

Urgent and Emergency Care

NHS Dorset CCG Governing Body meeting
17th September 2014



What we know...

111 Service

- **12%** increase in calls received and triaged by 111 services
- Recommendations to attend A&E are now 30% (54) above 13/14 monthly averages with week ending 20/07.
- Calls answered within 60 seconds target has been missed on for 4 consecutive weeks from week ending 13/07 to 03/08 corresponding with week on week above average call volumes.



What we know...

Ambulance Service

- Hear & Treat outcomes have increased by 24% with total calls up 6%
- See & Convey has increased by 8% resulting in on average an extra 426 conveyances per month (52% of all attendances)
- Red 1 performance above Target at 84.5% for Jun-14 for Dorset CCG patients. 75% for SWASFT overall



What we know...

Emergency Department

- Attendances have continued to increase at all 3 acute providers
PHT ↑ 11%, RBH ↑ 9%, DCH ↑ 5%
- Self-referrals continue to rise especially at PHT & RBH with average monthly increase of 9.9% (281 attends) at PHT and 8.3% (276 attends) at RBH
- The increase in ED attendances is largely seen in the Out of Hours period at all 3 acutes but PHT also experiencing an In Hours increase (up 6%. 125 per month)
- Increase in MIU attendances now 10% above 2013/14 levels
- Emergency admissions up across all providers but greatest in RBH



What we know...

Primary care

- In hours increases seen in all areas – telephone, GP appointments, nurse appointments and home visits
- Out of hours service increases seen in calls, urgent care centre attendances and home visits.
- Complexity of patients increasing



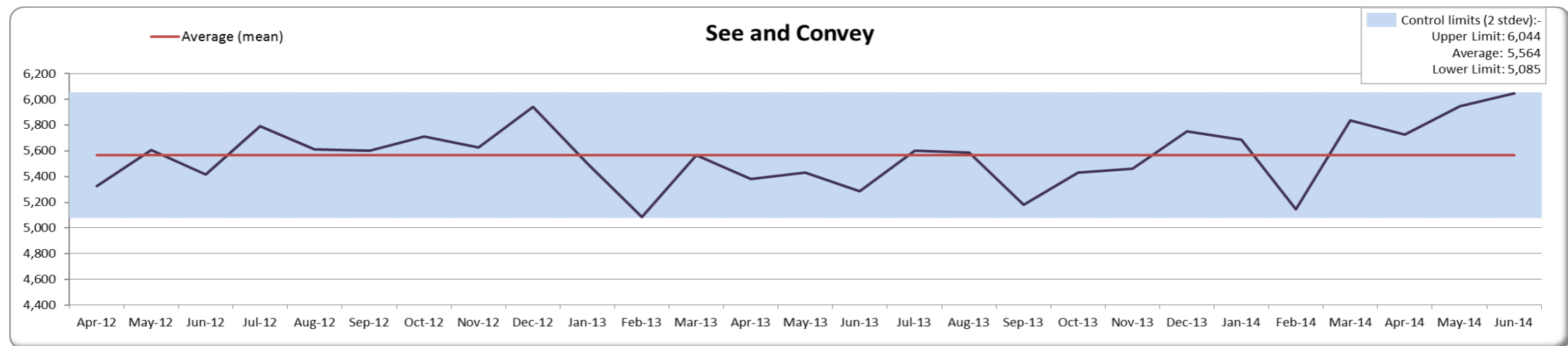
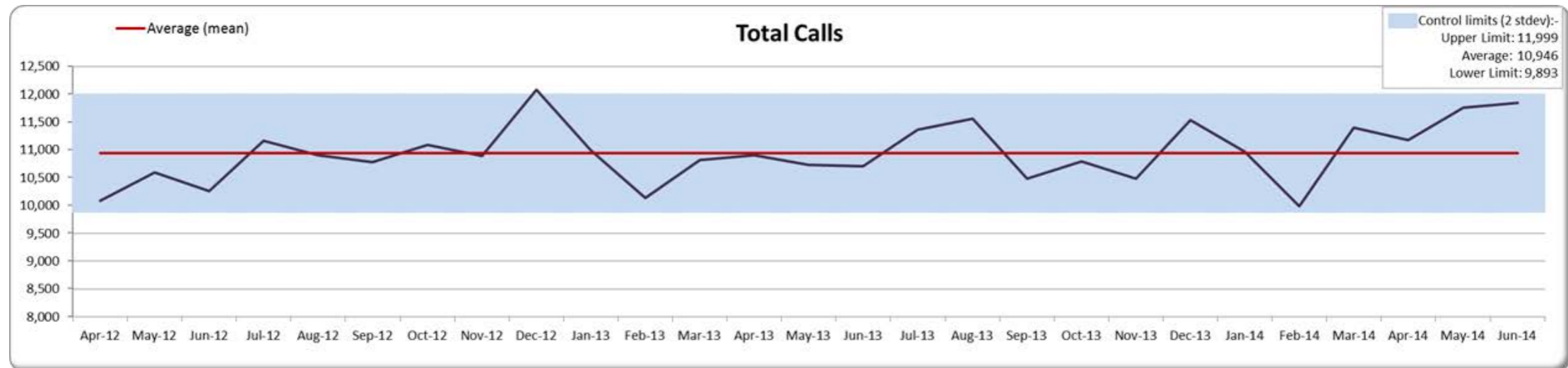
What we know...

