



North West London
Collaboration of
Clinical Commissioning Groups

North West London Accident and Emergency Performance Report for the winter of 2016/17

**North West London Joint Health Overview and Scrutiny
Committee**

20 April 2017

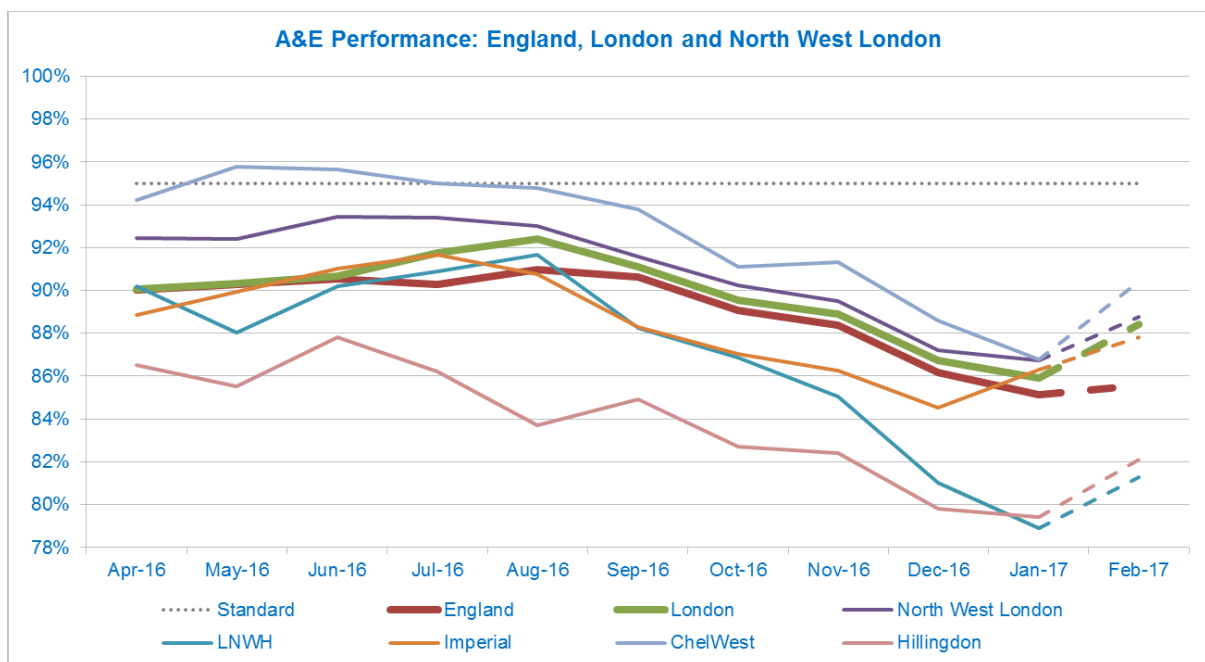
This paper will summarise the performance of our local urgent and emergency care system over the winter of 16/17 and the challenges that London and North West London have faced in delivering the national standard. It will also outline the range of actions planned for 17/18 as part of the NWL Sustainability and Transformation plan to improve the patient experience and recover performance.

1 A&E Performance 17/18

A&E attendance reached the highest ever recorded levels in December 2016 with 1943580 people attending an A&E in England. 15 hospitals nationally achieved the 4 hour A&E target for the year (April 16 – January 2017). No London Trusts delivered 95% 4 hr performance in December 2016 and January 2017.

North West London footprint has achieved A&E performance in line with or better than both London and England as a whole. However, accident and emergency performance across England and North West London during the winter of 16/17 has been lower than the national standard.

