

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Berenice Groves and Kevin McGee, Blackpool Teaching Hospitals NHS Foundation Trust
Date of Meeting	3 July 2019

WHOLE SYSTEM TRANSFERS OF CARE PROGRESS UPDATE

1.0 Purpose of the report:

1.1 To update the Committee on the implementation of the recommendations made by the Committee following the final report and recommendations of the Whole System Transfers of Care Scrutiny Review.

2.0 Recommendation(s):

2.1 To determine whether the Committee is satisfied with progress in regards to the recommendations of the review, signing off any recommendations where appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is apprised of the progress with regards to implementation of the recommendations and the impacts.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? N/A

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Context

Following the Whole System Transfers of Care Scrutiny Review meeting held 10 October 2018 a report was received which outlined a summary of the discussions and ten improvement recommendations for consideration by the Fylde Coast system. The report was formally approved at the Blackpool Council Executive meeting and cascaded to Fylde Coast system colleagues on 26 February 2019. The Integrated Care Partnership (ICP) was formally requested to respond to the recommendations within 28 days of receipt of the report. The report was reviewed with system partners via the Accident and Emergency Delivery Board and as part of the discussions in the Integrated Care Partnership Urgent and Emergency Care steering group and an agreed initial response was submitted back to the Committee on 27 March 2019 (*please see appendix 5(a) for a copy of the response*). It was however acknowledged that additional work was required in order to complete the agreed recommendations therefore these would be completed between March and June 2019 with a formal paper detailing progress submitted to the July Adult Social Care and Health Scrutiny Committee.

Representation from providers and commissioners will attend the meeting 3 July 2019 should any further clarification be required.

Recommendation 1 –

That Blackpool Hospitals NHS Foundation Trust consider introducing a policy to limit the number of family and friends attending the emergency department to one/two associates at a time as per the policy on wards at the hospital in order to reduce the appearance of a full department and to free up seating for patients.

Update

Blackpool Teaching Hospitals (BTH) has implemented for the Emergency Department (ED) the same policy that is followed on all wards. This includes raising awareness with the public, patients and carers regarding why it is important to restrict the number of people attending the ED with the patient who requires care. Information has been added to the Trust Website conveying this message and a poster developed by patient focused groups is also displayed.

It is acknowledged that when patients are attending the ED it can be a traumatic time and there may be some resistance, staff also who are extremely busy within the department may find discussions such as enforcing these restrictions challenging therefore it is important that the staff are supported by managerial teams to assist with the implementation. There will be autonomy to flex in order to meet specific

needs of individual patients and families sensitively.

<https://www.bfwh.nhs.uk/our-services/hospital-services/emergency-department/when-to-visit/>

<https://www.bfwh.nhs.uk/patients-and-visitors/>

Recommendation 2 –

That Blackpool Clinical Commissioning Group review extended access appointments to look at usage, the reasons why the service is not more widely used and how to improve use of appointments to report back to the Adult Social Care and Health Scrutiny Committee in July 2019.

