Dorset Council: People and Health Scrutiny Committee

01 November 2021

Dorset Council: People and Health Scrutiny Committee - **Agenda**

Item no.	Item	Name
1	Primary Care Update	Sarah Howard, Acting Head of Primary & Community Care, NHS Dorset Clinical Commissioning Group
2	Elective Care Update	Tracey Hall, Head of Service – Elective Care, NHS Dorset Clinical Commissioning Group
3	Urgent and Emergency Care Update	Sue Sutton, Urgent & Emergency Care Programme Director, NHS Dorset Clinical Commissioning Group
4	Urgent Care Recovery, 111 and MIUs/UTC	Jane Elson, Service Director – Integrated Community Services, Dorset Healthcare University NHS Faisil Sethi, Medical Director, Dorset Healthcare University NHS

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Primary Care Update

Sarah Howard, Acting Head of Primary & Community Care, NHS Dorset Clinical Commissioning Group

Covid Response & ongoing Legacy for Change c

Management of COVID
Triage First, PPE, Hot and Cold sites, Home Visiting, outbreaks, and supporting those clinically vulnerable and/or shielding

Support for Care Homes
Aligned all care homes to a PCN with a clinical lead for each home and further developed our MDT model and approach to Care Planning

Enhanced Flu & **Covid Vaccination**
Programmes at Scale

Digital
Remote Working
Online & virtual consultations

Primary Care Network **Collaborative At Scale Working** and a **United Voice**

Care@home
Virtual ward model & remote monitoring

PC delivery and challenges pre-covid & now

- The *GP Patient Survey:* *http://www.gp-patient.co.uk/Slidepacks2021#D* reflects **value** of Dorset's practices to their registered population and the **key role** they play in the system.
- **88%** of patients described their overall experience of their General Practice as good, with **86%** satisfied with the appointments they were offered.
- **Two key challenges** have been and still are centred around **workload** and **workforce**.
- Going '***Digital First***' plans rapidly stepped up during Covid, increasing access (and subsequently demand) via the triage first model adopted to safely manage through the pandemic.

General Practice Workload

Average per month (last 12M)

363,110

Beyond Covid and On-going Sustainability

- **General Practice 'Recovery'** will continue to focus on **demand and capacity**; how we use PHM and risk stratification to support targeted and proactive care, as well as addressing some of the health inequalities we have identified in Dorset with a key focus on immunisation and screening.
- **Workforce planning** will continue, which will include consideration of how we maximise the workforce available across NHS, social care and voluntary sectors at place and neighbourhood levels.
- **Work with System partners** to manage demand on primary care and support patients to access self-care and be able to confidently navigate care options.
- Procurement of **Digital** tools that will enable a more sustainable model of delivery and access.
- In response to the challenges of those presenting with increased complexity and ensuring practices can provide **proactive support to those with LTCs**, we are currently working through how we might support PCN & practices with anticipatory care under the ***Ageing Well Programme***.

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Elective Care Update

Tracey Hall, Head of Service – Elective Care, NHS Dorset Clinical Commissioning Group

Where did we start? Pre-covid position

Areas of weakness

- 18 Week Referral to Treatment (RTT) performance & emergence of Long Waits (>52w) in Ophthalmology, Dermatology, Urology and Orthopaedics.
- Increasing Fast-Track referrals particularly in Dermatology.
- High levels of treatments which the Evidence Based Interventions policy indicate are not effective.

Areas of strength

- 18 week RTT in remaining services.
- Consistent 6 week diagnostics performance (DM01).
- Reducing level of routine referrals.

Challenges

- Workforce - particularly Consultant and especially in Ophthalmology & Dermatology.
- Recurring investment needed to secure additional capacity.
- Scale of change required to address longstanding and new pressures.

Covid Impact

Mandated shutdown of elective services April 20 - gradual return from July 20 onwards.

Staff redeployed to cover covid wards - initially and also during Jan/Feb surge.

Infection prevention and control measures reduced capacity. Public appetite to return variable.

Examples of Covid Response - maintaining as new BAU

Digital Innovation

Implemented range of tools to support digital consultation and self help materials.

Promotional films and additional information:

Outpatients – Our Dorset

Patients value the flexibility and control this provides.

Need to ensure that we mitigate any inequality arising from digital innovation

Mutual Aid

Increased collaboration across services and Trusts to ensure staffing of most crucial services was prioritised.