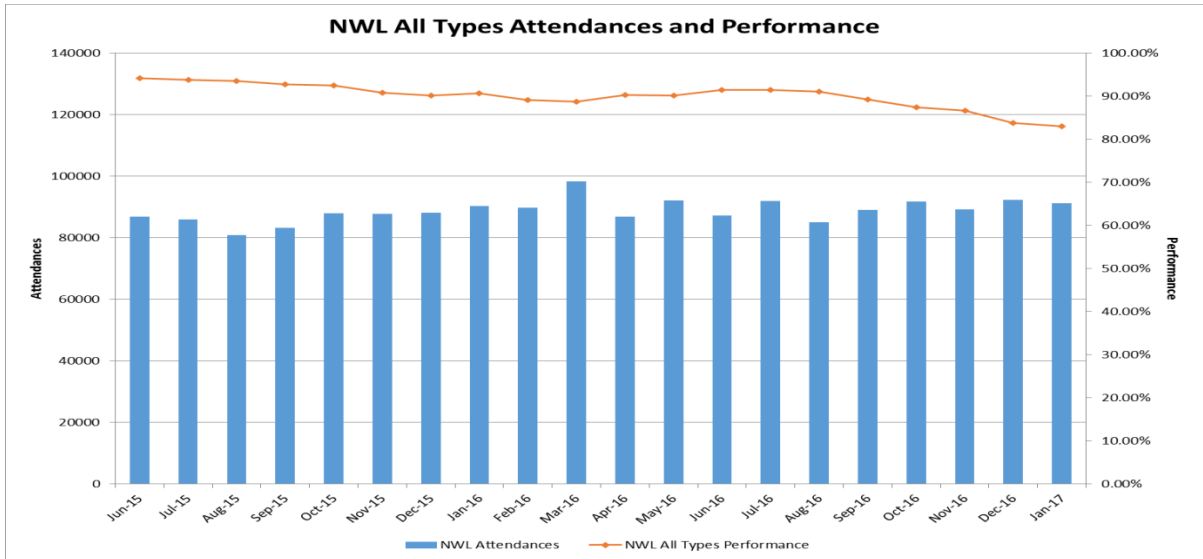
Figure 1 – A&E Performance All Types



1.1 Attendance

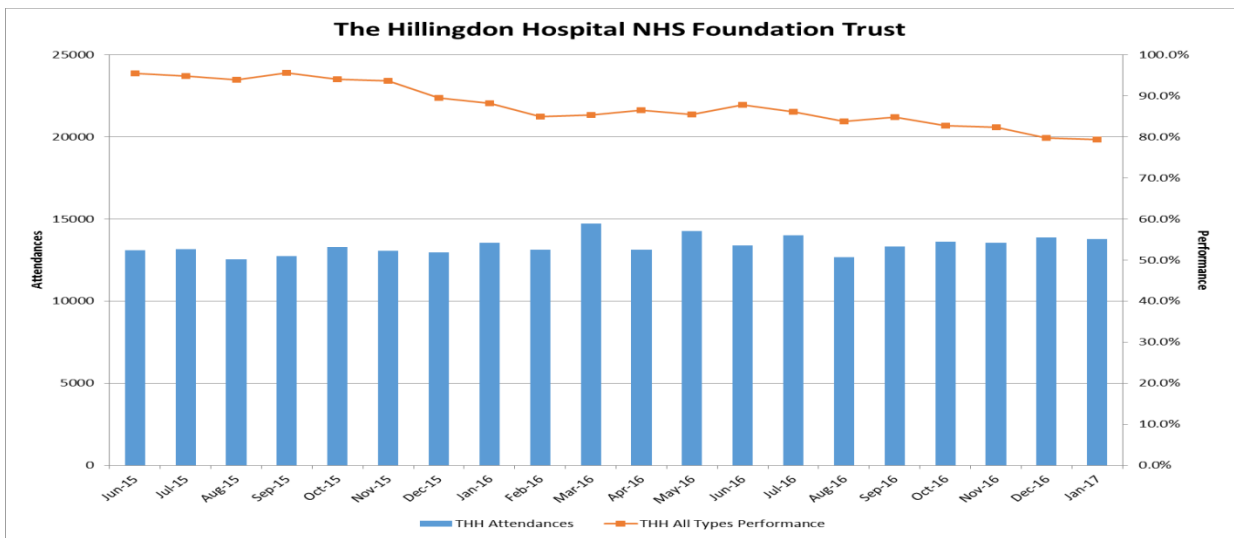
Attendance at North West London A&Es has continued to rise and as the winter progressed performance fell as it did across London and England. Between April 2015 and Jan 2017 there has been a rise of around 18% with Hillingdon having the largest increase of 26% which has been reflected in Hillingdon performance deteriorating during this period.

Figure 2 – NWL Attendance and Performance



Hillingdon Hospitals NHS Foundation Trust has received support from the Emergency Care Improvement Programme during Jan to March 2017 to identify a recovery programme which is currently being implemented. It is of note that the attendances at the Hillingdon Urgent Care Centre (UCC) have also decreased during this period by 34% adding demand to A&E. The service is currently being reviewed with a view to reprocur this service from 18/19 and a £1m capital bid has been submitted to NHS England to provide additional capacity.

Figure 3 – Hillingdon Hospital NHS Foundation Trust Attendance vs. Performance



The rest of this section provides more information about the different types of patient attending A&E in NWL and how there are plans in place through the STP to address these.

1.2 A&E demand from alcohol

Alcohol continues to contribute to A&E demand across North West London with approximately 3000 admissions a month. It is a key area of focus in the North West London STP Improving health and

well-being strategy for 17/18 to support the public to reduce their drinking and the associated health impact. This includes introducing expert teams to identify people in A&E at risk from problem drinking, and connect them with alcohol support services. Figure 4 below shows the number of patients admitted with alcohol as their primary diagnosis through A&E. There is additional demand from those who attend with alcohol related symptoms but are not admitted.