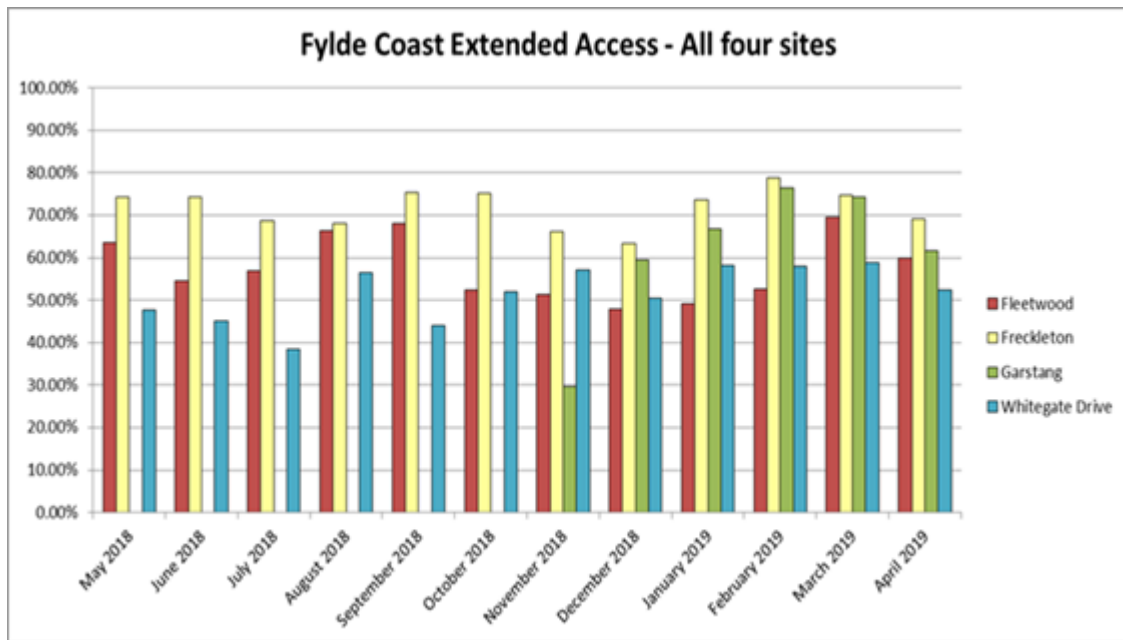
Update

As requested a review was undertaken between October 2018 and June 2019, this identified that there was improved take up of the appointments offered. The following actions were implemented to improve use of appointments as part of the winter plans for Primary Care.

- All practice receptionists were trained to provide care navigation advice to patients, including offering Extended Access appointments where appropriate.
- Fylde Coast Clinical Commissioning Groups (FC CCGs) have included a mandate within the GP Enhanced Contract for practices to encourage patients to utilise the service with a script developed for practice use.
- The service was and continues to be promoted via:
 - Practice TV Screens
 - Practice Manager Forums
 - Practice Nurse Forums
 - Patient Participation
 - Group Chairs
 - Leaflets- an A5 postcard was produced, printed and distributed via a third party distribution company to 139,980 homes with an FY postcode. This distribution covered every home in Blackpool, Lytham, St Annes, Fleetwood, Cleveleys, Poulton and Thornton and some of the rural areas. The delivery of the postcards took place on 11.1.19 and was promoted via a press release <https://www.fyldecoastccgs.nhs.uk/2019/01/nhs-service-information-coming-through-your-door/>
 - The front side of the postcard displayed an advert for the FYi directory along with details of the NHS and the link to our web site. The cost for the mail drop was approx. £18,795.
 - Newspaper double page spreads within every paper on the Fylde Coast There were two full page ads: one in mid-October and one end of November.
 - The CCGs commissioned an additional telephone number 01253 9522950 to be available for patients to book and cancel appointments during the Extended Access opening hours

Additional provision has also been commissioned to be delivered from Garstang Medical Centre each Saturday due to boundary changes this delivered an extra 13 hours of availability for appointments.

The table below shows the take up of extended access appointments.



Recommendation 3 –

Blackpool Teaching Hospitals NHS Foundation Trust to explore the impact of delayed receipt of prescriptions from the pharmacy on discharges from hospital and report back to the Adult Social Care and Health Scrutiny Committee with the reasons for pharmacy delays and a course of action to address those delays at the Committee meeting in July 2019.

Update

Patients often believe that the delays experienced waiting for medications to arrive on the ward which then permits them to be discharged is due to challenges experienced within the pharmacy department. Previously this was the case on many wards however a number of actions have been taken in order to improve the response we expect for our patients.

1. There has been an introduction of ward based teams on 12 wards within the medical division who operate a Pharmacy led discharge process. This team support a more stream lined process, carrying out many actions which would have previously waited for already busy junior doctors to complete.
2. There are three satellite pharmacies in addition to the main dispensary which ward based teams operate from and operate a dispensing for discharge

system whereby there is a preparation for discharge at the beginning of the patients' journey.

