Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 12 February 2015

Subject: Manchester A & E pressures

Report of: North, Central and South Manchester Clinical Commissioning Groups

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Summary

This report provides Members of the Committee with an overview of recent pressures on Emergency Departments in Manchester's 3 hospitals. It describes:

- Performance as measured against national targets
- The service developments which have been instigated to address the issues
- The on-going monitoring and scrutiny of the situation

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

Introduction

The following paper seeks to provide the clarity the Committee requires on various elements of the unscheduled care system across the City of Manchester.

NB. Central Manchester CCG and Central Manchester University Hospitals Foundation Trust have jointly commissioned research to support a more detailed understanding of the factors which are contributing to pressures on the urgent care system in Manchester. This will analyse changes in demands for urgent care across Manchester, including geographical mapping, and trend analyses by admission source and clinical conditions. In the meantime, this paper sets out key issues as they are presently understood.

1. Quarterly performance at the Manchester hospital sites

Performance against the 95% 4 hour A&E target for the first three quarters of 2014/15 is:

Site	Q1	Q2	Q3
UHSM	91.1%	95.1%	90.1%
CMFT	95.3%	95.1%	91.7%
NMGH	97.2%	95.2%	94.3%

2. The numbers attending A&E, acuity and emergency admissions

From 2013/14 to 2014/15, A&E attendances at the Manchester hospital sites have grown as follows:

- UHSM - approximately 4% growth in A&E attendances
- CMFT – approximately 3% growth in A&E attendances
- NMGH – approximately 2% growth in A&E attendances

UHSM and CMFT have both experienced an increase in admissions and associated acuity demonstrated by a rise in Red (immediate) & Orange (very urgent) categories being admitted via A&E. For CMFT, this has contributed to an increase in emergency admissions of 10% plus.

However, both CMFT and UHSM have also seen a reduction in the Green (standard) and Blue (non-urgent) categories following CCG investment and development in primary and community services.

The NMGH site is currently reporting a lower acuity of attendances / admissions in all categories based on data from the month of January 2015 against the previous month December 2014.

3. Ambulance presentations

The North West Ambulance Service (NWAS) has reported higher than planned for activity during 2014/15. This in turn has had an impact on urgent care systems locally. NWAS information from April to December 2014 shows that ambulance activity for the Manchester and Trafford CCGs was:

- Central Manchester CCG: 2% above planned levels (all incidents)
- North Manchester CCG: 4.7% above planned levels (all incidents)
- South Manchester CCG: 2.3% above planned levels (all incidents)
- Trafford CCG: 3.4% above planned levels (all incidents)

It must be noted that this data shows activity at a CCG population level, and does not demonstrate the flow of patients into any particular Hospital Trust. The CCGs are working with NWAS and other partners to understand the drivers behind this growth in activity.

4. Numbers of delayed transfers of care

Delays in transfers of care (DTOCs) (and therefore in timely discharge from hospital) can arise from a range of factors within the NHS, social care, or both the NHS and social care. Examples include (but are not limited to) timeliness of assessments, funding decisions, capacity in residential or nursing care, availability of packages of care, and patient choice.

Present numbers of delayed transfers of care within the 3 main hospital sites account for approximately: -

- 1.5% of total bed stock at UHSM
- 1.5% of total bed stock at NMGH
- 5% of total bed stock at CMFT. The majority of delays are attributable to the MRI site and the proportion given here is therefore reflective of bed stock on the MRI site. *It must be noted that CMFT introduced reporting changes associated with DTOCs in August 2014 and Central Manchester CCG is working with the Trust to ensure that they report similarly with neighbouring Trusts. It is therefore understood that the % of bed stock presently reported as DTOCs at CMFT is higher than the actual. Changes will be introduced through Q4 to ensure reporting is consistent across the city hospitals.*

The winter resilience infrastructure which is described in section 6 has ensured that systems are in place to maximise timely step down of patients who are “ready to go”, in order to avoid unnecessary delays. Routine processes also described within the operational command and control structure at section 7 support escalation of delays in transfers of care across the system e.g. access to social care packages and supported discharge facilities. Focused system wide work at UHSM, for example, has helped to bring the number of delays generally in line with the system’s target of 5 delays per day per CCG.

