

# Greater Manchester Health and Care Board

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Date: 25 January 2019

Subject: Winter Pressures Update

Report of: Steve Barnard, Head of Service Improvement, Urgent & Emergency Care

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## SUMMARY OF REPORT:

The report provides the Board with an update on the progress of how the Greater Manchester system is managing the demand challenges associated with winter. The planning arrangements are an extension of the well-established GM UEC Improvement and Transformation Plan.

## KEY MESSAGES:

The paper provides an update on the current winter pressures and progress against the agreed winter plans. The primary focus was on ensuring sufficient operational capacity that is matched to both non-elective and elective demand. While the additional capacity has been created, there have been significant challenges due to a higher number of sicker patients, which has increased their length of stay in hospital. Greater Manchester achieved 83.5% against the accident and emergency four hour standard for quarter 3, which is below the national standard. GMHSCP are working with NHSI/E and the senior leadership across Greater Manchester to better understand the root causes for reduced performance. This will include a review of hospital and community bed, social and primary care capacity this winter compared with similar systems in the North and agreed improvement actions.

Despite the pressures, there is a significant amount of progress being made with delivery of the Greater Manchester UEC Improvement and Transformation plan. A Greater Manchester Acute Frailty model has been agreed with testing being planned for early this year. A specification for a single Greater Manchester Clinical Assessment Service and locality-based Integrated Urgent Care Services has been developed with testing planned to go live at the end of January. A substantial amount of support is currently being provided to localities and organisations in Greater Manchester via the GMHSCP, local service improvement support teams and the national Emergency Care Improvement Support Team. The Greater Manchester flu vaccination campaign has been successful this year with no reported issues on vaccine supplies and some of the highest uptake rates in the country for the majority of at

risk patient groups. The GMHSCP continue to hold weekly winter planning meetings where we review current pressures and performance and agree any required actions.

**PURPOSE OF REPORT:**

The purpose of the report is to provide the board with an overview of winter pressures and progress against the agreed winter plans and Greater Manchester UEC Improvement and Transformation Plan.

**RECOMMENDATIONS:**

The Greater Manchester Health & Care Board is asked to:

- ) Note the content of the report

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## **1.0 WINTER PLANNING APPROACH**

- 1.1. Prior to winter, the GMHSCP worked closely with the GM Chief Operating Officer/Executive Directors of Operations Committee and the GM UEC Improvement and Transformation Board to develop and agree an approach to winter planning, which was focussed on developing sufficient levels of bed capacity to match the predicted levels of demand. It was also agreed that the planning would be aligned to the existing GM UEC Improvement and Transformation Plan.
- 1.2. GMHSCP have also worked in close collaboration with NHSI/E to ensure support alignment of planning and assurance processes to eliminate or reduce the duplication of information requests (particularly during periods of heightened demand or pressure).
- 1.3. The locality winter planning arrangements are focussed on the following areas:
  - ) hospital attendance and admission avoidance schemes within the community
  - ) increased bed capacity in the hospital and community
  - ) increased staffing in the hospital emergency departments and wards
  - ) increased capacity in social care
  - ) a continued focus on reducing the number of patients with an extended length of stay in hospital
- 1.4. Greater Manchester received just over £13 million of the national £240 million Adult Social Care winter funding allocation. Each of the Greater Manchester Localities agreed through their Urgent and Emergency Care Delivery Boards what their funding allocations would be used for. Appendix 1 provides a summary of the how the funding was used across both health and social care for each locality.

## **2.0 CURRENT PERFORMANCE**

- 2.1. December was a very challenging month for Greater Manchester, achieving 83.52% for performance against the Accident and Emergency four hour standard. This was a deterioration of 2.29% compared with November performance. Levels of demand were marginally lower when compared to the same period last year but, remain significantly higher than the same period in 2017.
- 2.2. There has been a continued increase in the proportion of higher acuity patients being admitted, which is extending their length of stay in hospital. As a result, we are seeing higher levels of bed occupancy in systems. The number of patients with an extended length of stay of 7 days and 21 days or more remains high.
- 2.3. A number of localities have been affected by outbreaks of flu and norovirus, which has resulted in the closure of beds in the hospital and community settings.