3. The Pharmacy department monitor the turnaround time of discharges through the dispensary on the ward tracker. The average turnaround time for discharges through the dispensary May 2019 was 90 minutes. (Receipt in Pharmacy to final check)
4. Omnicell is in place in some areas such as the Emergency Department, it offers innovative medication management products and medical supply inventory systems that enable us to better serve patients. This includes distributing medications across the hospital and post-acute care to supporting medication adherence for patients at home. We are exploring if this system will benefit our patients journey and safety within the acute trust.

It is acknowledged that delays do occur when there are errors or queries on discharge letters and the teams await prescribers to clarify. This has been previously audited (excluding the wards with pharmacy led team) and identified approximately 40% of discharges written contained one or more errors. In light of this finding several improvements have been put in place. There are a few areas within the Trust without a one stop system, ward based teams or a satellite pharmacy, notably women's and children, inevitably discharges may be delayed here, and however, priority is given to discharges wherever possible through the main dispensary.

Implementation of a Pharmacy led discharge service across further wards is being looked at to assist with discharge. The aims of the service are to:

- Reduce the time between identifying patient fit for discharge and completion of the discharge prescription.
- Reduce the time spent clarifying prescriptions.
- Reduce the pharmacy processing time.
- A timely planned service leading to a reduction in the likelihood of patients discharges being delayed or occurring late in the day which causes transport issues
- Less stress for all. (Patient, Nurses, Medical Staff and Pharmacists)

There has also been a recent trial using pharmacists as part of a multi-disciplinary team who focus on discharges at weekends in order to reduce the delays which have been identified. There is further work and investment required. Once an Electronic prescribing and medicines administration system (EPMA) is adopted this will massively reduce delays and improve the number of errors. A bid has been submitted to NHS X (Digital) for funding to allow the Trust to implement.

Recommendation 4 –

That Blackpool Teaching Hospitals NHS Foundation Trust identify ways to offer facilitated parking for discharge staff (either Council or NHS), to report back at the

meeting in July 2019.

Action complete.

BTH Trust staff have facilitated parking arrangements in two ways:

1. Permits have been allocated to four staff members from Blackpool Council; these are the staff that carry out the assessments for patients on 'Discharge to Assess' pathways. They operate between BTH site and patient's homes therefore not being able to park easily would affect the time they are able to carry out their role.
2. Via a token exchange system for staff that are covering shifts at short notice, additional staff that provided increased social worker capacity over the winter period, as there is a shortage of available staff this is a small incentive to ensure we do cover all shifts.

The Trust does however need to be cognisant of the fact that available staff parking bays are in short supply, over 300 staff members are waiting for access to a parking bay. Also we need to protect parking areas for our patients and visitors to ensure they have access. A piece of work is required to identify if further capacity can be sought close to the BTH site, appreciating that funding will be required.

Recommendation 5 –

That Blackpool Teaching Hospitals NHS Foundation Trust work with all relevant partners to review discharge processes and ensure they are efficient, effective and to identify if any parts of the processes could be carried out after the patient has left the hospital. To report back to the Committee meeting in July 2019

Update

There have already been several pieces of work that are addressing performance around patients' length of stay and discharge processes followed. It is however recognised as flow has been managed across a busy winter period all of the flows across the discharge pathway have not as yet been mapped. The Trust is confident once this piece of work is completed it will highlight several areas for improvement. The Emergency Care Intensive Support Team is supporting the Trust currently and this is one of their key actions.

A piece of work with Midlands and Lancashire Commissioning Support Unit has also been commissioned around 'reducing bed day's programme'. This is not about closing beds but ensuring resources are being used efficiently.

The following services are in place to improve Length of Stay (LoS) and discharge:

Embedding a 'Discharge to Assess pathway' (D2A):-

The D2A model enables patients who are medically fit for discharge the opportunity to be discharged earlier from the acute inpatient wards by organising their assessments in the community. Patients on the D2A pathway are assessed and discharged faster and are as a result, at less risk of developing complications or becoming more debilitated following an acute admission to hospital. For frail and elderly patients, it is well documented that this can include the loss of mobility, dexterity and cognitive function, all of which decline rapidly following admission to hospital, along with increased risk of falls and infection.

