

BRIEFING NOTE

Agenda Item no. 7

TO: Social Care & Inclusion Scrutiny & Performance
DATE: 15th October 2012

RE: Walsall Surge Plan

Purpose

This document outlines the work which has been undertaken to prepare for the increased activity seen during winter and the implications and response needed for services which have been commissioned for the Local Health and Social Care Economy, on a temporary basis, to react and support that increase for Winter 2012-13, including main areas of concern.

Walsall Surge Plan

There are predictable surges in activity seen throughout the year, the largest, however, is that associated with the Winter months. Planning for Winter 2012-13 commenced in July 2012 to ensure that robust plans were developed given the expectation that Winter 2012-13 was likely to be as severe as that of 2010-11.

The Walsall Surge Plan contains the details of health and social care services which have been commissioned to manage these predicted increases in activity. It builds on the lessons learnt from previous years and for the short term, temporary, reactive measures which were implemented in response to those pressures at that time.

The 2012-13 Surge Plan, is an overview document which identifies the services which have been put in place for winter, such as the Out of Hours services during the holiday period for GP services, Dental emergencies, access to Pharmacies and the prevention work that has been undertaken with regards to Infection and additional placements to care homes.

The Surge Plan also draws a number of documents and toolkits together in one plan for the management of the predicted surge in activity for this coming winter. It incorporates:-

1. The Walsall Council Social Care and Winter Resilience Plan from Walsall HealthCare NHS Trust, where short term plans used last year as well as plans for 11-12 which have been supported and funded for longer periods to enable pressures to be managed proactively.
2. The Key Issues and Escalation Plan identify where pressure points in the system have been identified and what is expected of different stakeholders, including social care, at different level of pressure in the system.
3. The Black Country Cluster Winter Plan, which identifies the key services provided across the whole of the Black Country Cluster and the process for escalating requests for support from the wider health economy across the Black Country.

The Surge Plan does not outline services in response to the loss of Mid Staffs A&E over night. The planning for this change in the availability of health resources in the West Midlands has been developed separately and plans to manage that are in addition to the services articulated within this Surge Plan.

Actions taken in addition to the "usual" mitigations has been around the Launching of the Work Streams in relation to Patient Flow and the Urgent and Emergency Care Improvement Programme in order for the foundations to be set for ensuring that there is appropriate and integrated patient

flow throughout the patients journey in order to try and alleviate some of the pressures being experienced currently.

Key Highlights

- Increase footfall and ambulance conveyance presenting challenges in achieving performance targets
- Number of complex discharge patients and rate of admissions resulting in bed pressures which means that the additional ward available for 'winter' is not available
- Additional spot purchase beds for complex discharge and end of life patients have been commissioned with stringent criteria and support required from the community nursing services in place
- Increased pressure on Walsall Council Social Care and Inclusion budgets for residential placements and care packages.
- Increase in the number of out of area patients, particularly from South Staffs has further increased demand on bed resources with some delays in discharge
- Seeking reciprocal arrangements with other commissioners in the management of cross boundary patients
- Seeking reciprocal arrangements to support district nursing services providing intravenous antibiotics to non Walsall registered patients living in Walsall to facilitate timely discharge

Recommendations (if required)

The Overview and Scrutiny Committee are requested to:-

- a) Note - the contents of the Walsall Wide Surge Plan 2012/13
- b) Support - the adoption of the Surge Plan for management of increased activity across the Walsall Health Economy and be assured that appropriate measures have been put in place

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Main Report

Background

The number of patients presenting at Walsall Manor Hospital's A&E department has been increasing year on year both by footfall and conveyance. The volume of activity has been affected by a number of issues including demographic increase, Mid Staffordshire effect as well as footfall and rate of conveyance.

The A&E, is planned to service an annual activity of 59,723 attendees for 2012-13, as of month 3 (June 2012) seen 18,897, 613 attendances over plan, with a predicted year end actual of 62,175 attendances, 2,452 over plan (source HCCS).

