



Improving Health and Wellbeing for Walsall



**Walsall Health and Social
Care System Winter Plan
2017/18**



Walsall Clinical Commissioning Group

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Background

This Winter Plan draws upon experience of last winter and also the work of the Capacity Support Team that was made available to the A&E Delivery Board (DB) from January to July 2017. During this period the DB established three work-streams for system recovery each of which had an Operational lead and Chief Officer Sponsor:

- Emergency and Urgent Care Attendance
- Patient Flow in the Hospital
- Hospital Discharge Pathways and Integrated Intermediate care

Despite the additional capacity and improvements to the services, the flow through our system has still proven challenging, and as a consequence Walsall Healthcare NHS Trust (WHT) has continued on high escalation levels, and continued to fail the 95% four hour A&E wait target.

During the first 6 months of 2017 we have conducted a more detailed analysis of flow through the Emergency Department and Inpatient Wards and put in place measures that have reduced the number of patients in hospital who are Medically Fit for Discharge. This has led to a plan to close two medical wards by September 2017 and this is currently on track.

This means that we understand the flow of patients through our system better than ever before. We have set out a diagnostic in our System Recovery Plan together with a high level account of our detailed operational plans across three work-streams.

This winter plan more specifically sets out our arrangements for periods of high escalation.



Integrated planning

Each of the main local agencies have their own detailed operational plans for a winter surge and these form the basis of this high level System Winter Plan:

- Walsall Healthcare Trust
- Walsall Metropolitan Borough Council
- Dudley and Walsall Mental Health Trust
- Walsall CCG

The winter plans of West Midlands Ambulance Service, NHS 111, and Primecare (for Urgent Care Services) have also been referenced.

Together these plans outline the services and contingencies that are in place across Walsall. These plans build on work undertaken in previous years, and a winter planning simulation exercise for system leads led by the DB Op Gp

We are clear that we have a whole system problem that requires a whole system solution involving all of our partners, and our aim is to anticipate and prevent periods of high escalation, as well as to respond appropriately when demand is higher than the capacity available to meet it.

Across the Local Health and Social Care Economy there are a number of collaborative arrangements for planning. Meetings which are established throughout the year:-

- A&E Delivery Board
- A&E DB Operational Group
- Black Country Locality Urgent Care Leads

An Emergency Department and Emergency Care Taskforce is led by Walsall Healthcare Trust with attendance of CCG Urgent Care Lead.

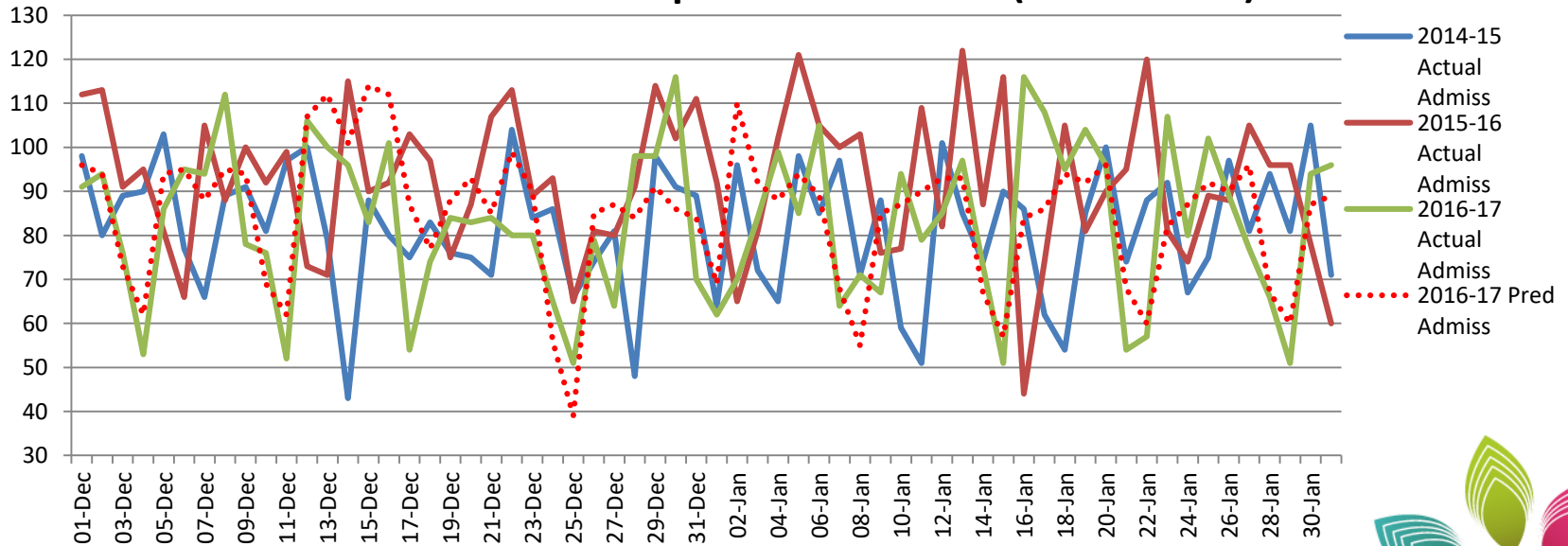


Capacity and Demand Modelling

The Regional Capacity Management Team provided an analysis of activity levels during the winter periods for the last three years which will lead to a prediction of winter levels during 2017/2018. The following graphs show this data for all admission, medical admissions and ambulance arrivals during December and January. Graphs for February, to April have also been provided. This data has informed the development of the WHHT Operational Winter Plan.

