

NHS North West London Collaboration of CCGs

April 20 2017

North West London
Joint Health
Overview and
Scrutiny Committee

20 April 2017



1. Overview (*slide 3*)
2. Our successes (*slides 4-10*)
3. Our plans for greater progress (*slide 11*)
4. Conclusion (*slide 12*)
5. Any questions? (*slide 13*)

Recruitment and retention challenges for the NHS in North West London are well-known

- The right skills take time to develop yet demand is rising quickly.
- Nurses dropping out of their courses.
- The role of GPs is changing which some will relish but some will not.
- North West London is a fantastic place to work and live but it can be expensive.

Transforming our workforce

- As we transform services, our workforce will change too.
- Seven day working presents challenges and opportunities alike.
- New and/or changed roles may be created such as Physician's Associates and Care Navigators.
- Significant investment into Dementia, Community and Neonatal Nursing, Apprentices and the bands 1-4 workforce.
- Optimising GPs' time by understanding how we can develop the primary care workforce (including practice manager development) to redeploy GP workload where possible.
- Day of Care Audit.
- Supporting self-care through use of patient activation measurements and Health Coaching training to support staff.
- We have run some inventive pilots with positive results so far.

What have we achieved already?

- ✓ £60m reduction in agency spend in the 10 trusts in NW London compared with 15-16
- ✓ 7 new paediatric consultant posts funded and recruited to deliver a full resident consultant model of care in Hillingdon
- ✓ 46 practice nurses have been supported through their revalidation to improve nurse retention
- ✓ 160 clinicians and carers from across NW London that have been trained in health coaching to better support patients and service users to better manage their own conditions
- ✓ 14 clinicians trained to deliver health coach training to others to embed health coaching in NW London and make this programme sustainable
- ✓ 36 NW London GPs funded to gain a mental health diploma to improve capacity and capability in primary care
- ✓ 95% GP training places filled in NW London helping to ensure that we have a supply of high quality GPs trained locally
- ✓ 328 experienced paramedics have taken up the offer of CPD bursaries which has aided in the retention of experienced staff
- ✓ 60 paediatric nurses appointed across NW London to support the implementation of paediatric assessment units and the safe transfer of services from Ealing

Seven day working pilots

- As part of Wave 1 of these pilots, North West London Collaboration of CCGs, our acute trusts, and Health Education England NW London (HEE NWL) have together developed a new "inpatient model of care" to successfully deliver seven day working. This model works by better targeting our resources where they are most needed.
- North West London CCGs has been given additional resource from HEE NWL to take forward the learnings with Wave 2 on additional pilot sites.
- Senior clinical input (not necessarily a consultant) is needed seven days a week.
- Trusts already having some success with schemes like Red to Green Days, and Discharge to Assess.
- Clinicians in North West London enthusiastic about and committed to piloting these new models of acute care.
- Our pilots are evaluated entirely on clinical outcomes, always driven by the goal of practical quality improvement.



Seven day working: pilots

Pilot one: St Mary's Trauma & Orthopaedics £20k six week pilot

- Extended ortho-geriatrician cover to weekends to manage patients who are frail with multiple medical conditions, complimented by additional physiotherapy and occupational therapy, as well as trauma coordinator and discharge coordinator cover on weekends.
- 13% reduction in length of stay on wards
- 16% reduction compared against the same period in 2015
- 69% reduction in resource occupied by patients who are 'medically fit' for discharge but remain in hospital (baseline average of 25 medically fit bed days per week vs. 8 days during the pilot)
- 79% reduction resource occupied by patients 'functionally fit' for discharge but remain in hospital (baseline average of 20 functionally fit bed days per week vs. 4 days during the pilot)

A consultant ortho-geriatrician: "My team plays an important role in optimising these patients for surgery, so there are no delays to theatre or recovery".

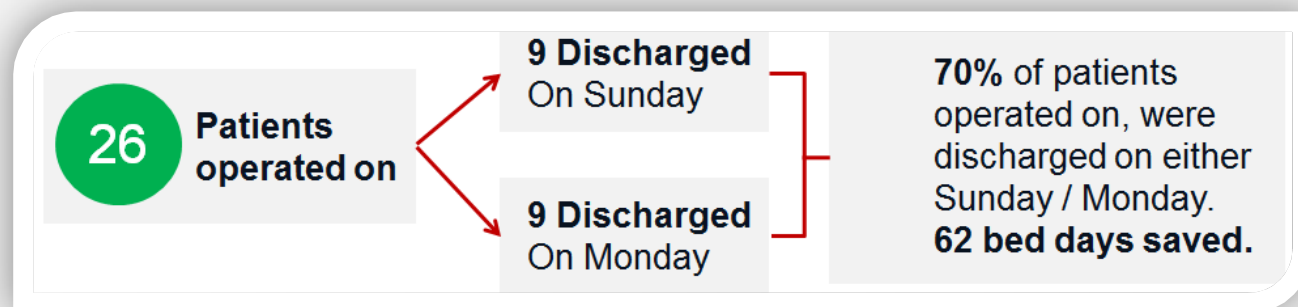
A consultant orthopaedic surgeon: "Ortho physician was extremely helpful. We had NOFs and other admissions over the weekend that needed ortho-physician input... Made a lot of difference having someone around who could sort it out."

A therapist said: "This pilot has had a significant impact on the service we provide on weekends, as well as weekdays."