Growth in networks such as Endoscopy and Rheumatology where staff moved between sites to equalise access.

New Pathways

Transnasal endoscopy - less invasive and shorter process time (less pre-op and aftercare).

Growing FIT as a demand management tool.

Implemented the Covid Urgent Eye Service (CUES) with Evolutio - linked to NHS 111, enabling patients to self refer .

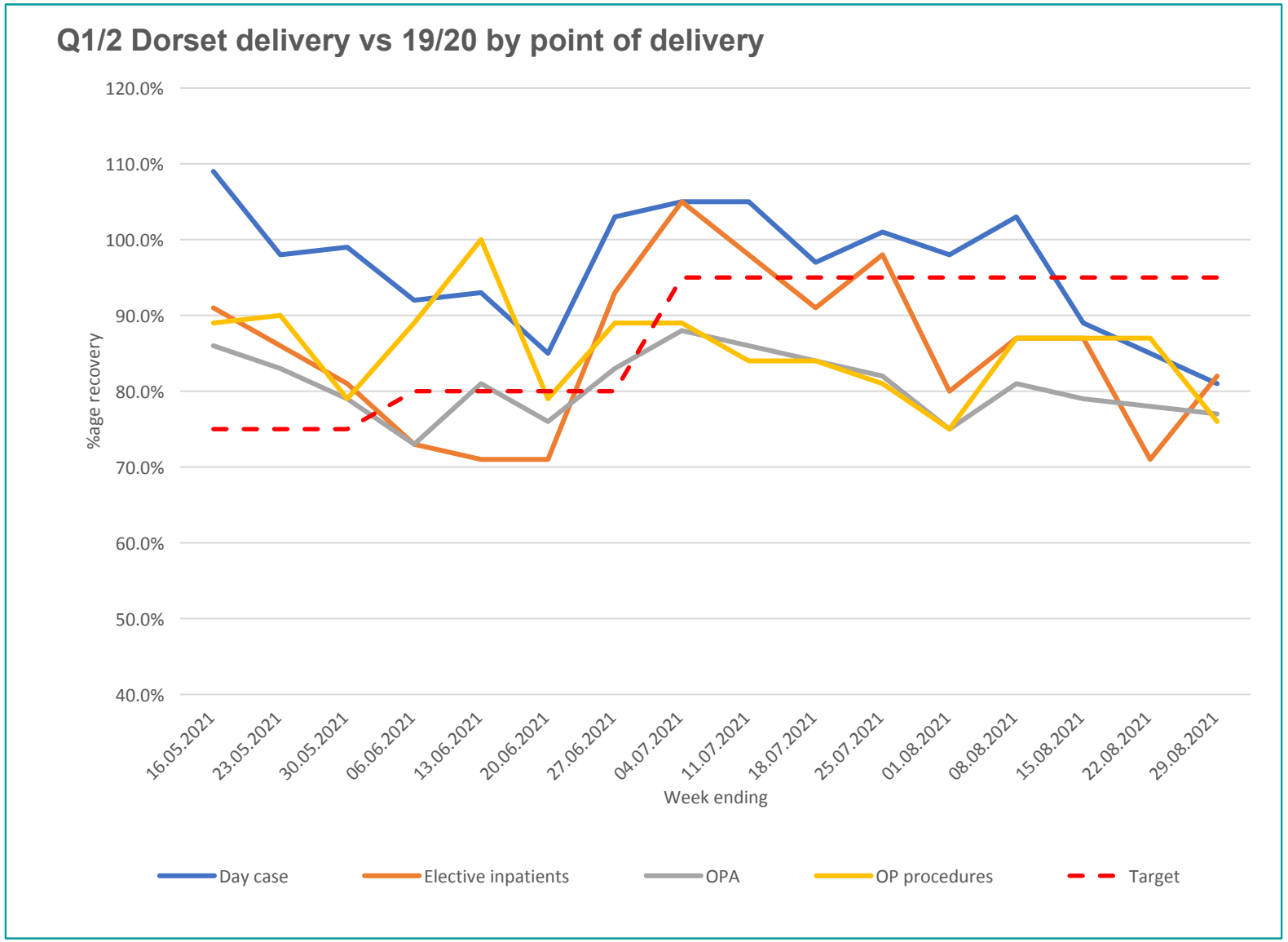
Significant growth in use of independent sector where they have genuine capacity.