There is in place a NHS England target that no more than 15% of Continuing Health Care assessments are undertaken in the trust. Blackpool CCG is well below this target, in April 19 that figure stood at 3%. Outcomes of patients are being monitored.

Winter pilot of a non-weight bearing pathway (NWBP):-

This pathway was developed using winter monies to allow for a reduction in LoS for NWBP. Often following an accident or surgery due to an accident patients are expected to non-weight bear for up to six weeks. These patients however are fit and well otherwise, many acute trusts manage these patients in an acute bed. The system decided to explore alternatives in order to free up capacity in the acute trust and provide patients with a more homely environment in order to recover. The pathway ensured that identified patients had a wraparound care pathway which allowed them to be cared for in a Nursing home whilst being a NWBP.

From November 2018 to February 2019, six patients were treated on this pathway ensuring a saving of 181 bed days and an improved patient experience.

Learning from the evaluation of this pathway we have now agreed that non-weight bearing patients' ongoing care will now be provided either in Clifton community hospital or the Arc Intermediate Care/ Nursing service with wraparound therapies to ensure rehabilitation continues.

Discharge facilitation :-

BCCG Commissioning Manager was seconded to the trust for a year to develop the role of Discharge Facilitator. The funding for these posts is temporary however it has proven extremely beneficial in supporting the wards with complex discharges, they assist the ward managers in chasing actions, updating required information, ensuring referrals have been completed and sent correctly, chasing packages of care – where delays identified negotiating with families to support or alternative community support. They facilitate actions required to support a reduction in LoS specifically around stranded and super stranded patients.

'Home First'

Home First is an ethos or principle required to be shared with patients, families and carers, it is about encouraging independence, providing care in a person's home and reducing the reliance on nursing and residential care. Imagine leaving your home and never returning to it again. Imagine someone tells you that you are moving house tomorrow and you have no control over where you are moving to and how much it will cost. This is what we do to thousands of older people every year across our system. Many older people are admitted to hospital with a mild to moderate illness on top of any pre-existing conditions. Judgements are made about how the person will manage when they return home based on perceptions about the person after the effects of a stay in hospital, often prolonged. They are assessed in an environment that is alien and confusing. In trying to do what is believed to be the best to keep people safe services have become risk averse on their behalf and paternalistic in a way that would not be acceptable if we were talking about a child. The principle 'Home is Best' has therefore been adopted.

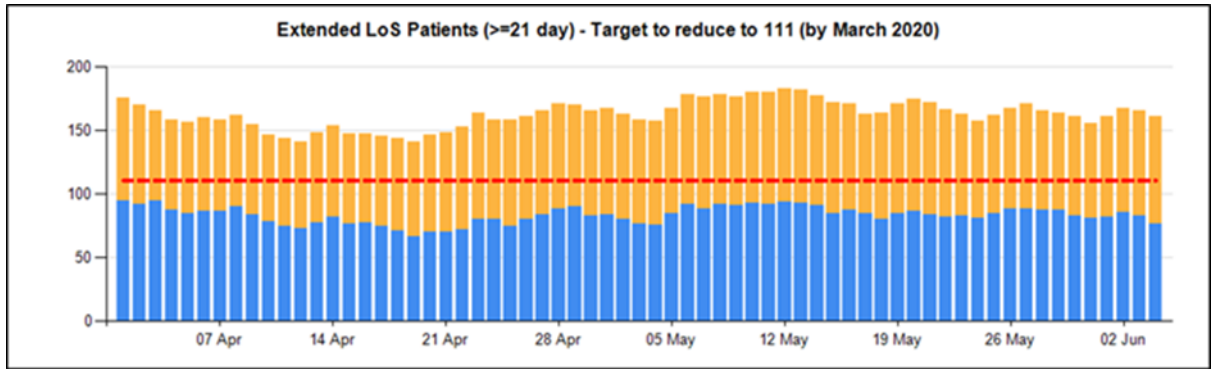
In order to implement this initiative to include some safety measures, the Red Cross takes the patient home and they are met at the door of their house by a therapist who is part of the Early Supported Discharge team. The patient is then assessed in their own environment to see how they cope with such activities as cooking, personal hygiene and going up or down stairs. Adaptions may be required, additional equipment or some short term care. This is organised around the patients' real requirements.