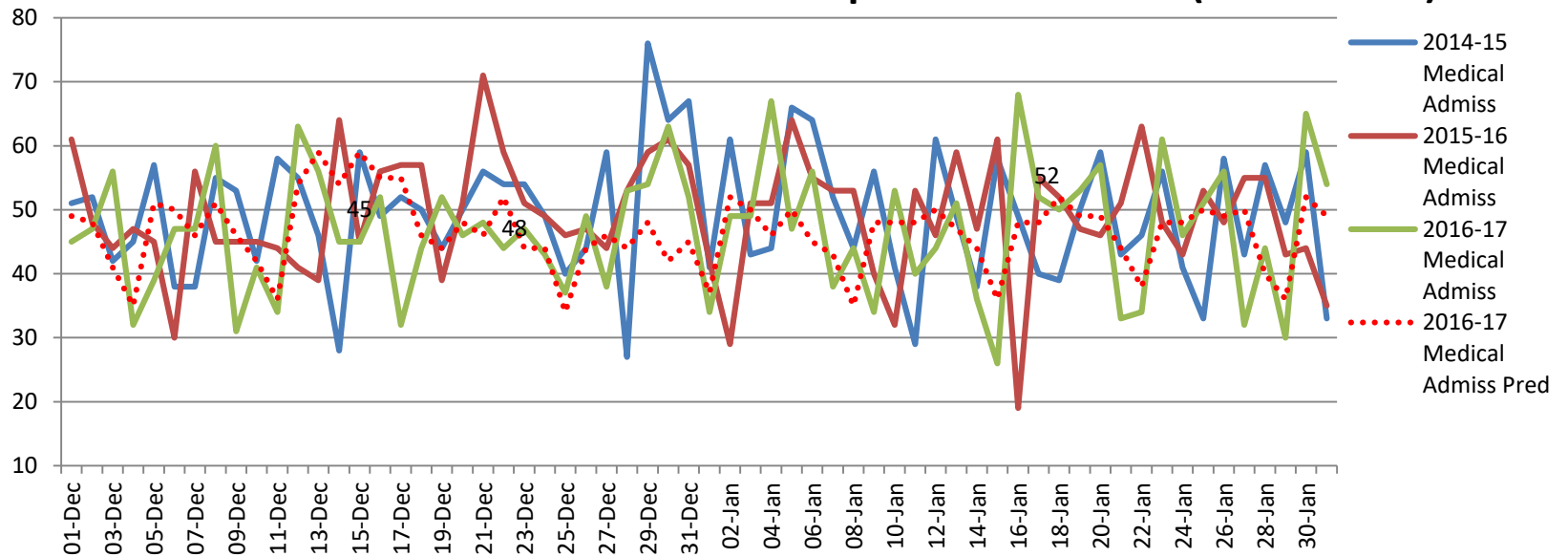
The prediction is calculated as a rolling 12 week period, so the current predicted activity levels are for the period up to the end of November.

All Admissions Comparison Dec - Jan (2014 - 2017)

