

COVENTRY & RUGBY CCG

Report to: Health Overview and Scrutiny Committee
24th July 2013

Report from: Steve Allen, Accountable Officer

Title: Urgent Care and GP Out of Hours

1. Introduction

Nationally and locally there are on-going challenges with achieving the 95% A and E 4 hour wait access target. For UHCW this has not been achieved consistently since September 2012 and although performance has improved recently, the trust is not achieving the target for the financial year 2013/14 (see table 1).

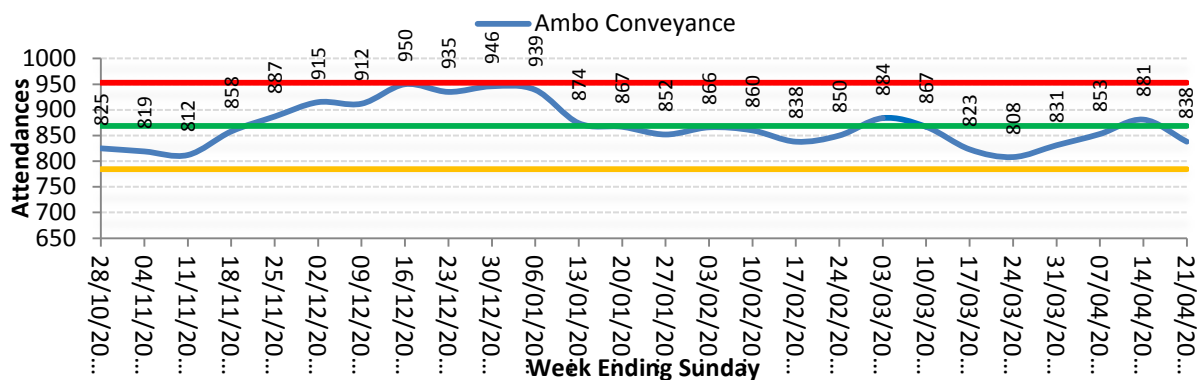
There is significant commitment from health and social care partners to work together in resolving this. This report highlights the actions taken by Coventry and Rugby Clinical Commissioning group (CCG) with partners to address this issue. The report also highlights current issues in relation to urgent care including ambulance conveyance, Delayed Transfers of care (DTC), GP Out of Hours (OOH) Services, NHS 111 and the Coventry Walk in Centre.

Table 1. UHCW A and E Performance – 4 hour wait National Target

Trust	Date	Trust Total	Over 4 Hours	Trust Percentage Within 4 Hrs	
UHCW	April	14,094	1049	92.56%	
	May	15,432	886	94.26%	
	June	15,029	808	94.62%	
	Q1	44,555	2743	93.84%	
	July	15,523	503	96.76%	
	August	14,306	519	96.37%	
	September	14,286	608	95.74%	
	Q2	44,115	1630	96.31%	
	October	15,100	808	94.65%	
	November	14,579	1451	90.05%	
	December	14,775	1876	87.30%	
	Q3	44,454	4135	90.70%	
	January	14,109	1948	86.19%	
	February	13,215	1787	86.48%	
	March	14,901	2748	81.56%	
	Q4	42,225	6483	84.65%	
	2012/13		175,349	14991	91.45%
	April	14,896	2682	82.00%	
	May	14,924	1069	92.84%	
	June	14,294	590	95.87%	
	Q1	44,114	4341	90.16%	
	July (to date)	3,469	205	94.09%	
	Q2 (to date)	3,469	205	94.09%	
	2013/14 (to date)	47,583	4546	90.45%	

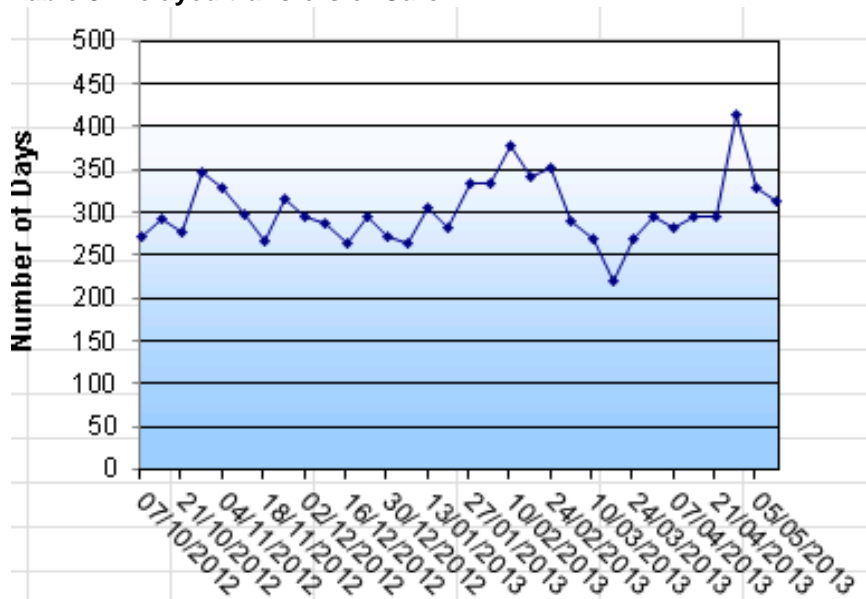
The level of ambulance conveyances to A and E have remained relatively static over the last 6 months as highlighted in table 2.

