

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:11 NOVEMBER 2015

REPORT OF THE LEICESTER, LEICESTERSHIRE AND RUTLAND (LLR) URGENT CARE PROGRAMME AND CLINICAL COMMISSIONING GROUPS

SEVEN DAY WORKING

Purpose of report

1. The purpose of this report is to update the Health Overview and Scrutiny Committee on the progress and actions taken across the health system to support delivery of seven day working.

Policy Framework and Previous Decisions

2. In December 2012, Everyone Counts: Planning for Patients 2013/14 set out the initial step towards identifying how there might be better access to services seven days a week. Professor Sir Bruce Keogh, the National Medical Director, set up the Seven Day Services Forum on improving diagnostics and urgent and emergency care. The National Clinical Standards for seven day working were published at the end of 2013 for inclusion within development plans for 2014/15.

Background

3. The provision of health and care services has historically focussed on five rather than seven days of the week which has had an adverse impact on the ability to achieve the best health outcomes for patients. By April 2017, healthcare providers will need to have implemented all ten of the seven day services clinical standards. The standards focus on the availability of senior decision making, timely review, access to diagnostics and effective communication across health partners. This will impact on the patient experience and improve outcomes for the patient.
4. Whilst there has been a focus on hospital provision, within Leicester, Leicestershire and Rutland (LLR) seven day working has been considered across acute and community based services.
5. Seven day working is a key objective within the Urgent and Emergency Care System Improvement plan in the pre-hospital (Inflow) and hospital (flow) work streams.

Proposals/Options

6. The LLR Inflow sub-group focuses on a whole system approach to demand and capacity management in the out of hospital setting, exploring solutions for more localised and consistent pre-hospital care. The prevention of inappropriate use of secondary care services is a crucial element to decreasing pressure on emergency services.

Primary Medical Care

7. Currently as part of the GP Core Contract all practices are required to provide services to meet the reasonable demands of patients during core hours which cover the period from 8am to 6.30pm Monday to Friday (excluding bank holidays). Outside of normal surgery hours patients will be directed to the GP Out of Hours which is available to patients from 6.30pm to 8am week days, with 24 hours cover over the weekend and Bank Holiday period. It is important that these services are not seen in isolation to the wide range of community based services designed to provide safe and effective care for patients.
8. Over the last year both East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) and West Leicestershire Clinical Commissioning Group (WLCCG) have been working on enhanced primary care weekend access schemes, details of which are provided below.

East Leicestershire and Rutland

9. *Future 7 day working strategy.*
ELR CCG is working closely with its newly formed GP federation, covering the whole geographical area, to develop a plan to integrate the evening and weekend services provided by the out of hours provider. GP extended hours and the service provided in the four urgent care centres to have a single GP led service that includes both walk in, pre-bookable appointments through 111, and services for complex elderly patients. This will link with the CCG community service strategy for delivering community services from hubs across the area to ensure joined up health and social care provision.
10. *Improving patient access to primary and community care services:-*
 - An LLR local protocol for GP opening hours over Christmas and New Year is being finalised, ensuring appropriate cover arrangements are in place for all patients and allowing practices to plan capacity arrangements accordingly (including extended hours provision);
 - Offer of the Emergency Repeat prescription service from a community pharmacy without the need to access out of hours services and reduce the risk of patients attending the Emergency Department as a result of running out of their medication.
11. *Increasing workforce capacity and provision in the evenings, weekends and bank holidays:-*
 - ELR UCCs are open evenings 5pm to 9pm and weekends and bank holidays including Christmas and New Year 9am to 7pm. These GP lead services provide significant increased capacity to patients that were not available last year and are now directly bookable for patients through NHS 111;
 - 7 Day working model for the Oadby area has been trialled and achieved significant reduction in unplanned admissions at weekends for complex and elderly patients. Following substantial review, this has been rolled out to three other pilot sites that will be running by Christmas.