- 2.4. The reduced capacity, despite additional hospital and community beds being made available, is continuing to create a significant challenge for localities to maintain patient flow across the urgent and emergency care pathway.
- 2.5. In November, the average daily number of Delayed Transfers of Care for Greater Manchester was 219. This is a reduction of 17 from the October position. The Greater Manchester ambition is a daily average of 200.
- 2.6. All localities are running regular length of stay reviews and participating in the agreed Greater Manchester-wide monthly review process. These reviews help systems to understand what individual patients are waiting for and to identify and resolve any delays in progressing a patient's care or discharge. The results of the reviews are being used to support local improvement work, and are now a standing agenda item on Locality Urgent and Emergency Care Delivery Boards.
- 2.7. A formal meeting between NHSI/E, Greater Manchester Urgent and Emergency Care Delivery Board Chairs and provider organisation Chief Executive Officers is being planned for early February to review the root causes of the recent challenges and issues and to agree improvement actions. This will include a joint analysis between NHSI and the partnership to look at areas such as bed capacity and to benchmark against similar systems across the North region.
- 2.8. Appendix 2 provides a summary of the published performance against the four hour accident and emergency standard. Tameside and Glossop are the only locality that have achieved 90% or greater for each quarter this financial year.
- 2.9. There have been improvements with North West Ambulance Service response times despite anticipated seasonal increases in 999 calls. Greater Manchester has the highest rates of non-conveyance in the North West, achieved through either telephone or face to face assessment.
- 2.10. NWAS have also delivered improved performance for the NHS 111 service. Greater Manchester implemented NHS 111 online in the summer last year and uptake of the service continues to grow. Greater Manchester has seen the largest uptake in the country for 111 online (26% uptake) and has been referenced as a best practice site for implementation process. As a result, the GMHSCP Urgent and Emergency Care team have been asked to provide support to other systems in England.

### **3.0 GREATER MANCHESTER IMPROVEMENT AND TRANSFORMATION PLAN**

- 3.1. As stated earlier, the Greater Manchester Improvement and Transformation Plan has remained central to winter planning and delivery. Significant progress has been made with the reform of urgent and emergency care despite the significant operational challenges that localities have faced.
- 3.2. A Greater Manchester Acute Frailty Model has been developed and approved. This model complements GM Framework for Resilience and Independent Living (FRAIL) and focuses on the acute management and care for patients with urgent and

emergency care needs in the community or hospital. Its aim is to support patients to continue to live well through increased delivery of same day emergency care, reduced length of stay in hospital and the safe provision of care and support as close to home as possible. Early adopter sites are now being finalised with a plan to begin testing in late March/early April.