Seven day working: pilots

Pilot two: St Mary's Sunday Plastic Trauma list £23k six week pilot

- Created a 'Sunday plastic trauma surgical list' to manage emergency patients who require plastic surgery over the weekend.
- The list works by enabling a greater number of discharges, fewer complications owing to delayed surgery, more streamlined care, and speedier release of acute beds.
- These patients would otherwise be competing against major traumas to get on the NCEPOD list (which results in patients waiting over the weekend for surgery).



Consultant orthopaedic surgeons said:
"The list took pressure of the trauma and CEPOD lists, allowing us to get more done. If there was funding, I'd like to see this list continue."

Seven day working: pilots

Pilot three: Hillingdon Acute Care of Elderly Ward pilot £40k six week pilot

- Introduced consultant-led board rounds seven days a week.
- Introduced a consultant review for all Category 1 patients daily.
- Introduced seven day therapy cover, supported by increased pharmacy input and a patient flow coordinator Monday to Friday.
- In spite of unprecedented winter pressures, the pilot achieved a 12% reduction in length of stay on wards.
- 31% reduction in resources occupied by patients who are 'medically fit' for discharge but remain in hospital.
- A reduction in 28 day readmission rate: Baseline readmission rate is – 34%, and the pilot readmission rate is – 26%.
- Prior to the pilot starting, September to November data shows that LOS in Geriatric Medicine is 13% higher this year compared to the same time last year.

Ward sister said: "It makes a huge difference to have a doctor here 7 days a week. There is better escalation when things have changed than with an on-call doctor."

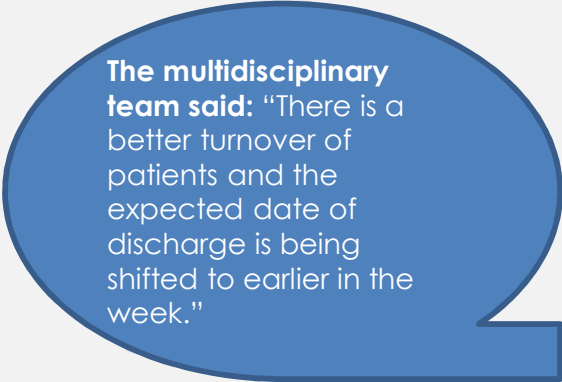
A therapist said: "Patients are seen at the weekend, helping their progression, and speeding up the discharge process."

The multidisciplinary team said: "There is a better turnover of patients and the expected date of discharge is being shifted to earlier in the week."

Seven day working: pilots

Pilot four: Hillingdon Orthopaedics pilot £40k five week pilot

- Introduced consultant-led board rounds seven days a week.
- Introduced a consultant review for all Category 1 patients daily.
- Introduced seven day therapy cover, supported by increased pharmacy input and a patient flow coordinator Monday to Friday.
- In spite of unprecedented winter pressures, the pilot achieved a 12% reduction in length of stay on wards.
- Prior to the pilot starting, September to November data shows that LOS in Geriatric Medicine is 13% higher this year compared to the same time last year.



The multidisciplinary team said: "There is a better turnover of patients and the expected date of discharge is being shifted to earlier in the week."

Primary care

Case study one

Cuckoo Lane Surgery



- CQC rated 'outstanding'
- Excellent patient feedback
- A nurse-led practice run by two directors (both nurses), unlike usual GP partner-led model.
- Patients are allocated a named GP but are able to book appointments with any available clinician who is suitable.
- Offers a full GP service with high standards e.g. treats all patients quickly, professionally, and in confidence.
- All staff wear name badges and identify themselves on the telephone.

Case study two

Brook Green Medical Centre



- Patient seen by a nurse first.
- GPs available where escalation needed.
- Patient feedback mixed at first but now extremely positive.
- Practice nurse can discuss the case with the GP then come back to the patient.
- Some patients seen by pharmacists, Health Care Assistants or Patient Champions.
- Flexible and responsive to patient needs.
- More effective use of resources – GPs can focus on patients who really need their skills, and all patients get seen faster.

Workforce strategy

- Make use of Skype or other technology for online appointments where safe and practical.
- Pan-London placement management and workforce development programme for paramedics with an investment of over £1.5m.
- Improving recruitment and retention including through stakeholder engagement.
- Scale recruitment drives; emphasise benefits of working in North West London.
- Development of varied and structured career pathways and opportunities to taper retirement.
- Skills exchange programmes between nurses across different care settings.
- Promoting careers in primary care by providing student training placements across professions to introduce this setting as a viable and attractive career option.
- A structured rotation programme to support 200 nurses to work across primary and secondary care (including key areas such as mental health and care of the elderly).
- Collaborative working between trusts expected to reduce reliance on agency nurses (current spend: £172m pa on bank/agency)

Working together is key

- Recruitment of partner GPs is still a challenge but recruitment of salaried GPs is positive.
- Not only about numbers of staff but about having the right people in the right places, doing what impacts patient outcomes the most.
- Exciting opportunity for GPs to work differently e.g. follow more balanced working hours and shift patterns.
- Opportunities for nurses to play a bigger role and GPs to focus resource where needed.
- We have made significant investments already and are making the case for more.
- Our pilots have been very successful and have the support of staff.
- We have been given more HEE NWL funding for Wave 2 of the pilots across new sites.
- Collaborative working in key, not only between NHS organisations but also with councils and the third sector.
- Negative messaging in the media for example about the future of some of our sites can have an impact on morale.

Any questions?