

Health and Care Services Getting Ready for Winter

Dear Colleague

This briefing describes the work taking place to ensure Derbyshire's health and care services are ready for an unprecedented winter period.

Summary

- Health and care organisations have developed a comprehensive plan to maintain services during winter
- Plan takes account of potential impact of Covid-19 pandemic on services, especially hospital beds, community support and surgery
- Plan also factors in the ongoing work to restore and recover health services affected by first weeks of pandemic
- Important that staff and public get a flu jab
- Important that patients with symptoms come forward for treatment, especially symptoms associated with cancer
- Important that patients only use Emergency Departments for emergencies, and make use of wide range of other services for non-emergency conditions

Background

We issued a briefing on 30 September 2020 describing the steps we have taken to restore cancer care, surgery and related treatments following the initial response to the COVID-19 pandemic. We highlighted that in the space of six weeks of spring 2020, the NHS went from caring for zero COVID-19 patients to 19,000 COVID-19 inpatients per day.

We have maintained our clinically-essential service provision throughout, thanks to the determination and adaptability of our many services and colleagues. In order to do this we had to review our provision, temporarily stopping some services and making adjustments to others – in line with the rest of the NHS. Doing this enabled us to release extra capacity and add resilience where it was needed the most. We have worked since the summer on restoring services where that has been possible, including ensuring that all patients currently on a waiting list for cancer, elective and outpatient services are reviewed by the appropriate clinical team on a regular basis and kept informed of the current situation.

Planning for Winter

Alongside this restoration work, we have been undertaking detailed planning in preparation for the winter months. It is widely publicised that the NHS and adult care services come under significant additional pressure during most winters, and in Derbyshire we have a strong track record of planning for and managing these eventualities in a coordinated way.

Winter 2020 provides an added challenge, as we prepare against the backdrop of the restoring services that were changed in the first months of the pandemic, at the same time seeking to track the current increases in the disease to understand how services might be affected. The plans aims are divided into two sections.

1. Delivering care in the most appropriate setting and avoiding hospital presentations and admissions

The plan addresses important indicators that collectively seek to support patients in GP practices, community nursing, emergency departments, adult social care and flu vaccinations, supporting patients outside of hospital whenever clinically appropriate. These are:

- Deliver a minimum of 2,444 of clinical hours per week in general practice, with out-of-hours coverage in place in the evenings, weekend and on bank holidays.
- Ensure that all care homes receive GP input this winter.
- Ensure that a minimum of 40% of GP appointment capacity is used to deliver 'same day appointments'.
- Ensure that patients experiencing a mental health crisis are assessed within 4hrs of arriving in an Emergency Department.
- Ensure that patients on a general hospital ward receive a full mental health assessment within 24 hrs.
- Endeavour to deliver a 2 hour community nursing crisis response.
- Maintain 4 hr Emergency Department performance at 90% through the winter period in aggregate terms.
- Expand the NHS 111 offer to support a 20% reduction in low complexity attendances to the Emergency Department.
- Ensure that we have fewer mental health service patients treated out of area this winter compared to last.
- 'See and treat' and 'hear and treat' more patients visited by paramedics this winter compared to last.
- Ensure that at least 75% of the patients who fall within the scope of the influenza programme are immunised.
- Ensure that 100% of healthcare staff receive the influenza immunisation.

2. Delivering efficient urgent and emergency care this winter

Further indicators are kept under review to ensure that the flow of patients is maintained through health and care services at all times. This is important in minimising the length of time a patient stays on hospital and also to ensure that there are not blocks in the patient journey which prevent new patients being admitted to hospital. Significant partnership working takes place to manage services mutually to ensure the following are achieved:

- Maintain community hospital bed occupancy at or below 85%.
- Walk-in patients to an urgent treatment centre (UTC) are clinically assessed within 15 minutes.
- Walk-in patients to a UTC have an appointment slot within 2 hours of arrival.
- Pre-booked patients to a UTC are seen and treated within 30 minutes of appointment.
- Ensure ambulance patients handovers at Emergency Departments are completed within 30 minutes.
- Ensure that patients are transferred from the ward to a discharge lounge, within one hour of decision to discharge.

- Ensure that all patients are transferred from the discharge lounge to a community pathway on the same day as the decision made to discharge.
- Maintain current average length of stay performance for the winter period.
- Ensure that referrals to the IV Antibiotics at Home Service (Step down) are accepted on the same day they are made.
- Ensure that referrals to the Community Heart Failure and Respiratory Service are accepted on the same day they are made.

Identifying and Managing Risks

In forecasting demands for services during winter, the health and care system has identified a range of risks that may present themselves, modelled the impact of those risks on care and then sought to implement actions which limit the impact of the risk. These risks include:

- The combination of Emergency Department demand returning to pre-COVID levels and the continuation of operating social distancing measures, will mean that there is not enough physical space in our Emergency Departments.
- Our hospitals will not have sufficient general and acute medical beds to meet expected levels of demand this winter.
- Our hospitals will not have sufficient adult critical care beds to meet expected levels of demand this winter.
- Primary Care will not have sufficient capacity due to increase in COVID like patients, increased complexity, respiratory patients and localised surges.
- There is a risk that the backlog of care built up during the pandemic will not be reduced, due to the aggregate of competing winter pressures.
- The complexity of managing housebound patients alongside winter pressures means that we will need to expand capacity in general practice.
- There will be insufficient capacity in Primary Care to manage winter pressures and an expanded flu programme.
- The capacity of the community nursing health crisis response will not be able to meet expected levels of demand.
- There is not enough capacity within the discharge pathways to service demand
- The number of out of area acute bed admissions will be higher this winter compared to last, because of lost capacity due to infection prevention and control measures.
- Staff sickness and potential COVID impacts would compromise the capacity required to meet the demands for essential services.
- Patients who require urgent and emergency care services do not access them in a timely fashion due to fears about contracting COVID and/or 'over-burdening' the health care system this winter.

A range of measures has been identified to mitigate these risks to reduce demand and maximise capacity across all service sectors and thus ensure delivery against the performance measurements listed above. The table below indicates in headline terms what these measures are:

A comprehensive local communications and engagement plan will support this national campaign, with contributions and activity across all Joined Up Care Derbyshire partner organisations. This campaign will be supplemented by further local activity which encourages patients to seek care from the most appropriate service, including urgent treatment centres, pharmacy and self-care.

Further updates will be provided to stakeholders through the winter.

Partners

Partners in Joined Up Care Derbyshire are:

Organisations that commission health services:

[NHS Derby and Derbyshire Clinical Commissioning Group](#)

Organisations that provide healthcare services:

[Chesterfield Royal Hospital](#)

[Derbyshire Community Health Services](#)

[Derbyshire GP Alliance & GP Task Force](#)

[Derbyshire Healthcare](#)

[DHU Health Care](#)

[University Hospitals of Derby and Burton](#)

[East Midlands Ambulance Service](#)

Organisations that provide public services and social care:

[Derby City Council](#)

[Derbyshire County Council](#)

For more information, visit www.joinedupcarederbyshire.co.uk or email joinedupcarederbyshire@nhs.net

Joined Up Care
Derbyshire