Table 2: Weekly Ambulance/Helicopter Conveyances to A&E



Delayed Transfers of Care (DTOC) at UHCW have also fallen this year following joint working with all partners across Coventry and Warwickshire. They currently stand at around 4% of occupied bed days (see table 3).

Table 3: Delayed transfers of Care



2. Contractual Issues with UHCW

In line with the national acute contract, financial penalties are being applied to UHCW for failure to meet the national access target that 95% of patients should be treated within 4 hours within A and E. This fine is nationally set at 2% of the value of the service as defined with the contract and is calculated on a monthly basis.

Performances notices have been issued in line with the contract which stipulates that recovery actions plans must be agreed between the provider and commissioner.

The CCG's Accountable Officer (GP) and lead Nurse have undertaken unannounced and announced quality review visits to UHCW A and E on three occasions in the last 6 months with the support of the Local Area team. The Local Area Team are assured that the CCG is taking all appropriate action to performance manage the trust in relation to A and E targets.

The UHCW recovery plan has been in operation for a number of months and is formally monitored by the Clinical Quality Review Group which meets on a monthly basis. The plan includes actions in a number of key areas with identified leads from the trust and CCG for each Key Performance Indicator (KPI). The key areas are: -

- **Plan Governance & Organisational Development;** robust governance of recovery arrangements in place to ensure patient safety & delivery of effective change/improvement.
- **Developing Alternative Pathways to A&E;** project plans in place for increasing number of hot clinics and Ambulatory Emergency care pathways, investment into Community Integrated Teams and risk stratification.
- **Improving ED systems & process;** includes improving systems & processes within ED and addressing interface issues resulting in current delays.
- **Improving Bed Capacity & Capacity Management;** includes reconfiguration of bed base to reduce medical outliers and remodelling of site operations to improve communication, bed management and internal flow.
- **Improving internal pathway management and simple discharge process;** improving access to diagnostics/investigations, introduction of board rounds and focus on discharge planning.
- **Improving Supported/Complex Discharge;** daily with stakeholders to manage complex discharges & community capacity effectively, a discharge transformation programme monitored by the CR System Board involving all stakeholders to reduce DTOC and reduce length of stay for individuals no longer requiring hospital.

Commissioning for Quality

The CCG has used monies available within the 2013/14 contract (CQUIN Payments) to incentivise the delivery of schemes which will support the delivery of the A and E Target.

In particular money is available to focus on improving flow through the hospital so ensuring beds are available for patients who require admission from A and E. These include: -

