

Emergency and urgent care activity in the Dudley system

**Health and Adult Social Care Scrutiny Committee
9th September 2021**

Pippa Wall – West Midlands Ambulance Service University Foundation Trust

Karen Kelly/ Karen Hanson – The Dudley Group NHS Foundation Trust

Richard Bramble – Dudley Integrated Health and Care NHS Trust

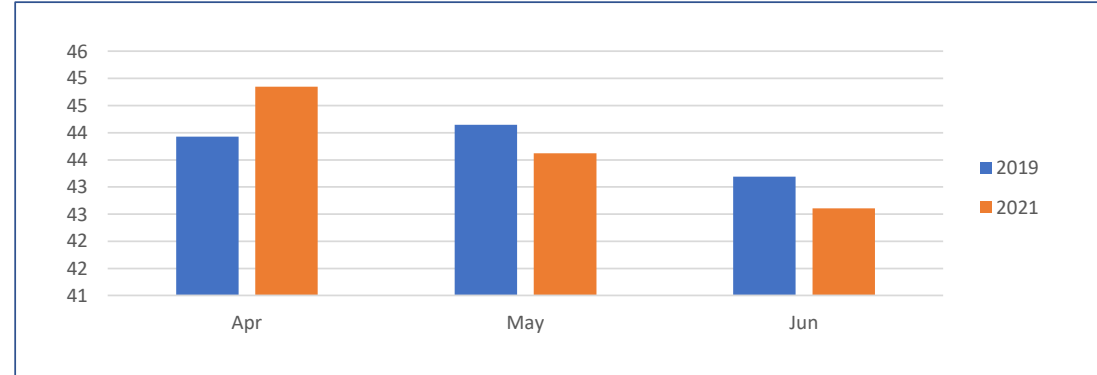
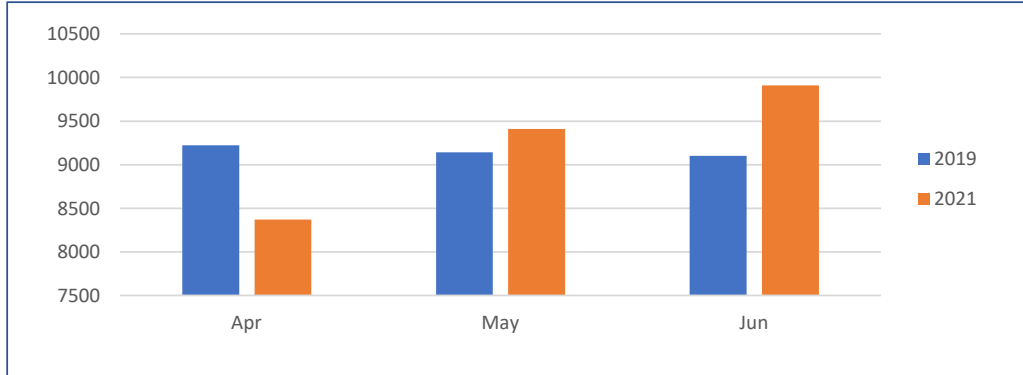
WMAS Activity at Dudley Group Foundation Trust

The following information provides an oversight of activity from WMAS to Dudley Group NHS Foundation Trust.

It provides an oversight of measures being implemented to decrease dependency of conveyances such as the investment in the ED Infrastructure, embracing new ways of working with Acute Medicine and community colleagues

- Launch of a Same Day Emergency Care Unit, together with a new Acute Med Assessment Unit supported by a single point of access
- Utilising the emergency department footprint effectively and
- Working with Primary Care to alleviate pressures.

