

# Recovery and management of system pressures

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# Overview

- The purpose of this presentation is to provide the Harrow Health and Wellbeing Board with an overview of the COVID recovery programme and management of system pressures in Harrow.
- The recovery and management of system pressures response for the partnership is presented as:
  - Primary Care
  - Hospital based care
  - Social care
- The Harrow Health and Care Executive meet weekly and come together to both collaboratively plan recovery efforts and work to manage system pressures, with the health, wellbeing and experience of Harrow residents at the fore.

# Primary Care

Dr Radhika Balu, Medical Director, Harrow

# Primary Care: recovery focus areas

Priority	Area	Description
GP appointments	GP appointments	<ul style="list-style-type: none"> <li>• Agree standards for Access to primary care, including core and out of hours provision.</li> <li>• Support a blended offer of improving GP access (virtual and face to face)</li> <li>• Accurate data on appointments provided and their type.</li> <li>• Standardising data collection and reporting</li> <li>• GP appointments be broken down by face to face and non-face to face</li> </ul>
Extended Access Hubs	Extended Access Hubs	<ul style="list-style-type: none"> <li>• Increase utilisation of Access Hub appointments</li> <li>• Impact of the new specification (to support the transfer of provisions to PCN)</li> </ul>
111 referrals	111 referrals	<ul style="list-style-type: none"> <li>• Increase referrals from 111 into general practice for primary care conditions. Both in hours and out of hours.</li> </ul>
eConsultations	eConsultations	<ul style="list-style-type: none"> <li>• The majority of e-consultation are for General Advice (228,953) and Administrative help (193,023) with the next highest being skin problems (55,898). Developing on line offer in line with patient needs especially for general advice and administrative help?</li> <li>• Confirm that all practices in PCN offer option to online consultations</li> <li>• Alternative solutions to eConsult – what are the benefits.</li> </ul>
Care Homes	Utilisation of Emergency & Acute Services	<ul style="list-style-type: none"> <li>• Standardising care home support – consistent delivery model across sector</li> <li>• Addressing high levels of LAS calls and A&amp;E attendances from Care homes/ residential homes</li> </ul>
	MDTs with Community Partners	<ul style="list-style-type: none"> <li>• Working with Community Care providers and other Integrated Care Partners in developing Multi disciplinary teams (MDTs) that support the Standardisation of Care to Care Home residents</li> </ul>
Workforce – ARRS	Planned Recruitment	<ul style="list-style-type: none"> <li>• Improving utilisation of ARR roles across Borough, assisting PCNs in recruitment, retention and development of roles</li> <li>• Ensure ARR roles meet needs of future workforce, plans to develop ARR roles inline with priorities.</li> </ul>

# Primary Care: recovery focus areas

Priority	Area	Description
<b>Diabetes</b>	<b>Diabetes</b>	<ul style="list-style-type: none"> <li>• Delivery of nine care process and 3 outcome targets as an outcome target to supporting patients to live healthier lives, supporting education and training and patient empowerment.</li> <li>• Supporting PCN and practices in developing diabetes care in the community with community providers, sharing of best practice across Boroughs</li> <li>• Mapping delivery across PCNs/practices through local dashboards, providing intervention as required</li> <li>• Developing Virtual Group Consultations (VGC) and addressing reported high DNA rates and poor engagement.</li> <li>• How are borough teams ensuring the swift dissemination of funding to PCNs or GP federations to deliver the ES?</li> <li>• Working towards stretch target achievements for 22/23</li> </ul>
<b>SMI health checks</b>	<b>SMI health checks</b>	<ul style="list-style-type: none"> <li>• SMI Health check achieve trajectory of 65%</li> <li>• Supporting PCN/practices to achieve target</li> </ul>
<b>Additional priorities</b>	<b>CQC Ratings</b>	<ul style="list-style-type: none"> <li>• Improvement of CQC ratings, supporting practices to embed CQC standards in daily delivery.</li> <li>• Development of PCNs to develop practices within PCN grouping to meet CQC standards</li> </ul>
	<b>Cancer screening</b>	<ul style="list-style-type: none"> <li>• Improve cervical and breast cancer screening performance (currently below national standard).</li> <li>• Access Hubs and weekend clinic to support improved uptake</li> </ul>
	<b>Child Imms</b>	<ul style="list-style-type: none"> <li>• Improvement on Child immunisation uptake</li> <li>• At scale delivery and weekend working to support uptake</li> </ul>
	<b>Flu</b>	<ul style="list-style-type: none"> <li>• Improve uptake of flu immunisation programme, reduce variation in deliver,</li> <li>• Out reach and community groups support</li> <li>• Development of PCN to delivery at scale, housebound programme.</li> </ul>