Figure 4 – Alcohol Admissions to Acute Sites by CCG

Year	2015												2016												2017	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			
Brent CCG	380	409	427	463	408	433	406	411	381	349	426	433	399	415	441	456	475	478	429	437	458	408	374			
CL CCG	220	201	246	236	219	242	213	231	236	207	228	252	215	249	253	248	267	312	245	285	238	263	247			
Ealing CCG	502	496	587	561	517	522	489	534	525	483	515	482	487	553	589	623	608	578	547	569	548	534	479			
H&F CCG	266	259	293	323	289	283	325	286	298	321	272	302	289	346	313	313	336	355	311	302	290	299	278			
Harrow CCG	238	233	307	284	236	253	272	228	240	255	241	296	262	302	289	342	329	295	261	290	258	273	273			
Hillingdon CCG	517	513	551	557	484	563	542	515	509	530	470	489	438	482	478	465	451	476	463	453	444	429	403			
Hounslow CCG	432	450	435	444	432	488	483	443	454	472	466	448	404	473	457	488	456	459	541	479	431	379	442			
Unknown	1	2	1	5	1	2	3	4	2	1	3	1	2	1	2	1	1	3	2	4	1	1	1			
WL CCG	266	291	302	308	288	278	282	284	297	272	244	275	271	267	303	335	343	342	339	326	298	316	317			
Grand Total	2822	2854	3149	3181	2874	3064	3015	2936	2942	2890	2865	2978	2767	3088	3125	3271	3266	3298	3138	3145	2966	2902	2814			

1.3 Older People

In addition attendance and admissions to A&E continue to rise amongst the older population (over 65 year olds). This cohort of patients are a focus of the NWL STP (DA3) in particular in regard to including working with care and residential homes across the footprint to ensure primary prevention, to identify patients at risk of admission and working with rapid response teams to support these patients to stay out of hospital. In addition frailty units are planned for all A&E sites to prevent unnecessary admissions to hospital and offer alternatives to admission while improving the quality and experience of older people’s care. Roll out of initial components of model are planned in front-runner sites including Northwick Park and Hillingdon Hospital in the first six months of the 17/18.

Figure 5 – A&E Department Attendance by Age Group

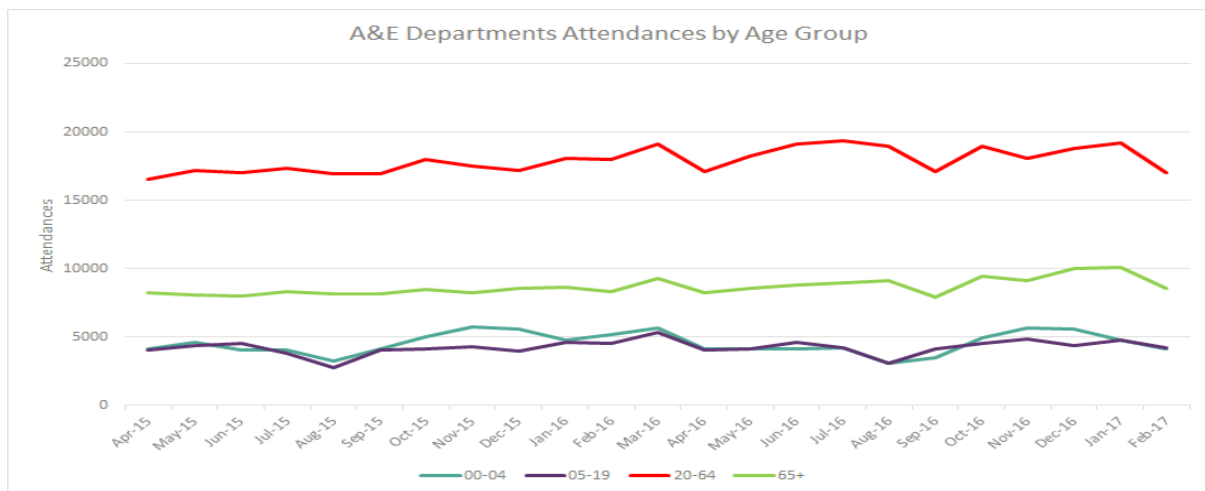
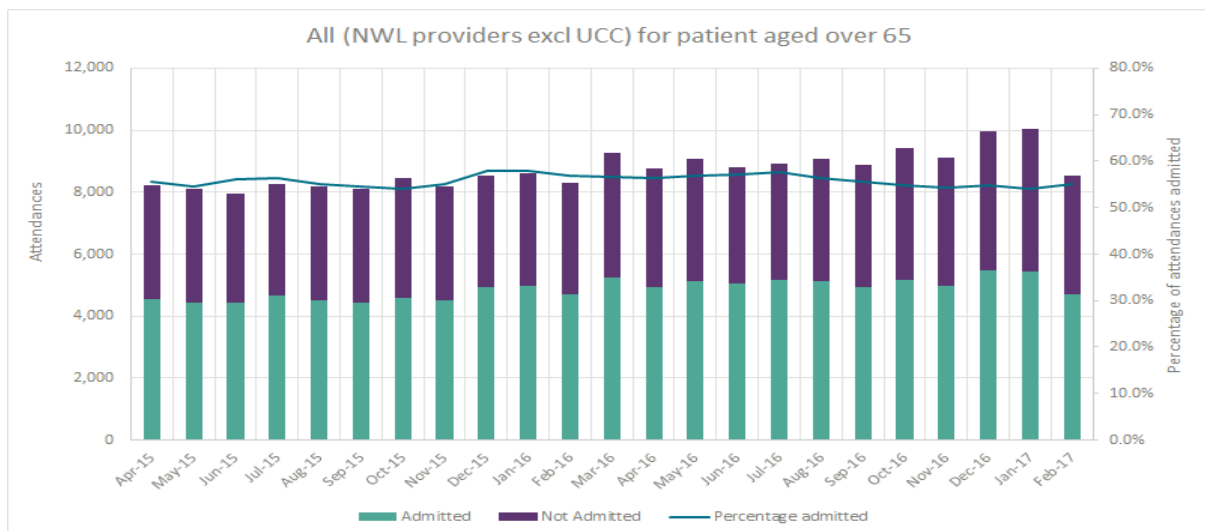