- For the period covering 1 October 2018 until 17 May 2019, 174 patients have gone home through the Home First pathway.
- Of those, 7.5% (13 individuals) have returned to BVH or Clifton Hospital following their two hour review as it was felt by all professionals involved that further care was required within a more formal setting e.g. : Clifton Hospital
- The distribution of these patients by origin and local authority is:
 - 86% from BVH, 14% from Clifton
 - 44% Blackpool Council.

The pathway continues and is evaluated on an ongoing basis with regard to possible expansion of the scheme to allow more patients to be supported at home.

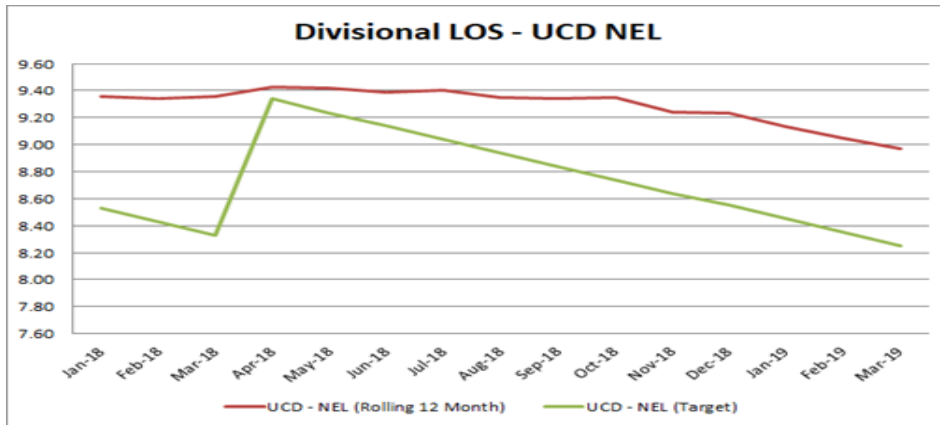
Long stay reviews

For extended length of stay patients (those with a LoS ≥ 21 days) a target has been set for 2019/2020 to reduce these patients by 40% across our Acute and Rehab beds (including Clifton). A number of actions have already been implemented including a deep dive into each patient's pathway once a week to determine if any requirements can be expedited. This work requires system input as affects all providers.



SAFER care model

This model has been implemented on many wards with varying success. It requires strong clinical engagement, ward manager leadership, all board rounds completed by 9.30am with multi-disciplinary team input and challenge, planning for discharge from day of admission, daily medical review of patients. As a result of this work unscheduled care divisional length of stay is reducing, starting point January 2018 (9.36days) to April 2019 (8.89days), whilst this is a slow reduction this does continue to improve. The key focus being the value of the patients’ time.



Recommendation 6 –

That Blackpool Teaching Hospitals NHS Foundation Trust work to improve relationships and communications with care homes. To report back to the Committee meeting in July 2019.

Update

The Executive Director of Unscheduled Care (BTH) has been invited to attend both Blackpool and Lancashire Care Home Provider Forums. Attendance at Blackpool Forum has been difficult as it clashes with the ICP Urgent and Emergency Care Steering Group therefore a meeting with the Chair has been organised, the aims of

these meetings are to:

- to improve communications,
- discuss future relationships
- raise awareness of key issues
- new developments such; nutrition and hydration; medication reviews via funded pharmacists;
- the introduction of NHS net email to improve communication/allow immediate transfer of discharge letters;
- rehabilitation and reablement input into care homes from community staff, to support earlier discharge and end of life care and dementia care

The care homes have raised similar issues with discharge processes, feeling that they are pressured into taking their residents back before they are ready to return, access to information about the hospital stay, discharges taking place too late in the day when staffing is reduced. It is hoped that some of the initiatives detailed above will assist in addressing some of the concerns above. However work will continue with the homes and aim to get them support in home first.

