

TITLE OF REPORT:	Review of Winter 2015-16
REPORT OF:	Newcastle Gateshead Clinical Commissioning Group (CCG)

Summary

This report summarises the impact of the 2015/16 winter period on the Gateshead health economy.

Background

1. There is national recognition of increased demand for urgent and emergency services across the winter months, which officially runs from November to March – although pressures are now regularly being experienced across the whole of the year. During this time, demand is largely unpredictable, mostly because it is impossible to predict the severity of winter weather or of any flu outbreak. As a result of this, the healthcare system must have adequate capacity and plan appropriately to be sufficiently robust to react to these necessarily variable demands
2. Winter pressures are caused by the seasonal increases in morbidity and demand being placed upon and within the healthcare system. An increase in winter mortality and morbidity does not just occur during extremely cold weather but also on relatively mild days which are more frequent. The cold weather mainly affects the health of the elderly, the very young and the chronically ill. This, combined with the dangers associated with snow and ice and the sheer scale of seasonal influenza, leads to increased pressures on the health service during the winter season.
3. The case mix of patients now presenting to urgent and emergency care services has also changed recently with more frail and/or acutely ill patients requiring an admission and an extended length of stay.
4. These demands impact significantly on emergency departments and ambulance services, which are already among the most pressured services, leading to problems elsewhere across the system; reduced bed access and the potential for 'congestive hospital failure' as well as the reduced ability of social care teams to assist in discharging patients from hospital.
5. The surge in morbidity during the winter months also has a major impact on primary care. The general practice system has seen an unprecedented increase in demand in recent years. Combined, the demand places the whole of healthcare system under huge strain, reducing its robustness to absorb spikes in demand during the winter months.

2015/16 Winter Resilience Planning

6. Newcastle Gateshead CCG, on behalf of the health and social care economy, were required to provide assurance to NHS England by the end of July 2015 that adequate planning had been undertaken to ensure system resilience across Gateshead from November up until the end of the financial year (the traditional winter period) as well as submit a detailed System Resilience Plan. This submission was assessed and was extremely well received by NHS England Team who indicated they felt 'Assured' with the 2015/16 winter planning arrangements and planned resilience within the system.
7. This System Resilience Plan also provided detail as to how the non-recurrent winter funding, made available by the Department of Health, had been allocated by the Gateshead System Resilience Group (an NHS England mandated group which oversees and co-ordinates operational delivery and resilience planning) to providers/services to ensure additional capacity; a total of £1.5 million was allocated to Gateshead in 2015/16.
8. This funding was intended to be used to minimise A&E attendances and hospital admissions; Improve the flow of patients through 7 day working across hospital community, primary and social care; offer innovative solutions to tackle delayed discharges; and support high risk groups.
9. The funding was distributed to local services and was used for additional:
 - Bed capacity(including step down beds)
 - Nursing provision (in and out of hospital);
 - Senior medical support;
 - Social care cover;
 - Mental Health Crisis Liaison Services for A&E;
 - Ambulance Service resilience.
10. Additionally, early in December 2015, NHS England provided the CCG with additional funding to enhance primary care provision over the winter period up until March 2016. This funding was used to provide resilience in the following areas:
 - Additional GP's in the Emergency Care Centre and Blaydon Walk in Centres
 - Standby GPs for the Out of Hours Provider
 - GP support for patients 'stepped down' into community beds
 - GP Practices which included:
 - Offering telephone consultations, walk in appointments as well as urgent bookable appointments;
 - Focusing on responding to requests for home visits as soon as possible to enable a greater opportunity to plan an alternative to a hospital admission, for example staggering surgeries to enable doctors to visit across the day;
 - Providing same day access for children to prevent parents attending A&E because of anxieties and doubt they will get an appointment;
 - Special arrangements to retain good access during the 3 day week between Christmas and New Year and over the Easter period.