It should be noted that the delays in transfer of care highlighted above are not solely Manchester residents. The availability of community health and social care services in other parts of Greater Manchester will affect the efficiency and speed of the discharge process.

5. CCG developments in primary and community services to support deflection from A&E and timely step down from acute beds

The Manchester CCGs have made a range of investments to support capacity within primary and community settings. These are described below.

5.1 Central Manchester

In 2013/14 Central Manchester was a Demonstrator Community which enabled us to pilot initiatives focussed on improving access in primary care. This, in addition to the opportunities afforded through the Better Care Fund process, has given the opportunity to focus investment on developing Primary Care. The following initiatives are supported and being implemented:

- Practice Integrated Care Teams
- GP led In-reach service
- Dementia Locally Commissioned service
- MPATH (Manchester Pathway for Homeless patients)
- Homeless Locally commissioned service
- Alternatives to Transfer
- Responsive Access Locally commissioned service
- Additional Availability
- Care Homes Support Team

The following three schemes have also been commissioned to improve access to primary care:

- In December 2013 Central Manchester CCG commissioned Primary Care Manchester Ltd to provide extended primary care until 8pm weekdays and some capacity at weekends. Between October and December 2014 over 3000 patients were booked into the service.
- In January 2014 Central Manchester Practices began to offer 'Responsive Access'. Responsiveness is considered to be meeting the primary care needs of patients by their registered general practice where the patient defines the need as urgent. Face to face clinical consultations will be within two or six hours (or same day) as defined by the Clinician and provided within the general practices core hours.
- In April 2014 Emergency Department Access to GP Appointments commenced. An Administrator based in A&E 'Minors' Department was provided with a list of Central Manchester GP's and contact numbers to telephone the GP surgeries directly to make an appointment for appropriate patients. For the initial project period of 1st April to 30th June, there were a total of 466 appointments made across 40 working days, excluding bank holidays. Almost 1000 appointments in total have been now been made to date (this includes appointments made outside of Central Manchester). This service has now been extended to cover the Children's A&E department.

The CCG have commissioned a number of schemes through the Better Care Fund which focus on both high intensity users within emergency departments and patients at high risk of admission. Examples include:

- Urban Village Medical Practice to work with the highest intensity users who are homeless
- A multiagency team has been established to identify the top ten frequent users of all services; NHS111, OOH, A&E, NWAS
- Practice Integrated Care Teams actively manage patients identified as high risk via key worker and MDT meetings. This is now working in conjunction with the Admission Avoidance DES

- Consultant led service - A BCF funded Pro-active Elderly Care Team will work in A&E and receiving units. This is a Consultant Geriatrician led multidisciplinary team which assess and treats to avoid admissions to wards

The CCG have also commissioned schemes which aim to help reduce admissions of older people to residential and nursing care homes and keep older people at home after discharge from hospital. These include the Practice Integrated Care Teams and the Proactive Elderly Care Team.

All BCF schemes went through a rigorous business planning process ensuring value for money in each investment programme and all these are detailed in our Operation Plan. Our pre-alliance contract monitors performance against these work programmes.

In addition, Central Manchester's Resilience Plan includes schemes which support all providers to achieve seven day working. However we recognise that this is a challenging area, and one that needs further development. Examples of schemes that are already in place include:

- Mental Health – Increased transport capacity and Out of Hours for Approved Mental Health Professional
- Social Care – Additional Social worker to join the hospital discharge team, Primary Assessor, a range of equipment, and additional Home Care Packages and Re-ablement staff
- Acute Trust - Additional resource for ward capacity, medical staffing, nurse staffing, AHP staffing, pharmacy staffing, diagnostic support and staffing to enhance the resource available at weekends and out of hours
- Primary Care – the Additional Availability service previously mentioned provides GP appointments in the evenings and at weekends. In addition, the OOH service currently receives a stream of primary care patients from the ED when the PCEC service is closed. In order to maintain the ability to stream during winter, an additional GP is dedicated to this cohort of patients to assist the ED in managing patients who present with primary care needs.

