

Report to STP Board: 18 July 2019

Agenda item:	2.2		
Title:	A&E and Admissions Avoidance		
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Report purpose (<i>Please mark one in bold</i>)			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities (<i>Please mark all applicable in bold</i>)			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before (<i>including date</i>)			
N/A			

Purpose of the paper

This paper provides an update to the Sustainability and Transformation Partnership (STP) Board on the current A&E Performance and ongoing work around Urgent and Emergency care (UEC).

STP Board is invited to:

The STP Board is asked to **note** the contents of this report.

1. INTRODUCTION / BACKGROUND

The national standard is for at least 95% of patients attending A&E to be either admitted to hospital, transferred to another provider or discharged within four hours. As a System we are failing the A&E four hour wait standard.

2. BODY OF REPORT

A&E Performance

Trusts are measured by their daily performance on the four hour standard. Performance for Cambridge University Hospital (CUH) is only available up to April due to trialling potential new A&E standards. Without this measure, the national standard cannot be calculated. The latest performance metrics as per the following table:

Table 1: A&E performance at Month 3

	A&E performance to end of June (YTD)	Recent A&E performance (week ending 07 July)	A&E attendances (week ending 07 July)
England Average (type 1 and 3)	85.8%		
England Average (type 1 only)	78.3%		
Total CUH (type 1 and 3)	n/a	n/a	3,607
CUH type 1 only	n/a	n/a	2,533
NWAFT incl. MIU	82.4%	85.7%	4,545
Peterborough City Hospital (incl. Stamford)	71.1%	78.4%	2,450
Hinchingbrooke	94.0%	90.3%	1,146

Activity growth – including A&E attendance, 111, Out of hours and MIUs/MIIU

The number of A&E attendances by the Cambridgeshire and Peterborough population has increased year on year by 6.3%, or 6,761 attendances. This headline figure is reflected across sites: 7.4% at CUH, 13.1% at Hinchingbrooke, and 5.6% at Peterborough City Hospital.

Recent activity growth is not just a local issue as NHS England and NHS Improvement data shows that ED attendances across the region have grown significantly.

This growth is from patients who have received triage from another part of the system - the largest volume growth being ambulant majors and paediatric patients referred by GPs. This variation in attendances by GP practice has been identified as an issue as well as variation in access to emergency appointment slots. We will be reviewing the data in the next two weeks to identify whether follow up discussions are required with some localities.

The Cambridgeshire and Peterborough population has alternatives to A&E, and we can look at how patients are using all services in the round. The table below sets out three alternatives to A&E, along with A&E attendances, the relative level of activity and how activity has changed compared to last year. There are other alternatives, such as use of Pharmacy and self-care, where we do not have information.

Patient Access Point	Activity (April – June)		Growth	
	2018/19	2019/20	#s	%
111 Calls	62,990	64,485	1,495	2%
Out of Hours Calls	23,607	27,273	3,666	16%
MIU/MIIU Attendances	23,993	24,553	560	2%
Type 1 A&E attendances	83,623	89,824	6,201	7%

Source: SDU analysis of CCG weekly report, week ending 14/07/2019

Most patient contacts are through a type 1 A&E attendance, then 111 calls, with out of hours calls and Minor Injury Unit attendances. Currently, we cannot say what overlap there is with individual patients.

More calls are being made to NHS 111 although the number of 111 ED and ambulance dispositions has been reduced through increased clinical validation over the past six months. Attendances at MIUs has remained the same overall, but Peterborough Urgent Treatment Centre (MIU) saw a 2.5% decrease in the total number of patients, offset by increases at North Cambs Hospital MIU (Wisbech) and Doddington MIU.

CUH Field Testing new A&E performance standards

CUH is one of 14 sites selected by NHS England to test new accident and emergency standards which could replace the four-hour target. The field test started at the end of May, and will be measuring:

- Time to initial clinical assessment in Emergency Departments and Urgent Treatment Centers (type 1 and 3 A&E departments);
- Time to emergency treatment for critically ill and injured patients. Complete a package of treatment in the first hour after arrival for life-threatening conditions;
- Time in A&E (all A&E departments and mental health equivalents). Measure the mean waiting time for all patients; and
- Utilisation of Same Day Emergency Care.

As noted earlier, during the trial period the existing 4-hour standard is not being reported.

System performance improvement plans

Both acute providers along with the CCG have been asked by the Regulator to develop plans to improve A&E performance and for demand management. These were submitted to NHS England and NHS Improvement on the 10 June 2019. There are a broad range of actions in place including:

- increased working with GPs, as data shows an increase in referrals from this source;
- extending access to A&E alternatives, with CUH looking at opening hours of the ambulatory care unit to midnight and PCH looking at opening the MIU to 10pm;
- improved internal working to plan patient's journeys, both in the ED department and addressing bed capacity for patient's requiring admission.

Actions are being overseen by A&E Delivery Boards and updates will be taken to their next meeting.

Projects on Admission Avoidance, including the 'Round Table' Out of Hospital Urgent Care Transformation Programme and reporting arrangements

A series of workstreams are looking at demand management for UEC. Progress has been made around High Intensity Users of A&E, to see whether NHS Right Care solutions such as a Link Worker which have been successful elsewhere could be adapted for our system and would work for our patients.

The Round Table workshops at a system level engaging clinical and service leads have identified the proposed pathways for patients accessing on the day urgent care appropriately, whether this is through NHS 111, General Practice, Minor Injuries Unit or A&E. The focus is to ensure that patients access the right level of care in the right setting and are redirected according to the agreed pathway where appropriate. The fundamental need to ensure clear communication with the public that care will continue to be provided where it is required will be addressed through the programme and with all relevant system stakeholders

The next step for the Round Table group is to commence preparation for mobilisation of the pilot which will commence across the geography in October 2019. This will be completed alongside establishing

new out of hospital provider relationships to encourage new and standardised ways of working that provide both local delivery and single provider economy of scale. Progress reports will be brought to the A&E Delivery Boards.

Reporting mechanisms for UEC have settled with the A&E Delivery boards picking up all the Acute Regulatory Pressures and Performance issues. Clinical oversight is provided by the UEC Clinical Community meeting. The Chair of the UEC Clinical Community also attends the Alliance meetings to ensure a joined-up approach and that interdependencies are identified.

3. RECOMMENDATIONS

The STP Board is asked to **note** the contents of this report.

July 2019