# Access

Changes to the GP contract for 2022/23 will introduce:

A change to the existing contractual requirement that 25% of appointments can be booked online, to a more targeted requirement that all appointments which do not require triage are able to be booked online, as well as in person or via the telephone – further guidance is awaited

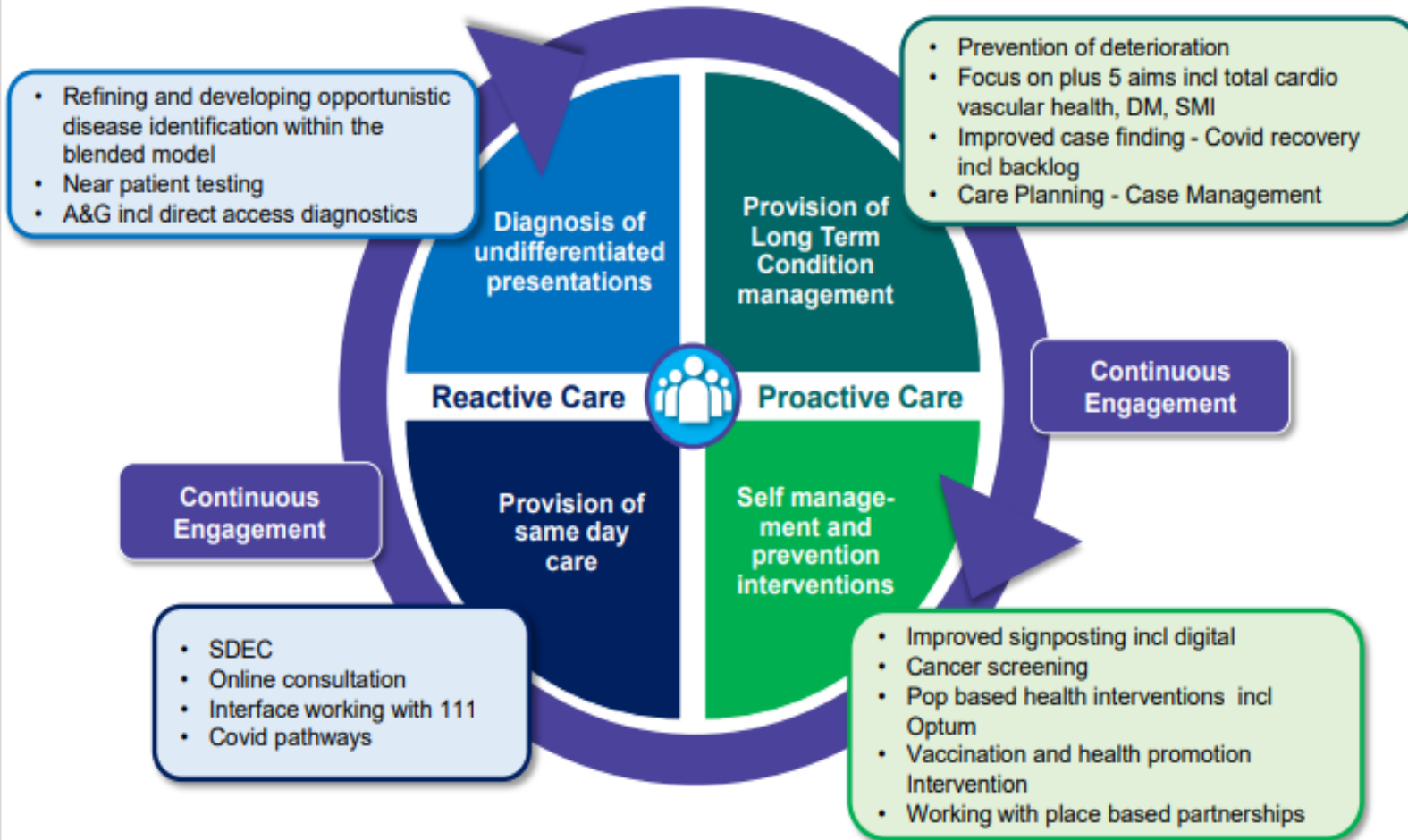
From October, PCNs will be expected to provide bookable appointments between 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays

Appointments at these times must use the full multidisciplinary team and offer a range of general practice services, including routine services such as screening, vaccinations and health checks, in line with patient preference and need

PCNs will, over the next 6 months, be expected to agree a plan for delivering this through engagement with patients to understand the necessary mix of appointments and services to be provided, along with staffing to meet those needs, and the details of site locations

