

**Winter Plan 2013/14 : Winter Schemes to Manage Increased Activity and Support A&E Target**

**Schemes to support flow within A&E (6 month only)**

<b>Scheme</b>	<b>Costs (£000's)</b>	<b>Activity</b>	<b>Expected impact and data source</b>	<b>Lead Officer</b>
Funds to Warrington CCG to support winter pressures planning at Warrington & Halton Hospitals NHS Foundation Trust	230	Numerous winter initiatives have been agreed with Warrington CCG and funds will be transferred to Warrington CCG from Halton CCG to support Halton patient pathways.	Business case and data source to be developed across WCCG and WHHFT  <b>Data source:</b> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• Escalation recovery plans</li> </ul>	Linda Bennett
Funds to St Helens CCG to support winter pressures planning at St Helens & Knowsley Teaching Hospitals NHS Trust	300	St Helens CCG have worked with providers to develop plans, specifically to support A&E by developing front end primary care provision. Funds will be transferred to St Helens from Halton CCG to support Halton patient pathways.	Business case and data source to be developed across St Helens CCG and STH&K  <b>Data source:</b> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• Escalation recovery plans</li> </ul>	Lisa Kieran
Provision of community matrons within A&E departments	41	Deploy community matrons into AED to support patient flows within the department  <b>Timescales:</b> To commence Monday 16 <sup>th</sup> December 2013 and will run until the end of March 2014.	<b>Expected impact:</b> <ul style="list-style-type: none"> <li>• Reduce hospital admissions;</li> <li>• Facilitate hospital discharges;</li> <li>• Reduce admission to long term care placements;</li> <li>• Support patients to regain or increase level of independence;</li> </ul>	Ged Timson

		<p>The matron/nurse will work alongside the existing matron in A&amp;E in diverting patients who do not require emergency admission to community services where possible and appropriate thus avoiding unnecessary admission and pressures on the acute service.</p>	<ul style="list-style-type: none"> <li>• Support people to return to and remain in their own home for longer; and</li> <li>• Increased ability to manage crisis situations for patients in a community setting</li> <li>• This will increase the flow out of A&amp;E back into community services.</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Urgent care Dash Board</li> <li>• Bridgewater Quality performance indicators</li> </ul>	
<p>Admission and Alternative Contact Service for Community Services</p>	<p>12</p>	<p>This will support a reduction in GP/RARS admissions by providing a liaison service between community and acute provision for all secondary care providers. The expectation is that patients will be deflected to community provision before being admitted to acute provision.</p> <p><b>Timescales :</b> In place</p>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• Reduce hospital admissions;</li> <li>• Support people to return to and remain in their own home for longer; and</li> <li>• Increased ability to manage crisis situations for patients in a community setting</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• Bridgewater Quality performance indicators</li> <li>• SPA performance dataset to</li> </ul>	<p>Steve Holbrook</p>

			be agreed and added to Urgent Care Dashboard	
Development of Merseyside escalation and diversion policy. This Cheshire and Merseyside initiative is being developed across commissioning and provider agencies. Part of the initiative is to review the CMS IT system and its usage and potential impact.	zero	<p>The development of two task and finish groups:</p> <p>CMS group- review CMS system and makes recommendations regarding potential usage in the future and its development (future procurement of the CMS system will also need to be considered within the recommendations).</p> <p>Policy- group lead by Liverpool CCG urgent care lead to review and merge North west escalation policy and NWS diversion policy with consideration given to command and control arrangements</p> <p><b>Timescales</b> : Policy due to be ratified 19.11.13</p>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• This will support the flow through of A&amp;E departments across the health economy</li> <li>• Increase communication across Provider Trusts including community provision</li> <li>• Enable flow to be dealt with, in response to current demand without maintaining delays in the system</li> <li>• Reduce escalation up to command and control</li> </ul> <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>• RUCAT</li> <li>• Provider/Commissioner-system feedback</li> </ul>	Leigh Thompson-Greatrex
<b>TOTAL</b>	<b>583</b>			

**Schemes to support flow through acute bed base (4 months only)**

Scheme	Costs (£000's)	Activity	Expected impact and data source	Lead Officer
Increase Intermediate Care bed capacity x 6 beds (Nursing)	63.5	Commission 6 beds from independent sector  <b>Timescales</b> : To commence Monday 16 <sup>th</sup> December 2013 – to run for 21 weeks	<b>Expected impact:</b> <ul style="list-style-type: none"> <li>• Reduce hospital admissions;</li> <li>• Facilitate hospital discharges;</li> <li>• Reduce admission to long term care placements;</li> <li>• Support patients to regain or increase level of independence;</li> <li>• Support people to return to and remain in their own home for longer; and</li> <li>• Increased ability to manage crisis situations for patients in a community setting</li> </ul> <b>Data source:</b> <ul style="list-style-type: none"> <li>• Urgent care Dash Board</li> <li>• SPA performance dataset to be agreed and added to Urgent Care Dashboard</li> </ul>	Damian Nolan
Increase capacity in hospital discharge		Review of Integrated discharge	<b>Expected impact:</b>	Damian Nolan

