

Future of Acute Hospital Services in Worcestershire – Improving Operational Performance

The organisations involved in the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme recognise the significant operational challenges faced by the Worcestershire system including meeting some of the hospital access standards committed to in the NHS Constitution for England, such as 95% of people being seen in A&E and treated or admitted within four hours.

Making the changes proposed under FoAHSW is expected to help address these challenges. Reducing the current uncertainty of the future of the hospital services will mean we are in a better place to attract the highest quality staff on a permanent basis rather than relying on many temporary staff who may not know the local systems and partners as well.

The proposals will also enable a reduction in the bed occupancy in the hospitals which currently exceeds 100% at the Worcestershire Royal Hospital and is over 97% across the Worcestershire Acute Hospital NHS Trust. High bed occupancy impacts on the flow of patients through the hospital causing delays in A&E and can mean elective work is cancelled to provide capacity for urgent and emergency care.

Implementing the proposed changes and the improvements set out by the NHS in Worcestershire’s plans for 2017/19 aims to return the Trust to 2013/14 hospital length of stay and then reduce it by a further 5%. The Trust at that time had occupancy of 93.3% and performed well on waiting time standards with performance of 93.4% for Referral to Treatment (planned care) and 93.6% for Accident & Emergency – against constitutional standards of 92% and 95% respectively. Implementing FoAHSW and the Worcestershire Urgent Care Strategy would see bed occupancy reduced to 92% which is seen as a key contributor to delivering far improved access to hospital services in line with the NHS Constitution for England.

Other initiatives in the Worcestershire urgent care strategy include:

	Initiatives	Description
Streamline A&E	Integrated Urgent Care	An Integrated Urgent Care hub - the intent is to increasing the number of patients referred to local services as alternatives to ED.
	Streaming at ED front door.	Ambulatory Emergency Care centres at both sites as an alternative to admitting patients
Improved Patient Flow	Patient Flow Centre	Currently in place and has extended its opening hours to include weekend cover; this centre provides a comprehensive ‘one stop shop’ discharge support service including nurse in-reach to assess patients for discharge
Improved Discharge	MADE – Multiagency Accelerated Discharge Event process	Cross-system (Acute/Community/ Social Care) with senior managers / nurses carrying out detailed daily review of all patients meeting the ‘stranded patient’ criteria and is already having an impact on the number

	of patients stranded	
Frailty and the New Model of Care	<ul style="list-style-type: none"> • NHS 111/OOHs • Single Integrated Health & Social Care teams • Support for people living in Care Homes • Managing Urinary Tract Infections • Ambulance Service see and treat • Urgent Care Centre developments 	<ul style="list-style-type: none"> • The new integrated phone system will help sign post alternatives to A&E services • Intergrated teams will provide an alternative to hospital admissions allowing patients to be managed in the comfort of their own home • A county wide programme of work has been established aimed at preventing unnecessary admissions from care homes to secondary care and supporting the early discharge of residents from hospital to their care home, thereby reducing their length of stay. • A comprehensive review of services and support which could reduce the incidence of UTI and delivery of UTI pathways • Focussed on achieving a reduction in ambulance conveyances to ED by increasing the use of alternatives to ED by ambulance clinicians. Identify and promote increased use of alternatives to ED through effective signposting. • Implementation of an Urgent Care Centre for adults and children at the Alexandra Hospital. The UCC is projected to see 15,255 attendees in 2018/2019 –29% of the projected emergency attendances post-reconfiguration.
Ambulatory Emergency Care	Ambulatory Emergency Care (AEC) Clinics	AEC offers an alternative to ED for many patients. Patients will see a consultant on same day care. Services will work closely with community services and provides a valuable3 alternative to admission.
Paediatrics	Reduction emergency paediatric admissions	Identification of those practices with a significantly higher than average admission rate for children and ensure these practices, in the first instance, have the direct contact numbers for the consultant paediatrician.
New Models of Care	New Models of Care	<p>The MCP programme across Worcestershire will provide support and, where appropriate, consistency and economies of scale. A clear and common focus has been agreed which focuses on developing and delivering a new model of care which specifically addresses the following:</p> <ul style="list-style-type: none"> • Improving access to primary care 7/7 • Integrating health and social care teams • Integrating specialist support • Promoting prevention & Self-Management