Total Attendances and Average Age for 3 months in 2019 and 2021

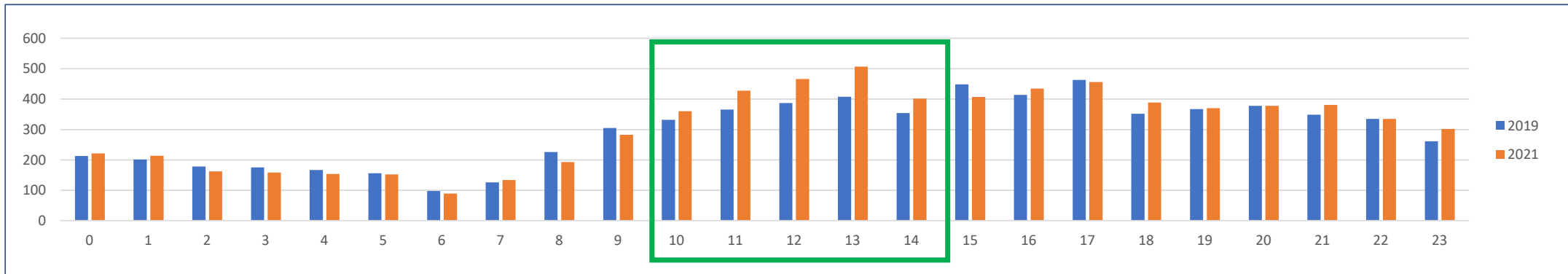


Narrative

- Activity in May and June 2021 has surpassed the levels seen pre-covid for the same period in 2019 - 3% higher in May and 9% higher in June.
- The age profile of the attendances has gone down slightly reflective of the increase in activity driven by younger patients
- The chart opposite shows the overall activity for 999, this is a Black Country wide position and not specifically Dudley but demonstrates the same pattern as total attendances.

NHS Black Country and West Birmingham CCGs				
		April	May	June
2019	actual	24,663	24,485	23,911
	contract	22,959	24,725	23,842
2021	actual	25,200	27,278	27,078
	contract	24,309	26,179	25,244
variance vol +/-		537	2,793	3,167
variance % +/-		2.18%	11.41%	13.25%

Ambulance Handovers by Hour of Arrival - when ambulances are arriving



Narrative

- No significant change in general pattern of arrival time between April-June 19 to April-June 2021
- The observed increase in ambulance conveyances are seen between 10:00 and 15:00
- Potential impact is the ease of access to alternative pathways such as primary care that have continued post-covid

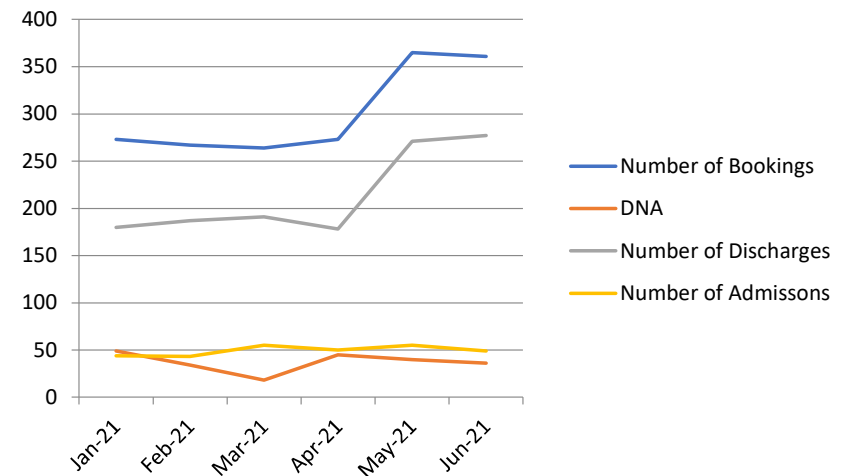
Bookable Appointments Into the Emergency Department via 111

From January 2021 – June 2021 we have seen an increased usage of patients booking 111 appointments into the Emergency Department.