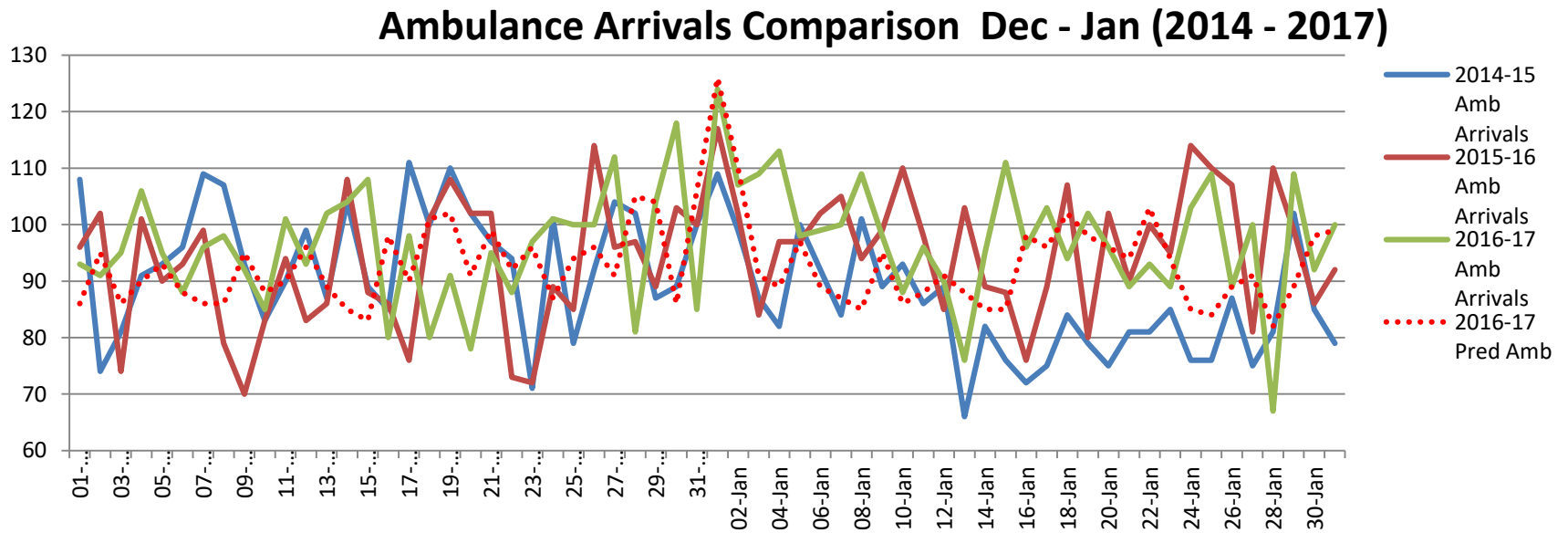


Capacity and Demand Modelling

Medical Admissions Comparison Dec - Jan (2014 - 2017)



Capacity and Demand Modelling



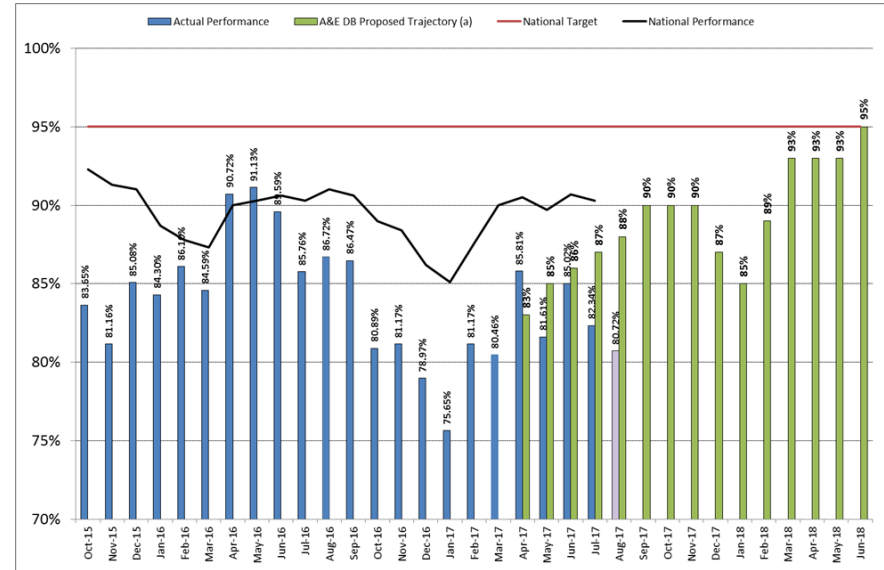
Recovery Trajectory

Capacity and Demand Modelling

A detailed analysis of capacity and demand in the Walsall health and social care system is set out in the A&E Delivery Board System Recovery Plan. This identifies current levels of demand and capacity, and a plan for required level of capacity through to planned sustainable achievement of the 4 hour A&E wait target from June 2018.

The resulting trajectory includes the winter period and is shown opposite. The current plan is to achieve 90% during September 2017 and then to sustain this through October and November with a deterioration in December, January and February and recovery through to 95% by June 2018.

This trajectory is subject to approval of the A&E Delivery Board on 20 September 2017.



Actual performance during July 2017 was 82.3% and the out-turn for August 2017 is currently expected to be 80.7% so it is recognised that achieving the 90% trajectory in September will be a challenge.



Escalation Process

The West Midlands Regional Capacity Management Team (RCMT) has developed, in partnership with commissioners and providers, the Escalation Management System (EMS). This system requires all acute trusts to declare the amount of pressure in their system on a real time basis as measured against 14 domains at four levels so that the degree of pressure across the region can be monitored on a comparative basis.

During 2016/17 this was expanded to become an Operational Pressures Escalation Level (OPEL) framework, where other parts of the health and social care system also declared an escalation level, leading to an overall system level being declared for each local health and social care economy. For Walsall, this is overseen by the Chief Operating Officer of WHT and the Urgent Care lead of the CCG.

Routine reporting will be carried out by:-

- Walsall Manor Hospital
- WHT Community Health Services
- Urgent Care Services
- Walsall Council Adult Social Care
- West Midlands Ambulance Service
- Mental Health Services

Each organisation has its own internal escalation plan, built upon the levels of escalation within the EMS and communicated through its website. Each one has in hours and out-of-hours response to escalation levels. These are described in this Winter Plan.

Actions to be taken at the different escalation levels are based upon RCMT Escalation Action Cards. The WHT Emergency Department Escalation Processes document describes how the various escalation levels are triggered by WHT.



Escalation Communications and Conference Calls

The current escalation level is communicated on a real time basis throughout the day. System leads are nominated to receive notifications and initiate actions accordingly, maintaining effective integration.

Conference calls are used at times of high escalation to allow senior operational managers across the system to identify actions to bring down the pressure in the system. A conference call brings together senior clinicians and managers at times of high pressure to identify and agree additional support, and agree a plan and timescale for de-escalation.