The opening of the Walk in Centre in the heart of Walsall has had limited discernible impact on the number of patients attending the A&E department.

The opening of the Emergency & Urgent Care Centre, to stream patients who present at A&E but who can be seen and treated by a primary care clinician became fully operational 24/7 in early November of 2011. The EUCC is constructed to service an annual activity of 16,000 with a year to date threshold of 14,470 since 2011 as of Month 4. It is believed that the underachievement in relation to the level of activity, has been as a consequence of a significant delay in the commencement of front line streaming in A&E, however it is intended that this will commence with a start date of 1st November 2012, the impact will be one of the key areas for evaluation in March 2013.

Escalation Management System

In order to reach level 3 all of the following areas in Table 1 must be met. As of April to 1st September 2012, WHT declared level 3, 72 times in total, that is 72 occasions in the last 153 days. Whilst the department can escalate and de-escalate between levels on an hourly basis or remain on a level 3 for several hours, on occasions the department has remained on a level 3 for more than 2 days which indicates significant pressures in the A&E department.

Table 1 EMS Triggers

Trigger 1	No capacity available in A&E
Trigger 2	No capacity in assessment units for at least 2 hours
Trigger 3	No gender specific adult beds available for at least 2 hours
Trigger 4	Any patients waiting over 6 hours from arrival time
Trigger 5	Approved by Trust Executive (Add name in notes)
Trigger 6	No resuscitation bays available, all used for critical care

In August 2012 in response to concerns about capacity and performance response times in achieving the 4 hour wait in A&E WHT produced a report to the Strategic Health Authority outlining the following;

- The main key area of on-going risk that has been impacting on performance is the continuing capacity challenges being experienced despite being in the 'summer season' where predictably pressure on the system is normally reduced.

This has been as a result of the higher rate of ambulance conveyance as well as an increase in footfall and a greater rate of unplanned admissions as a consequence Table 2, with the average length of stay being 2-5 days

Table 2 Admissions from A&E

	YTD Apr – July	Full Year Apr-Mar	w/e Sun 22/7/12	w/e Sun 29/7/12	w/e Sun 5/8/12	w/e Sun 12/8/12
2012/13	5,667	-	348	316	328	285
2011/12	4,894	15,060	259	242	251	246

- Much focus from senior teams have been placed in micro managing each patient in order to maximise their flow through the system safely.

With a higher number of patients with complex discharge needs has resulted in the additional 'winter' bed stock remaining in use, throughout the period and therefore the usual 'flex' in available beds to respond to surges in activity over the winter period is not being available

Actions taken in addition to the "usual" mitigations has been around the Launching of the Work Streams in relation to Patient Flow and the Urgent and Emergency Care Improvement Programme in order for the foundations to be set for ensuring that there is appropriate and integrated patient flow throughout the patients journey in order to try and alleviate some of the pressures being experienced currently.

Walsall Healthcare NHS Trust - Acute Hospital

The Emergency Department at Walsall Manor Hospital will be available on a 24 hour, 7 day a week basis as usual. A number of additional initiatives are planned for winter 2012/13 which are detailed in the Winter Pressures, Resilience, Re-ablement and Integration Programme and will be published by the Trust shortly. These initiatives include:-

Pre-Admission/Admission Avoidance

- Additional A&E and AMU consultants (as part of the Substantive Medical Workforce Review)
- Weekend Ward Rounds by Consultants
- Additional Nursing support to IV Therapy at Home
- Day & Evening Frail Elderly Pathway Discharge Coordinators
- Additional District Nursing
- Temporary Additional Inpatient Capacity – both Medicine and Surgery (Trauma)
- Changes to the model of care on AMU, including Short Stay beds
- Focus on Short stay, rapid turnaround for Care of the Elderly
- Planned Care Elective Surgery "Surge Plan"
- Increase in Step Up patients on the SWIFT Discharge Suite

Discharge Management and Enablement

- 7 day working – End of Life care
- Continued Alert for admission of Community caseloads patients

Clinical and other support

- Additional Clinical Support services
- Additional portering

Contingency Planning

- Prioritise vulnerable Children's community services
- Identification of Community Child health services which could be postponed if capacity reduced
- Mortuary facilities
- Management of Norovirus – robust plans / prevention escalation

Intermediate Care

The domiciliary intermediate care is supported by effective partnership working with Social Care and ensuring that patients who could manage in their own home with the additional of a package of care are appropriately enabled to do so.