Figure 6 – A&E attendance across NWL by patients over 65



1.4 Delayed Transfers of Care

Delayed transfers of care continue to be a challenge across the NWL A&E footprint and at a NWL footprint are at similar levels in 15-16 in comparison to 16-17. See Figure 9. Bed blocking within the NWL Trusts continues to be a significant contributor to reduced A&E performance due to lack of available beds. At a recent national audit Hillingdon and London North West NHS Trusts were both considered national outliers across both health and social care.

Brent have the highest overall number of social care DTOCs (Appendix A) which is likely a reflection of the borough population. Ealing have seen a steady rise in the social care DTOCs throughout the period.

Additional actions planned for 17/18 include the introduction of discharge to assess and trusted assessor models across all boroughs prior by the end of Q2. This will be delivered through the STP DA2 governance. Availability of nursing home placements for routine and fast track packages; social care housing delays and family delays as part of choosing nursing homes are the causes of the

majority of longer delays. A patient choice protocol has been agreed across NWL and has been implemented in all sites to ensure families have seven days to identify a suitable care facility for their family members once choice is offered.

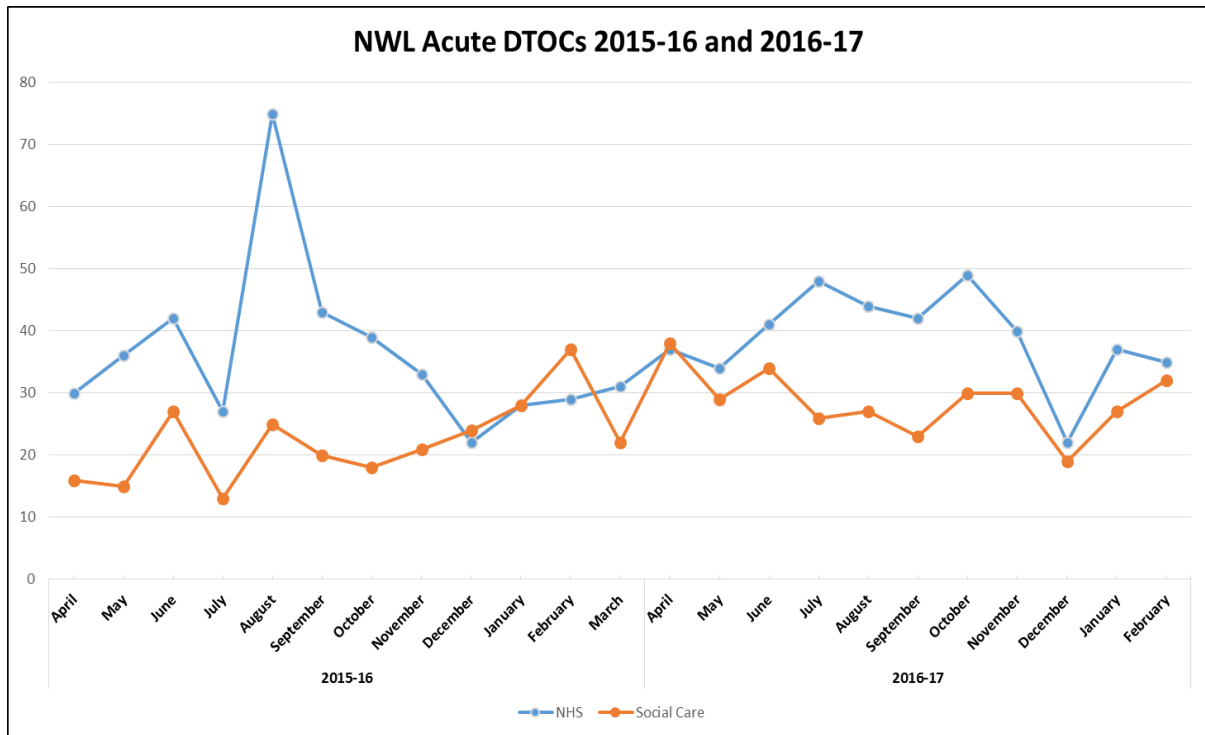


Figure 7 – Delayed Transfers of Care by health and social care

1.5 Mental Health

Admission as a result of a mental health condition continues to challenge our A&Es with over 5000 admissions a month across North West London from May 2016 onwards. Figure 7 below demonstrates the gradual rise throughout the last two years. Again this is a focus of the 17/18 NWL STP delivery plan (DA2 and 4) with the implementation of increased levels of proactive community care for people with serious and long-term mental health needs, improving their physical health and reducing time spent in mental health beds.