5.2 South Manchester

South Manchester deflection schemes and SRG Better care fund investment include:

- Enhanced neighbourhood teams
- Community rapid response services
- Community palliative care
- Sitting services
- Reablement
- Step up Intermediate care beds
- GP 7 day model

Key messages include:

- Since the introduction of the Rapid Response Service, UHSM have reported that Non Elective admissions have been avoided in 132 cases, 123 of these during the period Oct – Dec 14, with numbers increasing each month.

- Alternatives to Transfer (ATT): providing a GP response within 2 hours for patients who have been triaged via the NWAS Pathfinder Tool as not requiring conveyance to hospital. Since October 2014, the scheme has deflected 150 patients.
- Additional Social Workers & Reablement to support patient flow via improved and timely discharge processes, and deliver increased community provision to assess and manage patients out of hospital.
- Discharge to Assess Beds: 10x beds funded by SMCCG as additional, community-based bed capacity to support a discharge to assess model for patients who don't need to remain in an acute bed. The beds can also be used as step-up beds for patients at risk of hospital admission.
- Older People's Assessment & Liaison (OPAL): a Geriatrician-led service, with physio and OT support, within ED for older patients (80+) to support admission avoidance through Geriatrician input and signposting to alternative services
- Community DVT Service: a six-month pilot delivering community-based initial assessment of patients with a query DVT. Prior to the pathway being in place, all patients with a query DVT were referred to hospital, via ED, for their assessment.
- The 7 Day Model service provided by the South Manchester GP Federation at the front end of UHSM ED. The service aims to identify and assess patients from South Manchester practices who attend ED but may not require a hospital admission. The service provides a link back to GP practices, community services, nursing home and intermediate care facilities so that patients may be cared for closer to home. Prior to the weekend, GP practices may highlight patients who may be at risk of hospital admission, to the 7 Day Model service for proactive assessment (usually by telephone) to help avoid hospital admission where appropriate. Again, the weekend service provides a link to community teams, including Rapid Response to ensure care is wrapped around the patient in a community setting.

5.3 North Manchester

North Manchester CCG has commissioned a range of schemes as follows:

- Community Crisis Response team which was implemented at the end of 2013/14 and fully operational throughout 2014/15 to date. The team is multidisciplinary with senior advanced nurse practitioners (ANPs), social workers, occupational therapists, physiotherapists, pharmacists and assistant practitioners, the team overseen by a GP and with direct access to a Consultant. The team offers a timely response, a coordinated, personalised and tailored package of intervention and support to patients, allowing them to be treated in their own home. This may be because of a particular event; such as a fall or short term illness, that is making it more difficult for the person to cope at home. The service aims to prevent unnecessary hospital admission from the community and it also provides supported discharge from A/E, Medical Assessment Unit and the North Manchester Treatment Centre
- The North Manchester Treatment Centre continues to see patients with ambulatory care sensitive conditions (ACS) so that patients can receive treatment without the need for an inpatient admission

- The continued use of Navigators within A&E. Staff working as navigators come from a range of professional backgrounds including nursing, physiotherapy and social care. Their role is to enable rapid and safe discharge from A&E and the Medical Assessment Unit and have effective links with a range of community services including Crisis Response. Navigators are able to source packages of care for appropriate patients, including accessing intermediate care facilities, thereby avoiding the need for a hospital admission
- The introduction of a community IV therapy pathway so that patients can receive appropriate care closer to home and avoid admission
- Primary care risk profiling of patients to identify patients and enable a multidisciplinary team approach to their care
- Enhanced intermediate care beds
- Direct mobile phone access to Consultants in Respiratory Medicine is resulting in rapid management advise and/or direct placement into community clinics
- Alternative to Transfer scheme which has deflected some patients from A&E and possible admission