Space & buildings

Space reconfigured to accommodate patients in surge periods (some returned to mainstream use).

Infection Prevention and Control and social distancing required new footprints and flow and some new facilities in buildings (such as increased air exchange in theatres).

Delivery in Q1 and 2 – by point of delivery and regional comparison



Target: Deliver 95% of the 2019/20 activity level (stepped target from 75% in May).

System limitations:

- Revised Infection Prevention and Control guidelines affecting bed availability and theatre.
- Staff vacancies and fatigue (and redeployment during surge).
- Patient hesitancy.
- Impact of urgent care pressures and bed capacity used by patients without criteria to reside.

Performance in Q1 and Q2:
Dorset consistently 2/7 across South West region for most of Quarters 1 and 2, but worsening with impact of non-elective pressures (as seen in other systems).

Despite good levels of recovery insufficient impact on long waiting patients.
Diagnostics consistently far better than SW regional average-often >100%.

Elective targets in Q3 and 4 of 21/22?

Target	Dorset Position
Zero people waiting over 2 years for an elective episode.	High profile national target. Dorset in significantly challenged position, current plans only see us reduce to 237 by March 2022. To do this requires a plan in place for each patient. All those currently >78 weeks waiting for outpatients must have been seen by the end of November to mitigate some of this risk. Significant challenges for Oral Surgery (staffing and theatre space) and Orthopaedics (bed capacity and theatre space). Maximising clinical validation, high flow clinics and use of independent sector. Work continues to reduce those waiting >104 weeks to zero by end of March (exc patient choice)
Stabilise or reduce the number of people waiting over 52 weeks for an elective episode.	Actions supporting the longest waiters will impact on those waiting over 52 weeks, and this is projected to reduce by 16.3%by the end of March to 4,693 (compared to 5,604 as at September 2021).*
Stabilise the overall size of the waiting list, retuning to Sept 21 by March 22.	However some longstanding staffing issues mean that even with significant outsourcing our waiting list is likely to increase by 9.5% by the end of March 22. (77,313 compared to 70,611 as at Sept 21)*

**These are the latest figures and an update will be provided verbally at the committee meeting if available.*

There is also imperatives to:

- **Address Health Inequalities** – Dorset significantly ahead of other systems in its ability to understand whole populations and where different inequalities impact on the elective experience. Multi agency group looking at 1) how best to help those waiting for elective care “wait well” and 2) whether some specific groups (such as people with a Learning Disability) should be prioritised.
- **Increase the use of Advice and Guidance** (to 12% of referrals) - so that GPs can seek and receive swift advice as an alternative to a referral.
- **Increase the use of Patient Initiated Follow Up** (to 2% of discharges) - where some patient groups are able to identify whether they need to return for a follow up rather than automatically being booked and finding the appointment of little value.
- **Maintain Virtual (on line/telephone) appointments** at 25% of total outpatient appointments.

Multiple schemes underway to maximise delivery – key amongst them is High Flow Diagnostic and Outpatient Clinics.

Outpatients Assessment Clinic @ Dorset Health Village

Edited by: Jasmine Mather

Our Dorset
Your Local NHS and Councils Working Together

Concept	Location	Total annual activity
A high flow clinical assessment facility in a safe, clinical operating environment in order to enable the triage / risk stratification of the Outpatient waiting lists in Dorset to promote the wellbeing and health of our population and contribute to the recovery of elective waiting lists.	Beales Store, Dolphin Shopping Centre, Poole *(<1mile from Poole Hospital)*	29,500 – 37,500 extra first outpatients appts

The space will provide...

Dedicated **additional clinical capacity** (through increased space and flow).

Potential to operate facility **8am-8pm 6/7 days per week.**

Capacity released in hospital sites to support specialties to see long waiters.

Use of learnings from vaccinations and Nightingales to deliver activity differently.

Opportunity to pilot the adoption of **enhanced links to well-being and lifestyle support** and to the use of more conservative treatments.

Opportunity to **build capacity and capability from the future** and inform development of Dorset's Community Diagnostic Centres and 'Health Village' brand.