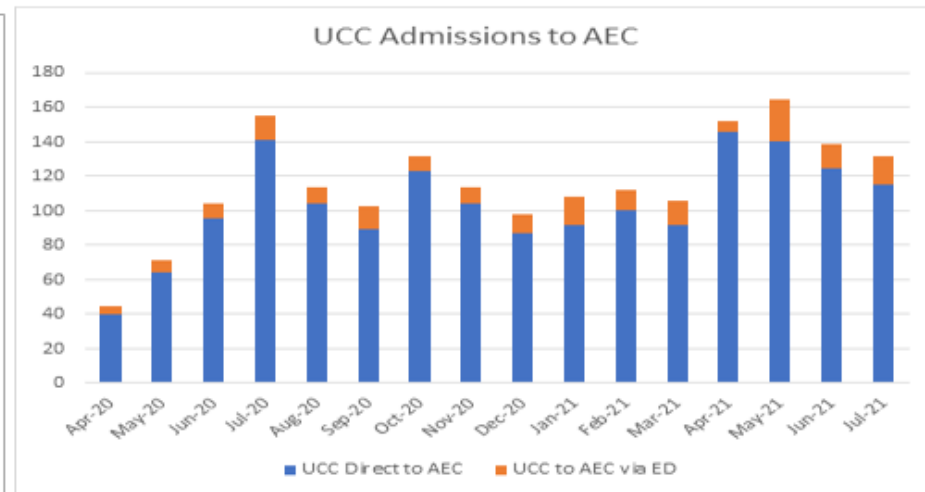
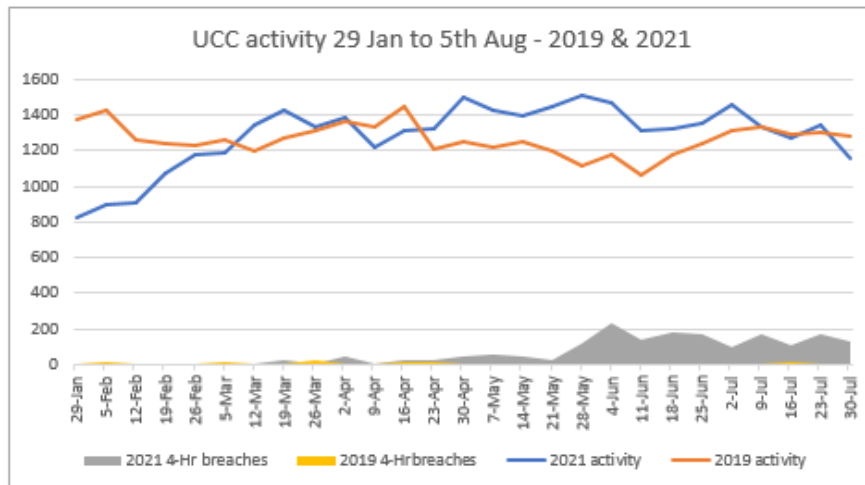
We have seen an increase in bookings whilst seeing a sustainable number of admissions.

Daily Bookings into ED by 111

Date	Number of Bookings	DNA	Number of Discharges	Number of Admissions
Jan-21	273	49	180	44
Feb-21	267	34	187	43
Mar-21	264	18	191	55
Apr-21	273	45	178	50
May-21	365	40	271	55
Jun-21	361	36	277	49