Figure 8 – Admission through A&E from Mental Health primary diagnosis

Year	2015												2016												2017	
CCG	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb			
Brent CCG	647	664	703	736	690	701	680	731	711	681	726	745	653	697	782	784	797	767	744	780	778	776	681			
CL CCG	410	344	397	465	361	416	405	412	431	403	429	451	417	452	457	453	454	512	458	486	444	462	439			
Ealing CCG	817	800	917	891	867	879	875	865	896	875	848	881	849	856	978	1042	1042	1047	964	1015	980	928	882			
H&F CCG	420	451	451	486	458	451	511	488	494	508	495	525	511	555	548	557	606	619	610	576	554	575	573			
Harrow CCG	457	430	488	539	449	494	490	469	484	497	484	545	499	564	582	612	583	581	547	650	569	655	578			
Hillingdon CCG	770	777	816	857	753	753	783	752	745	781	683	718	765	785	781	717	689	750	740	729	700	776	669			
Hounslow CCG	676	669	714	694	650	701	738	683	704	710	761	740	730	759	714	774	774	764	855	767	732	723	737			
Unknown	2	2	2	6	1	3	4	4	2	1	4	1	2	1	2	2	1	5	2	3	2	1	2			
WL CCG	460	514	529	551	491	500	515	516	528	535	495	523	525	513	555	578	613	586	604	596	581	601	576			
Grand Total	4659	4651	5017	5225	4720	4898	5001	4920	4995	4991	4925	5129	4951	5182	5399	5519	5559	5631	5524	5602	5340	5497	5137			

1.6 Children

The 'Shaping a Healthier Future (SaHF) programme, led by local clinicians, proposed changes to services in North West London (NW London) that would safeguard high quality care and services for the local population. A clear rationale for reconfiguring the way in which paediatric in-patient care is delivered in NW London was identified as part of a sector wide review. In response to this, SaHF proposed the consolidation of paediatric inpatient services from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay/ambulatory facilities. These changes resulted in the closure of paediatric in-patient services at Ealing Hospital on 30th June 2016 and the safe re-distribution of Ealing paediatric in-patient activity to other major hospital sites in NW London.

As part of the implementation planning and assurance process the following actions were taken to ensure a safe transition of services:

- A&E estates capacity planning for each Trust was based on the proportionate patient flow to that Trust from Ealing based on an overall total 127% of Ealing Hospital 2015/16 activity.
- An additional 27 paediatric inpatient beds were added system wide – of which modelling indicated 15.4 additional beds were needed to meet the additional Ealing patient flows; with another 11.6 added as contingency to support the system.
- Four new Paediatric Assessment Units were launched in major hospitals in NWL aimed at providing a better, higher quality service for all children, including those from Ealing, who through these units have access to senior level decision-making and to prevent the need for admission to an inpatient ward where appropriate.

Robust operational management arrangements were in place throughout the transition across the sector and continue to provide oversight and support as the new model of care embeds.

4hr Paediatric A&E performance across NWL has mostly been similar pre and post closures at Ealing. Where performance continues to be below the national standards a range of actions have been taken.

- Paediatric A&E performance data has been rigorously reviewed and discussed by the NWL Children's Forum (attended by senior clinical paediatric leads from each Trust) between the period April 16 and March 2017.
- Site visits were undertaken on 20 December with Dr Susan LaBrooy (SaHF Medical Director) and Dr Abbas Khakoo (SaHF clinical SRO – paediatrics hospital change programme) to the West Middlesex and Northwick Park departments to review patient flows and support improving A&E performance.
- Letters were sent on 13 December from Clare Parker (SaHF SRO) to Trusts to request a focus on addressing poor paediatric A&E performance; all sites have subsequently submitted their paediatric A&E performance improvement action plans. These have been reviewed and challenged by NWL Children's Forum and SaHF Programme Executive.
- To support addressing performance issues moving forwards as part of Business as Usual functions, data is being shared with local A&E Delivery Boards to support mainstreaming paediatrics A&E performance management. This will continue to be addressed locally during Q1 and Q2 to support delivery during the winter of 17/18.

Actual Paediatric A&E activity from Ealing residents since the transition of services from Ealing Hospital in June 2016 has generally been within the modelling done as part of the implementation planning process (as referenced above). The exception to this is the department at Hillingdon Hospital which has received marginally higher activity that was modelled for. This has not however impacted on the 4hr performance of Hillingdon Hospital Paediatric A&E with the Trust performing significantly better than the previous year throughout

2. Plans for 17/18 to support A&E performance

In addition to those activities identified the following programmes of work are underway either across the NWL area or at local A&E delivery board areas.

2.1 Primary Care Extended Hours

Primary Care Extended Hours have been introduced across all Boroughs enabling patients to access a GP appointment 8am – 8 pm 7 days a week. This will enable patients to both better manage routine requirements and improve the management of long term conditions, with the aim of reducing acute exacerbations resulting in A&E attendances, as well as enabling additional face to face appointments for urgent needs.

