

# LNWH COVID & DEMAND UPDATE

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Putting **patients**  
at the **HEART**  
of everything we do



# COVID-19 CARE UPDATE AT LNWH HOSPITALS

- Around 22% of the Trusts general beds are occupied with patients receiving care related to COVID-19 (around 200 patients). 80% of our genotyped COVID patients are Omicron patients
- Critical Care has expanded to 36 beds across two sites. Around 35% of these beds are occupied by patients receiving care related to COVID-19
- The majority of patients in hospital with COVID-19 are un-vaccinated
- Absence rates in our workforce have increased to 7%, they would usually be 4%. Safety huddles help move staff between wards and service areas to maintain safety and support our staff
- In addition to parts of our Critical Care and other higher dependency areas, we have now converted 8 ward areas to 'Red' areas, meaning they specifically cater for cases of COVID-19 in our hospitals. This also reduces the risk of hospital acquired infections.
- A review of NPH incidental findings of COVID-19 showed that around 45% of COVID patients attended hospital for other care needs – they attended hospital with COVID rather than for COVID care specifically. This is reflective of high community infection rates
- Support for our staff is paramount at this time. We have good supplies of PPE, Lateral Flow Tests, Booster and flu jabs
- Whilst Nursing Home outbreaks remain a concern, we are well supported by partners in our Integrated Care System; to facilitate discharge and on-going care.

# NON-ELECTIVE CARE DEMAND

- Our hospital's, A&E's and Urgent Treatment Centre's remain very busy, experiencing normal winter demand in tandem with Covid-19
- This places pressure on the requirement to conduct ambulance handovers within 15 minutes and provide care within 4 hours
- Urgent Treatment Centre re-direction reduces pressure on our NPH service. This has proved successful working with Harrow Health in tandem with additional GP appointments at Belmont Health Centre
- We continue to focus on our expanded Same Day Emergency Care facilities, with certain ambulance arrivals now being able to be treated directly within our SDEC facility

# ELECTIVE CARE CONTINUING THROUGH WINTER

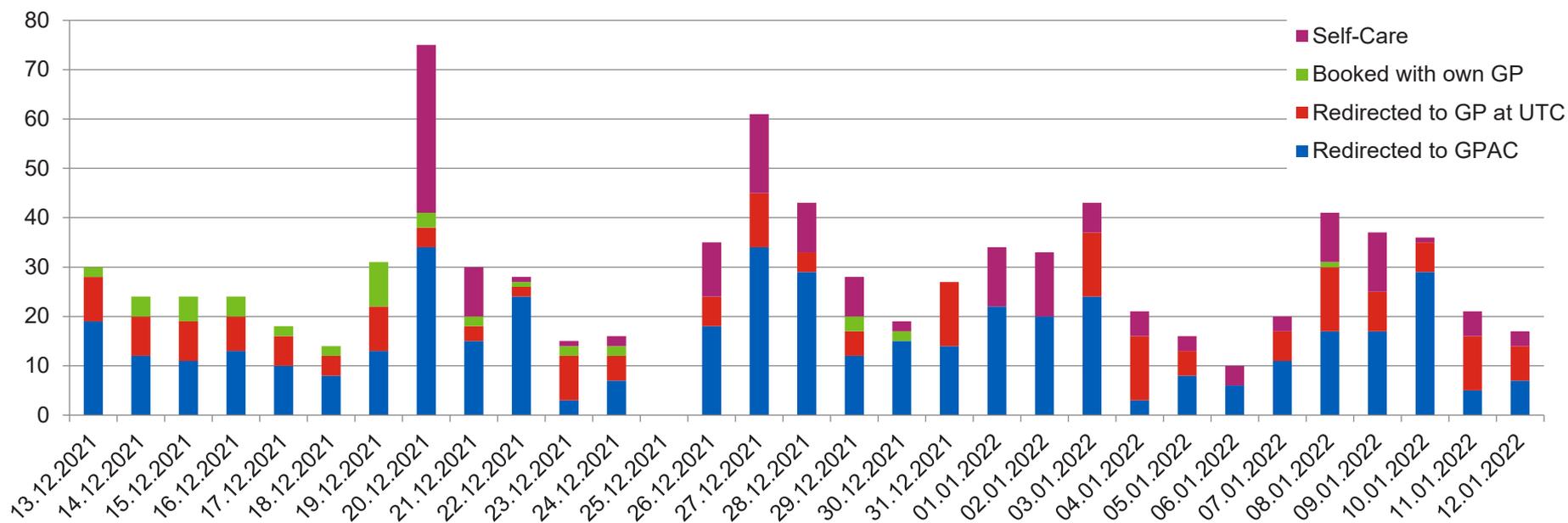
The elective recovery programme continued to progress despite the current wave of the pandemic

The Trust is working in partnership with the North West London system to align recovery across all in-sector providers

This process is supporting:

- Increasing virtual / digital solutions to clinic appointments to maintain the national requirement for >25% of outpatient activity delivered virtually
- Prioritisation of admitted waiting lists to support waiting list management
- Tracking activity against pre covid baselines
- Mutual aid for admitted and non-admitted pathways to transfer waiting lists across the sector where clinical suitable and agreed by the patient
- Reducing long waiting patients monitoring patients waiting over 52 and 104 weeks
- Operating Central Middlesex Hospital as a non-covid site to maintain elective flow
- Maximising capacity using independent sector partnerships for outpatient, diagnostics, and theatre capacity
- Aligning the Trust's internal recovery plan to national benchmarking published via the Model Hospital (NHS Improvement).
- Each year we try to protect around 100 beds for elective and non-elective surgical care

# EFFECTIVE PARTNERSHIP WORKING TO REDIRECT PATIENTS AT THE A&E FRONT DOOR



- LNWH has worked in partnership with Harrow Health and the Urgent Treatment Centre Provider (Totally) to reduce pressure on urgent care services by redirecting suitable patients back to additional primary care capacity in Harrow
- Supporting c200 patients a week with a directly-booked same-day primary care appointment (nearly 900 since starting)
- A highly effective front door model that alleviates urgent care and A&E pressures at Northwick Park Hospital
- Further improvements to the patient experience including the “hut” at NPH and new signage is imminent

# POSITIVE NEWS ON HARROW PATIENT DISCHARGES

## December headlines

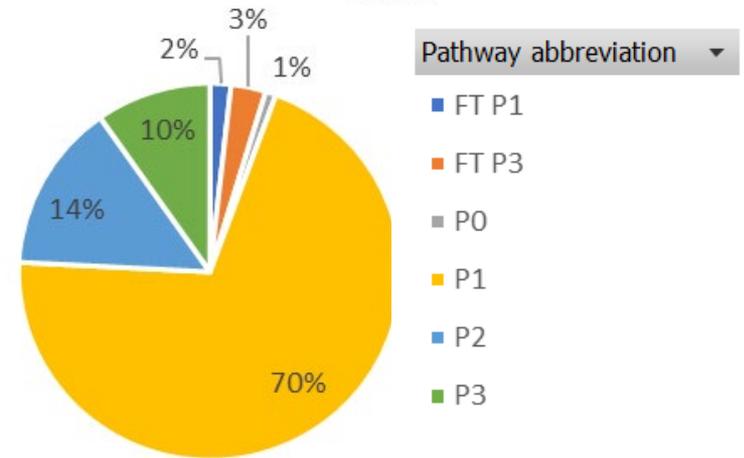
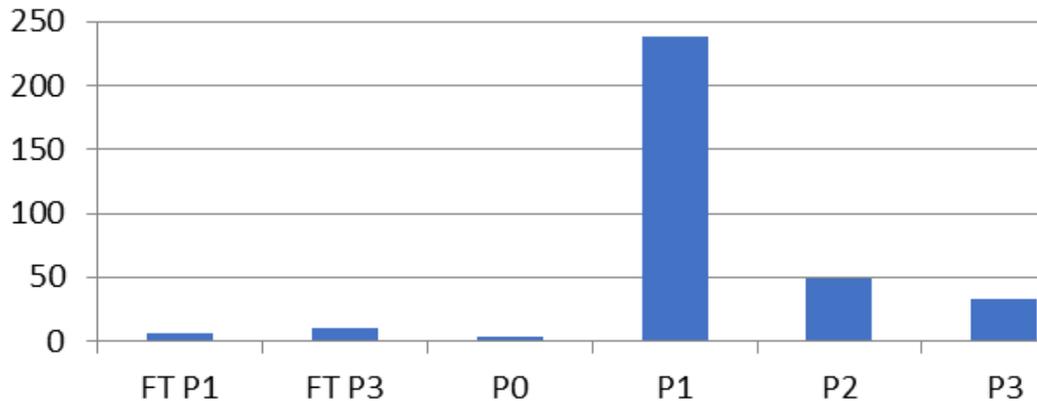
- Harrow provided additional support and senior oversight during the Christmas period
- Discharge expectations were exceeded
- Good engagement and communication between the teams, supported by enhanced services
- Harrow Age UK settle & home service
  - Focus on P0 & P1 pathways for those who are “Assistance of 1”
  - Supported patient travel home in a taxi service, with workers to settle in and ensure comfort
  - Limited number meet criteria via CDT and increased promotion needed within the wards to embed (plan developed)

## Next steps

- Continue integration – Harrow ASC worker to sit within the IDT
- Earlier notification for complex patients for joint discharge planning
- Continue check and challenge to ensure patients are discharged under home first principle
- Use strength based approach to discharge to ensure sufficient amount of care is provided to support but maintain patients independence.

# HARROW PATIENT DISCHARGES, DECEMBER 2021

## Discharges by Pathway



Source: Integrated Discharge Team, "discharge to assess" pathways

- P0 Simple discharge, no health or social care input
- P1 Home with care and support needs, including fast track (FT) patients
- P2 Short term bed likely for rehabilitation, assessment or further discharge planning
- P3 Requiring 24hour care within a care home on an going basis, including FT patients

- Collectively we discharged 339 Harrow patients.
- 70% discharged under the P1 pathway, i.e. home with care and support needs