All systems are encouraging a trusted assessor model to reduce the number of assessments required. Whilst confidence is being built a trusted assessor role is being implemented. This is being led by Blackpool Council and the Trust awaits this person being in post.

Recommendation 7 ,8 and 10 relate to communication and marketing

Recommendation 7 -

That all partners use social media to send out alerts relating to accident and emergency waiting times, walk in centre waiting times and available GP appointments on a day. Each partner organisation to assist the others in disseminating the information.

Recommendation 8 –

That Blackpool Teaching Hospitals NHS Foundation Trust install signage at an appropriate point prior to the car park entrance alerting people to current waiting times.

Recommendation 10 –

That Blackpool Council consider how available marketing signage around the town can be used to promote positive NHS messages.

Update

Fylde Coast CCGs and BTH communication teams continue to work alongside the council's communication team and agree to a joint approach to using social media more proactively, for example extended access appointments.

Social media to spread A and E waiting times.

This has potential implications and requires further discussions. Across the country there are examples where this has been implemented and others who have refrained as concerned that someone with a real emergency may not enter if encouraged to use an alternative.

To note the following:

- The NHS and Public Health England have introduced a new campaign – “Help Us, Help You” – to help make it easier for the public to understand the things they can do to manage their own health and get the best out of the NHS <https://www.fyldecoastccgs.nhs.uk/2019/03/helpushelpyou>
- Waiting time is dependent on severity. Someone with a life-threatening condition will be seen much quicker than someone with a minor injury. Saying the waiting time is X is not representative of the time someone might be waiting.
- Saying waiting time is four hours (or even saying it's very busy) could / does put people off going to A and E when they really need to be there.
- Saying waiting time is only short could encourage people to go to A and E instead of using other services.

Both CCG and Trust communication will implement the above if that is the request of the Committee.

Signage

The communications team uses all resources available to them including screens in GP waiting rooms and those in libraries and sports centres. Other signs usage such as bus shelters have a cost impact (approx. £20,000) joint organisational working with the councils have agreed to access them if there is a budget available to do so and if they are deemed to be the most appropriate communications method.

Colleagues within the Trust are in discussion with Royal Lancashire Infirmary to access the impact of their signage at the Front of ED discussing waiting times. Dependant on the outcome of this discussion it is felt that the Trust could support this recommendation

As part of the joint system winter planning communications campaign, requests were made to use the electronic signage around the town, suggesting messages could be tailored so they remained relevant to the traffic management and parking that the

signs are intended for. However this was not possible as such signs are reserved for traffic and parking information only and no other messages are permitted. CCG communications leads are exploring ways to share key messages in a more year round proactive way, support from Blackpool Adult Social Care and Health Scrutiny Committee alongside all partners is welcomed.

Although the joint communication plan is not yet finished discussion are ongoing between both organisations. There is a robust two way communication process around each other of social media activity.

For consideration

Recommendation 9 –

That Blackpool Teaching Hospitals NHS Foundation Trust consider offering parking refunds to patients attending accident and emergency inappropriately

Update

The Trust is exploring how patients could be supported with the first 30 minutes of parking being free. This process is at present being worked through with a hope it will go live after summer 2019.

6.2 Does the information submitted include any exempt information? No

7.0 List of Appendices:

7.1 Appendix 5(a): Whole System Transfers of Care – initial response to the recommendations, March 2019.

8.0 Legal considerations:

8.1 Not applicable

9.0 Human resources considerations:

9.1 Not applicable

10.0 Equalities considerations:

10.1 Not applicable

11.0 Financial considerations:

11.1 No additional comments outside of the above.

12.0 Risk management considerations:

12.1 Not applicable

13.0 Ethical considerations:

13.1 Not applicable

14.0 Internal/external consultation undertaken:

14.1 Not applicable

15.0 Background papers:

15.1 Not applicable