Capacity Planning: Primary Care Winter Planning and Resilience

1. OPERATIONAL RESILIENCE AND PLANNING

The national tripartite (NHS England, Monitor and Trust Development Authority) expect every System Resilience Group (SRG) to address the eight 'high impact interventions' from the national Urgent and Emergency Care Review¹, and it is expected that all organisations will be clear, through the SRG arrangements, about their responsibility for delivering all or any part of any of these services, and will have taken these into account in their planning. These eight high impact interventions have been identified as the short term priorities to be included in operational plans, to ensure that early and effective resilience planning is underway for the coming year. This will put the system in a strong position to implement the longer term goals of the Urgent and Emergency Care Review.

For 2015/16 the NHS financial allocation to further support Operational Resilience and Capacity Planning (ORCP) was added to baseline allocation. The CCG ring-fenced total is £2.7m and via the Wiltshire System Resilience Group (SRG) allocated funds to providers to support their operational performance and process changes in service delivery. Operational Resilience and Capacity Planning investment proposals (as agreed by SRG) are being monitored on delivery via the Investment and Performance Dashboard which has been developed, which also include SWASFT and NHS 111 KPIs although not directly linked to separate funding. The SRG continue to monitor performance monthly and hold providers to account for delivery of KPI’s aligned to the investment received.

£103,000 has been allocated for additional capacity in primary care over the bank holiday periods, following review of learning from last winter. This includes additional services (clinical triage, face to face and home visiting capacity) during the out of hours period; and funding to support a Pharmacy urgent repeat medications pilot.

2. URGENT AND EMERGENCY CARE NETWORKS

Following recent guidance within the Urgent and Emergency Care Review (UECR) NHS England has implemented the formation of Urgent and Emergency Care Networks (UECN) made up of groups of System Resilience Groups (SRG).

Wiltshire is now a member of two Urgent and Emergency Care Networks (UECNs) based on the current Trauma Networks; one aligning to the North Bristol Trauma Network, which covers Bristol, North Somerset, Somerset, South Gloucestershire, BaNES, Wiltshire, Swindon and Gloucestershire – forming a new ‘Severn’ UECN; and one aligning to the Southampton network forming Wessex UECN.

¹ http://www.england.nhs.uk/2014/08/19/update-uec-review/
The role of the UECN is described as to provide strategic oversight of urgent and emergency care on a regional footprint, improving consistency and quality of urgent and emergency care by bringing together SRGs and other stakeholders to address challenges that are difficult for single SRGs to solve in isolation; and coordinating, integrating and overseeing care and setting shared objectives for the Network where there is clear advantage in achieving commonality for delivery of efficient patient care (such as ambulance protocols; NHS 111 services; and clinical decision support).

**Network objectives**

The initial objectives for UECNs have been confirmed as:-

- Plan for delivery of UEC Review
- Designating urgent care facilities
- Ensuring effective patient flow
- Ensuring trust and collaboration
- Oversight/benchmarking outcomes
- Achieving resilience and efficiency
- Coordinating workforce and training

In this context the role of SRGs is described as:-

- Operational leadership of local services.
- Responsible for effective delivery of urgent care in their area in coordination with an overall urgent and emergency care strategy agreed through the regional Urgent and Emergency Care Network.

**SRG operational objectives**

- Plan for delivery of the eight ‘high impact interventions’
- Delivery of the network service specifications and standards
- Ensuring a high level of clinical assessment
- Developing urgent care clinical hubs
- Establish effective communication, IT & data sharing
- Delivery of local mental health crisis care action plans
- Configuration of primary and community care
- Accurate data capture and performance monitoring

### 3. PREPARATION FOR WINTER 2015/16

The national tripartite wrote to all CCGs on 11th August with the expectation that all systems will have robust plans in place for winter, and setting out the next steps and goals for the rest of the year. This covers System Resilience Group assurance, support available, development of mental health services, surge management, this years’ winter marketing campaign, and flu preparation.

There is no additional resilience funding for this year and the focus is now on implementation.

