%	90.20%	91.46%	91.61%	92.50%	93.78%
Imperial College Healthcare Trust	93.51%	95.51%	93.36%	93.52%	90.37%	90.50%	92.72%	91.42%	92.60%
North West London Hospital NHS Trust	90.47%	89.54%	93.04%	94.79%	95.34%	93.30%	89.81%	88.69%	87.88%
The Hillingdon Hospital NHS Foundation Trust	96.63%	95.52%	95.08%	95.08%	92.85%	89.58%	94.19%	96.71%	93.53%
West Middlesex University Hospital NHS Trust	96.91%	96.33%	96.62%	96.92%	95.22%	92.88%	98.68%	96.61%	94.61%
North West London Trusts	94.66%	94.96%	95.26%	95.14%	93.95%	92.82%	93.84%	93.86%	93.43%



The below table provides a snapshot of the activity admitted to NWLHT (all commissioners. 80% of this activity relates to Harrow

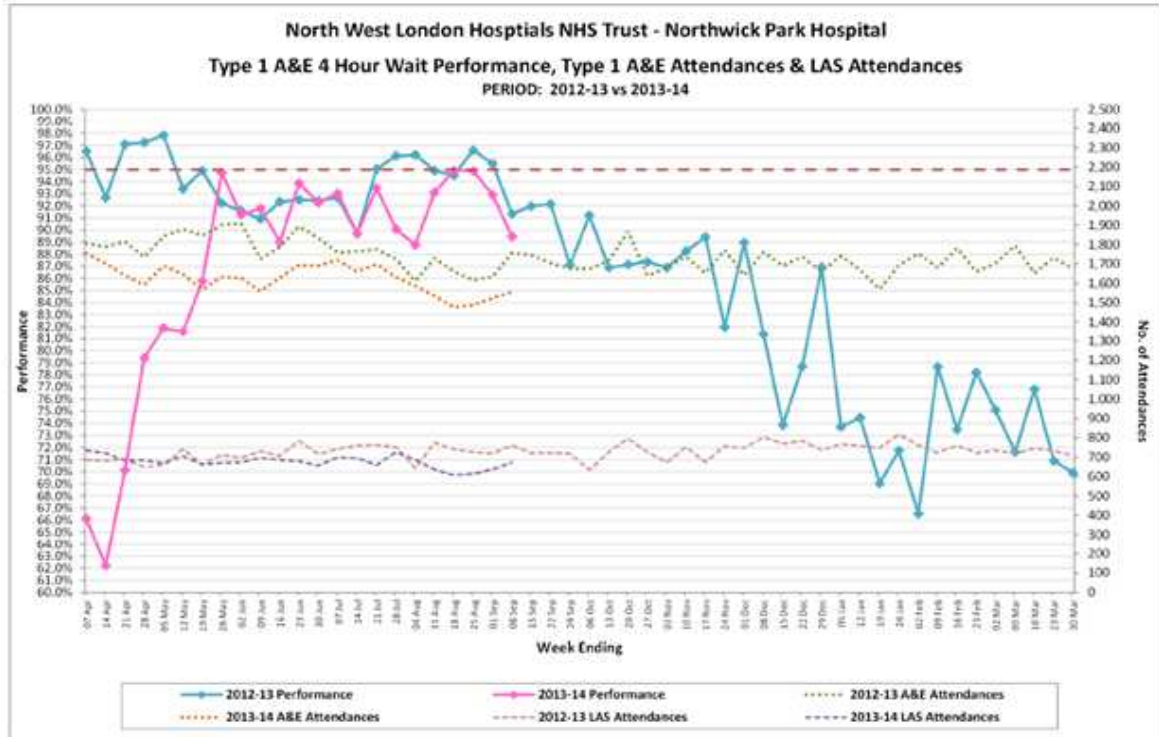
<b>NEL SUS sample - last 2 years activity</b>	
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	24%
Injury, poisoning and certain other consequences of external causes	15%
Diseases of the respiratory system	13%
Diseases of the circulatory system	12%
Diseases of the digestive system	11%
Diseases of the genitourinary system	8%
Diseases of the musculoskeletal system and connective tissue	6%
Certain infectious and parasitic diseases	4%
Neoplasms	4%
Pregnancy, childbirth and the puerperium	4%
<b>Total</b>	<b>100%</b>



## Northwick Park Hospital activity comparison 2012-13 against 2013/14

The below graph indicated the following:

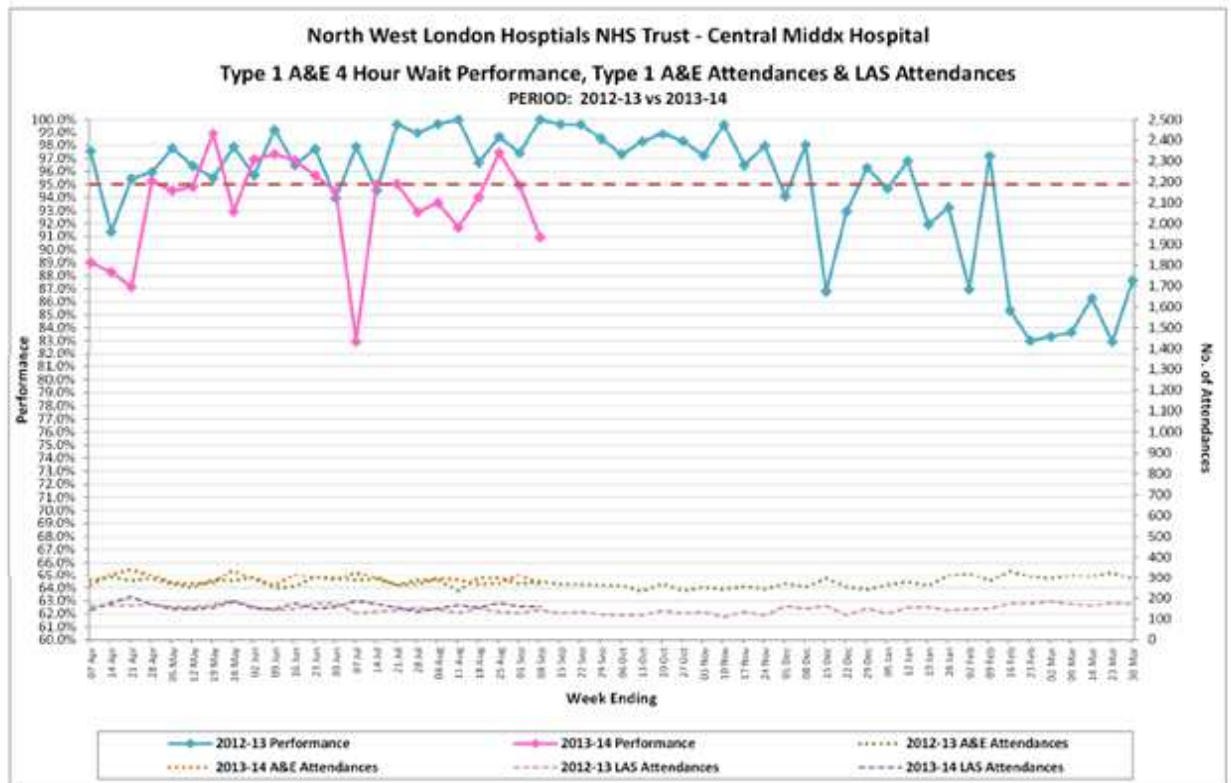
- Type 1 13/14 performance was significantly lower in Q1 compared to 12/13. However current performance is broadly tracking 12/13. Overall Northwick Park Hospital is not performing to the Type 1 13/14 standard
- A&E attendances have decreased compared to 12/13
- LAS attendances are marginally lower compared to 12/13



## Central Middlesex Hospital activity comparison 2012-13 against 2013/14

The below graph indicated the following:

- Type 1 13/14 has a varied level of performance to date with periods of achieving the 95% target
- A&E attendances remain broadly the same compared to 12/13
- LAS attendances remain broadly the same compared to 12/13



