



Manchester Urgent Care System update – February 2016

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Current performance issues

- Q3 A&E performance (target 95% of patients seen, discharged or admitted within 4 hours)
 - Central Manchester FT (all sites) – 92.73%
 - Pennine Acute Hospitals Trust (all sites) – 80.68%
 - University Hospital South Manchester FT – 82.12%
- Ambulance handovers >60 mins Q3
 - Manchester Royal Infirmary 241
 - North Manchester General Hospital 231
 - University Hospital South Manchester 62
- Delayed transfers of care – Q3 % DTOCs against bed base
 - Central 1.8%
 - North 2.8%
 - South 4.8%

All symptoms of a challenged urgent care system

System wide issues affecting urgent care performance

- Increasing acuity of patients presenting at A&E
- Poor turnaround of ambulances at A&E – impacts on wider ambulance performance especially response times
- Significant acute bed reductions – unable to reopen owing to nurse recruitment challenges
- High levels of delays in discharge (DTCOs and non-reportable)
- Fragile home care market which affects capacity to prevent admissions and support discharges
- Inconsistent seven day working

Actions to address the situation

- Focus on improving flow through hospital sites eg use of ambulatory care, additional medical, social care and nursing staff, transport
- Innovative community services to prevent admission/enable early discharge eg Crisis response, Manchester pathway for homeless people, community IV therapy, community DVT service, alternative to transfer
- Increase in access to primary care
- Role of the system resilience groups
- NWAS - hear and treat, see and treat, community paramedic, Alternative to Transfer (Acute Visiting Scheme)