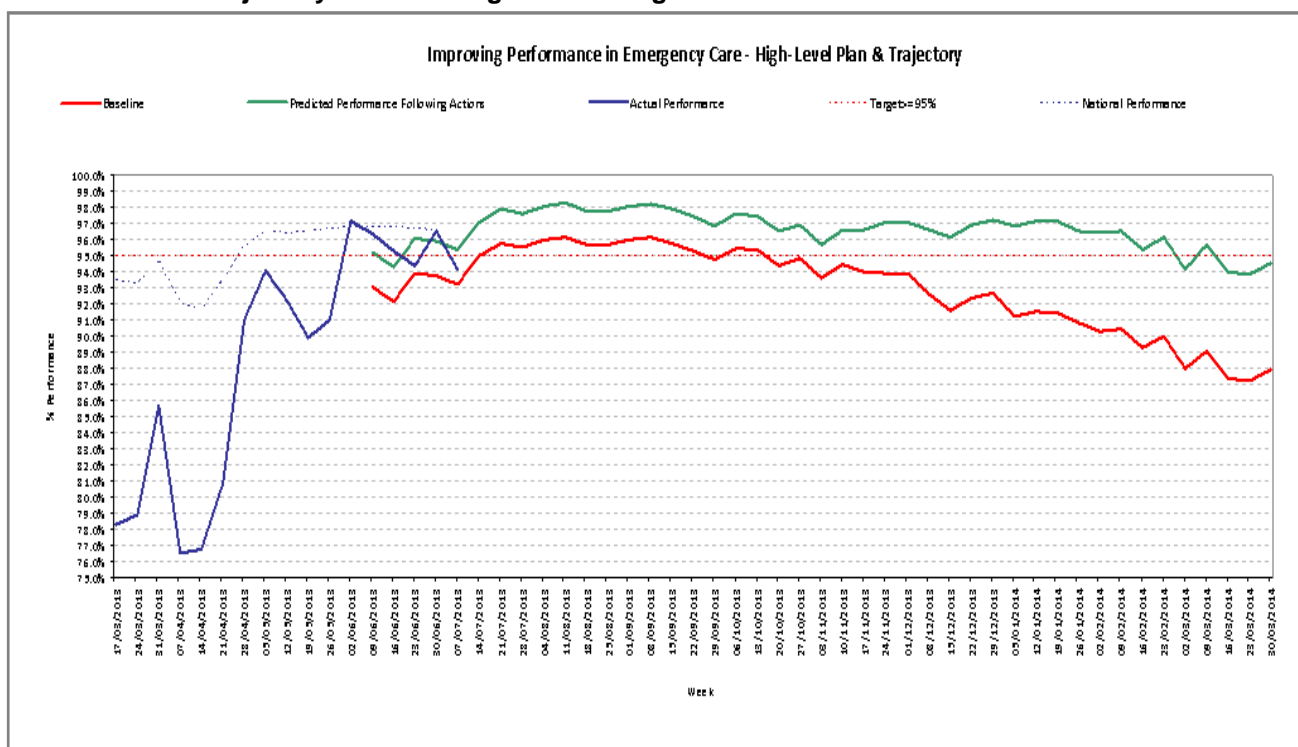
- Development of 7 day 'Board rounds', improve access to therapies and reduce the number of medical outliers.
- Improve systems to help tackle internal waits for access to diagnostic procedures, imaging and also pharmacy

Contracting for Emergency Admissions

The CCG has agreed a 'block' contract for the payment of emergency admissions for 2013/14. This will ensure that income for urgent care activity is guaranteed for the trust. The previous national PBR system meant that the trust only received 30% of the cost for any additional activity (above contract levels) and therefore the block arrangement will now mean that UHCW will be able to plan more effectively its use of emergency beds over the year.

The action plan and other initiatives outlined above appears to be having an impact on achievement of the A and E targets as can be seen below in table 4.

Table 4: UHCW Trajectory for achieving A and E target



3. Coventry and Rugby Local Health Economy Urgent Care Plan

Coventry & Rugby Local Health Economy (LHE) has established an Urgent Care Board including representatives from CRCCG, UHCW, SWFT, CWPT, Coventry City council and Warwickshire County Council. The aim of the group is to work collaboratively to manage all service aspects which contribute to system flow within Coventry and Rugby.

Work to date has concentrated on a detailed understanding of the local issues which have led to increasing waits in A and E for patients. In particular significant work has gone into a comprehensive diagnostic of patients flows through the urgent care system to understand the blockages for patients at the various points of the pathway from A and E to discharge.

From the diagnostic work, the Board is developing an Urgent Care Plan and has identified a number of key strategic aims which are now being taken forward. These are: -

1. Communication strategy:

- Raise awareness with all clinicians, health & social care professionals on what services are available and how they can be accessed
- Public campaign including flu vaccines (also target at risk children), “call to action”, infection control/hand washing (in relation to Noro Virus).
- Revise plans/services in light of outcomes from the A&E Friends & Family test (Sept 2013)

2. Put Primary Care at the heart of the urgent care system:

- Explore urgent care response in-hours for primary care.
- Improve access to speak to a GP through telephone triage in majority of practices
- Scope and coverage of GP with the Ambulance service.
- Explore the longer term procurement opportunities for integration of Out Of Hours, Walk-in Centres & acute and community services

3. Co-ordinated community service response:

- Discharge Transformation Programme to establish a single integrated service to ensure timely discharge
- Reduction in hospital attendances & admissions from Care Homes through joint contract & quality monitoring with LA's and enhanced community/primary care access
- Re-ablement Redesign across Coventry to promote independence and prevent hospital admission that are integrated with community services
- End of Life programme that will drive quality improvement and cost efficiency in the provision of end of life and palliative care across Coventry and Rugby.

The Board are also, in partnership with South Warwickshire CCG and Warwickshire North CCG, in the process developing an Arden Surge and Capacity Plan which includes the winter plan for 2013/14 (see appendix 1 for Coventry & Warwickshire Draft Winter plan).