GP referrals into the Intermediate Care Team works effectively for step up patients to avoid admission to hospital and where additional beds are required these are spot purchased. The number of beds available to 'spot purchase' has been increased in order to facilitate the discharge of complex patients including additional beds

The Intermediate Care Team also provide the IV therapy at Home service which has been capped at 6 patients previously due to capacity within the team. Additional resources have been made available and the number of patients who will be able to be given IV at home has been increased to 12.

Discharge Pathways

There are existing teams within the Provider services which enable patients to be discharged with additional support. The Intravenous antibiotics pathways are being supported to have a greater capacity enabling patients to be discharged home while on intravenous antibiotics, rather than remaining in hospital.

Early supported discharge, an element of the COPD pathway, facilitates patients returning home with additional support after having an exacerbation of their respiratory condition.

The Integrated Discharge Team will coordinate the complex discharges ensuring that all the care packages required are in place, the IDT will also act as gatekeepers for the Swift Discharge Suite to ensure that appropriate patients are on the unit.

A further business case supporting complex discharge pathways has been developed outlining the next phase of development as of October 2012 onwards and implementation progress is monitored via the unscheduled programme board

Summary

Walsall Healthcare Trust has struggled to achieve the Urgent and Emergency Care Performance standards particularly in August, due in the main part to unprecedented demand and additional actions have been put into place in order to further manage the systems including the need for additional pressure on Social care budgets for residential placements and packages of care to support complex discharge

This has resulted in managerial and clinical focus being maintained on a constant basis. Assurance can be given however; that the focus and constant effort is on ensuring the successful safe delivery of what is required month on month and that this will continue over the winter months as progress on delivering the Surge plans for 2012-13 take place.

NHS Walsall and the CCG do not underestimate the impact around the level of effort and proactive management that is being required by the hospital but we are jointly continuing to actively ensure all possible mitigations are identified and planned for on an on-going basis in order to ensure sustained improvements and more resilience in the system within which we operate with progress being monitored via the Unscheduled Programme Board and the Senior Management team.



WALSALL WIDE SURGE PLAN 2012/13

Version 0.6 – DRAFT FOR APPROVAL

Date: 24th September 2012

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SURGE PLAN 2012/13

1 Introduction

Continuing from 2011-12, the Surge Plan for Walsall consists of a number of documents drawn together into one plan for the management of surges in activity, both planned, as in Winter planning but also for management of unexpected surges in demand, i.e. services which can be brought into operation if demand increases unexpectedly.

This plan summarises the main points within the associated documents, which are attached for completeness. Across Walsall there have been a number of planning events to develop closer working across health and Social Care and Inclusion. Contingency plans for closure of large providers of care homes were developed in the spring, and initial planning for winter started in July.

NHS Walsall has a coordinating role in ensuring that the plans and services required for winter are identified and appropriately resourced while ensuring that providers have flexibility to deliver services as required, in a safe manner to an acceptable quality.

The significant changes across both health and social care in the last year have provided opportunities for improving the cohesiveness of services and ensuring that duplication and confusion in relation to delivery of services has been removed.

The Surge plan pulls together the following documents:-

- 1 Transformation and Winter Plan' in 2012-13
- 2 Black Country Cluster Winter Plan
- 3 Walsall Metropolitan Borough Council Reablement Plans

Together these plans outline the services and contingencies that are in place across Walsall. This plan builds on the work undertaken in previous years and the surge planning exercises which took place earlier this year.