teams	45.5	<p>hospitals teams, including the taskforce which will:-</p> <ul style="list-style-type: none"> <li>• review any duplication across the teams;</li> <li>• support ward staff to identify discharges earlier;</li> <li>• ensure speedy discharge through a single assessment process; and</li> <li>• employment of additional social work capacity.</li> </ul> <p><b>Timescales</b> : To commence Monday 16<sup>th</sup> December 2013 – to run for 21 weeks</p>	<ul style="list-style-type: none"> <li>• Release acute beds at Warrington and Whiston Hospitals;</li> <li>• Reduces the number of ‘non-acute’ patients occupying beds; and</li> <li>• Strengthen the ability of Warrington and Whiston Hospitals to continue to meet the 18 week target for Halton patients</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• SPA performance dataset to be agreed and added to Urgent Care Dashboard</li> <li>• RUCAT</li> </ul>	
Increase capacity in MDT Intermediate Care support (community and beds) 1 X OT, 1 x PT, 1 x SW	78	<p>Increased complexity and demand requires additional skilled assessment and intervention work to maintain safe and efficient care. These staff will support additional bed capacity, maintain through put in existing bed bases and support community services</p>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• Reduce hospital admissions;</li> <li>• Facilitate hospital discharges;</li> <li>• Reduce admission to long term care placements;</li> <li>• Support patients to regain or increase level of independence;</li> <li>• Support people to return to and remain in their own home</li> </ul>	Damian Nolan

		<p><b>Timescales</b> : To commence Monday 16<sup>th</sup> December 2013 – to run for 21 weeks</p>	<p>for longer; and</p> <ul style="list-style-type: none"> <li>• Increased ability to manage crisis situations for patients in a community setting</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• Bridgewater Quality performance indicators</li> <li>• SPA performance dataset to be agreed and added to Urgent Care Dashboard</li> </ul>	
<p>Increase equipment and extend delivery hours</p>	<p>80</p>	<p>Changes in demand during the winter period mean that the type of equipment needed changes with more bed related. Extending delivery hours will support hospital discharges</p> <p>ICES will extend delivery times (16 week period) to 7pm Mon-Friday to support urgent hospital discharges. It will also extend its out of hours support beyond these times for complex equipment i.e. hospital beds, mattresses, hoists.</p> <p>The weekend service will operate</p>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• Reduce hospital admissions;</li> <li>• Facilitate hospital discharges;</li> <li>• Reduce admission to long term care placements;</li> <li>• Support patients to regain or increase level of independence;</li> <li>• Support people to return to and remain in their own home for longer; and</li> <li>• Increased ability to manage crisis situations for patients in a community setting</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Bridgewater Quality</li> </ul>	<p><b>Ged Timson</b></p>

		from 9-12 noon for all equipment and outside of these hours for complex equipment.  <b>Timescales</b> : In place	performance indicators	
<b>TOTAL</b>	<b>267</b>			

***Schemes to deflect admissions from A&E (6 month only)***

<b>Scheme</b>	<b>Costs (£000's)</b>	<b>Activity</b>	<b>Expected impact and data source</b>	<b>Lead Officer</b>
Development of a MDT within Primary Care	zero	<p>Development of Multi-disciplinary Team approach in Primary Care to the management of high intensity users of health and social care utilising risk stratification. Through the development of a locally enhanced service.</p> <p>The LES will be designed to:</p> <ul style="list-style-type: none"> <li>• Undertake risk profiling and stratification of registered patients on a monthly basis ( LES) following an holistic approach to embracing physical and mental health problems</li> </ul>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• Reduce hospital admissions;</li> <li>• Facilitate hospital discharges;</li> <li>• Reduce admission to long term care placements;</li> <li>• Support patients to regain or increase level of independence;</li> <li>• Support people to return to and remain in their own home for longer; and</li> <li>• Increased ability to manage crisis situations for patients in a community setting</li> </ul>	Damian Nolan