Figure 9 – Implementation of Primary Care Extended Hours across NWL by CCG

CCG	Access Standards Implemented						Full Access specification
	8-8 Mon - Fri	8-8 Weekends	Offer pre-bookable and same day appointments	Open to all patients	Access to medical records	Accessible via multiple routes	
Brent	01-Jan	31-Mar	01-Jan	31-Mar	31-Mar	01-Jan(not on-line)	31-Mar
Central	13-Mar	13-Mar	13-Mar	13-Mar	13-Mar	13-Mar (not on-line)	13-Mar
Ealing	20-Mar	20-Mar	20-Mar	20-Mar	20-Mar	20-Mar(not on-line)	20-Mar
Harrow	31-Mar	31-Mar	31-Mar	31-Mar	31-Mar	31-Mar (not on-line)	31-Mar
H&F	31-Jan	31-Mar	31-Jan	31-Jan	31-Jan	31-Mar (not on-line)	31-Mar
Hillingdon	31-Jan	31-Mar	31-Jan	31-Jan	31-Jan	31-Jan (not on-line)	31-Mar
Hounslow	31-Mar	31-Mar	31-Mar	31-Mar	31-Jan	31-Jan (not on-line)	31-Mar
West	02-May ('16)	31-Mar	02-May ('16)	02-May ('16)	02-May ('16)	02-May 16(not on-line)	31-Mar

2.2 Care Home Support (STP DA3 17/18 deliverable)

Additional clinical support will be made available to care home and residential staff during 17/18 to enable staff to speak directly with a clinician in and out of hours, including a video-conferencing option, to support and enable primary and rapid response support reducing conveyance to A&E.

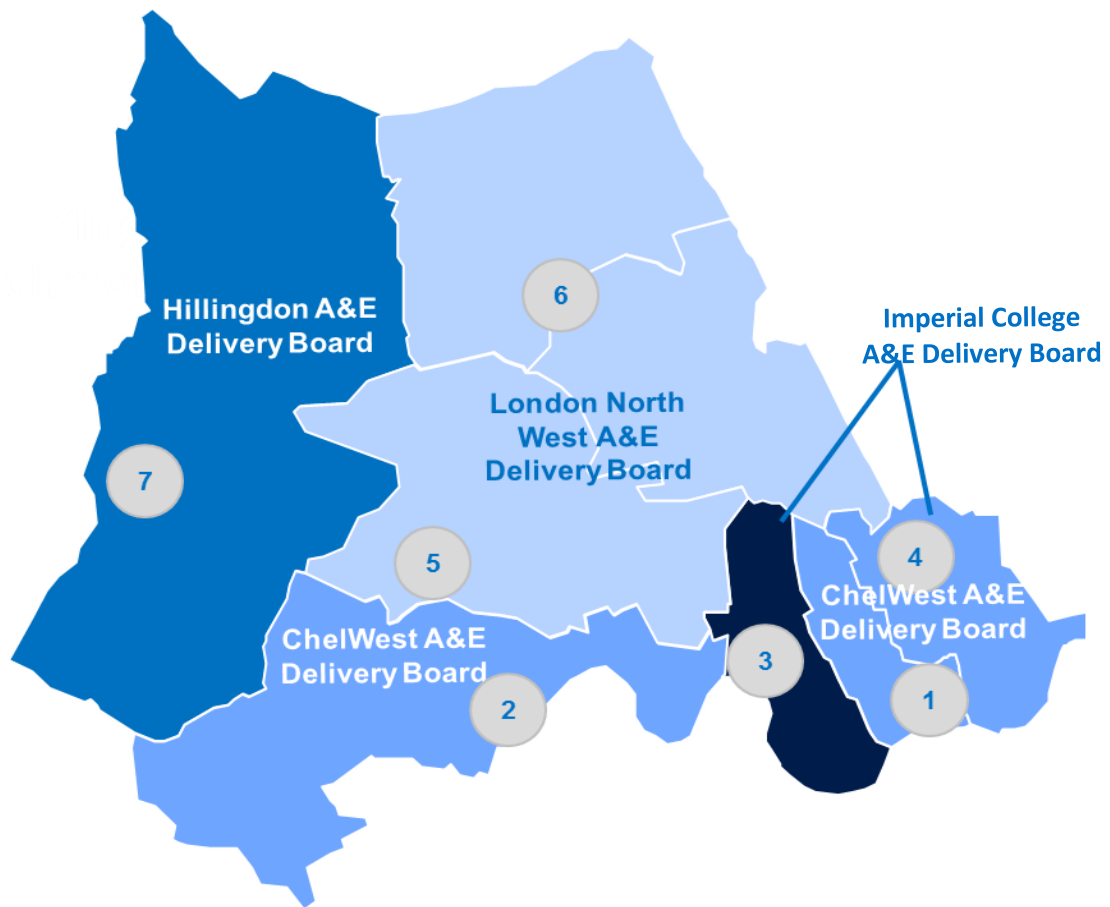
2.3 111

The 111 providers in NWL continue to perform amongst the best of the providers nationally. Additional plans for 17/18 include provision of additional support to ambulance crews to provide more detailed information on a patient's condition and care plan to reduce conveyance and the pharmacy hub to manage medicine enquiries encouraging improved medicine compliance and self-management.