Our winter simulation exercise is conducted in October/November each year and ensures that system leads are aware of and able to contact each other, and also aware of the winter plans of each agency and of opportunities for a more effective integration of response across agencies.

The will CCG host conference calls whenever the Trust declares an EMS Level 4 during working hours, and the Trust will host calls at week-ends, and bank holidays. There is a Director on-call rota for out-of-hours shared between the 4 Black Country CCG's.

The conference call is chaired by a Senior Manager in the CCG, or the Chief Operating Officer of WHT and include as a minimum a Senior Manager from Walsall Council, and the West Midlands Ambulance Service Control Centre.

There will also be support from the Regional Capacity Management Team, and other parts of the system as appropriate i.e. Dudley Walsall Mental Health Trust.

The RCMT is currently seeking to trial a live version of the EMS in Walsall this winter.



Response to High Escalation

At times of high escalation, each agency will deploy all available escalation resource as set out in the RCMT Escalation Action Cards, and ensure there is an integrated and co-ordinated response.

In summary:

- WHT will notify the high escalation level across the system and take steps to accelerate the flow of patients from A&E to Assessment Units, and from Assessment Units to inpatient wards
- WHT will work closely with social care to accelerate hospital discharge as appropriate
- CCG will inform GPs and Urgent Care Services of the high escalation level
- Primary care will be asked to minimise referrals to the A&E and make more urgent care appointments available
- Primecare will ensure they are maximising patients streamed to the UCCs and optimise clinical capacity across the UCCs and GP Out-of-Hours Service to support A&E
- DWMHT will ensure there is 24/7 Psychiatric Liaison and mental health crisis response to support A&E
- WMAS will be asked to divert ambulances to other acute hospitals depending upon the level of demand across the West Midlands and to deploy HALO resource if not already in situ
- Social care will seek to accelerate the number of patients being discharged by increasing assessment capacity and notifying social care providers of higher than usual level of referrals

We have reviewed the effectiveness of previous investments for winter to ensure they continue to have the required impact.



Infection Prevention and Response

Headlines:

The profile of infection prevention control has been raised across Walsall health and social care economy.

Public Health England, Walsall Public Health, WMBC Environmental Health, DWMHPT, and WHT infection prevention teams work collaboratively to provide advice and support to health and social care providers throughout Walsall to prevent infection and to manage outbreaks.

Toolkits to provide advice on management of outbreaks are available for acute and residential care settings as well as schools and nurseries.

Regular infection prevention training is available at local level.

Out-break plans are available and exercised to ensure they are fit for purpose. Incidents are managed in accordance with infection control policies and procedures and then reported.

Debrief sessions are held following outbreaks in Trusts and residential care settings to learn lessons and to continually improve management of incidents.

A seasonal flu group meets to implement ways to increase the update of flu vaccination in at risk groups.



Flu Vaccination

A Borough-wide partnership group is overseeing the planning for the seasonal flu immunisation programme for 2017/18, chaired by Public Health Walsall.

Targets of the flu immunisation campaign 2017/18:

- To reach or exceed 75% uptake for people aged 65 years and over;
- To reach or exceed 55% uptake for people under age 65 with high risk factors from the effects of flu;
- To reach or exceed 55% uptake for pregnant ladies
- To reach between 40 and 65% children aged 2 and 3 years of age and academic years Reception through to year 4
- To reach or exceed 75% uptake of the health care workers. This was achieved by WHT last winter.

An action plan has been developed, drawing on lessons learned from previous years and setting out arrangements for flu vaccination clinics. The plan includes:

- Vaccination of pregnant women by maternity services
- School vaccination undertaken by Vaccination UK
- Vaccination in special schools
- Targeting surgeries with previous low uptake
- Community Pharmacy Campaign
- Social care vaccination programme
- Flu vaccination action plan drawn up by occupational health teams in WHT and DWMHT.

There is a borough wide communications and engagement plan to promote flu vaccination uptake in target groups e.g. letters to parents of 2 to 3 year olds.



Adverse Weather

There is a local Walsall Plan to guide the response to cold weather or a prolonged period of low temperature which sets out the responsibilities of Local Authority and NHS organisations, as well as describing how local command and control will work, and the links into the escalation of a multi agency response.

The Met Office provides a series of tailored weather forecasts throughout the winter period. From 1st November to 31st March, a forecast for severe weather and Cold weather Alert is updated every four days. This provides an early warning of any expected periods of cold weather. All NHS organisations have plans in place to deal with the consequences of cold weather, which are there to discharge the responsibilities identified in the DH Cold Weather Plan.

Public Health ensure that key health messages are available and forwarded onto the Walsall public through various media (website, media and social media).

Once an episode of cold weather is over, a review will be held at the 'Health Protection Forum' as a "hot debrief" to highlight any issues that have arisen in the previous episode. The Health Protection Forum is chaired by the Director of Public Health and attending members cover all key health partners. Any actions should be clearly identified, along with the responsible person / organisation and the timeframe for completion. The timescale will to an extent be influenced by the current risk assessment for a further period of cold weather.



