

Manchester Locality – Finance, Performance and Outcomes Standards 2023/24: Demand Management, Flow and QIPP

Prepared by: Manchester Locality
Last updated: 19 May 2023



Outline

- PWC – higher than expected flow into acute settings and stay longer when they are there
- At the session of Place Leads, Trust CEOs and ICB Executives it was agreed that localities would have specific targets relating to flow in and out of acute settings
- A&E attendances, non-elective admissions, no criteria to reside, out of area mental health placements, mental health medically fit for discharge
- Various sources of benchmarking supported the process
 - PWC diagnostic and appendices (previously issued)
 - PWC provider packs (issued to providers)
 - Model hospital
 - Tableau – various
- Localities identified the areas with the most impact based on the opportunity and population
- First draft by 19th May.
- This is a new approach, learning as we go

Approach

- Identified lead for each areas
- Leads working with system partners
- Good engagement and linkages with other plans across the locality – avoid any silo working
 - Ensured we are linked in to the work already across the locality –Urgent Care Plan which includes resilient discharge programme, hospital at home – lots of engagement with the LCO, MFT, Primary Care (looking to strengthen primary care links through GP Board leads)
 - GMMH – linking in with Trust who have provider targets through the planning process but have a focus on reducing those clinically ready for discharge
 - GP Board – exploring how to get our GP Board more involved

Manchester Locality: Referrals



Describe the areas identified as opportunities	Delivery Programmes	Start Date
<ul style="list-style-type: none"> • Localities should target 3 cohorts/specialties for GP referrals. • Localities to set some numerical targets/objectives (excel template) to be monitored monthly • Targets/objectives should: <ol style="list-style-type: none"> a. Reflect the size of the opportunities. As an indication a small cohort of should aim for a 10% decrease and a larger cohort 5% b. The impact needs to be seen in this financial year so a straight-line trajectory between July and March should be used. 	<p>Advice and Guidance – better use of advice and guidance to reduce outpatient referrals. Opportunity for primary and secondary care to work together around education. MFT establishing a task and finish group. Deputy Clinical Director and IT Clinical Lead leading the work on behalf of the Manchester locality.</p>	<p>May 2023</p>
	<p>Obstetrics – Understanding the PWC data further with the potential for a service review</p>	<p>May 2023</p>
	<p>Respiratory –</p> <ul style="list-style-type: none"> • Restarting spirometry in primary care • Reviewing the data further to explore other opportunities to do things differently 	<p>May 2023</p>
	<p>Clinical Psychology –</p> <ul style="list-style-type: none"> • Review existing data & compare data with comparable cities, including number of referrals received, waiting time for assessment & treatment, psychological modality that is accessed, split between group and 1:1 treatment & length of time in treatment • Work with GMMH clinical psychology leads to scope out existing pathways, treatment options available, compliance with NICE guidance & understand threshold for accessing step 3+ and step 4 service & discharge planning, impact of waiting times for access to CMHT support • Understand split between f2f and online activity and rationale 	<p>May 2023</p>
<p>Risk or Issue</p>		
<p>Potential for some opportunities to be overstated (e.g. consideration of Manchester’s population complexity) so further work required to understand the data</p>		
<p>Additional Support Required</p>		
<p>Further detail/information required from PWC to support better understanding of the data Further liaison throughout the locality (with provider colleagues) to prioritise and work up plans The commissioning of maternity services is delineated – further engagement required with the Strategic Clinical Network Clarity on whether there will be any funding available – e.g. for spend to save initiatives</p>		

Manchester Locality: A&E Attendances



Greater Manchester
Integrated Care

Describe the areas identified as opportunities

3 cohorts/specialties for A&E attendance.

- Frail patients over 65s (some younger frail adults also included as part of Manchester population.)
- Heart Failure
- Respiratory.

Delivery Programmes	Start Date
Enhanced Community offer including hospital at home supporting the three target cohorts to be supported in their own home (Data driven) Step up pathway	July 2023
Manchester Acute Respiratory Illness Service, increase in same day appointments in primary care, patients do not present into acute setting.	TBC

Risk or Issue

Additional Support Required

Manchester Locality: Non-elective Admissions



Greater Manchester
Integrated Care

Describe the areas identified as opportunities

3 cohorts/specialties for non-elective admissions.

- Frail patients over 65s (some younger frail adults also included as part of Manchester population.)
- Heart Failure
- Respiratory.

Delivery Programmes	Start Date
Enhanced Community offer including hospital at home supporting the three target cohorts to be supported in their own home (Data driven) Step down and A&E pathway.	July 2023
Maximising the use of SDEC services	July 2023
Streaming to alternative pathways at the front door (internal and external) including learning from the current best practice.	August 2023

Risk or Issue

Being able to split the delivery programmes by A&E attendance and A&E admission as they are linked. This could be referral route via A&E or step up. This should be reflected in the ambition of opportunity.

Additional Support Required

Sign off via system UC Board.

Manchester Locality: No Criteria to Reside



Greater Manchester
Integrated Care

Describe the areas identified as opportunities

- Targets by provider have already been set as part of the planning process.
- These targets are based on hospital sites
- Localities will be responsible for discharge of their patients from all hospital sites. Locality figures will be provided or agreed with Trusts.
- In order to prepare for winter and as this is a pre-existing objectives target a trajectory reducing to target levels by September.