King's Fund/Oak Group review indicated:

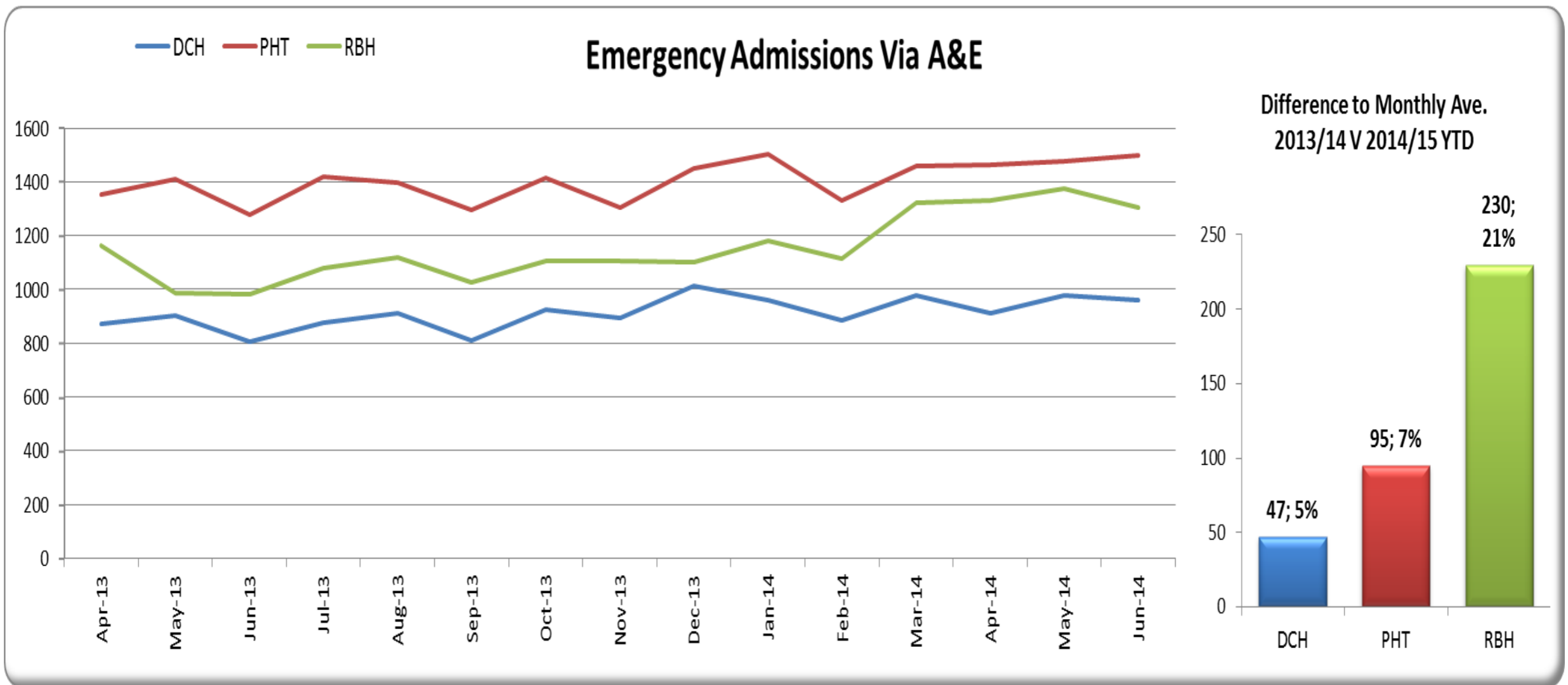
- Higher emergency admission rates than average
- High zero length of stay rates
- Lower rates of ED attendance
- Complex out of hospital picture



Ambulance Service



Emergency Department (A&E)



- Increase in activity across all sectors
- Increase in 'front door' demand unexplained
- Greatest pressures seen out of hours, particularly weekends
- Pressures on the system unsustainable
- Urgent care 'summit' held on 29th August 2014



Current actions

- Assessment of plans against the 'Acute and emergency care: prescribing the remedy' paper
- Emergency Care Intensive Support Team (ECIST) supporting 'front door' analysis and development of the urgent care dashboard
- Establishing sector based task groups
- Operational Resilience and Capacity Planning
- Transition of Urgent Care Board to System Resilience Group
- Anticipatory care plans and special messages
- Over 75s plans



'Summit' actions

- Audit at ED 'why are you attending?'
- Improve communications between SWAST and acutes – availability of consultants that ECPs/paramedics can call
- Review hospital transfers – high between RCH and PGH
- Reduce the number of admissions from nursing homes
- Promote use of MIUs – look at opening hours
- Hold sector based summits with primary care
- Promote use of SPOA – expand to include social care and voluntary sector
- Reduce batching of ambulances – smooth the flow



- Front end activity up (including primary care)
- Demographics haven't changed
- Need to consider – here and now, longer term strategy