Phase 1 week commencing 06/12/21

Ophthalmology, Breast Screening, acute Dermatology, Orthopaedics and AAA screening

Phase 2- Jan 22 onwards

Surgical specialties, Urology, Community Dermatology and MSK services

Partnership with Health and Wellbeing

active dorset Community Interest Company

LiveWellDorset

Total cost for 3 year programme = **£5.2m**, *significant savings associated with repurpose of Nightingale stock*

The wider picture

Social value

Community Diagnostics

Environmental focus

Test bed for digital innovation

South Walks House, Dorchester - High Flow Orthopaedic Assessment Clinic

Edited by: Serena Davis

Background

Increased patient numbers waiting
Waiting longer times for appointments across orthopaedics

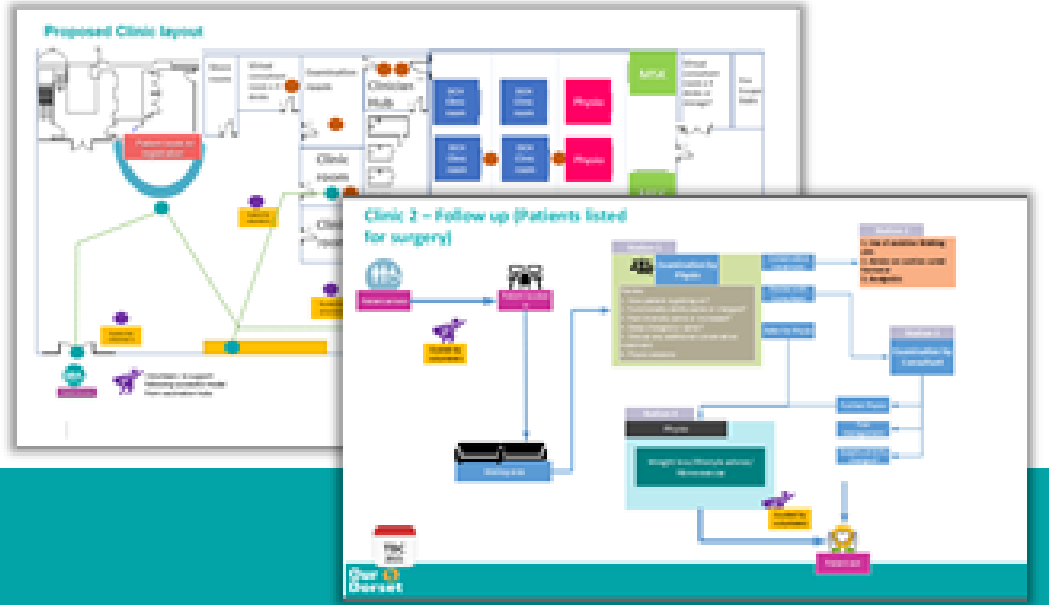
Purpose

Provide an additional location to increase the capacity for standard DCH outpatient clinics for orthopaedics, in addition to improving the quality and efficiency of processing patients once placed on the DCH waiting list.

Opportunity to develop a high flow operational model to reduce current waiting times
Utilise an additional space for orthopaedics outside of the hospital. Initial site identified at South Walks House, Dorchester (vacant council owned building) for up to 12 months

Potential Benefits

- Clear backlog of 52+ weeks non admitted orthopaedic patients by increased capacity
- Potential to create mini procedure room to clear backlog of procedures which can be conducted outside of acute setting
- Improved collaboration with wider colleagues and services including Physio teams, Hand Therapies, MSK & Prevention services etc
- Opportunity to run Joint clinics at scale
- Potential future opportunity to reduce number of touch points in the pathway for patients
- Up to an additional 100 virtual appointments per week



Good transport links across Dorset & close to DCH
Suitable size of open space to enable configuration to our requirements
Location with surrounding amenities to provide patient experience
Underground car park for staff

Orthopaedic high flow clinic proof of concept proposal

Phase 1 Nov- Mar

Clinic proposal through new clinic	Current activity per month	Additional capacity per month (Appointments)	Total no of patients per week (Appointments)	Additional virtual appointments (Appointments)
Nov	1,046	**376**	1,422	400
Dec	788	**252**	1,040	400
Total Jan-Mar 22	2,184	**1,200**	3,384	1,200
Phase 1 total	4,018	**2,800**	6,818	1,800

Clinical workforce requirements would come existing trust with exception of admin and booking/ reception staff, an operational manager, medical secretary support and volunteers

High level indicative costs

- Workforce (operational admin support & booking/ receptionist) & Equipment & site
- Total Revenue £351,800
- Total Capital £541,800

Phase 1 Nov 21- Mar 22

5 hour clinic session/ half day sessions - Session across 5 days (Mon-Fri)
3 clinic models (Hand, Generic Ortho & Joint MSK clinics)
Additional capacity generated = Average **107 patients per week + back fill of existing clinic space**

Total of 2,103 of patients currently on DCH Non admitted ortho waiting list.