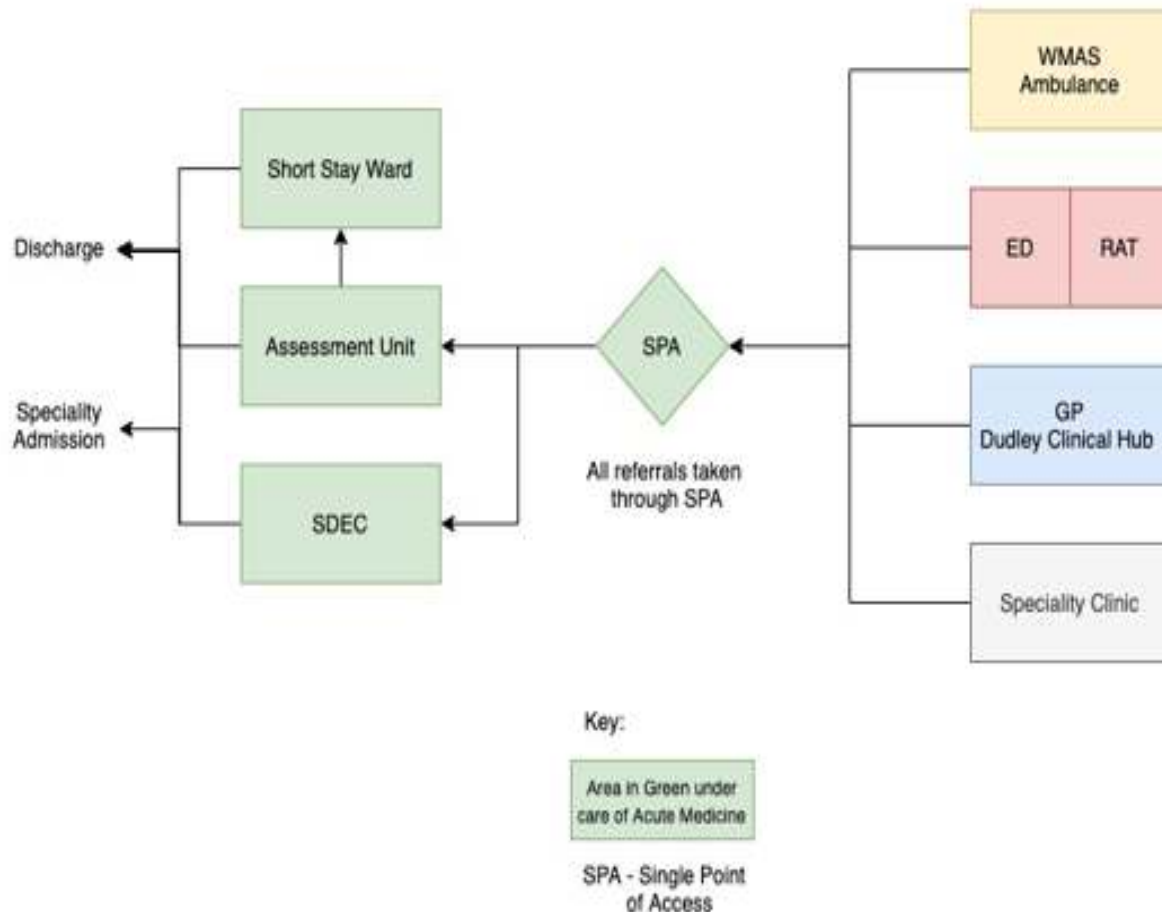


Urgent Care Centre



UCC activity has been high, averaging 148 more patients per week between April and June in comparison with the same period in 2019, however July onwards have been similar activity levels. Performance since the end of May has been consistently below 95% and individual days of particularly high breaches have not necessarily correlated with days of high demand suggesting it is not an issue of demand, although this data would not highlight an periodic batching issue. Although increased in the last 4 months the levels of referral to AEC are similar to other peak times.

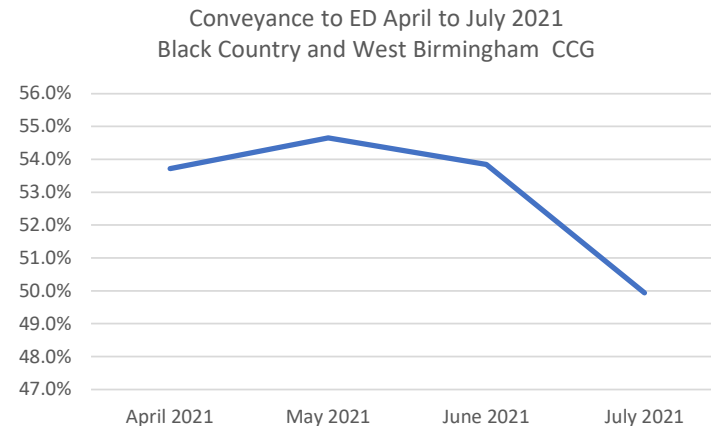
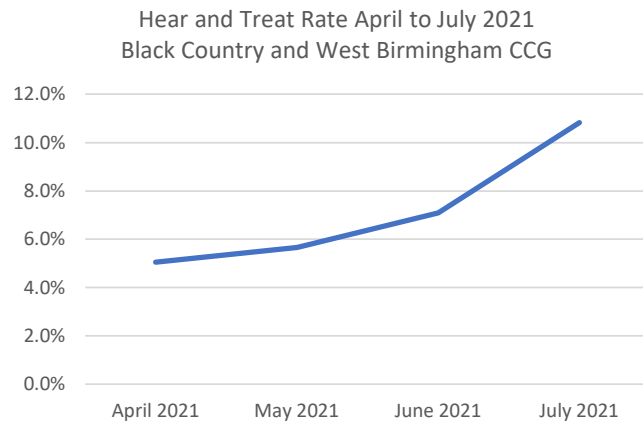
Working with Acute Medicine: Acute Medical Flow – New ways of working



