

Southend-on-Sea Borough Council

**Report of NHS Southend Clinical Commissioning Group
to
Health & Wellbeing Board
on
25th March 2014**

Agenda

Item No.

6

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Report from the Urgent Care Working Group

1. Purpose

1.1 To provide the Health & Wellbeing Board with a report from the South East Essex Urgent Care Working Group on the current position and difficulties across the health economy in meeting the four hour maximum waiting time standard in Accident & Emergency (A&E).

1.2 This report outlines factors assumed to be contributing to our position. It also sets out short term action and longer term plans being developed by the Urgent Care Working Group in response.

2. Background

2.1 Urgent Care Working Groups (UCWGs) are intended as a local mechanism for bringing together organisations with individual accountability and resource for elements of local services, and who, working together, can ensure delivery of good quality services for patients.

2.2 The South East Essex UCWG is made up of senior leaders from Southend University Hospital NHS Foundation Trust (SUHFT), South Essex NHS Partnership Foundation Trust (SEPT), East of England Ambulance Service NHS Trust (EEAST), NHS England Essex Area Team, Southend Clinical Commissioning Group (CCG), Castle Point & Rochford CCG, Essex County Council and Southend-on-Sea Borough Council.

2.3 Long waiting times in A&E departments (often experienced by those awaiting admission and hence ill patients) not only deliver poor quality in terms of patient experience, they also compromise patient safety and reduce clinical effectiveness.

2.4 The NHS has an operational standard of 95% for patients being seen and admitted or discharged within 4 hours and this is used to be sure patients are being treated quickly. This operational standard is designed to deliver patients' rights under the NHS Constitution.

3. The National Position

3.1 A&E performance has deteriorated across the NHS over recent years. Despite much analysis there is no single trend or factor to explain the overall deterioration and there remains a wide variation in performance across the country.

3.2 A number of factors are assumed to have played a part in the national deterioration:

- Increased numbers of patients arriving at A&E. There is a general rising tide nationally.
- Increased number of acute admissions putting pressure on beds. There is general consensus (though it is hard to identify the evidence) that patients presenting are more ill and hence more likely to need admission and have longer stays.
- Hospitals being less proactive in process management which plays a very significant part in their ability to admit patients. Patients who require admission are the ones who are most likely to wait over 4 hours.
- A lower threshold in hospitals for admitting or discharging patients to ensure safety standards. In some cases, this is perceived to be linked to the seniority of the workforce in A&E.
- A lack of specific services available to acute trusts in a timely fashion for certain specific patient groups, such as those with mental health, alcohol or drug abuse problems.
- More delayed discharges because primary, community or social care services are not place.

3.3 There are also many assumptions as to why these factors have played a greater part than in previous years:

- Perceived lack of availability of primary care and community services, especially out of hours.
- Reduction in bed numbers and staff as hospitals try to deliver cost improvement plans.
- The Francis report and its impact on clinical decision making thresholds.
- Lack of focus during transition for commissioners and uncertainty about changing roles in the new system.
- Pressure on social care budgets.
- Introduction of NHS 111.

4. The Local Position

4.1 In South East Essex the standard has not been consistently delivered for most of the year except during a strong period from July to November 2013.

4.2 Many of the factors described in 3.2 are contributing to the position and have resulted in action taken. Furthermore, to understand the position, there has been an external review from the national Emergency Care Intensive Report Team (ECIST) who reported on what was being done well but also suggested significant change and improvements.

4.3 Despite the action taken or planned, we need to do more to ensure improvements are made faster. At its meeting on Tuesday 18th March, the UCWG agreed the following short term steps:

- i. To urgently analyse the data to determine which of those factors set out in 3.2 and 3.3 play the most significant parts in our local situation. While we know process management and staffing are key underlying issues within the hospital which are playing a significant part in the local position, we are not clear on the proportional contribution of other factors.
- ii. The hospital is taking a range of immediate steps to address staffing shortages and process management.
- iii. There is concerning evidence that members of the public are attending A&E when there has been neither an accident nor an emergency and this is placing unnecessary strain on the department. There are more appropriate local alternatives including the walk in centre at St Luke's and GP practices. The UCWG are adopting the 'Dee A&E Fail Tale' which is a humorous but informative animation which will appeal to the public. The campaign is based on real-life examples of A&E misuse which has been launched by three NHS CCGs across Coventry and Warwickshire in a bid to stop the winter surge of people using A&E services for minor illness and injuries. This will feature on all organisations' websites and be used prominently. The cartoon animation will be played at the Health and Wellbeing Board meeting.
- iv. GP practices will be asked to ensure there is sufficient availability of appointments to meet demands of their registered patients.

- v. Both local authorities will investigate levels of delayed hospital discharges which appear to be increasing, rapidly understand reasons behind and ensure action taken as necessary.
- vi. SEPT will examine capacity and ensure full usage of its community services.
- vii. EEAST will examine its conveyances and handover times.
- viii. In response to this position, the UCWG has escalated its meetings to fortnightly to ensure senior leaders from across organisations are focused on urgently addressing the situation.

4.4 The actions set out above form the basis of a system-wide short term action plan which will be monitored by the UCWG. Each organisation has been asked to contribute further actions having investigated more fully their own positions.

4.5 While these short term actions should bring stability, the UCWG is considering more complex actions which will take longer to implement but should bring longer term stability to the system.

5 Recommendations

5.1 The Health and Wellbeing Board is asked to note the position and steps being taken to ensure short term improvements.

5.2 The Health and Wellbeing Board is recommended to request a further update from the UCWG at a future meeting to ensure itself that adequate progress is being made.