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2 Background

The former Emergency Care Network hosted a Winter Debrief event in March 2012 to build on the learning on the plans of previous years for winter planning and Surge plans. This responsibility was passed to the Unscheduled Care Programme Board which has continued to support and test the plans in place for surges in activity.

Building on last year's plans, Walsall Healthcare NHS Trust is in the process of revising the robust and comprehensive Winter Pressures, Resilience, Reablement and Integration Programme document which will clearly set out the additional services which will be operational for winter 2012/13 and those aspects which will be integrated into permanent services

The number of patients presenting at Walsall Manor Hospital's A&E department has been increasing year on year both by footfall and conveyance. The volume of activity has been affected by a number of issues including demographic increase, Mid Staffordshire effect as well as footfall and rate of conveyance.

The A&E, is planned to service an annual activity of 59,723 attendees for 2012-13, as of month 3 (June 2012) seen 18,897, 613 attendances over plan, with a predicted year end actual of 62,175 attendances, 2,452 over plan (source HCCS). A report to the SHA in August 2012 outlining the impact on existing capacity and demand is attached as Appendix 1

The opening of the Walk in Centre in the heart of Walsall has had limited discernible impact on the number of patients attending the A&E department.

The opening of the Emergency & Urgent Care Centre, to stream patients who present at A&E but who can be seen and treated by a primary care clinician became fully operational 24/7 in early November of 2011. The EUCC is constructed to service an annual activity of 16,000 with a year to date threshold of 14,470 since 2011 as of Month 4. It is believed that the underachievement in relation to the level of activity, has been as a consequence of a significant delay in the commencement of front line streaming in A&E, however it is intended that this will commence with a start date of 1st November 2012, the impact will be one of the key areas for evaluation in March 2013. Conditions managed via the EUCC are attached as Appendix 2

During 2012, there have been a number of developments which have become operational:-

- The Dementia Care Centre – The Water Mill
- The Palliative Care Centre
- Swift Discharge Suite

These services are all running effectively and each will have a positive impact on ensuring that capacity within Walsall is used appropriately and efficiently.

Out of scope, this document does not articulate plans for the management during Industrial Action, which has been coordinated through Emergency Planning routes.

This document does not articulate the response put in place to respond to the impact of the overnight closure of Mid Staffs A&E department from 1st December. Plans for the management of the Mid Staffs A&E Closure have been developed separately.

3 Integrated Planning

Across the Local Health and Social Care Economy there are a number of joint committees which focus on ensuring that collaborative approaches are taken in the planning of services.

Meetings which are established throughout the year:-

- Unscheduled Care Programme Board
- Black Country Urgent Care Steering Group
- Black Country Urgent Care Cluster Group
- Walsall Resilience Committee

Through the winter period Walsall Healthcare NHS Trust have initiated a number of additional meetings over and above the usual capacity meetings:-

- Winter Resilience Committee
- Weekend Planning and Review Group
- Unscheduled and Planned Care Programme

4 Escalation

The Regional Capacity Management Team (RCMT) developed, in partnership with commissioners and providers, the Escalation Management System (EMS). This system requires providers of services to update the system on the capacity within the services on a twice daily basis, or more frequently if escalation to a Level 3 is reported.

The EMS levels are reported against set triggers which have been developed regionally meaning that the activity across the region can be compared and identify areas of pressure within the system. Within Walsall the services reporting on EMS includes:-

- West Midlands Ambulance Service
- Walsall Manor Hospital
- Intermediate Care Beds
- Intermediate Care Team

Reporting is being implemented or developed for the following services:-

- Walk in Centre
- Emergency & Urgent Care Centre
- Out of Hours GP services
- Social Care and Inclusion

Each organisation has its own internal escalation plan, which is built upon the principles of levels of escalation within the EMS and communicated through its website:

Actions to be taken at the different escalation levels are contained in the Key Issues and Escalation document.

5 Conference Calls

Conference calls were historically used across Walsall, but due to organizational change in resources and structures has led to a decline in use. Conference call was seen as saving time and resources from attending meetings and brought together clinicians and managers at times of pressure to identify and agree additional support. However, conference calls will now be held in exceptional circumstances when it is felt that coordination and additional support is needed to develop plans to deal with capacity issues.