Impact of Winter 2015/16

11. Whilst winter 2015/16 can be described as being 'mild' due to the minimal disruptive weather (such as snow and ice) and without the level of norovirus outbreaks that have

been experienced in previous years, all providers, in all settings and services experienced sustained pressures throughout the whole of the winter period

12. This caused the whole system to be less operationally resilient than planned, particularly in the Emergency Care Centre (ECC) at the Queen Elizabeth Hospital, due to a number of determinants which impacted on the whole systems ability to effectively manage the level of demand placed upon it. This included patients' lack of rapid access to GPs, emergency beds, community and social care capacities; delayed discharges and demand for ambulances (with the North East Ambulance Service capacity and response significantly affected by handover delays at various hospitals across the region).
13. Whilst it must be acknowledged that there was a significant increase in the number of locally registered patients presenting to the ECC and Blaydon Walk in Centre which placed a strain on these services, increased and sustained pressures were also created by other Foundation Trusts across the region that were simply unable to effectively manage their own patient flow and therefore became reliant on Gateshead Health NHS Foundation Trust to assist them in meeting their demand for urgent care.
14. Several of these Foundation Trusts frequently had cause to divert patients away from their own hospital sites to Gateshead who despite being under significant, sustained pressure still provided mutual aid to these 'out of area patients'.
15. In the interest of patient safety, NEAS often also felt it clinically necessary to transport patients away from their local or nearest hospital because of delays in handing over patients from ambulance crews to A&E staff. This caused not only increased demand on the Queen Elizabeth Hospital but then created repatriation problems when patients were later medically fit for discharge as NEAS struggled to provide a transfer or their local hospital was not able to provide a bed.
16. The number of Delayed Transfers of Care, that is adult inpatients in the Queen Elizabeth Hospital (children are excluded from this definition) who are ready to go home or move to a less acute stage of care but are prevented from doing so, also increased during this time for both Gateshead and out of area patients due to the volume of patients needing support and complexity. Sometimes referred to in the media as 'bed-blocking', delayed transfers of care are a problem for the NHS as they reduce the number of beds available to other patients who need them, as well as causing unnecessarily long stays in hospital for patients

Performance

17. Within the NHS there are three main indicators which are used to measure performance of the urgent and emergency healthcare system. These are;

1. The 4 hour A&E Standard

This standard is part of the NHS Constitution and is considered a crucial indicator of the overall success in the delivery of high quality health services to NHS patients. It is a requirement that 95% of all patients who present to the Accident and Emergency Department /Walk in Centres are seen, treated and discharged or admitted within 4 hours of arrival.

18. Gateshead Health NHS Foundation Trust struggled to achieve this target during the winter months in 2015/16. Analysis of annual activity has indicated that whilst there was a decrease in the overall number of ambulance arrivals in 2015/16 (although there was some increase in patients being conveyed from County Durham and Northumberland) there was a 7.6% increase in patients self-presenting to Gateshead urgent and emergency care services in 2015/16(6,397 patients). Whilst two thirds of this growth was Gateshead residents (4098), there was a marked increase in patients presenting from South Tyneside (43%).

Gateshead Health NHS Foundation Trust performance against the 4 Hour target, 2015/16.

Year	Month	Total Attendances	% Treated 4 Hours or less
2015-16	April	10,086	94.66%
	May	9,594	95.04%
	June	9,387	96.22%
	July	9,654	96.59%
	August	9,307	95.67%
	September	9,339	95.03%
	October	9,767	93.57%
	November	9,326	92.12%
	December	9,499	94.05%
	January	9,695	91.11%
	February	9,383	89.49%
	March	10,358	90.96%
	YEAR	115,395	93.69%

2. Ambulance Service – Category A Calls

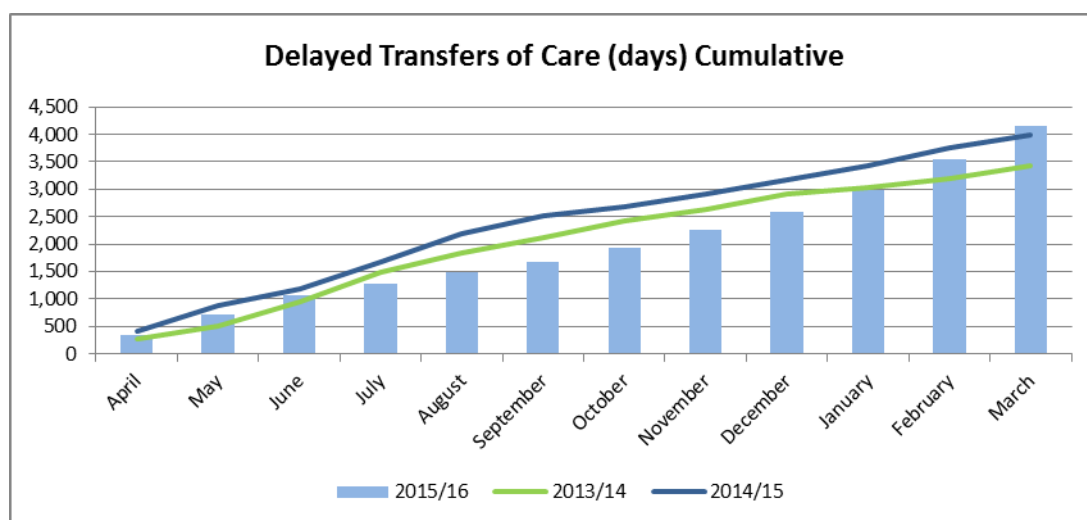
19. The number of Category A calls - life threatening - resulting in an emergency response arriving at the scene of the incident within 8 minutes. There is a national target of 75% for ambulance services.
20. North East Ambulance Service (NEAS) managed to respond to 68% of these calls in 2015/16 within the specified timeframe. The table below shows the breakdown for Gateshead residents only.