Winter Communications to the Public

To complement the NHS England 'Stay Well this Winter' communications campaign, locally we will ensure that we are communicating details of service opening times over all bank holiday periods and ensuring that the directory of services is updated where there are variations to operational hours.

We are currently exploring opportunities within the STP for aligning our winter communications plans to ensure consistency of message and best use of available resources. As part of this we are looking at novel and innovative mechanisms to engage with local populations.

This includes animations; on-line quiz; Facebook advertising; web banners; merchandise; weather alerts; video case studies; etc

Social media will be used for targeted campaigns on flu, urgent care and NHS 111, and self care.

Flu Campaign Target Groups

Long term conditions (e.g. asthma); Pregnant women; Children aged 2-4; and Carers

Urgent care/NHS 111 Target Groups

Soft tissue, strains & sprains targeting 16-35s;
Parents of 0-5s; Slips, trips & falls (frailty);
Schools and colleges engagement plan;
Promotion of NHS 111 and the Ask NHS app

Self Help Target Groups

Frail older people; Carers; Parents of 0-5s;
Voluntary & community sector – e.g. Age UK,
carers groups, children's centres



Primary Care

Primary Care

During periods of high escalation there is communication from the CCG to General Practice seeking to reduce referrals to the Ambulance Service and to the Emergency Department at the Hospital as appropriate and to seek additional urgent care appointments.

Work is currently underway to ensure that patients have access to week-day in hours primary care services at all times during the week (i.e. by reducing the extent of half day closing).

Funding for additional primary care capacity is being made available to Walsall CCG from April 2018. Should funding become available during the winter period, then the CCG will bring forward its plans to increase access to primary care.

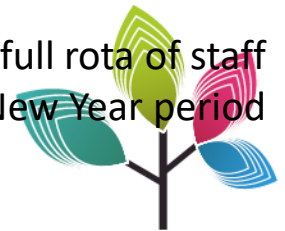
GP Out Of Hours

GP Out of Hours services in Walsall are provided by Nester Primecare from the UCC at Manor Hospital and access is by ringing NHS 111. The response may be telephone advice, an appointment at the Urgent Care Centre, or a home visit.

This service is available 24 hours at week-ends and bank holidays and from 18.30pm to 8.00am on week-days i.e. outside of the normal week-day GP services.

At times of high escalation between 18.30pm and midnight Primecare will utilise the full clinical capacity of both the GP Out of Hours Service and the UCC in a flexible way to support the ED.

Primecare ensure that there is a full rota of staff available for the Christmas and New Year period and Bank Holidays.



Integrated Urgent Care

Urgent Care Centres

There are two Urgent Care Centres in Walsall provided by Nester Primecare.

The Urgent Care Centre at the Manor Hospital is an integral part of the Emergency Department (ED) and is available for direct walk-in appointments. It is open from 7.00am to midnight.

Walk-in patients to the ED are first directed to a Primecare streamer nurse who sits at the front desk of reception, and streams those patients who do not need to go to A&E to the UCC. This results in nearly half of walk-in patients being directed to the UCC. 4 hour breaches in the UCC are an exception.

There is a close and very positive working relationship between WHT ED and Primecare with routine monitoring of the patient pathway between the ED and the UCC.

The Urgent Care Centre in the Saddlers Centre in Walsall Town Centre is open from 8.00am to 8.00pm.

There is currently a formal consultation on the future of the urgent care centres being led by Walsall CCG with a preferred option to close the UCC town centre site and transfer some of the resource to the Manor Hospital, and enable closer integration of the UCC with the GP Out of Hours service. The aim is to enhance the urgent care services at the Manor in order to relieve pressure on A&E.

During periods of high escalation there is communication to Primecare to ensure full usage of capacity within the GP Out-of-Hours Service and the Urgent Care Centres working closely with A&E.



Integrated Urgent Care

West Midland Integrated Urgent Care Alliance

Walsall CCG is part of the West Midlands commissioning collaborative for integrated urgent care (WMIUC) services. This is an alliance of providers who are delivering components of integrated urgent care including: NHS 111 call handling and triage; a clinical assessment service (CAS); and GP out of hours (OOH) services. Shared development priorities include direct booking from NHS 111 for appointments in Urgent Care Centres; direct booking from NHS 111 for appointments with the patients own GP; and shared access to patient records.

Additional pipeline developments include direct and repeat prescribing by the CAS; mental health crisis support; and SMS messaging for appointment confirmation and self care advice.

Primecare are working as part of the alliance on these developments and aim to make direct booking for appointments in the UCCs from NHS 111 available by December 2017. The aim is to reduce the number of patients attending the reception area of the Emergency Department and thus reduce pressure on the A&E.

A new key priority development is integration with West Midlands Ambulance Service. This will facilitate access for crews & paramedics to a clinical desk 24/7 and ensure that lower acuity calls can be passed from 999 into the IUC service offer. Detailed delivery plans are being agreed at a West Midlands footprint. The aim is to reduce ambulance conveyance to hospital.



West Midland Ambulance Service

WMAS Winter Plan sets out in detail key pressures expected to arise during winter; winter actions including measures to ensure optimum capacity; and the EMS and reporting arrangements.