There will be two levels of conference call

- a) Local conference calls will be convened if Capacity Management deems it necessary, taking into account the EMS levels. The conference call will include Capacity Management, Intermediate Care, Social Care and Integrated Discharge Team.
- b) Black Country Cluster conference calls will be convened if the BCC deems it necessary in response to EMS levels being high at a number of acute providers, to agree mutual support across the Cluster.

6 Infection Prevention

Across the Walsall borough significant work was undertaken during 2009/10 which effectively minimized the number of outbreaks during last winter. A debrief of the norovirus outbreaks was undertaken in 2012 and a number of lessons learned were identified. The plans from last year have therefore been updated but having been generally effective will be adopted again for 2012/13

An outbreak toolkit is used within the hospital to ensure that staff know when to report and refer patients to the Norovirus isolation ward. The infection prevention and control team in conjunction with the Health Protection Agency and the Public Health Department provide advice to local care homes on preventing and managing outbreaks of infection in

their own establishments to minimize admissions to the acute unit. A norovirus tool kit is available for care home use.

There is a separate isolation ward for patients with *Clostridium difficile* (C. diff) and ongoing surveillance continues with all C. diff cases. GPs are alerted to ensure prompt treatment and management to protracted illness resulting in hospitalization.

a) 6.1 Flu Vaccinations

The Flu vaccination planning falls under the remit of Public Health. Debrief and planning meetings have been held throughout 2012 to ensure that appropriate planning is being undertaken across the Borough with regards to vaccination of at risk patient groups and healthcare staff. A robust action plan has been developed and adopted to ensure that the following aspects have been undertaken appropriately:-

- Reviewing last year's work
- Planning
- Preparing
- Implementation
- Monitoring and Evaluation

Strategic meetings involving Infection Control teams, Health Protection Agency, Social Care and Inclusion, Commissioners, providers and communications teams have been held regularly to ensure that the actions identified have been undertaken. Reporting against the Flu vaccination targets for patients is due to start in November.

The Seasonal Influenza action plan for 12-13 is attached as Appendix 3

7 Risks

Winter 2012/13 is expected to be another difficult winter in terms of weather, but also as a result of the extraordinary amount of change that is taking place at all levels of the NHS and Local Authority across England. These changes bring with them opportunities for working across the Black Country Cluster to ensure a consistency of service for a wider population. Inherent in such wide scale changes are risks, such as the potential for industrial action.

- Major incident
- Potential Pandemic
- Severe weather
- Business disruption i.e. Industrial action
- Coordination of services' ability to respond
- Loss of other services (i.e. closure of Mid Staffs A&E)

In order to minimise the risks associated with organizational changes and loss of resources, Urgent Care commissioners across the Black Country Cluster will continue to

work together to ensure that business continuity and resilient plans are in place to manage winter pressures.

8 Capacity Management for the Christmas / New Year Period

Across Walsall the following facilities and services are provided. The opening times for these services are also given:

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a) GP Practices / Primary Care

GP practices remain responsible for their patients from 08:00 until 18:30, Monday to Friday excluding bank holidays. Out of hours cover is provided by Badger Healthcare.

Out of hours arrangements are in place to provide access to GPs from 18:30 – 08:00, all day Saturdays and Sundays and through bank holidays where individual practices are closed. All practices will have either a recorded message to direct patients to the out of hour's arrangements or an automatic divert.

The dedicated Out of Hours number in Walsall is 0300-555-0306

The arrangements for GP opening hours are as follows:

GP opening over the Christmas period December 2012:

- Christmas Eve GP's work normal hours until 18:30
- Closed Christmas Day
- Closed Boxing Day
- Normal GP working hours resume on Thursday 27th from 08:00

- New Years Eve GP work normal hours until 18:00
- Closed New Years Day – 1st January 2013
- Normal GP working hours resume on Wednesday 2nd January 2013 from 08:00

Please note this is with the exception of the Walk in Health Centre, which is contracted 24/7

b) Walsall Walk-In Centre,

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The Walk-in Centre in Walsall is a GP led health centre that deals with medical conditions and minor injuries not requiring hospital admission. Patients do not need to be registered with a GP and can access care every day of the year. The Centre is open from 08.00 – 20.00hrs including weekends and Bank Holidays.