2.3 A&E Boards and local trajectories

North West London is divided into 4 A&E delivery boards bringing together the Trust, local borough services, CCGs and local community and mental health services to support improved A&E performance.

Figure 10 – A&E Board Configuration in North West London



No.	Site	Trust	MH Trust
1	Chelsea and Westminster Hospital	Chelsea and Westminster Hospital NHS Foundation Trust	Central and North West London NHS Foundation Trust
2	West Middlesex University Hospital		West London Mental Health NHS Trust
3	Charing Cross Hospital	Imperial College Healthcare NHS Trust	West London Mental Health NHS Trust
4	St Mary's Hospital		Central and North West London NHS Foundation Trust
5	Ealing Hospital	London North West Healthcare NHS Trust	West London Mental Health NHS Trust
6	Northwick Park Hospital		Central and North West London NHS Foundation Trust
7	Hillingdon Hospital	The Hillingdon Hospitals NHS Foundation Trust	Central and North West London NHS Foundation Trust

A&E trajectories have been agreed with each of our A&E delivery boards incorporating demographic and non-demographic growth as well as planned reductions in activity as a result of programmes outlined in this paper. All Trusts plan to deliver the national standard by March 2018 with the exception of London North West NHS Hospitals Trust.

Figure 11 – A&E Performance Trajectory by A&E Delivery Board

Trust	Trajectory	Apr-17	May-17	June-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ChelWest	CCG	94.5%	96.0%	95.9%	95.5%	95.3%	94.1%	92.1%	92.2%	90.1%	90.0%	92.1%	95.0%
	Trust	94.5%	96.0%	95.9%	95.5%	95.3%	94.1%	92.1%	92.2%	90.1%	90.0%	92.1%	95.0%
Hillingdon	CCG	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
	Trust	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	95.0%
Imperial	CCG	89.7%	93.3%	94.2%	94.2%	93.0%	92.9%	91.8%	91.0%	89.0%	89.4%	91.1%	95.2%
	Trust	89.7%	93.3%	94.2%	94.2%	93.0%	92.9%	91.8%	91.0%	89.0%	89.4%	91.1%	95.1%
LNWH	CCG	83.5%	86.4%	90.6%	90.7%	91.4%	90.5%	90.2%	88.3%	86.8%	88.0%	90.9%	92.9%
	Trust	82.4%	83.2%	84.4%	86.5%	88.3%	87.1%	86.3%	84.9%	83.5%	84.1%	86.2%	88.2%

Below is a summary of the key actions each Board plans to implement to support delivery.

2.3.1 Chelsea and Westminster A&E Board

- Programme across both sites to expedite discharges before noon in place, “2 before 12:00”. “Red to green” role out on both sites following pilot. This scheme aims to identify and tackle any delays which lead to a patient being in hospital for longer than they need with full implementation by the end of March 2017.
- Physical expansion of A&E on both sites which has provided an additional 10 majors bays in West Midd and refurbishment of the Trust assessment and waiting areas that was completed in January. Six chairs now in place to facilitate “see and treat” within the A&E department.
- New paediatrics area opened in Feb 17 on West Midd site and is expected to improve flow.
- Review underway of current acute frailty model across both sites with the plan to implement the model with the best local outcomes.
- Two additional senior nurses recruited and training programme in place for the wider nursing team on West Midd site. Additional SHO in place to support late surges in activity and on-call overnight. Additional acute medicine consultant cover at weekends for both sites alongside additional discharge support at medical registrar level. Review of senior medical staff on weekend underway.
- Separate reception for ambulances, with two triage areas at the front door to speed up LAS handover at West Midd
- Daily tracking of medically optimised patients and DTOCs to commence in March, to improve discharge process.

- Revised pathway for surgical patients with the aim to expedite assessment within the SAU. Trust opened gynaecological assessment unit (12 beds on ChelWest site) in March, to improve the patient pathway and release acute bed provision. It will be also be used for the electives pathway.
- Improved discharge processes in place with daily tracking of medically optimised patients and DTOCs. Whole system workshop in place to discuss how continuing health care screenings and assessments can be undertaken outside of acute settings.

2.3.2 London North West Hospitals A&E Board

- Improving acute flow as part of Length of Stay programme and Trust working with ECIP to improve A&E processes across sites.
- Improved 'Whiteboard' information system to support day discharges, co-ordination and escalation. Patient journeys including discharge dates are tracked.
- Daily Trust wide meetings at 08:30 led by senior manager with ambulatory care, STARRS and medicine to identify rapid actions and reduce length of stay.
- Active Trust wide A&E recruitment plan remains in place with 5 new appointments during M9 and M10 and schemes being developed in place to attract overseas recruitment. Two middle grade doctors commenced employment in M11 and three will start in M1 (17/18).