Winter actions include:

- Maximising staff availability
- Temporary increase in fleet capacity
- Business continuity plans for Emergency Operations centre (EOC); Operational Sectors; Fleet ; and Logistics
- Adverse Weather Plan
- Flu
- Additional manager Cover from 15 December 2017 to 9 January 2018

WMAS piloted the Ambulance Response Programme (ARP) and therefore all of the required changes in operational processes have been fully implemented across the West Midlands. WMAS have highlighted the following improvements arising from ARP:

- A higher proportion of responses by ambulance compared to rapid response vehicles (RRV) from previous daily peak outputs of 215 Ambulances and 99 RRVs, to 310 Ambulances and 14 RRVs;
- Providing faster response to patients across all categories
- 96% of resources now have a Paramedic on board and will be 100% by Winter 2017

The proportion of patients transported to hospital has fallen from 62% to 60%



Support for Care Homes

Wrap around support to reduce admissions from care homes was implemented from spring 2015 with a team of community matron case managers to identify and undertake comprehensive holistic assessment of residents who are at high risk of hospital admission; develop a personalised care management plan; and provide care co-ordination for an identified caseload. The role of the case manager is to:

- Increase the number of early intervention/emergency passports in place.
- Reduce the number of inappropriate 999 West Midlands Ambulance calls.
- Reduce the number of patients being admitted into hospital inappropriately.
- Improve access to learning and staff development
- Provide clinical assessment and deliver nursing care.

Conveyance from nursing homes was subsequently reduced by 50% and this has been sustained as a reduction to 65% to 70% since the scheme inception. Conveyances from care homes in Walsall currently average between 4 and 5 per week.

This role covers the Nursing Homes across Walsall.

Information, advice and training is provided to residential care homes, where direct access to the NHS 111 Clinical Assessment Service (CAS) has been available since April 2017.

Walsall CCG Medicines Management Team provide support for all care homes to be compliant with British Geriatric Society (BGS) Guide on Care Home Medicine. Each home is visited at least once a year with more intensive support for homes where there are quality concerns.



Walsall Healthcare Trust

The WHT Operational Winter Plan “Arrangements for Winter 2017/18”

The plan describes:

- key pressures on the system;
- risk management arrangements;
- clinical operating principles and standards;
- governance arrangements;
- winter reporting through UNIFY;
- winter actions 16/17 that remain in place;
- winter actions 17/18; and
- pharmacy considerations when opening additional capacity.

The plan is available separately.

Key Pressures:

- Winter medical presentations
- Increased demand due to higher level of infections and/or ill health
- Peaks of bed closures due to infection (e.g. Norovirus)
- Increased medical outliers, cancelled operations and ambulance conveyance and handover
- Pressure on adult and paediatric critical care capacity across the network
- Unplanned staff absence due to illness
- Effects of Adverse weather



Walsall Healthcare Trust

Winter Actions which remain in place

- Community Services Demand Management (see below for more detail)
- Enhanced Community in-reach
- Early Senior Assessment in the ED
- In reach of speciality medicine into the AMU
- Flexing elective sessions
- Enhanced Frail Elderly Service
- Infection control procedures
- Red and Green Day as part of SAFER bundle
- Opening of additional capacity (at ward level and/or clinical areas)

EMS and Reporting Arrangements

See Escalation slide above

Developments during spring/summer 2017 that prepare for winter:

- FES/Ambulatory services now provided 7 days per week.
- A Discharge Lounge is funded and established 5 days per week.
- A winter ward is identified and available for opening in the first winter period of late December 2017/January 2018.

Winter actions 2017/18:

Winter initiatives yet to be completed include:

- Review OPAT service
- Review role of SWs and Therapists on AMU
- Enhancing primary care streaming in ED
- C Diff Unit
- MFFD Trust Action Team



Walsall Healthcare Trust

Opening of Additional Capacity:

Opening additional capacity, over and above the planned opening of a winter ward, will only be undertaken with prior approval of the Chief Operating Officer or Director On-Call in the following order:

- Planned opening of extra winter ward
- Flexible winter contingencies that are relatively low risk e.g. surgical used for medical outliers
- Higher risk winter contingencies e.g. ward 29, endoscopy, radiology
- Last resort options in the event of significant surge e.g. extra pts on wards

There will be constant review by the capacity team and site manager throughout the day and night with priority for closing the following day.

Community Health Services:

Actions in winter plan include:

- Community matrons provide 2 hour response to urgent calls to avert an avoidable hospital admission for case managed patients
- In-reach matrons supporting hospital discharge
- Clinical Intervention Team 7 day service includes in-reach to wards to support discharge of patients requiring IV antibiotics
- Additional spot purchase of intermediate care placements with approval of CCG
- Increase capacity of unplanned work out of hours – additional 20 hours to night service
- Predictive modelling of domiciliary care demand in partnership with Walsall Council



Demand Management Schemes

Specific community demand management schemes are in place as follows:

High Re-admission Patients:

Risk stratification of frequent flyers and those at high risk of admission within community teams has been in place since 2014. By July 2017, 468 of previously known high user patients with long term conditions receiving support from the community health team's, had had no re-admissions within a 12 month period.