6 Supporting winter resilience infrastructure

In addition to routinely commissioned services, winter resilience schemes are in place as follows:

6.1 Central Manchester

The Central Manchester system resilience group is overseeing the delivery of a range of schemes, which are designed to support the health and social care system during the pressures of winter. Key messages include: -

- The schemes represent c. £5m of investment across the partners
- A significant focus on increasing capacity at CMFT – e.g. via winter escalation beds and additional staffing (i.e. ED medical and nursing staff)
- Additional triage and GP schemes, to support attendance and admission avoidance
- Additional social worker capacity to support timely assessment and discharge from hospital
- The establishment of a Mental Health Assessment Suite in the MRI, to support patients with mental health conditions who present in A&E, where clinically appropriate

In addition, CMFT is delivering a substantial internal resilience programme. This represents a significant investment of time and resource, and includes:

- Focus on admission avoidance e.g. via the establishment of an ambulatory care unit
- Creating / releasing bed capacity at the MRI site in particular
- Further increases in staffing in the ED (medics, nurses, therapists)
- Focus on flow through the hospital and supporting discharge procedures e.g. via the establishment of a discharge lounge, review of length of stay and medical outliers
- Obtaining an external perspective on the Trust’s winter capacity plans from a peer Hospital (University Hospitals Birmingham)

- Commissioning (with CMCCG) an analysis of changes in demands for urgent care across Manchester, including geographical mapping, and trend analyses by admission source and clinical conditions. This work will also validate analysis undertaken by the Trust

6.2 South Manchester

The South Manchester system resilience group is overseeing the delivery of a range of schemes, which are designed to support the health and social care system during the pressures of winter. Key messages include: -

- The schemes represent c. £5m of investment across the partners
- The Schemes have focussed on supporting 5 key areas
  - 4 HR performance in the ED
  - Reducing the number of DTOC
  - Reducing LoS
  - Discharge Processes
  - Hospital Avoidance Schemes
- Additional social worker capacity to support timely assessment and discharge from hospital
- Establishment of a Discharge to Assess facility at Ringway Mews increasing winter bed capacity by 20 beds
- The establishment of a Mental Health Assessment Suite due to be operational from February onwards to support patients with mental health conditions who present in A&E, where clinically appropriate

6.3 North Manchester

The North Manchester Clinical Commissioning Group (within the North East Sector SRG) received £1.3m of national system resilience funding which was used for a range of investments to support the NMGH site and wider North Manchester health and social care economy. In order to reflect NMCCG patient flow into the CMFT economy, the CCG also invested a further £400,000 of its non-recurrent funding to support system resilience at CMFT.

An initial evaluation of the investments within the NMCCG system resilience plan showed that most investments had made a positive impact on system resilience. The principal focus was on joint agreement between providers to utilise the monies to further support the delivery of care along the lines of health and social care integration. Investments included:

- Additional social work support (effective)
- 8 acute based transitional beds (effective)
- additional Intermediate Care in reach and patient identification (effective)
- Re-ablement in reach and case finding (effective)
- CHC funding without prejudice (very effective)
- Additional responsive PTS for on the day discharge (partially effective)
- Additional support to the ARAS team for increased operating times so that fully 7 day working (effective)
- Additional senior medical reviews (Very effective)
- Pharmacy 7 day week cover (effective)
- Social work support at the weekends (effective)

- Media campaign delivered by NMCCG GPs, NMGH Consultants, Paramedics etc from the BME community (effectiveness impossible to measure but social media feedback is positive and praising of this campaign)
- Boiler repairs and/or replacement for registered patients meeting strict criteria (effective)

Not implemented with NMCCG SRG monies but which the additional schemes further enhance:

- 9 enhanced intermediate care beds (very effective)
- 25 home care places (very effective)
- Henesy House intermediate care (very effective)
- NMINC (effective)
- North Manchester Treatment Centre (very effective)
- North Manchester Crisis Response (very effective)
- North Manchester Community IV Therapy pathway (very effective)
- Twice weekly community consultant led respiratory clinics (effective for admission avoidance as well as supported discharge)
- Mental Health liaison team (effective)
- Home from Hospital scheme provided By Manchester Care and Repair (very effective)

In summary for North, the NMGH is currently the best performing A&E site in Greater Manchester against the 95% standard and is the only hospital site in Greater Manchester currently achieving 95% for the financial year to date. Although there was a higher than usual number of A&E attendances over the Christmas and New Year period, generally attendances are within expected limits. The most significant challenges relate to patients requiring admission, there has been pressure on bed stocks caused by acuity of some patients, there have been very few delayed transfers of care on the NMFG site.

7 Whole system management and escalation

7.1 Central and South Manchester

The following table describes the in-hours process for CMFT and UHSM (out of hours escalation is managed via the Manchester Director on Call):

Day	In Hours
Monday	Health economy conference call at 11.30 including both CMFT and UHSM health and social care partners and CCG's. System wide pressures discussed and escalation to support patient flow enacted by the Performance & Quality team. NHSE gold command level agreed in-line with national guidance and detail circulated to members, CCG Chief officers, UM team, NHSE and CCG on call Directors for information and awareness of system pressures to support decision making within out of hours periods. Further pressure continuing through the day is escalated to on call Directors and NHSE as required at handover periods.
Tuesday	Local communication with Acute Providers by Performance & Quality team. Gold command level confirmed and detail circulated to UM Team and NHSE and on call CCG Directors. Pressure escalated to on call directors and NHSE as required at handover period.
Wednesday	Weekly face to face system resilience, urgent care operational groups. CMFT AM / UHSM PM. Reflection / planning, operational system review, winter schemes monitoring, board and SRG actions review. Gold command level confirmed and detail circulated to UM Team and NHSE. Pressure escalated to on call directors and NHSE as required at handover period.
Thursday	Local communication with Acute Providers by Performance & Quality team. Gold command level confirmed and detail circulated to UM Team and NHSE. Pressure escalated to on call directors and NHSE as required at handover period.
Friday	Health economy conference call at 11.30 including both CMFT and UHSM health and social care partners and CCG's. System wide pressures discussed and escalation to support patient flow enacted by the performance & quality team. NHSE gold command level agreed in-line with national guidance and detail circulated to members, CCG Chief officers, UM team, NHSE and CCG on call Directors for information and awareness of system pressures to support decision making in out of hours periods. Further pressure continuing through the day is escalated to on call Directors and NHSE as required at handover periods.

7.2 North Manchester

The North Manchester command and control process includes: -

- Regular multidisciplinary conference calls (currently daily including weekends) with real time information enabling rapid responsive actions. A breakdown of each conference call is shared with all and also forwarded to NHS England for assurance purposes
- Fortnightly multidisciplinary North East Sector Tactical Group meetings chaired by one of the CCG commissioners. These groups receive updates at a level above the daily conference calls and can agree joint actions as well as

ask for any issue to be taken up at a strategic level by the System Resilience Group. The Tactical Group feeds into the North East Sector System Resilience Group

- The North East Sector System Resilience Group meets on a monthly basis and is chaired by the Chief Clinical Officer of North Manchester CCG. This is the group which has an oversight of the system resilience plans of the North East Sector CCGs
- Monthly multidisciplinary A&E meetings at NMGH
- Informal communication lines between CCG commissioners and NMGH and MCC personnel so that any issues can be discussed and resolved without the need to wait for more formal meetings
- Similar governance infrastructure is in place for CMFT and UHSM including regular Urgent Care Board meetings chaired by CCG Chief Officers and monthly system resilience groups chaired by CCG clinical leads.

8. Recommendations

9.1 The Committee is asked to note the report.