West Leicestershire

12. During 2014 WLCCG worked with its federations to develop and pilot a number of enhanced weekend access schemes. These initiatives were aimed at developing a local and sustainable approach meeting the needs of elderly and vulnerable patients.
13. Pilot weekend on-call schemes were implemented between September 2014 and January 2015 in our four localities. As these schemes developed, the Acute Visiting Service (AVS) provision was extended to cover the seven day period and support the implementation of the schemes particularly with regard to enabling direct referral to the scheme from care homes.
14. Throughout the pilot phase WLCCG has monitored levels of activity and has subsequently undertaken a detailed evaluation of the schemes. In March 2015 the GP on call schemes were stopped as the initial evaluation identified that they were not cost effective. Following positive initial evaluation, the Acute Visiting Weekend Service was extended and had 200 patients referred during the weekend period from April to September 2015.
15. WLCCG is currently working on a redesigned weekend access scheme for the winter period 2015/16. This will be informed by lessons learnt from the previous pilots and are due to go live in December 2015.
16. The pilot scheme will operate from 8am to 7pm on both Saturday and Sunday and will be targeted at patients identified as being at risk of admission, care home patients and end of life patients. Patients will access the service on a self-determined basis and their first contact will be with the Acute Visiting Service (AVS) who will clinically triage patients referring into a range of services including a locality based on call GP.

The Hospital Flow Work Stream Focuses on Improving Seven Day Processes

Progress to date:-

17. Compliance with 7 day working clinical standards:-

- Completion of baseline assessment against the clinical standards in 2014;
- Improvements in the Acute Medical Unit and Single Assessment Unit time to consultant review;
- Roll out of Electronic handover for Medical staff in progress across the Trust;
- Work in progress of Seven Day Service data for key outcomes;
- Improvements in Imaging turnover in the Clinical Decision Unit at Glenfield General Hospital (GGH);
- Electronic consultant Job planning introduced.

18. Focus on supporting 7 day discharge:-

The number of patients discharged from Emergency Specialist Medicine on Saturdays and Sundays is lower than those discharged on weekdays. Currently the number of discharges at weekends is 59% of the discharges on each weekday. University Hospitals of Leicester (UHL) recognises that increasing this proportion to 80% (in line with high impact change expectation) will improve patient experience and reduce length of stay. To date UHL has focused on delivering a programme of work to reduce delays in discharges across the week delivering benefits including:-

- The implementation of a standardised, assertive multi-disciplinary team (MDT) board round, seven days a week for key cohorts of patients on key wards;
- Wards generating a list of next morning discharges with To Take Out prescriptions (TTOs) written the previous day so that there are fewer delays on the day of discharge;
- All patients having an Expected Date of Discharge and Continuity of Care Document set at first review on base wards including criteria for nurse delegated discharge;
- Increased pharmacy support to admission areas and base wards;
- Upskilling staff to facilitate simple discharge and the liberation of nursing time to drive discharges;
- The implementation of a robust rota with well supported the seven day consultant-led care.

19. Next Steps:-

As part of the Urgent Care Vanguard – one of the work streams is to fast track the implementation of seven day working. Over the next 18 months there will be a focus on delivery of four of the key clinical standards in line with the National Team direction. The National Team will provide expertise into current modelling and thinking.

The key areas of focus are:-

- Delivery of 90% of patients seen by a consultant within 14 hours in the Acute Medical Unit, the Geriatric Assessment Unit, the Children's Assessment Unit, and the Clinical Decisions Unit;
- Reduce variation in availability of key diagnostic services;
- Key interventions available 24 hours with timely access (determined by clinical guidelines);
- Emergency admissions reviewed every 24 hours / 7 days week.

Conclusion

20. The Committee is asked to receive the update and note the progress to date and the schedule of work planned for the next 18 months .

Circulation under the Local Issues Alert Procedure

21. The impact of the seven day working actions will have an impact across the County.

Officer to Contact

Jane Taylor, Emergency Care Director
 Telephone : 0116 2951454
 Email: jane.taylor@leicestercityccg.nhs.uk