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The System Resilience Group assurance process involves assessing progress that has been made to ensure resilience planning is in a stronger position than last year; and has to give assurance on:

1. Robust arrangements are in place to effectively manage surges in activity at both the start and the end of the patients time in care e.g. extended primary care and pharmacy opening hours
2. SRG confidence that all their component organisations have a co-ordinated process for identifying and vaccinating patients and staff of all ages for flu
3. Internal and external communications plans to ensure staff and public are fully informed on the preparations for winter and the services available to them.
4. Effective multidisciplinary support and individual resident care plans in place to ensure effective liaison with and support for Care Homes to avoid admissions and prove treatment outside of hospital where appropriate

Specific Resilience High Impact Changes for primary care:

No patient should have to attend A&E as a walk in because they have been unable to secure an urgent appointment with a GP. This means having robust services from GP surgeries in hours, in conjunction with comprehensive out of hours services.

Calls to the ambulance 999 service and NHS 111 should undergo clinical triage before an ambulance or A&E disposition is made. A common clinical advice hub between NHS111, ambulance services and out-of-hours GPs should be considered.

Around 20-30% of ambulance calls are due to falls in the elderly, many of which occur in care homes. Each care home should have arrangements with primary care, pharmacy and falls services for prevention and response training, to support management falls without conveyance to hospital where appropriate

Update on actions in place across primary care:

- Extended hours access enhanced service (total 238 hours for Wiltshire) commissioned by NHS England from all GP practices.
- Funding has been ring-fenced (from ORCP funding as above) to provide enhanced levels of out of hours service during periods of high demand (i.e. bank holiday weekends and Christmas / Easter).
- An urgent repeat medication service has been piloted with a selection of pharmacies across the county to assess the potential impact for wider implementation.
- Practice based Emergency Care Practitioners are in place in Devizes and Trowbridge to support GP resources for home visiting, with expansion of the model with SWAST within Salisbury.
- Care Home LES commissioned by CCG from 46 practices to improve the management of patients in care homes to ensure a better patient experience and reduce urgent admissions through implementing risk stratification, care coordinators, and care co-ordination for those patients at greater risk of non-elective admissions. This is facilitated by advanced care planning with practices ensuring that up to date details of palliative care arrangements and anticipatory care arrangements for patients are shared with the Out of Hours
service and Ambulance services. Attendance and admission to hospital are monitored monthly by care home and GP practice.

- Daily dashboard feed only from 5 practices to assess primary care capacity – face to face contacts, telephone contacts and home visits, and needs to be developed to include a wider group of practice information to ensure reliable information.
- Flu programme commissioned by NHS England from GP practices and pharmacies.

At the SRG in October, there will be a whole system review and discussion on arrangements in place to effectively manage surges in activity at both the start and the end of the patient’s time in care to identify gaps and areas for further development or alignment.

**High impact actions to improve ambulance performance**
Similar to the ‘high impact interventions’ for general operational resilience, a set has been developed for ambulance services from the good practice in Safer, Faster, Better, (upcoming best practice guidance on delivering urgent and emergency care) which will be published by NHS England shortly. It is expected that all organisations will be clear, through the SRG arrangements, about their responsibility for delivering all or any part of any of these services, and will have taken these into account in their planning.

**Crisis Care Concordat (CCC)**
Every SRG and UEC Network is expected to have mental health representation as a core part of their membership and their resilience plans, which is in place in Wiltshire. All SRGs will be expected to ensure:

- 24/7 community-based crisis response and assessment (through Crisis Resolution and Home Treatment Teams);
- adequate provision of health-based places of safety to ensure that people experiencing mental health crisis (especially children and young people) are not detained in police cells;
- that local 111 Directories of Service (DoS) include a complete and up-to-date list of mental health crisis services for all ages.

**Summary**
Operational resilience and capacity planning for 2015/16, including primary care capacity and resilience will be monitored through the monthly Wiltshire System Resilience Group, chaired by the CCG Chair and represented at senior level by all organisations including NHS England and LMC.

Jo Cullen
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