Locality	Acute Site	2022/2023 (COO Elective Restart)	2023/2024
Bolton	Bolton	60	58 (↓2)
Bury	Fairfield	40	39 (↓1)
Oldham	Oldham	35	34 (↓1)
Rochdale	Rochdale	2	2
Salford	Salford	127	122 (↓5)
Manchester & Trafford	MRI	80	77 (↓3)
	NMGH	50	48 (↓2)
	Wythenshawe	80	77 (↓3)
	Trafford	30	29 (↓1)
Stockport	Stockport	50	48 (↓2)
Tameside	T&G	60	58 (↓2)
Wigan	Wigan	60	58 (↓2)
Greater Manchester		674	650 (↓24)

- Absolute NC2R numbers don't take into account the length of delay and, therefore, bed days lost. It would be advantageous for localities to target longer delays. See info below.

PATIENT STATUS

Pathway	Threshold			
0	1 Day	2- 4 Days	5 Days	
1	1 Day	2 - 3 Days	3 - 19 Days	20 Days
2	2 Days	3 - 5 Days	5 - 19 Days	20 Days
3	2 Days	3 - 5 Days	5 - 19 Days	20 Days
Unknown	1 Day	2 - 4 Days		5 Days

https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PathwayPatientJourney-AwaitingDischarge_16590007042050/About?.iid=1

Delivery Programmes	Start Date
Back to Basics – full ward rollout supporting Home First (MFT)	Ongoing
Home First – Comms and Engagement	Ongoing
D2A Blocked Beds Capacity	
System Discharge Policy (Processes and standards)	June 2023
Transfer of Care (OOA, IDT roles and responsibilities)	Ongoing
Community capacity delays	Ongoing

Risk or Issue

- Ongoing operational pressures will reduce capacity of key stakeholders to participate in the programme and reduce the opportunity for impact.
- System complexity
- Maintaining pace of delivery

Additional Support Required

System oversight and support for these priorities

No Criteria to Reside

Opportunity	Data Source	Baseline data	Baseline period	Target	Trajectory										
					May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
No criteria to reside - MFT Total	GM Tableau	305	Apr-23	240	294	283	272	261	250	240	240	240	240	240	240
No criteria to reside - Manchester (Resident)	GM Tableau	144	Apr-23	113	139	134	129	124	119	113	113	113	113	113	113
No criteria to reside - Trafford (Resident)	GM Tableau	76	Apr-23	60	73	70	67	64	61	60	60	60	60	60	60

Manchester Locality: Mental Health OAPs and Clinically Ready for Discharge



Greater Manchester
Integrated Care

Describe the areas identified as opportunities

- The NHS Operational Planning objective is to reduce OAPs. The aim is to have no OAPs by the end of March 2024.
- Reduction in MH inpatients who are clinically ready for discharge will support mental health Trusts to manage overall capacity. There will be an indirect benefit to reducing out of area placement levels and urgent care access.
- GMMH will average 25% reduction in clinically ready for discharge numbers. PCFT to be confirmed. Locality specific figures will be provided as soon as possible. These will be reported on a consistent 'pathway basis' as NC2R
- The current Out of Area placement trajectories in the GM plan as submitted to NHSE are as follows. The planning target is for zero so GM should set more ambitious targets internally. These figures will be broken down by locality and will represent a minimum ambition for localities.

	Q1	Q2	Q3	Q4
PCFT	2425	2413	2172	1690
GMMH	2200	1700	1300	1113
ICB	4625	4113	3472	2803

Delivery Programmes	Start Date
GMMH Discharge Fund Schemes to improve patient flow, bed capacity and reduce OAPs	ongoing
Daily panel meetings (LA/GMMH/Locality ICB) to support timely discharge of patients	ongoing
Weekly Multi-agency Discharge Event (MADE) where system partners come together to identify and unblock any delays to discharges.	ongoing
Re-establishment of GMMH Review Team - reviewing all MH patients in supported accommodation, residential and nursing home placements with the aim to move on from these settings, creating capacity and improving flow from inpatient settings	April 23
Alternative to Crisis – Listening Lounge in North (GMMH) and Central Manchester (Turning Point) and 7 crisis beds provided by Turning Point.	Aug 21
Implementation of Living Well Community Transformation Models (longer term impact)	April 24

Risk or Issue

Ongoing workforce challenges, particular around recruitment and retention of care coordinators who are key to supporting patient discharges.
 Funding for GMMH Discharge Fund Schemes are not renewed
 North-West Bed bureau is not funded at current capacity
 Closure of nursing home beds in South Manchester
 Lack of supported accommodation/housing that meets the needs of MH patients.
 Closure and/or pause on admissions to independent sector beds due to patient safety concerns
 Risk or issues for some projects e.g., Intensive supported accommodation, may need invest to save model
 Increased acuity impacting on length of stay

Additional Support Required

Better coordination of discharge funds across GM/Locality ICB/Provider/Council

OAPs



Greater Manchester
Integrated Care

			Quarter 4 2022/23	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Number of inappropriate OAP bed days			2941	2200	1700	1300	1113
Reduction compared to Q4 2022/23 position				-25%	-42%	-56%	-62%
			Q4 position	Reduction required			
Locality split based on actual Q4 OAP usage	Manchester	72%	2110	-532	-890	-1177	-1311
	Salford	8%	241	-61	-102	-134	-150
	Bolton	9%	251	-63	-106	-140	-156
	Trafford	6%	163	-41	-69	-91	-101
	Wigan	4%	130	-33	-55	-73	-81
	<i>Other locality</i>	2%	46	-12	-19	-26	-29
Total reduction required (compared to Q4 2022/23 position)				-741	-1241	-1641	-1828

Clinically Ready for Discharge

Number of bed days lost due to external delays for patients Clinically Ready for Discharge	Quarter 4 2022/23	In quarter reduction needed by quarter 3 2023/24
Manchester	2096	-524
Salford	504	-126
Bolton	450	-113
Trafford	161	-40
Wigan	570	-143
Total reduction required (compared to Q4 position)		-945