# Primary Care

North West London ICS are now looking ahead for primary care strategy in the next three years – focused around the following “quadruple” aim:



## Overarching themes

- Workforce utilisation, best practice use of skill mix
- Education and training incl hubs
- Research and innovation
- Embedding population health management Approach
- Quality medicine management
- RM monitoring

# Hospital Care

Simon Crawford, Deputy Chief Executive,  
London North West Hospital Trust



# Hospital Care

## London North West University Healthcare: March 2022 Update

### **Key focus areas**

- Leadership changes
- Covid
- Recovery plans
  - Progress to date
  - Plans for 2022/23
- Investments and improvements
- Strategy refresh programme

# Leadership changes



## **Pippa Nightingale MBE**

- Joined the Trust as CEO on 14<sup>th</sup> February 2022
- Previously Chief Nurse at Chelsea & Westminster FT and NWL ICS lead nurse



## **James Walters**

- COO since 14<sup>th</sup> March 2022
- 10+ years with Trust as Divisional General Manager and Deputy COO

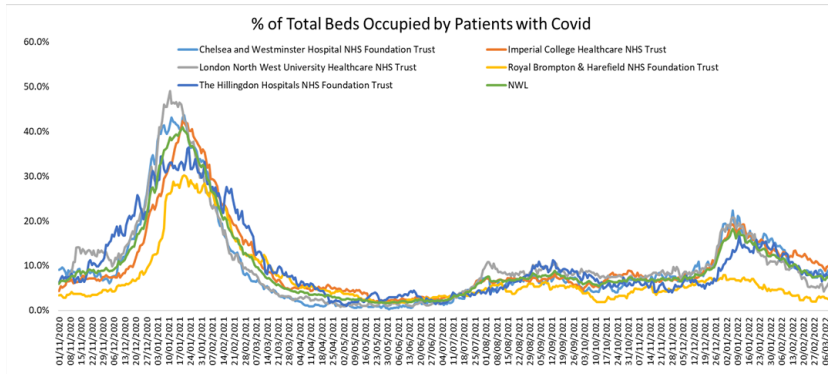


## **Matthew Swindells**

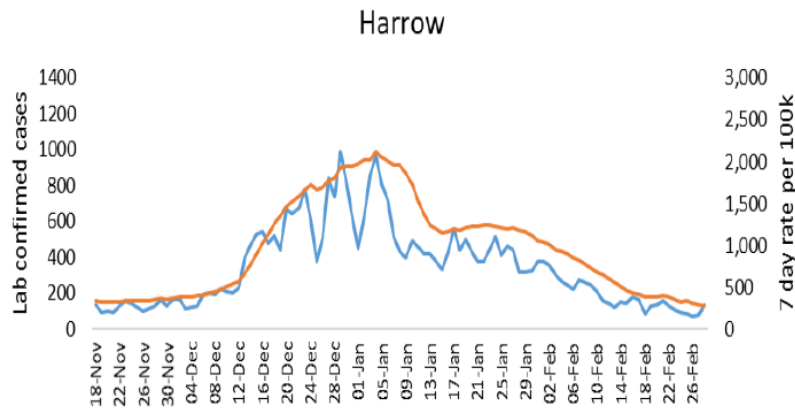
- Joint Chair of NWL acute providers from 1<sup>st</sup> April 2022
- Covering London Northwest University Hospitals, Chelsea and Westminster Hospitals, The Hillingdon Hospitals and Imperial College Healthcare
- Previously NHS England's National Director of Operations and Information

# Transition to living with COVID

## COVID bed occupancy



## COVID cases



- Admissions because of COVID are falling, with very few patients needing critical care
- Successful deployment of new antiviral treatments, with a hub at Northwick Park
- About 6% of admitted patients have incidental COVID
- Possible signs of community rates rising
- Ongoing vaccination effort, with 47% the eligible Harrow population boosted
- Infection control guidance changes in April to concentrate on patients needing respiratory care and patients most at risk of severe COVID
- Visiting guidance changes, but still need masks