Potential to see all non admitted orthopaedic 52 + weeks wait patients (144) before end of December 2021 requiring an appointment. Potential for P5& P6 patients to be seen outside of acute setting (non admitted patients only)

Additional opportunity for procedures

Utilisation of mini procedure room in existing space. Currently 162 cases waiting including carpel tunnel, trigger finger & joint injections 53 over 52 weeks by December. Potential to complete min 30 procedures in first phase reduce 52 week wait by 56% and remaining in phase 2

- A reduction in numbers on the waiting list
- A reduction in the length of time patients are waiting for a first outpatients appointment

Our Dorset

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Urgent and Emergency Care Update

Sue Sutton, Urgent & Emergency Care Programme Director, NHS Dorset Clinical Commissioning Group

National UEC Recovery 10 Point Action Plan

National UEC Recovery 10 Point Action Plan published on 22 September 2021 with expected progress to be seen over the next 6 months. The 10 points in the plan are:

1. Supporting 999 and 111 Services
2. Supporting Primary Care and Community Health Services to help manage the demand for UEC Services
3. Support greater use of Urgent Treatment Centres (UTCs)
4. Increasing support for Children and Young People
5. Using communications to support the public to choose services wisely
6. Improving in-hospital flow and discharge (system wide)
7. Supporting adult and children's mental health needs
8. Reviewing infection prevention and control (IPC) measures to ensure a proportionate response
9. Reviewing staff COVID isolation rules
10. Ensuring a sustainable workforce.

- Majority of points in the published plan are already included in the Urgent and Emergency Care Strategy and Delivery plan 21/22, signed off by UEC Board summer of 2020, which informed the UEC Recovery Plan underway since then. The national plan however, provides the mandate to accelerate implementation of some areas yet to be achieved, for example paramedics to have access to Same Day Emergency in acute hospitals (part of point 1 in the plan).
- The yearly requirement from NHS England and Improvement (NHSEI) to complete 'Winter Key Lines of Enquiry' (KLOEs) for UEC, together with the first version of the Dorset Integrated Care System Winter Plan were submitted on 15 October for NHSEI to review, with a 'Check and Challenge' session due to take place the week commencing 18 October. The final version will be submitted for approval to the Urgent and Emergency Care Board in November.

Other national guidance documents that have been published in the last month:

Operational Planning Guidance (30 September 2021);
H2 Planning Guidance (30 September 2021).

Challenges achieving recovery plan – UCC System – Whole Pathway Pressures

Dorset Integrated Urgent Care Service (IUCS) - includes NHS111, have declared 'OPEL 4' (NHS escalation scale, highest level) four times in September 2021 with call answering within 60 seconds at 38.27% during August 2021 against a national performance indicator of 50%; and call abandonment at 14.24% against a national performance indicator of below 5%. This is due to a significant increase in demand. Calls into NHS111 continue to increase with 34,984 received in 2021 versus 27,891 in 2020. NHS111 Online has shown an increase in usage from 6,973 patient journeys in August 2020 to 13,135 in August 2021. However, the Dorset service regularly performs better than the national average with all NHS111 services in the country under significant pressure.

South Western Ambulance Service Foundation Trust (SWASFT) - remain at 'REAP Black' (highest SWASFT escalation before a major incident) since mid-June. A Major Incident was declared from 7 to 10 September due to significant demand and patients waiting to have an ambulance allocated. Immediate actions were put in place on a regional and local level to mitigate the risk and harm to the Dorset population.

Hospital Handover Delays – there have been frequent handover delays at our acute hospitals due to the demand being experienced at Emergency Departments, which includes an increase in the number of patients self presenting. At Dorset County Hospital they have a Fast Bay system, which works well majority of the time which is reflected in the lowest handover delays in the County.

Challenges achieving recovery plan – UCC System – Whole Pathway Pressures

- **Acute Bed Occupancy -** consistently remains above 90%. The domiciliary care market continues to be challenging with difficulties in sourcing appropriate care packages leading to delays in the acute and community hospitals on discharging patients in a appropriate time. Numbers of patients who are ready to leave hospital and no longer need to be there but remain in a hospital bed means higher bed occupancy and no flow for other patients who may require a bed, this can also have an impact on elective care as there are not sufficient beds for elective patients following their procedures

- **Critical Care beds** - High occupancy impacting on elective patients requiring critical care following an operation.