4. Coventry Walk in Centre (WIC)

CCGs are responsible for commissioning walk in services for unregistered patients. The Coventry Walk-In Centre (WIC) is currently part of a single contract with Assura plc which also covers an APMS primary care practice (for unregistered patients). The APMS practice is commissioned by NHS England Local Area Team.

The Walk-in Centre element of the contract is provided from the ground floor of the Coventry Health Centre and is open from 08:00am to 22:00pm 7 days a week, 365 days a year.

The Coventry WIC has 52 pre-bookable appointments available each day which are always fully booked. It also offers 10 emergency appointments per day. The WIC has an average of 166 walk-ins each day Monday to Friday, 218 at weekends and 235 on bank holidays.

The WIC has treated an average of just over 5,000 patients per month in since April 2009. The main reason for attendance is listed in table 5 below.

Table 5: Reason for attendance at Coventry WIC (April 2012 to March 2013)

Clinical Code	Times Assigned
Upper respiratory infect	4565
Catheters, dressings, operations	4397
Viral infection NOS	3386
Cystitis	3333
Skin/subcutaneous infections	3307
Acute Tonsillitis	2588
Lower resp tract infection	2280
Pain in limb	1698
Otitis media	1475
Other reasons	1381

As part of the contract the CCG also monitors the outcome following a consultation at the WIC. Table 6 highlights this data for the period from April 2012 to March 2103.

Table 6. Informational Outcomes for Coventry WIC (April 2012 to April 2013)

Outcome	Total	%
Admission Avoided	13940	17.66%
Admitted to Hospital	543	0.69%
Advised, no treatment	32671	41.38%
Advised, and treated	27666	35.04%
Ambulance 999	400	0.51%
Referral elsewhere	3737	4.73%
Total	78957	100.00%

5. GP Out of Hours Service (OOHs)

Coventry GP OOHs service is also provided by Coventry and Warwickshire Partnership Trust (CWPT). The service provides advice and treatment to patients via home visits, telephone consultation and face to face at the treatment centre. The service sees around 3,000 patients each month and generally performs well against national and local KPIs (see table 7).

Table 7: GP OOH Performance Metrics 2012/13

Standard	Target	Jan-13	Feb-13	Mar-13	YTD
Urgent triage 20 mins	95%	93.7%	89.0%	92.2%	91.6%
Routine triage 60 mins	95%	98.0%	97.8%	97.3%	97.7%
Dental Calls 120 mins	95%	100.0%	99.0%	100.0%	99.6%
Emergency 1 hour	95%	100.0%	100.0%	100.0%	100.0%
Urgent 2 hours	95%	93.6%	96.7%	90.4%	93.5%
Routine 6 hours	95%	99.5%	99.5%	99.9%	99.6%
Routine 4 hours	95%	98.1%	98.6%	99.2%	98.4%
Emergency 1 hour	95%	100.0%	100.0%	100.0%	100.0%
Urgent 2 hours	95%	98.0%	98.5%	86.2%	97.8%
Routine 6 hours	95%	94.8%	97.9%	99.5%	97.2%

Table 8 below shows the percentage of cases which were referred to A and E from the Coventry GP OOH service. These levels benchmark as fairly average with other OOH services nationally.

Table 8: Percentage of cases referred to A&E from OOH

	Total number of patient contacts	Number of referrals to A&E	Percentage escalated
Nov-10	4072	369	9.06%
Dec-10	7599	424	5.58%
Jan-11	4307	362	8.40%
Feb-11	2986	314	10.52%
Mar-11	3370	354	10.50%
Apr-11	4331	381	8.80%

6. NHS 111

NHS 111 is being provided locally by NHS Direct and is now fully operational on an in-hours basis in the West Midlands. Short term arrangements have been put in place to cover the out of hours service following the switch on of the service and these appear to be working effectively to date.

CCGs in the West Midlands have been working closely with NHS England to ensure that the longer term arrangements for the service are robust and the service can continue to provide an effective service.

The service has been performing well across the region, and the latest data reports that there have been no significant increases in attendances at Accident & Emergency or in ambulance despatches. In addition to this, reporting statistics show that calls are being answered within the required timeframe. In June 100% of calls were answered within 60 seconds.

The CCG is aware of potential financial issues with NHS Direct for some time and have been working closely with West Midlands CCGs and NHS England to ensure alternative provider arrangements can be put in place quickly should this become necessary.

7. Future Commissioning Arrangements for Urgent Care.

Coventry and Rugby CCG are currently reviewing its contractual arrangements for Walk in Centres and GP OOHs. This will need to be viewed within the context of an urgent care strategy which is in the process of being developed by the CCG.