In addition to the Walk-In Centre in town there is also the Emergency & Urgent Care Centre co-located with A&E on the Manor Hospital site.

c) Emergency & Urgent Care Centre (EUCC)

Badger Healthcare provides the EUCC facilities based at the Manor Hospital. This service sees and treats all patients who arrive at the A&E department presenting with a condition that can be seen by a Primary Care physician. The service opened in its new facilities in early November and has been fully operational 24/7. A list of the conditions managed by the EUCC is attached as Appendix 2

d) GP Out Of Hours

Out of Hours services in the Walsall Borough area are provided by Badger Healthcare.

Contact Details:

Badger Group,
Badger House,
121 Glover Street,
Birmingham, B9 4EY
T: 0121 766 2120 F: 0121 766 5135

Therefore Badger will cover:

- Christmas Eve from 18:30
- Christmas Day – 24 hours
- Boxing Day – 24 hours
- Until 08:00am on Thursday 27th when GP's will resume normal working hours

- New Years Eve from 18:30
- New Years Day – 24 hours
- Until 08:00 on Wednesday 2nd January 2013 when GP's resume normal working hours

e) Community Pharmacy Availability

Walsall has good pharmacy coverage with 69 pharmacies across the borough, amongst which are five 100 hours pharmacies. Community Pharmacies are expected to 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 on the 25th and 26th December 2012 and 1st January 2013 are covered by a rota, which is also detailed in Appendix 4 and is also available on www.walsall.nhs.uk

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f) Walsall Healthcare NHS Trust - Acute Hospital

The Emergency Department at Walsall Manor Hospital will be available on a 24 hour, 7 day a week basis as usual. A number of additional initiatives are planned for winter 2012/13 which are detailed in the Winter Pressures, Resilience, Re-ablement and Integration Programme and will be published by the Trust shortly. These initiatives include:-

Pre-Admission/Admission Avoidance

- Additional A&E and AMU consultants (as part of the Substantive Medical Workforce Review)
- Weekend Ward Rounds by Consultants
- Additional Nursing support to IV Therapy at Home
- Day & Evening Frail Elderly Pathway Discharge Coordinators
- Additional District Nursing
- Temporary Additional Inpatient Capacity – both Medicine and Surgery (Trauma)
- Changes to the model of care on AMU, including Short Stay beds
- Focus on Short stay, rapid turnaround for Care of the Elderly
- Planned Care Elective Surgery “Surge Plan”
- Increase in Step Up patients on the SWIFT Discharge Suite

Discharge Management and Enablement

- 7 day working – End of Life care
- Continued Alert for admission of Community caseloads patients

Clinical and other support

- Additional Clinical Support services
- Additional portering

Contingency Planning

- Prioritise vulnerable Children’s community services
- Identification of Community Child health services which could be postponed if capacity reduced
- Mortuary facilities
- Management of Norovirus – robust plans / prevention escalation

g) Emergency Ambulance Services

West Midlands Ambulance Service NHS Trust (WMAS) is commissioned to provide 24-hour 999 emergency services across the LHE. The Hospital Avoidance Liaison Officer (HALO) is a member of the winter resilience meetings. The HALO availability will be planned with a view to matching the peak demand periods anticipated around the Bank Holiday weekends.

WMAS is still developing the Directory of Services (DoS) which NHS Pathways will be able to use to identify suitable services to divert patients to other than attending A&E or being conveyed by an ambulance if not clinically required. Entries on the DoS for Walsall currently include GP surgeries, Opticians, pharmacies, Walk in Centre, GUM Clinics, Intermediate Care Team, District Nurses, GP OOH services and dentists. Mental health services and the Respiratory Team services are due to be developed shortly.