Northwick (NPH)

- ITU move from Central Middlesex to NPH now completed with the planned increase of thirteen ITU beds at NPH with nine currently opened.
- Increased senior management presence in A&E through rota changes, additional staff deployed during pressure periods to improve 4 hour performance and overnight to assist with long waits, dedicated nurse to assist with LAS flow.
- Re-instated observation unit chairs to Carrol Ward (6) to improve flow (previously a bedded bay due to pressures).
- Changes made to front-end assessment model (performed by medical doctors) following review of trial process in M10. Expected to speed up pathway for non-admitted patients. Additional doctor in place (1400-2200) from M11 to improve time to assess for patients queuing.
- Additional management and discharge support in place during weekends, discharge lounge continued to remain open during weekends.
- Additional bed management meetings with a revised structure with a clinical focus and senior support.
- Full capacity protocol draft completed to be implemented in M11.

- Ambulatory care continued to accept surgical speciality patients with dedicated clinics.

Ealing

- Ambulatory care co-located with A&E to provide increased capacity and resilience during pressure surges. Pathway under review with the aim to direct referrals from UCC direct to ambulatory care.
- Continuing to resource discharge registrars on weekends to assist with discharges.
- Additional capacity at EH used for pathway patients at NPH to assist with demand management.
- Additional medical staff to extend opening hours of RAPID area at both sites to speed up senior decision making. RAPID involves early access of community beds for admission avoidance
- Criteria led discharge implemented at weekends to enable decisions by any member of the clinical team.

2.3.3 Hillingdon A&E board

- Whole system review underway with the Trust, CCG, ECIP, NHSE and NHSI with recommendations published. 2017/18 performance trajectory agreed with CCG and THH as part of STF process. CCGs will have further discussion with the Trust in line with the new national guidance requiring achievement of the 95% standard by at least March 2018.
- Edmunds ward at Mount Vernon became fully operational in M11 and provides an additional 16 beds. It is currently being used for DTOC patients and is expected to increase flow through Acute Medical Unit (AMU) and aid A&E throughput
- Clinical decision making unit (CDU) opened with 7 beds and 5 step down chairs used from 08:00 to 20:00 to improve flow within A&E readmission avoidance through introduction of clinical standard operating procedures for CDU and respiratory outreach.
- Four trolleys have been opened on Surgical Assessment Unit (SAU) to provide rapid assessment of surgical patients. SAU and AMU to be co-located from M12 to further improve A&E flow.
- Ambulatory clinics (X4) running on weekends within the acute medical unit, referral pathway patients sent to GP to reduce pressures within A&E.
- Additional A&E consultant to be recruited by April 2017. Review and redesign of consultant rotas to provide 08:00 to 00:00 cover 7 days a week.
- Increase in nursing staffing establishment to 15 and additional middle grade doctors on twilight shift from Wed-Sat nights in M11 to assist with capacity management.
- Care of the elderly consultant in A&E Mon-Fri to assist with admission avoidance. Stakeholders meeting every 2 weeks to discuss frequent attendance to A&E.

- Trust trialling new segmentation approach for streaming in A&E in M11 with the aim of addressing top breach reason (wait for first clinician). Early A&E First Assessment (EFAM) hours extended to 22:00 and expected to improve LAS flow and availability of A&E majors.
- Care homes able to access rapid response directly. Rapid Response now located in A&E.
- CCG, LA and THH working together to further develop discharge to assess (D2A) pathway, to improve continuing healthcare processes and increase integration with social care. Daily DTOC/MO meeting in place.
- On track to deliver ECIP identified LAS handover improvements with a dedicated ambulance assessment area in place.

2.3.4 Imperial A&E Board

- Reviewing alignment of inpatient capacity to meet demand.
- Rapid assessment area opens at SMH in March 2017 and is expected to improve process for DTOCs.
- Opened acute assessment unit (9 spaces) at CXH from January 2017 and the formation of a single 35-bed acute admissions ward on the ground floor of the hospital in November 2016. On-going review of model of care to improve and maximise effectiveness
- 12 bedded surgical assessment unit opened in January 2017 at SMH, currently at 50% capacity. Trust recruiting nurses to enable full capacity.
- A&E department undergoing a full refurbishment at SMH due for completion in May 2017
- Medical capacity at Hammersmith being used to support SMH via accepted pathway (care of elderly, renal, infectious diseases and cardiology).
- Increased staffing across both sites until midnight, and rapid nurse assessment model to go live in Mar 17. Additional SpR added to acute team over the weekend to assist with discharges. Additional staff (medical and discharge support) added at peak pressure points.
- Extended ambulatory care pathway (AEC) now open to 10:00pm on both sites.
- Escalation capacity identified on both sites to support resilience over the weekend (X14 SMH, X6 CXH). CXH will also utilise private capacity if required.
- Full capacity protocol in place that ensures senior representation for capacity conference calls and prioritises actions e.g. cancelling elective.
- CCG supporting expediting DTOCs, medically optimised (MOs) and review of repatriation escalation process.
- Review in March 17 of the first six months of PATCH (Providing Assessment & Treatment to Children at Home). PATCH is a 12 month pilot service that started in September 16. Paediatric A&E aiming to secure funding to implement this model in Sept 17

3 Conclusion

North West London footprint continues to achieve A&E performance in line with or better than both London and England although it has not met the nation standards consistently during 16/17. The North West London health and social care system have a range of targeted programmes underway, through the sustainability and transformation plan, to reduce attendance and admission and recover performance to the national standard.

Appendix A