Community matron in-reach:

Patients who are active on community matron caseloads are registered with an emergency admission alert, and if they are admitted they are followed up by the in-reach matron with aim of reducing LOS. A&E Delivery Board has asked the Locality Teams to identify HIUs already known to them prior to December 2017.

High Intensity Service Users (HIU):

An HIU post is being established in Walsall CCG to work closely with WHT, WMAS, and WMBC. A cohort of HIUs has been identified based upon attendances at the Emergency Department. There are 380 patients accounting for 12,000 attendances at an ED, over 8,000 of which have been at the ED at the Manor Hospital.

The post-holder will cross reference this cohort of patients with HIU's of WMAS and Primary Care Services, and conduct an assessment of each patient. They will identify alternative support services for the patient and agree these in the form of a care plan.

The aim is to reduce attendances by this cohort of patients by 30% i.e. (4,000 attendances) over two years.



Demand Management Schemes

Designated Urology Nurse:

By Jan 2018 a designated Continence/Urology nurse will be aligned to each of the integrated locality teams with the aim of targeted case management for patients who have frequent admissions due to urology related co-morbidities

Rapid Response Service/Virtual Ward: Rapid response service and single point of access were implemented from autumn 2014 and now has circa 200 referrals per month. The rapid response service prevents patients being admitted into hospital if they become sub-acutely unwell and are safe to remain at home.

The Virtual Ward is made up of patients who are on the community nursing teams caseloads who are either at very high risk of hospital admission or have had an earlier than expected discharge or turnaround from A&E. The number on the Virtual Ward was 342 as at 1 July 2017.

Frail Elderly Service: Frail Elderly Pathway nurses have been present in A&E since March 2015 to arrange support at home for older people as a means of avoiding admission to hospital. An average of 400 patients per month are currently being supported with around 220 being discharged home the same day.

Support to Nursing Homes for Reducing Hospital Admission: Wrap around support (i.e. Community Matrons and pro-active GP medical Cover) implemented from spring 2015. Includes Emergency Care Passport (ECP), which is a shared care plan between the resident, West Midland Ambulance Service (WMAS), primary and secondary care.

Community Equipment Service

Integrated between health and social care and responsive to variation in demand.



Mental Health Services

Crisis Resolution Home Treatment

Dudley and Walsall Mental Health Partnership Trust operate an Adult on-call system for all crisis mental health provision over a full 24 hour 365 days per year commissioned service.

Mental Health Psychiatric Liaison

There is an on-site Adult Psychiatric Liaison service operating within A & E who are available 7 days per week from 6am to 11pm. This team will also follow up on admission if a patient needs to be admitted due to physical health problems to support their mental health issues on the ward.

There is a further Alcohol Liaison worker located in the A&E department, this service is available Monday to Friday 9 – 5.

The acute hospital also accommodates the dementia liaison services which will manage and support people with dementia on the wards, this service operates Monday to Friday 9 – 5.

Tier 3+

From December 2016 the CCG will commission a crisis treatment at home service to provide out of hours support for children and adolescents requiring treatment and to assist with discharge from the acute hospital.

Crisis Car

There is currently a trial project of a crisis car service which attends to people with mental health crisis in any public place. This service is accessed via NHS 111 or 999; the car operates from 2pm – 2am Monday – Friday and 10am – 2am at weekends and bank holidays



Adult Social Care Services

Walsall Council Winter Capacity Plan will set out expected demand upon adult social care during the winter period and actions including:

Assessment and Care Management:

There will be a dedicated Social Worker and Care Facilitator on site at The Manor Hospital 7 days a week to maintain patient flows and assessments through to the end of March 2018.

There will also be 7 day access to a senior manager, or delegated approver to process funding decisions in relation to commissioned support and discharge to assess transfers.

Transitional Care Pathways:

A real time transitional care tracking system is in place to ensure timely access to and transfer from a range of services on discharge. Therapy and social work support to the transitional care pathways has been increased in line with the A&E Delivery Board Recovery Plan.

Social care Reablement:

The additional 300 hours per week that was secured as part of the A&E Delivery Board Recovery Plan for the revised discharge to assess pathway in 2016/17 is being fully utilised.

Domiciliary Care Market:

The Council has awarded new contracts for social care reablement services to a smaller number of suppliers making it easier to ensure they can flex to changes in the flow of patients from hospital. The pathway has expanded significantly which has helped to reduce the MFFD list by 33%. A winter capacity plan for the social care market is in development.

On Call Response to Escalation:

Walsall Council Adult Social Care Services has in place on-call out of hours arrangements and escalates its response in accordance with the RCMT escalation action cards as triggered by WHT.



Hospital Discharge – High Impact Changes

A&E Delivery Boards are mandated at national level to oversee implementation of 8 high impact changes for hospital discharge.

We have reduced the number of Medically Fit for Discharge (MFFD) patients from an average of circa 120 to 130 to an average of circa 70 to 80 during the first 6 months of 2017. We are implementing an integrated model of hospital discharge and intermediate care from September 2017. Taken together, these two work-streams address most of the requirements set out in the 8 high impact changes. A summary of progress on each is as follows:

Early Discharge Planning

Embedding SAFER and RED/Green days is being implemented via Listening into Action sessions with current actions: physio in community; PJ paralysis campaign; IT whiteboard for MFFD; patient information on discharge arrangements.