		<ul style="list-style-type: none"> <li>• Work within a local multidisciplinary approach to identifying those who are seriously ill or at risk of emergency hospital admission</li> <li>• Co-ordinate with other professionals the care management of those patients who would benefit from more active case management</li> </ul> <p><b>Timescales :</b> In place</p>	<p><b>National Guidance:</b></p> <ul style="list-style-type: none"> <li>• National Service Specification</li> <li>• NHS England 2013/14 DES</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• LES/DES activity template</li> </ul>	
Acute Visiting Scheme (inc.deflection)	195	<p>To develop a Pathfinder Tool which will enable NWS to work with other services to provide alternatives to hospital transfer. The use of the Pathfinder Tool identifies which patients are safe to be left at home subject to their being another service available to continue appropriate assessment and care of patients in a timely manner, which would include an Acute Visiting Scheme.</p> <p>A dedicated Urgent Care 24 GP would enable NWS to avoid</p>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• Reductions in emergency ambulance activity</li> <li>• Reductions in A&amp;E attendances</li> <li>• Reductions in hospital admissions</li> <li>• Improved ambulance incident times</li> <li>• Improved response to RED ambulance patients</li> </ul> <p><i>Based on pilot outcomes NWS gave a deflection rate of 89% of patients seen.</i></p>	Jenny Owen



		<p>hospital transfers to A&amp;E, this would include a 2 hour response time.</p> <p><b>Timescales:</b> Scheme to start Monday 2<sup>nd</sup> December 2013 and run for 5 months.</p>	<p>This scheme will aim to demonstrate QIPP by:</p> <ul style="list-style-type: none"> <li>• Increasing treatment at home by deploying clinicians to the patient and through access to alternative community services</li> <li>• Reduce unnecessary conveyance by Patient Emergency Services (PES) clinicians/vehicles</li> <li>• Reduce non-elective admissions by helping to avoid unnecessary Emergency Department attendance and subsequent attendance to admission conversion rates</li> <li>• Provide a robust approach to managing clinical risk underpinned by a strategic alliance clinical governance framework</li> <li>• Develop the urgent care workforce knowledge, skills and competencies across the strategic alliance</li> <li>• Maintain public confidence as traditional modes of</li> </ul>	
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			<p>ambulance response are superseded by more flexible and responsive services tailored to the needs of the patient</p> <ul style="list-style-type: none"> <li>• Enable further research into clinical decision making tools that facilitate safe closer to home using appropriate providers within an appropriate time scale</li> </ul> <p><b>National and local Guidance/Evidence:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care options appraisal 2013</li> <li>• NWAS and UC 24 Acute Visiting Scheme</li> <li>• AED Audit 2013</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• Out of Hours Quality performance indicators</li> </ul>	
<p>Patient Education - Publicity Campaigns 'Examine your options' an initiative across Merseyside CCGs including Halton and Warrington.</p>	32	<p>Development of campaign across Merseyside to support wider strategic responsibilities around business continuity and</p>	<p><b>Expected impact:</b></p> <ul style="list-style-type: none"> <li>• Reduce attendance into AED through the education</li> </ul>	<p>Louise Wilson</p>

		<p>emergency preparedness, alongside the requirement to inform and engage communities around the appropriate use of urgent care services.</p> <p>Costs are Halton's contribution to Merseyside scheme.</p> <p><b>Timescales</b> : Campaign commenced 4<sup>th</sup> November 2013 and will run until w/c 28<sup>th</sup> April 2014</p>	<p>of the local population</p> <ul style="list-style-type: none"> <li>• Deliver accurate, timely and consistent advice to the public and health professionals, key stakeholders and the local media</li> <li>• Support improved understanding and navigation of the NHS system to effectively support demand management</li> <li>• Support seasonal flu preparedness and prevention, including staff and public vaccination programmes</li> </ul> <p><b>National and local Guidance/Evidence:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care options appraisal 2013</li> <li>• AED Audit 2013</li> <li>• Urgent Care Public consultation</li> </ul>	
1 <sup>st</sup> Stage of implementation of Urgent Care Centre	160	The provision of extended X-ray facilities and extra medical cover	<b>Expected impact:</b>	Jenny Owen

		<p>at the Minor Injuries Unit would support the diversion of diagnostic in hours and out of hours linked to Primary Care, Out Hours GP cover - UC 24 etc.</p> <p><b>Timescales</b> : To be in place from Monday 2<sup>nd</sup> December 2013</p>	<ul style="list-style-type: none"> <li>• Develop the urgent care workforce knowledge, skills and competencies</li> <li>• Reduce flow into AED in hour and out of hours divert 17% out of A&amp;E departments based on AED Audit</li> </ul> <p><b>National and local Guidance/Evidence:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care options appraisal 2013</li> <li>• NWAS and UC 24 Acute Visiting Scheme</li> <li>• AED Audit 2013</li> </ul> <p><b>Data source:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care Dash Board</li> <li>• Bridgewater quality and performance dashboard</li> </ul>	
<b>TOTAL</b>	<b>387</b>			
<b>GRAND TOTAL</b>	<b>1,237</b>			