NEAS Performance against the Category A target (Gateshead Patients only) - 2015/16.

Year	Month	Number of Calls	% calls responded to within 8 minutes
2015-16	April	1151	76.89%
	May	1158	78.50%
	June	1152	75.78%
	July	1172	74.23%
	August	1158	74.35%
	September	1163	73.69%
	October	1244	66.80%
	November	1307	64.73%
	December	1419	63.99%
	January	1433	57.99%
	February	1342	64.75%
	March	1426	76.89%
	YEAR	15,125	69.02%

3. Delayed Transfers of Care (DToC)

21. The number of days delayed involving Gateshead patients during 2015/16 was 24.5% above the trajectory of 3,330 days and 4% higher than 2014/15. The number of days delayed increased sharply in the second half of the year.



Evaluation of Schemes

22. In order to review the impact of the schemes which were funded and implemented during the winter period 2015/16 as well as how services managed in general, an evaluation event (winter 'wash up') was held by the SRG early in April 2016.
23. This process was undertaken to ensure an evidenced based, robust Risk and Resilience Plan could be developed to ensure adequate year round capacity is available to effectively manage surge/pressures; the significant challenge is that local

providers are now experiencing regular pressures across the system, rather than predicted surges during winter.

24. On the whole there was positive feedback on the schemes and ways of working, feeling that all had worked fairly well and were deemed to have made a material positive contribution to managing and assisting with pressures.
25. However due to the intense and sustained periods of significant pressures experienced during the last few months, providers agreed that the extent of the challenge had made them revisit and improve organisational plans and schemes on more than one occasion.
26. Also, as a result of the scale of this challenge, a number of issues were highlighted which significantly impacted on the system. These include:
 - Higher proportion of elderly attendances than in previous years.
 - Acuity of patients severely impacted patient flows.
 - Increased attendances added more pressure to the system not just A&E.
 - Bed capacity, availability and access.
 - Patient Transport Service capacity, delays and availability – due to high demand impacted on discharge flow.
 - Out of area patients - issues with diverts to A&E and repatriation to other Foundation Trusts once medically fit for discharge caused delays and capacity issues.
 - Access to step down beds caused significant flow problems.
 - Patient expectation impacted on flow - particularly the choice agenda.
 - Delays with complex discharges impacted on patient flow.
27. The outcomes of this evaluation process will influence the planning process as well as the reform programme for Urgent Care during 2016/17 which is currently being discussed with providers and the Gateshead System Resilience Group.

Summary

28. The Operational Resilience and Capacity Planning process and funding was aimed at securing consistent delivery of safe, effective and timely healthcare between November until the end of March 2016.
29. Despite this additional planning and resource, the unprecedented sustained operational challenges faced by the local Urgent and Emergency Care system resulted in a decline in the overall performance of Gateshead Health NHS Foundation Trust, the North East Ambulance Service and other key providers such as Gateshead Council Social Work teams to support patients who were medically fit for discharge.
30. However had it not been for the dedicated working of staff and the additional capacity provided through non-recurring funding, the Gateshead Urgent Care and Emergency System would have been even less operationally resilient during the recent winter period.
31. The safety of all patients is paramount at all times.

Recommendations

- a) The Committee is asked to give its views on the information outlined in the report.