Systems to Monitor Patient Flow

Bed Bureau matches demand from A&E and AMU with bed availability across all wards three times daily. Integrated Discharge Team (IDT) maintains 'live' MFFD list with active case management of those on list.

Multi-disciplinary Discharge Teams

There is an integrated health and social care discharge team in place with MDT assessment teams in ED and at ward level. The new integrated model of hospital discharge means that a majority of patients will be discharged within 24 to 48 hours of becoming MFFD 7 days a week by end of March 2018.

A multi-agency discharge panel of senior managers takes place weekly, and can be convened at short notice at times of high escalation.



Hospital Discharge – High Impact Changes

Home First/Discharge to Assess

Additional capacity for discharge home to assess pathway with social care reablement has been continued from last winter. Discharge to nursing home to assess remains with 17 nursing home beds. Some transfer of continuing health care and therapy assessment to community with agreement on placement without prejudice.

Seven Day Services

Hospital discharge and social care teams assess and organise care 7 days a week. Some care services accept week-end referrals. Winter capacity plan for the social care market includes access to social care services at week-ends.

Trusted Assessors

Trusted assessor role based on a single joint process is established within the Integrated Discharge Team. Care homes currently insist on conducting own assessments and unable to offer assessment at week-ends.

Focus on Choice

Patient Choice Policy revised and implemented from Sept 2016. Admission advice and information leaflets in place and being used. Red Cross Home from Hospital Scheme. More robust use of patient choice letters identified as an action in LiA session.

Enhancing Health in Care Homes

Dedicated community matrons assigned to support all nursing homes in the Borough with pro-active support to prevent hospital admission. This resulted in 30% reduction in conveyance and admission from the nursing homes during summer of 2015.



Out of Area Patients

The majority of Out of Area (OOA) patients are from Staffordshire with some patients from Sandwell and Birmingham being the next highest in numbers.

There is a full time Social Worker and a Therapist working in the Manor for Staffordshire patients as part of the Integrated Discharge Team and this arrangement works effectively.

Staffordshire colleagues have been involved in the changes in working practice within the hospital to reduce the number and lengths of stay of patients who are medically fit for discharge, and follow these arrangements.

Difficulties arise when the health and social care services to support hospital discharge are sometimes at full capacity, and the extent to which there is the same range and capacity for demand management.

Escalation for OOA patients takes place by direct communication with staff assigned to individual patients, and there is escalation to senior managers as appropriate.

Staffordshire surrounds CCG are invited to attend A&E Delivery Board and meetings of urgent care leads in each economy are taking place to explore how the two economies can work more effectively together. Areas of interest that have been identified include:

Support to care homes on the border between Walsall and Staffordshire;

Aligning the commissioning of home care agencies;

Ensuring there is effective communication of service changes;

Understanding of system constraints;

Learning from good practice



Pre-Christmas Approach

Pre-Christmas Approach:

It is recognised that most people prefer to be at home during the Christmas and New Year period if possible. At the same time there is a need to create capacity for emergency admissions during the holiday period.

Therefore, there will be a concerted effort to maximise hospital discharges in the preceding two weeks with a view to having 100 beds available for admissions by the start of the Christmas break period.

This can be achieved as follows:

- c. 40 beds – as per the “normal” Friday night position
- c. 30 beds – released by not scheduling elective inpatient surgery over the period
- c. 30 beds – from a concerted whole system focus on discharges in the week before Christmas

Specific actions include:

- Additional consultant cover at week-end in the Christmas week
- MFFD/DTOC reviews 7 days a week
- Teams instructed to staff as ‘normal’ as far as possible over the holiday period
- Engage with social care providers to expect additional cases in the pre-Christmas period
- Maximise the extent to which therapy assessment and treatment are provided out of hospital
- Review of administrative processes to improve flow of CHC cases and minimise delays



Pharmacy and Dental Services

Community Pharmacy Availability

Walsall has pharmacy coverage with 78 pharmacies across the borough, amongst which are 11 100 hours pharmacies.

Community Pharmacies will be open for their normal contracted hours on the days specified for the dispensing of prescriptions, pharmaceutical advice and the purchase of over the counter medication with the exception of 25th and 26th December 2017 and 1st January 2018 which days are covered by a rota commissioned by NHSE.

NHSE have commissioned minor ailments service for under 16s (40 providers- though patients can access pharmacies outside Walsall CCG/MBC area).

Walsall CCG have commissioned minor ailments to the over 16s (43 providers).

Other commissioned services through community pharmacy:

- National services- Medicine Use reviews, new medicines service and flu vaccination
- CCG commissioned: Out of Hours availability of specialised end of life drugs
- Public Health: Drug misuse services; Emergency Hormonal contraception and chlamydia screening, smoking cessation

Dental Services

Dental patients in pain and who do not have a regular dentist can access the Dental services at Dental Access Centre (DAC), Blakenhall Meadow Health Centre.

Normal surgery hours (8.30am-5.00pm, Mon-Fri). Out of hours patients should call from 8.30am and the last call is taken at 12.00 noon.





Walsall Clinical Commissioning Group