- **Covid positive patients** – these patients require designated areas to maintain Infection Prevention and Control policies and therefore the higher number of these patients, the larger the bed base that cannot be occupied by patients who do not have Covid.

- **Patient Transport** – transport provider remains in place for the County, however additional capacity being sought due to increased demand through services. This in turn will mean that hospital discharges can be increased and be more timely.

- **Workforce** in Dorset highlighted as a risk due to sickness absence rates with proportion of these due to Covid either directly or indirectly (e.g. looking after children that have tested positive). The Operational Delivery Group (ODG) alongside the Workforce Cell have looked and implemented actions which will support workforce pressures, for example:- mutual aid being assessed across the system together with St Johns Ambulance being brought into UHD as Ward Volunteers and development of a health and care support scholarship programme, as well as developing other attraction campaigns for other key roles.

Actions being taken to support recovery

SWASFT – (inc handover delays here as per slide 16)

The Operational Delivery Group (ODG) (Leads from all Health and Social Care organisations in Dorset focussing on system pressures and resilience) are currently focusing on:

- Reducing the numbers of patients in hospital settings not meeting the clinical criteria to reside. These are patients that no longer need to be in an acute hospital setting based on their clinical needs. To support this a Discharge and Flow meeting has been set up focusing on the key blocks to discharge, progressing discharges for those patients where a clear discharge plan is not in place, and measuring the impact of actions being taken, which feeds back to ODG;
- Reviewing of short-term care caseloads for services (such as Intermediate Care and Reablement) in order to appropriately reduce care or discharge patients from these services who no longer require them and release capacity for those being discharged from hospital.

Same Day Emergency Care – increasing the number of appointments available in specialties and making these appointments accessible to paramedics to reduce conveyances to Emergency Departments for those that are not at immediate risk.

Non-injury falls – UEC team contributing to wider falls programme to ensure non-injury fall patients are treated timely and appropriately.

High Intensity Users service - Business case was supported by UEC Board and now work is underway to seek a provider to deliver this service to identify frequent users of the health service and ensure their needs are met by wider services.

Actions being taken to support recovery

- **Health Inequalities** – reviewing the Urgent & Emergency Care dataset by indices of multiple deprivation and ethnicity to understand local barriers, or perceived barriers to access and consider whether targeted communication, or specific services in the community are required to better meet patient need and avoid attendance and / or emergency admissions.

- **UEC out-of-hospital offer** – The focus of this work will be on ensuring that capacity and capability is matched to demand as well as agreeing and developing new pathways as an alternative to Emergency Departments, helping to ensure that patients get seen by the right person for their needs.

- **Integrated Urgent Care Service -** In NHS 111 there has been an increase in the number of Health Advisors to improve call answering and therefore patient experience. Also in the Clinical Assessment Service work is continuing to increase clinical support to ensure patients receive the most appropriate advice and treatment for their need. This aligns with the NHS111 First programme which was implemented in December 2020.

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Urgent Care Recovery, 111 and MIUs/UTC

Jane Elson, Service Director – Integrated Community Services, Dorset Healthcare University NHS
Faisil Sethi, Medical Director, Dorset Healthcare University NHS

National direction

- NHS 111 and GP services first point of contact for non-life threatening issue. This will:
    - reduce the need for travel
    - support remote assessment/treatment
    - minimise infection risks at healthcare sites
    - give patients clarity and prompt support.
- People with urgent care needs should get the right advice in the right place, first time, via NHS 111 online or phone support, their GP or through referral to the most appropriate service by NHS 111.
- Patients should be able to access care as close to home as possible.