- 3.3. Greater Manchester Discharge and Recovery standards have also been drafted are currently out for consultation with localities and stakeholder groups. These will support earlier discharge planning, improve patient flow and help resolve many of the current delays or issues experienced due to geographical boundaries between Local Authorities or CCGs. The standards will also help to provide patients with improved information on choice around ongoing care requirements. At a locality level this work is helping to drive local improvements. For example, Stockport has recently commissioned an external review of therapy in Stockport (jointly delivered by the GMHSCP UEC team and the Emergency Care Improvement Support Team) which will be used to develop a test of change.
- 3.4. NHS Elect who run the national Ambulatory Care Network are currently carrying out analysis of ambulatory care data from each acute trust in GM. Ambulatory care enables patients, who would have normally been admitted, to be treated and discharged on the same day. Data has now been submitted from most acute trusts. The outputs of the GM analysis should be available by the end of January 2019, which will inform the 19/20 operational planning guidance and improvement plans across GM to develop ambulatory care in line with national guidance including same day emergency care for older people.
- 3.5. Greater Manchester has produced a specification for a single GM Clinical Assessment Service and locality-based Integrated Urgent Care Services. These services will enable Greater Manchester to manage lower acuity 111 and 999 calls much earlier in the call. This will reduce variation in care, enable patients to be connected with local services much more quickly and safely reduce the number who attend or admitted to hospital. A test of change is currently being agreed with localities and GM Directors of Commissioners. It is planned to mobilise and go live with the test of change before the end of January. This test is also a critical part of the GM winter plan. The GMHSCP have agreed to design and implement a single GM UEC web page for the public to use. The web page will provide an indication of current ED pressures and help people to find a range of local services such as; pharmacy, GP appointment or walk in centre/urgent treatment centre. The web page will also offer a direct link to NHS 111 online for patients who want to check their symptoms or are unsure of the service they require. The web page is planned to be operational by the end of January.
- 3.6. The Greater Manchester UEC Hub has worked with systems and the GMHSCP Business Intelligence Team to develop a single live dashboard which will show the individual Operational Pressure & Escalation Levels (OPEL). This system, once finalised, will also provide a suite of actions for each level (initially set against the national guidance but can be tailored to suit localities). The system is currently being tested with two sites and it is envisaged this new development will be

finalised once we are through the peak of the current winter pressures and it will allow greater transparency for all stakeholders on the pressures across Greater Manchester.

- 3.7. In addition, the UEC Hub has been liaising closely with Greater Manchester systems and NWAS and using the live system data to prioritise support to those systems under the greatest pressure. This has enabled more focused support on demand management and deflection where appropriate. The hub has also continued to provide support to GM systems with the repatriation and out of area transfer of patients. The hub has been able to help move 95 patients between November 2018 and January 9th.

#### **4.0 FLU UPDATE**

- 4.1. Uptake of the flu vaccine in primary care across Greater Manchester is above the national and regional reported average in all the target groups with the exception of all 2 and 3 year olds. However, the overall uptake is lower than the same reporting period from 2017 but mirrors the national trend.
- 4.2. Greater Manchester Is ranked as one of the highest achieving areas in the country in those aged, 65 years and older, 6 months to under 65 years in a clinical at risk group and all pregnant women. It is ranked as one of the lowest performing areas in the country in all 2 and 3 year olds. The reported uptake of the flu vaccine at GM level is above the England average and has improved in all year groups when compared to the same reporting period last year, with the exception of year group 5.
- 4.3. The GM provider of the schools flu vaccination programme have now completed the programme across all schools in GM. Targeted catch up sessions are now underway. Additionally this year the provider also offered the flu vaccine in special schools to those outside the national schools programme.
- 4.4. The GM Screening and Immunisation Team (SIT) are working in collaboration with Trusts to maximize uptake of the vaccine to support the achievement of the challenging target. The Christie FT are the highest achieving Trust in GM and Manchester University Foundation NHS Trust is the largest in the country and have administered over 10,000 flu vaccines to their eligible Health Care Workers .
- 4.5. All the Greater Manchester localities have reported that they have access to flu vaccine as nationally directed at the present time.
- 4.6. The SIT are reviewing the GM flu vaccination uptake data in all the eligible cohorts and are proactively working with localities, GP practices and trusts with low flu vaccine uptake.
- 4.7. The SIT has held meetings this week with Salford, Manchester and Oldham CCGs who have the lowest uptake of flu vaccine in those aged 2 and 3 years of age in Greater Manchester. Local action plans have been agreed in an attempt to improve uptake of the vaccine. These include:

- ) a revised communications plan supported by the GM communications team
  - ) GMHSCP have commissioned a private provider to visit identified practices and hold flu clinics for all 2 and 3 year olds before the end of January 2019.
  - ) Oldham CCG have commissioned a private provider to go into some of their local nurseries to offer flu vaccine sessions.
- 4.8. The GMHSCP communications are continuing to promote the flu vaccination programme across all eligible groups including, targeted messages to Health Care Workers and further work with Astra Zeneca with a focus on the children's programme. A letter requesting nursery's to encourage all 2 and 3 year olds to have the flu vaccine is going to be sent this week signed by Dr Richard Preece.
- 4.9. In the North West, influenza activity is at similar or slightly higher level than last week. Syndromic surveillance indicators continue to rise and are now exceeding seasonal thresholds where defined. 16 respiratory outbreaks were reported last week, all from care homes, of which 7 were confirmed as flu-related (largely influenza A, un-typed).
- 4.10. Nationally, community activity is described as low, while flu-related hospitalisation remains at moderate levels. Flu-related Intensive Care Unit/High Dependency Unit admissions are approaching the high level.

## **5.0 SYSTEM SUPPORT**

- 5.1. The GMHSCP UEC Team has been working with systems to agree packages of service improvement support to improve the UEC pathway.
- 5.2. NHS Utilisation Management (UM) Unit are currently providing a programme of on-site urgent and emergency care support for Stockport NHS Foundation Trust (FT) over Q4 18/19.
- 5.3. ECIST are supporting to Manchester Foundation Trust and Pennine Acute Hospitals Trust on reducing long stay patients.
- 5.4. All GM trusts have been offered the opportunity to join the national ECIST programme for eradicating corridor care and reducing minors breaches.
- 5.5. The GMHSCP team are working with the NHS Utilisation Management Team to develop a single source and repository for UEC data that is easily accessible by all parts of the GM system. It is planned to share the new report and predictive modelling at the next GM UEC Improvement and Transformation Board to agree next steps.
- 5.6. The GMHSCP continue to hold weekly winter planning meetings where we review current pressures and performance and agree any required actions. The partnership have held a number of calls with systems to provide support in the

resolution of any issues or to identify if any further support is required within the system.

## **6.0 RECOMMENDATIONS**

6.1. The Greater Manchester Health & Care Board is asked to:

) Note the content of the report

## What has the additional social care winter funding been used for?



4hr Performance Monthly Ranking by Trust

Trust Name	October 2018		November 2018		December 2018	
	4hr % Performance	Rank	4hr % Performance	Rank	4hr % Performance	Rank
Bolton NHS Foundation Trust	91.0%	2	83.9%	5	81.2%	4
Manchester University NHS Foundation Trust	82.7%	6	84.9%	4	84.4%	2
Pennine Acute Hospitals NHS Trust	86.2%	4	83.7%	6	78.7%	5
Salford Royal NHS Foundation Trust	83.2%	5	85.4%	3	75.6%	6
Stockport NHS Foundation Trust	70.8%	7	69.8%	7	71.7%	7
Tameside Hospital NHS Foundation Trust	93.5%	1	92.1%	1	92.2%	1
Wrightington Wigan and Leigh NHS Foundation Trust	89.1%	3	86.0%	2	84.2%	3
Grand Total	85.3%	1	84.3%	1	81.8%	1

4hr Performance Quarterly Ranking by Trust

Trust Name	FY 2019 Q1		FY 2019 Q2		FY 2019 Q3	
	4hr % Performance	Rank	4hr % Performance	Rank	4hr % Performance	Rank
Bolton NHS Foundation Trust	83.93%	7	86.41%	6	85.58%	2
Manchester University NHS Foundation Trust	88.14%	3	87.46%	4	84.19%	3
Pennine Acute Hospitals NHS Trust	89.28%	2	86.84%	5	82.96%	4
Salford Royal NHS Foundation Trust	88.06%	4	88.83%	3	81.98%	5
Stockport NHS Foundation Trust	85.00%	6	76.97%	7	70.94%	7
Tameside Hospital NHS Foundation Trust	92.55%	1	93.45%	1	92.64%	1
Wrightington Wigan and Leigh NHS Foundation Trust	87.93%	5	89.65%	2	80.63%	6
Grand Total	88.32%	1	87.31%	1	83.51%	1