- Co-located unit with ED therefore facilitating access by WMAS, 111, WMAS Clinical Validation Unit, ED streaming, addressing medical care promptly for the most vulnerable
- Earlier assessment of medical patients – “right place, right time, first time”
- Single Point of Assessment - avoiding duplication of work in ED, reducing length of stay awaiting assessment.
- Dedicated Level 1 area for ongoing acute care away from ED.
- 7 Day Service with 24 hour Registrar and 13 hour Consultant cover
- 53 ambulatory dynamic spaces, incorporating Acute Medicine, Respiratory, Cardiac, Frailty and Haematology/Oncology assessment – same day.
- Single streaming process by Acute Medicine Single Point of Access – WMAS and 111 can refer via Dudley HUB , Single Entrance to ALL Acute Medicine and IMT Specialties plus NEW SDEC Footprint
- Improved WMAS Triage and Handover by the RHH Emergency Department
- WMAS direct transfer to appropriate setting e.g. SDEC/AMU/SAEC

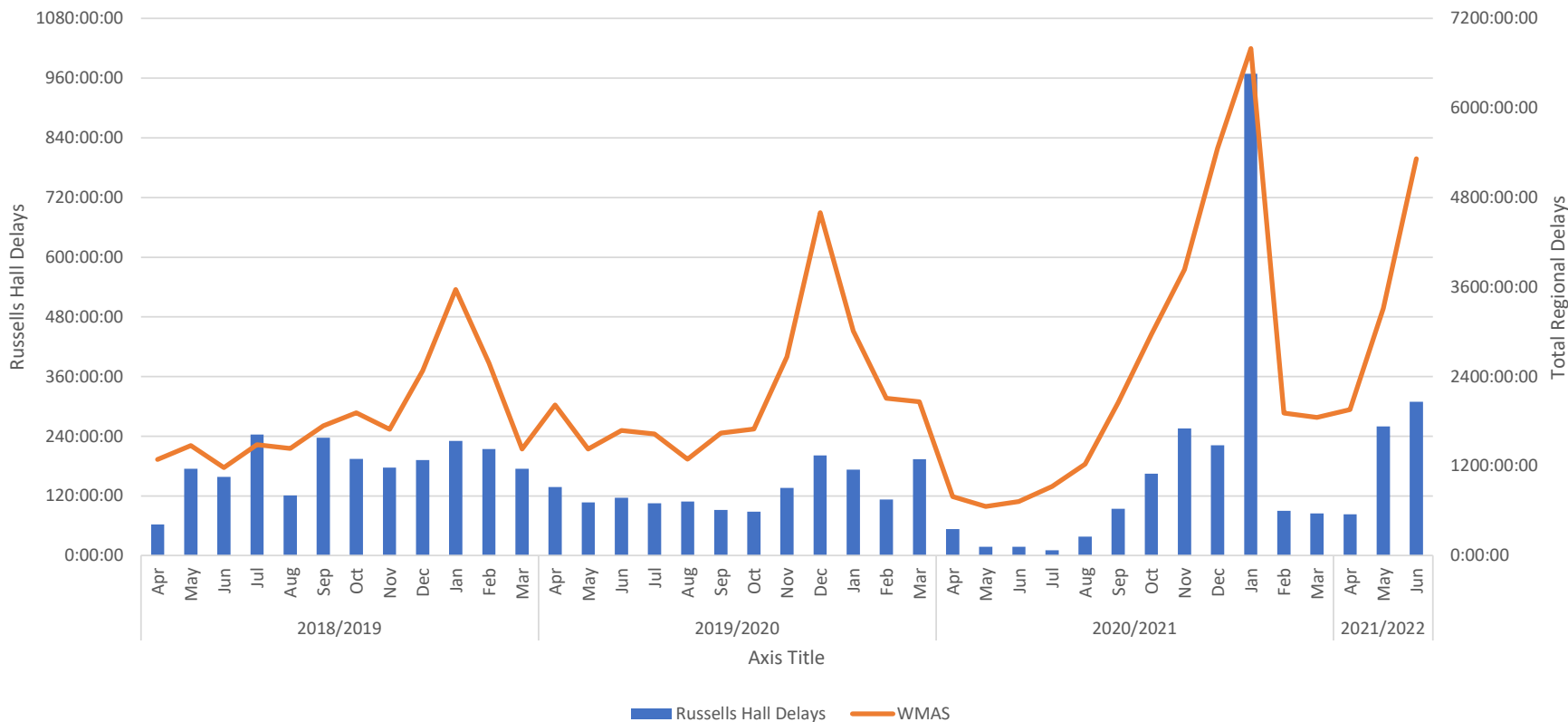
Summary

- Since the reduction in Covid restrictions we have seen an increased demand for services.
- We have seen the highest peaks in activity in June 2021 from both walk ins and ambulance conveyances, correlating with increased overall 999 demand. This is also in line with similar 999 increases across the country.
- Urgent Treatment Centre has seen an increase in activity but has been impacted by access to staff to support management of the caseload
- Autumn 2021 will see an increase in capacity within Dudley Group with The Rainbow Unit and Same Day Emergency Care.
- Collaboration with primary care, Dudley Integrated Health and Care has seen an increase in activity via the Dudley Clinical Hub.
- July - WMAS have implemented clinical validation of category 3 and 4 calls, aiming to divert them to other sources or resolve them by telephone, creating a reduction in ambulance attendances. Category 3 and 4 validation will include calls from people unable to get a GP appointment or who have been told to contact NHS 111 before attending accident and emergency as part of the NHS 111 first scheme and those who would have chosen to call 999 as their first choice. The impact of this change is clear with an increase in overall Hear and Treat and a corresponding decrease in conveyance to Emergency Departments.



Handover Delays at Russells Hall

Handover Delays at Russells Hall (Over 30 Minutes) April 2018 to June 2021 Compared to Total Regional Delays (For Trend Purposes Only Due to Differing Scales)