Walk-in-Centre

The work will need to involve other partners in the Health and social care economy. For example the Walk in Centre contract is managed on behalf of the CCG by the Local Area team. For 2013/14, it was agreed not to attempt to unbundle this contract, which is due to expire 31st March 2014. The CCG is therefore in conversation with the Area team about a co-ordinated approach to reviewing this contract to determine our requirements within the developing urgent care strategy. It is possible that the current contract will need to be extended for a period of time to enable this work to be completed in a co-ordinated manner.

Out of Hours

In relation to GP OOHs, the CCG currently have two service providers across Rugby and Coventry localities. (Harmoni provide the service in Rugby and CWPT in Coventry). The Rugby contract with Harmoni also provides services across Warwickshire and is due to expire on 31st May 2013. A joint re-tender across Arden, Hereford and Worcester is therefore being discussed.

In order to enable alignment of process across this area, it is likely that the existing contract will be extended to September 2104 at the earliest. The CCG will need to make a decision about whether to move to one provider for Out of Hours services as part of the urgent care strategy.

Appendix 1.

DRAFT Coventry & Rugby LHE – Winter 2013/14

Category/Outcome	Actions	Lead Agency/s	Costs
<p>Communication, education and engagement to prevent the use of A&E and the dialling of 999 – showing our populations & professionals what other options are available to them</p>	<ul style="list-style-type: none"> • Work with the other CCGs across Arden to develop a clear communications, education and engagement programme building on the lessons learnt to ensure the local population are fully aware of the services available to them & what services to use when. • Key messages will focus on flu vaccine (also targeting at risk children), call to action & infection control (in relation to Noro virus) • Campaign locally to raise awareness with all professionals on what services are available as an alternative to hospital & how they are accessed. 	CRCCG linking with all comms departments	Existing resources
<p>Prevention/self management – ensuring adequate capacity in primary care to manage peaks in demands, to care for those who have long term conditions and at risk groups</p>	<ul style="list-style-type: none"> • Work with NHS England to ensure that patients have access to GP appointments at peak times in demand, considering additional capacity & looking at the scheduling of primary care appointments to ease the surge on both ambulance crews and A&E. • Implement a model for providing home visit response by GP or nurse (including option for GP in an ambulance) • Locality discussions with GP members to encourage practices to introduce telephone triage so improving primary care access • Review & standardisation of Infection Control and Noro Virus policies across Arden LHE to ensure that the spread of infection is limited & reducing the need & duration of hospital ward closures. 	CRCCG/AT WNCCG & SWCCG	<p>Existing resources</p> <p>Winter monies</p> <p>Existing resources</p> <p>Existing resources</p>

<p>Providing Alternatives to hospital – improved access to community services & increased capacity to prevent avoidable hospital admissions</p>	<ul style="list-style-type: none"> •Care Home support strategy that includes enhance care home support from GPs, joint working with LA to improve quality of care through endorsement of contract & access to specialist advice, guidance & training •Community Integrated Teams – accelerate the implementation in Rugby to ensure established by 1st Oct 2013 •EoL Programme 	<p>CRCCG & LA's</p>	<p>Resource to be identified (GP) & existing resources</p>
<p>Improving Hospital Flow – ensuring flexibility of staffing and bedded capacity to manage increase in demand</p>	<ul style="list-style-type: none"> • GP led urgent care centre on the hospital site • Increase staff capacity in the Acute Liaison Psychiatric Team within the hospital focussing on the A&E and AMU • Inpatient capacity 	<p>UHCW CWPT/ CRCCG</p>	<p>Winter monies</p>
<p>Supporting Discharge – providing adequate community, primary care & social care support to facilitate effective discharge</p>	<ul style="list-style-type: none"> • Daily conference calls with UHCW, CWPT & Coventry City Council to resolve blockages to discharge • Increased reablement capacity available including care home beds and home care provision to facilitate timely discharge supported by occupational therapists and nurse co-ordinators to ensure capacity is used effectively. • Community Integrated teams – do we need to consider increasing the capacity within these teams over winter? 	<p>UHCW CRCCG & LA CWPT/SWFT</p>	<p>Existing resources</p> <p>S256 monies</p> <p>Winter monies</p>
<p>Surge Actions – ensure additional capacity is readily available when local LHE is under pressure</p>	<ul style="list-style-type: none"> • Trigger system in place to access additional community capacity (beds & home care packages) that is over an above regular capacity requirements. 	<p>CRCCG & LA</p>	<p>Winter monies</p>