West Midlands Ambulance Service has its own escalation plan and also report on the RCMT EMS.

NHS Pathways/Directory of Services

The commissioners and providers across Walsall are continuing to work with the WMAS to develop an electronic Directory of Services that would help the ambulance service divert activity away from the hospital to appropriate community services.

h) Intermediate Care

The domiciliary intermediate care is supported by effective partnership working with Social Care and ensuring that patients who could manage in their own home with the additional of a package of care are appropriately enabled to do so.

GP referrals into the ICT works effectively for step up patients to avoid admission to hospital and where additional beds are required these are spot purchased.

The Intermediate Care Team also provide the IV therapy at Home service which has been capped at 6 patients previously due to capacity within the team. Additional resources have been made available and the number of patients who will be able to be given IV at home has been increased to 12.

i) Home Oxygen Service

The Homecare helpline will be open as normal (8.00am to 5.00pm) on working days. The team is available 24 hours a day, 7 days a week for urgent calls and emergency orders. Telephone: 0800 373580.

Following a national procurement exercise the local supplier of home oxygen in Walsall is Air Products.

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Air Products Winter / Christmas Plan 2012/2013

- Air Products are predicted to see an increase in activity across all areas of the business in the two weeks leading up to these holidays. We will again be planning to cope with increases in demand of up to a maximum of 25% (aggregated) compared to prior month. We expect the increase to mainly affect hospital discharges, ambulatory refills, holiday home oxygen holiday order forms (HOOF's) and emergencies leading into the holiday itself.
- Additional capacity is planned to handle a 25%-30% increase in HOOF A (home based) and HOOF B (ambulatory O2) is provided by the CMU activity levels. With regards to emergencies / call outs we will have the capacity to handle 30% over current normal levels.
- Air Products plans to meet anticipated demand through several planning actions. To address staff capacity, demand will again be met through holiday restrictions and voluntary overtime and an enhanced weekend capacity leading directly up to the main holiday period.
- To address asset capacity, demand will again be met through cylinder refilling in advance and other asset redeployment to create stock piles around the regions, management of patient stock holdings and encouraging patient planning. We will again be reviewing the holding of high drop frequency and high use patients for SBOT and ambulatory.

j) Discharge Pathways

There are existing teams within the Provider services which enable patients to be discharged with additional support. The Intravenous antibiotics pathways is being supported to have a greater capacity enabling patients to be discharged home while on intravenous antibiotics, rather than remaining in hospital.

Early supported discharge, an element of the COPD pathway, facilitates patients returning home with additional support after having an exacerbation of their respiratory condition.

The Integrated Discharge Team will coordinate the complex discharges ensuring that all the care packages required are in place, the IDT will also act as gatekeepers for the Swift Discharge Suite to ensure that appropriate patients are on the unit.

A further business case supporting complex discharge pathways has been developed (attached as appendix 5) outlining the next phase of development as of October 2012 onwards and implementation progress is monitored via the unscheduled programme board

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k) Community Services Conference calls

The Community services which facilitate patients being discharged are undertaking conference calls to ensure that appropriate capacity is available. There are 5 services areas which have been identified as critical, which are:-

- Intermediate Care
- COPD
- Community Nursing
- Equipment
- End of Life

A template for conference calls has been developed which will be completed and circulated and work with the RCMT to develop appropriate EMS triggers is being looked into.

9 Dentistry

The out of hours dental services operates on a Saturday, Sunday and Bank Holidays from 08:30am – 12:30pm. The last call is taken at 12:00pm, this is to allow time for people to travel to the centre for treatment.

The address is;
Thames Road
Blakenall
Walsall
West Midlands
Ws2 7JL

We have also updated the NHS Walsall website to inform patients about the emergency dental services;

http://www.walsall.nhs.uk/Services/Emergency_Dental_Treatments.asp

10 Mental Health Crisis Resolution Team

Dudley and Walsall Mental Health Partnership Trust operate an on-call system out of hours with the on-call manager contactable via Dorothy Pattison switchboard on 01922 67000 and any out of hours issues need to go via this process. Within hours contact reception at Trust HQ on 01384 325000 who can sign post to the relevant area.