Whilst Russells Hall have experienced increases in handover delays as depicted by the blue bars in this chart, this has been in line with seasonal fluctuations in demand. Delays have not been as severe as experienced at other hospitals around the region, as demonstrated by the orange line on this chart.

January 2021 was a particularly difficult period across the NHS, during the second wave of Covid, and Russells Hall suffered particularly during this month.

Increases were witnessed in May and June as total activity increased. This will be monitored in line with the service changes implemented by both WMAS and DGH

Next steps:

- WMAS and DGH continue to work closely on each of the developing initiatives to maximise efficiency and impact on patient care:
 - Direct line created for WMAS to contact the Dudley Clinical Hub to increase utilisation of appropriate community services for Dudley patients
 - Weekly Black Country Collaboration meeting to discuss good practice, flow etc. with community teams
 - Advanced Paramedic roles to be created to increase capacity within the Clinical Support Desk to provide senior clinical expert advice to crews and community based service professionals
 - Urgent Treatment Centre working closely with DGFT, CCG to ensure patients are managed in a timely way and referred to appropriate services such as Pharmacy,
 - Responsive approach to handover capacity within the Emergency Department increase to cubicle capacity
 - New ways of working e.g. Same Day Emergency Care increased capacity and use of the Clinical Hub via GP's
 - WMAS has requested for professionals from community based services to be seconded to work in the Strategic Capacity Cell to further enhance collaboration to avoid conveyance to Emergency Departments, where appropriate. Dudley OSC is requested to support this collaborative approach

Primary Care & System Pressure

Pressure within Primary Care

18% increase in appointments

5% decrease in GPs

Sickness, isolation, PPE, locums, targets, rules

What we've done

- General practice is still open and providing care based on clinical need
 - All patients are being triaged either by phone or online
 - Face-to-face appointments are available to all patients where there is a clinical need
 - The largest vaccination campaign ever
- Red Centre taking patients from A&E, UTC and WMAS
- Clinical Hub taking patients from Care Homes and WMAS
- Primary Care taking patients from WMAS

What we'd like to do

- 24/7 Primary Care with real alignment of the UTC
 - Culture, training, shared IT, staff training, incentives
- Clinical Hub triage for all admissions
- Integrated Community Teams
- Public messaging
- Longer term work on 111 / 999 dispositions