For our patients…

For our patients this means:

- if someone needs medical help, but it's not a life-threatening emergency, they should use NHS 111 first
- depending on their needs NHS 111 will book them an appointment at the most appropriate service – for example, at their local A&E or GP practice
- patients can still attend an Emergency Department (ED) but could face a longer wait for assessment/treatment than if they'd used NHS 111
- in a life-threatening emergency people should continue to call 999

111 Demand and Forecast

National picture for demand

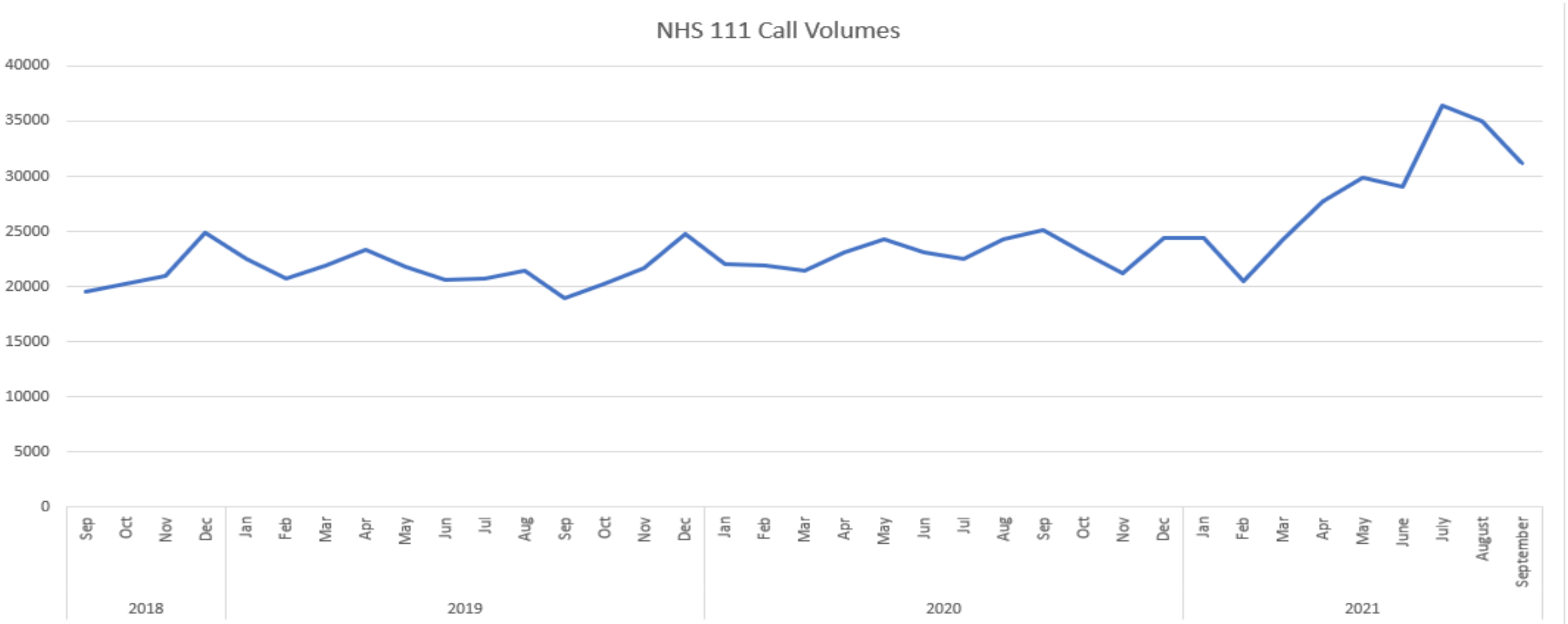
- Demand on 111 has increased over the pandemic.
- This stabilised over the summer, but is still significantly higher than in the past.
- Normal seasonal health issues will see further growth in demand over winter.
- People's susceptibility to winter illnesses is also likely to increase.

National call handling performance

- % calls answered in 60 seconds has declined in 2021.
- % of calls abandoned has correspondingly increased.
- Average time answering calls has increased from one minute to 10 minutes.
- Clinical call-back to patients within 20 minutes declined to 32%.
- Performance further impacted by COVID-related staff absences.