A liaison team for older people's mental health will become operational over the next few months in the hospital with two full time mental health nurses and 20 hours of a consultant psychiatrist. The team will work Monday-Friday 9-5.

Two older people's mental health nurses will join the FEP team at the same time and can refer directly to the psychiatrist form A&E

11 Social Care Reablement

Social care reablement and response services are activated via a direct referral via the Frail Elderly Pathway.

| Discharge coordinators/ hospital social work staff can call 01922 65 8382 between the hours of 7am-10 pm to refer a person who may have reablement potential, or who is a borderline case and needs an assessment to determine reablement potential.

| During the Out of Hours Period 10pm-7am, and if the need is urgent then a direct referral to the response service via the Frail Elderly Pathway will mobilise a respondent who will be there between 20-45 minutes anywhere in the borough. Out of hours duty colleagues can call 01922 65 3252 to activate a step up response. This service does not however support planned hospital discharge.

| Should both the above services be under severe pressure then any planned non essential calls will be cancelled and staff will be diverted. There are associated organisations who can be called on for extra staffing support if there is a need to flex staffing levels upwards.

Severe Weather, Bank Holidays and Festivities.

| The core staff from the above services remains the same. The service retains a vulnerable service user list to ascertain who is in need of a call and who is not. Those deemed not vulnerable will receive a welfare check by phone, so staff can be diverted where necessary to those in need. The vulnerable persons list will also be activated should weather prevent core staff attending. There is also a local working plan that will direct staff who live in Walsall to work locally rather than travelling.

| The service can also mobilise its Neighborhood Community Officers during office hours to carry out reablement assessments should the need arise.

Appendix 1

BRIEFING TO SHA ON DEMAND AND CAPACITY AUGUST 2012



briefing for SHA Aug
12 (2) (2) (3).rtf

Appendix 2

Walsall and Emergency Care Criteria EUCC



Scan.pdf

Appendix 3

WALSALL SEASONAL INFLUENZA ACTION PLAN



Walsall Seasonal
Influenza Action Plan

CHEMISTS OPENING OVER THE CHRISTMAS AND NEW YEAR PERIOD

Please note there is a 90 day notification to changes hours requirement, pending a further request and resource incentive the detail below is subject to change.

CHRISTMAS DAY

TUESDAY, 25TH DECEMBER 2011

BOXING DAY

TUESDAY, 26TH DECEMBER 2011

# BOOTS UK LTD. 58 PARK STREET WALSALL 01922 621555 08.30 AM – 5.45 PM	SAINSBURY'S PHARMACY REEDSWOOD WAY WALSALL 01922 633876 10.00 AM – 5.00 PM		
# ASDA PHARMACY 42 GEORGE STREET WALSALL 01922 704130 9.00 AM – 6.00 PM	ASDA PHARMACY WOODALL STREET WALSALL 01922 498000 9.00 AM – 5.00 PM		

NEW YEARS DAY

TUESDAY, 1ST JANUARY 2012

# BOOTS UK LTD. 58 PARK STREET WALSALL 01922 621555 10.30 AM – 4.30 PM	SAINSBURY'S PHARMACY REEDSWOOD WAY WALSALL 01922 633876 10.00 AM – 5.00 PM	# ASDA PHARMACY 42 GEORGE STREET WALSALL 01922 704130 09.00 AM – 6.00 PM
# BOOTS UK LTD. 14-16 BRADFORD MALL	# ASDA PHARMACY WOODALL STREET	

SADDLERS CENTRE WALSALL	WALSALL	
01922 620456 10.00 AM – 4.00 PM	01922 498000 10:00AM-4:00PM	

Business Case for Complex Discharge and Community Beds



Final business case
community beds 12-13