# Recovery headlines

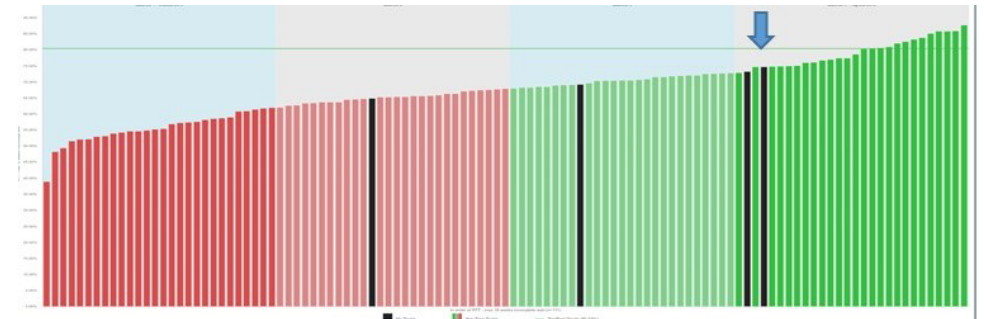
## Activity – (relative to before the pandemic)

- Electives: latest 4 week rolling average 77%
- Outpatients – latest 4 week rolling average 96%
- Diagnostics
  - MRI 93%
  - CT 109%
  - Ultrasound 60%\*
  - Endoscopy 73%
  - Echo 124%

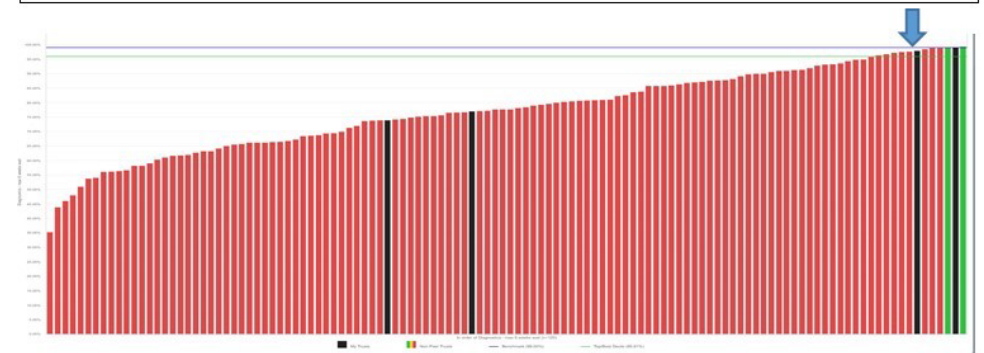
## Week on week improvements against all access targets

- Cancer 62 day backlog c200 and reducing at c20 a week
- 52 weeks – 444 by the end of February and on target to 285 by end of March
- 104 weeks – on target to <10 by the end of March

\*c90% against adjusted baseline for appointment standard moving from 10 to 15 minutes



**RTT 18 Week Standard:** the chart above shows the relative rankings against RTT 18 Weeks Incomplete Standard. LNWHT is currently ranked 27<sup>th</sup> out of 122 ranked Trusts. Previous month the Trust was ranked 23<sup>rd</sup>. The chart also demonstrates the position across the ICS.



**6 Weeks Diagnostic Standard:** the chart above shows the relative rankings against the 6 Week Diagnostic Standard. LNWHT is currently ranked 7<sup>th</sup> out of 122 ranked Trusts. Previous month the Trust was ranked 4<sup>th</sup>. The chart also demonstrates the position across the ICS.

Top 10% of providers for 6 week diagnostic waits

# Service developments across LNWH

- Expansion of permanent critical care capacity to 36 beds
- Consolidation of the protected elective surgery hub at Central Middlesex Hospital (CMH), with plans to further develop Orthopaedic and other high volume activity
- Relocation of colorectal services to CMH and consolidation of elderly care at Northwick Park
- Out of hours emergency surgery reinstated at Ealing Hospital reinstated on 13<sup>th</sup> December and trauma service restarts in March
- Unannounced CQC inspections in Feb 2022 noted improvements
- Planned strategic investment of c£14m in endoscopy facilities over the course of 2022/23
- MRI replacement due June 2022
- c£2m upgrade of breast and urology departments at Northwick Park
- Procuring a new cardiac catheter laboratory for Ealing Hospital, opening in September 2022
- Preparing for the deployment of a new information system (Cerner electronic patient record) as part of a whole-sector acute hospitals procurement, with go live across The Hillingdon Hospitals and LNWH in late 2023
- Integration of specialist vascular surgery across LNWH and Imperial College

# 2022/ 23 Operating Plan

## Ten national priorities

1. & 2. Tackling the elective backlog and moving back to and beyond pre-pandemic levels of productivity :-
3. Investing in the workforce and strengthening a compassionate and inclusive culture
4. Delivering the NHS COVID-19 vaccination programme – service staff and patients
5. Improving the responsiveness of urgent and emergency care (SDEC)
6. Improving timely access to primary care
7. Improving mental health services and services for people with a learning disability and/or autistic people
8. Developing approach to population health management, prevent ill-health, and address health inequalities – working with partners in regard to this
9. Exploiting the potential of digital technologies
10. Establishing ICBs and enabling collaborative system working