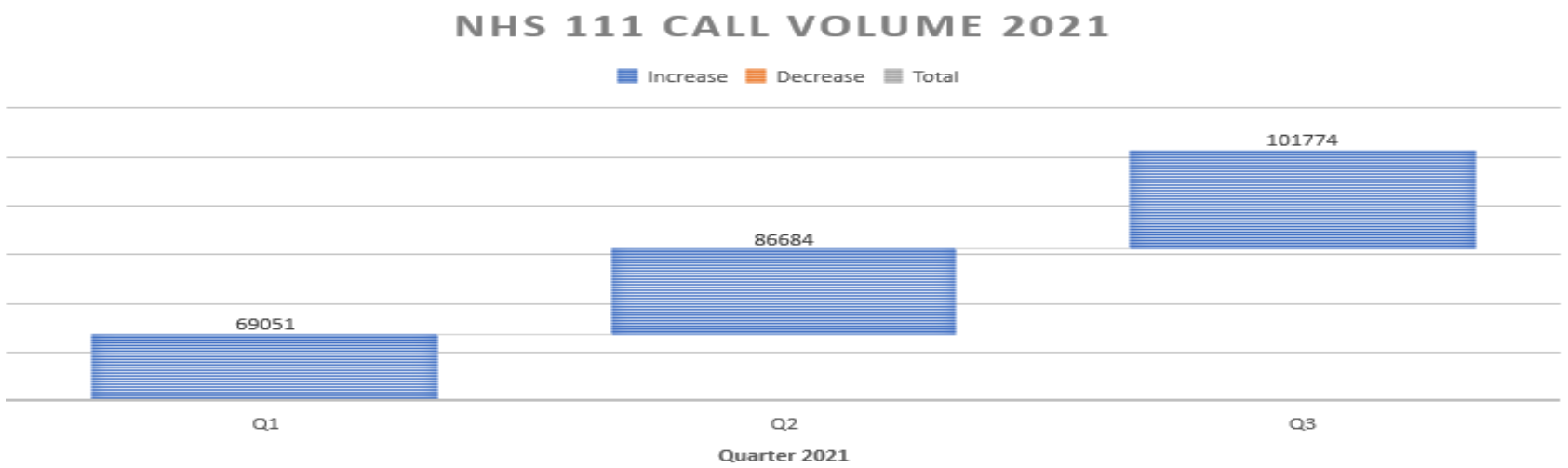
Dorset 111 demand

Demand for 111 services has increased significantly over the last three years:



Dorset 111 demand

111 call volumes have increased by 32,723 calls between Jan. 2021 and Sept. 2021:



NHS 111: booked appointments

- Dorset NHS 111 services were the best in the country, with 96% of calls answered within a minute and the call abandonment rate was 1.8%

- Skilled “call centre” staff, supported by clinicians, handle MIU calls – enabling the release of clinical staff to meet MIU appointment demand and work flexibly in supporting patients at higher clinical risk

- Booked appointments are arranged in line with the national principles of 111 First

- People who turn up unheralded at MIUs receive a clinical triage assessment and are either seen immediately, given a timed appointment or directed to a more appropriate service or self-care

Patient experience

“The whole experience was seamless. From being triaged at home, given an appointment to being seen on time by fantastic, caring professional staff. This service is a credit to NHS and so COVID-safe, it is to be highly commended and supported for its efficient delivery of medical assistance.”

“Excellent experience, booked in by phone. Appointment started exactly on time. Treated by an experienced nurse practitioner and discharged within a few minutes. Highly recommended.”

However, increased demand has impacted patient experience

National UEC Recovery Guidance

Supporting 111

- National commitment to provide additional funding, video consultations, better technology for home working and more regional collaboration.
- Regional and local actions to further promote and implement the 111 First model, understand demand and consider regional call handling.

Urgent Community Response (UCR)

- Roll out two-hour crisis response services.
- Ensure provision is seven days a week, and a minimum of 8am-8pm.
- Make full use of 111, 999 and other services to support admission avoidance and provide care in the right place.

Urgent Treatment Centres (UTCs) or other forms of community provision

- Adopt referral pathways into UTCs from NHS 111 and 999.
- Develop new patient pathways as an alternative to ED, including booking from NHS 111.

Recovery: Dorset

- £1m invested in call handler capacity
- Additional winter capacity - £1m
- Continual call hander recruitment
- Pathways easements embedded
- More home working technology
- Increased remote GP capacity
- Attend Anywhere consultations
- Primary Care booked appointments
- 70% ED dispositions booked
- UCR pilot expanded across Dorset working closely with 111
- Develop an integrated community urgent care workforce

Next steps

- In line with national guidance, we are committed to successfully implementing the 111 First model and improving the patient experience.

- We would encourage people to use 111 first, however, we understand local concerns that have been raised about some aspects of this approach. We would like to clarify that people who go to an MIUs without an appointment will continue to be assessed by our staff.

- Depending on the patient's need, they will either be treated immediately, given a timed appointment that day or the next, directed to a more appropriate service or given advice on self-care.

- We will continue to trial the 111 First model for another six months and seek further feedback from stakeholders/service users about its implementation and effectiveness.