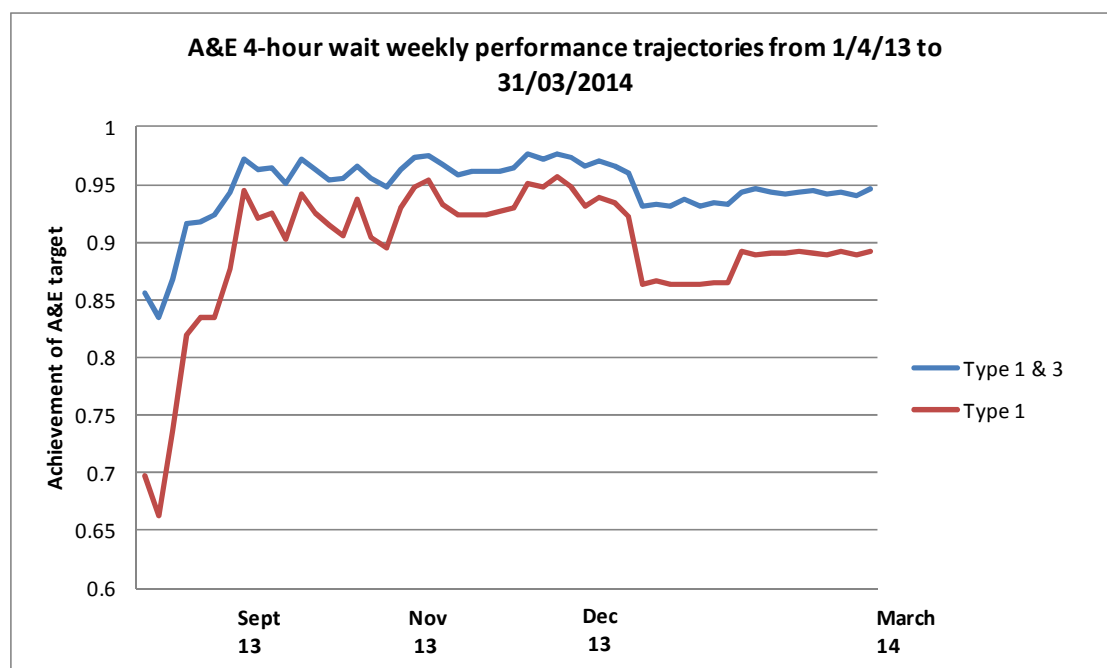
## 2.3 Next steps

As part of the whole systems management of the unscheduled care pathway the Urgent Care Board has submitted the winter plan for 2013/14 which aims to support the delivery of the 95% A&E target, which in turn supports an increase in patient experience and has been proven to reduce mortality rates.

The following trajectory has been developed by NWLHT to support the performance monitoring of quarter 3 and 4 2013/14 A&E activity.

Overall this shows that:

- There is an expectation for Type 1&3 performance to achieve the 95% target September to December. Performance will drop late December and then the system will recover January to March.
- There is an expectation for Type 1 performance to remain below the 95% target with the most significant under performance within January.
- This trajectory has been submitted to NHS England for review and the Urgent Care Board will be discussing the additional actions to be implemented to support continued improvement.





As part of the management of winter, additional NHS England funding has been bid for allocated to the following areas as per the table below.

These schemes aim to support the delivery of safe services across quarters 3 and 4 for 2013/14.

If agreed by NHS England, the Urgent Care Board will monitor the delivery of these schemes and will develop mitigating actions where required.

No.	Winter Surge Scheme	Responsible Organisation	Value £
BH W1	Top slice - NHSE Advised Scheme	NIHR CLAHRC	50,000
BH W2	Top slice - NHSE Advised Scheme	LAS Intelligent conveyancing	190,000
BH W3	Additional bed capacity - 34	NWLHT	2,000,000
BH W4	24/7 working to improve emergency flow:-	NWLHT	2,200,000
	1.Enhanced STARRS		
	2.Weekend therapy		
	3.Extra CEPOD lists		
	4.24hr surgical assessment unit		
	5.Medical 7 day ward rounds		
	6.24HR Stroke service		
	7.Extend the hours of Gynae assessment unit		
	8.24HR critical care outreach		
9.Extra diagnostic and anaesthetic support			
BH W5	DTOC	Brent/Harrow CCG	CCG's to fund
BH W6	20 Additional beds in Willemsden	Brent Community	1,065,000
BH W7	Acute Psychiatric Unit - Co Located	CNWL	459,000
BH W8	Residential Reablement beds x 6	Brent Adult Social	88,000
BH W8	Residential Reablement beds x 6	Harrow Adult Social	88,000
BH W9	Denham	Harrow Community	312,000
		Subtotal	6,452,000

## 2.4 Role public health, social care and Health and Well Being Board

The following is a list of recommendations for the board to consider::

- Triangulation of public health work plans against Urgent Care Board priorities
- Development of single winter communications for providers
- Circulation of the national Choose Well campaign
- Whole system input to Urgent Care Board discussions to steer on going A&E demand management

## **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 a 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**

Not required - paper developed by NHS Harrow CCG

## **Section 4 - Contact Details and Background Papers**

### **Contact:**

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

### **Background documents:**

None