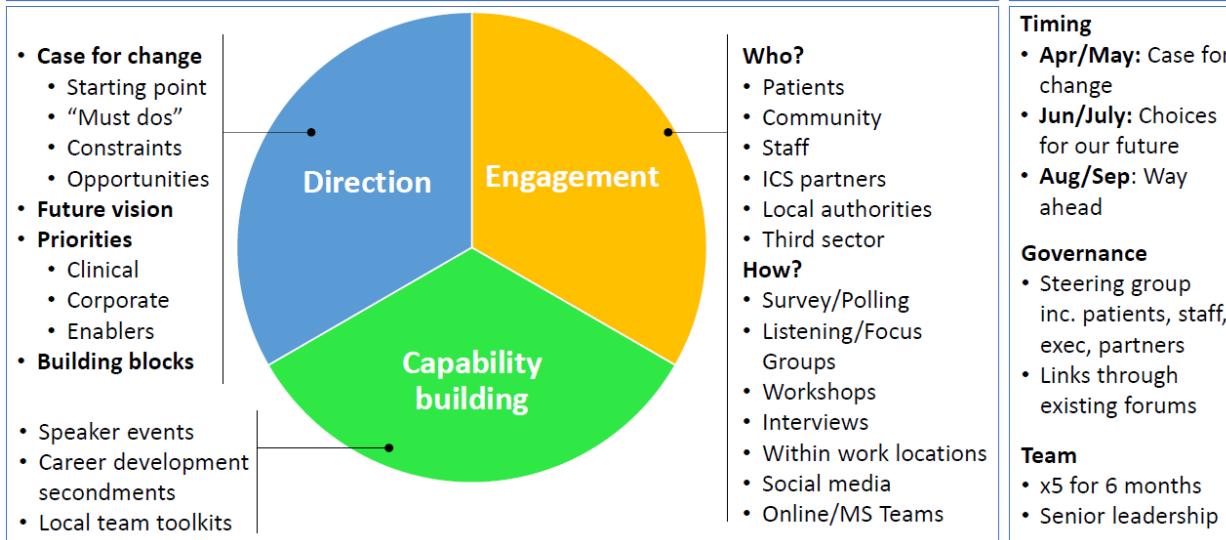
- Latest submission on 9<sup>th</sup> March
- Divisions currently finalising detailed plans for final sector submission in April

	National Ambition	Current Trust Plan
Elective	110% (ICS target of 104%)	104%
First outpatients	110%	107%
Follow-up outpatients	75%	New guidance on patient-initiated follow-ups
Diagnostics	120%	MRI 108% CT 107% U/S 113% Flexi 103% Gastroscopy 103% Cardio 111%
Waits	52 week waits – halve by Mar 23 72 week waits – 0 by Mar 23 104 week waits – 0 by end Jun	
Cancer	62+ days – reduce month on month 28 day FASTER diagnosis – 75% from Q2	

# Engaging local partners in our strategy refresh

## Developing our strategy – the plan on a page

### Three aims of refreshing our strategy



- Will include a site strategy for Ealing Hospital
- Significant site development potential, e.g. Community Diagnostic Centre, redevelopment / regeneration with commercial partners and national funding
- Expansion of acute service base, including additional services and partnership opportunities

# Social Care

Shaun Riley, Adult Social Care



# Adult Social Care:

## Key pressures (Quarter 3 21/22)

- 'Demand' remains high; For first conversations, Care Act assessments OT assessments and reviews.
- 60 new requests per week - up 24% on pre-pandemic levels
  - Teams unable to complete work quickly enough to avoid growing queues and backlog
    - 200+ people in the community waiting to start a conversation with us
    - More than 3 months of work queued up with people
- Before the pandemic an average 9.5 new clients a week received Care Act eligible support out of hospital
  - The equivalent figure today is 13.1
  - It takes on average more than 2 weeks before our community team have capacity to begin working with citizens who have been discharged from hospital
  - Due to very high case loads staff are unable to complete annual reviews on every citizen.
- Safeguarding enquiries (investigations) remain high compared to the previous two years.
- Complexity of needs for people with learning disabilities through pandemic is leading to significant increases in the cost of supporting them
  - Average increase required in LD adds £337/week to care costs, c.f. £200/week before pandemic

# Summary and close

The Health and Care System has now moved into recovery. This presentation has demonstrated that the need for health and care services as a result of the pandemic is significant. Progress in addressing these needs is already being made and will remain a central focus of the Harrow partnership.