

Haringey Borough Winter System Resilience

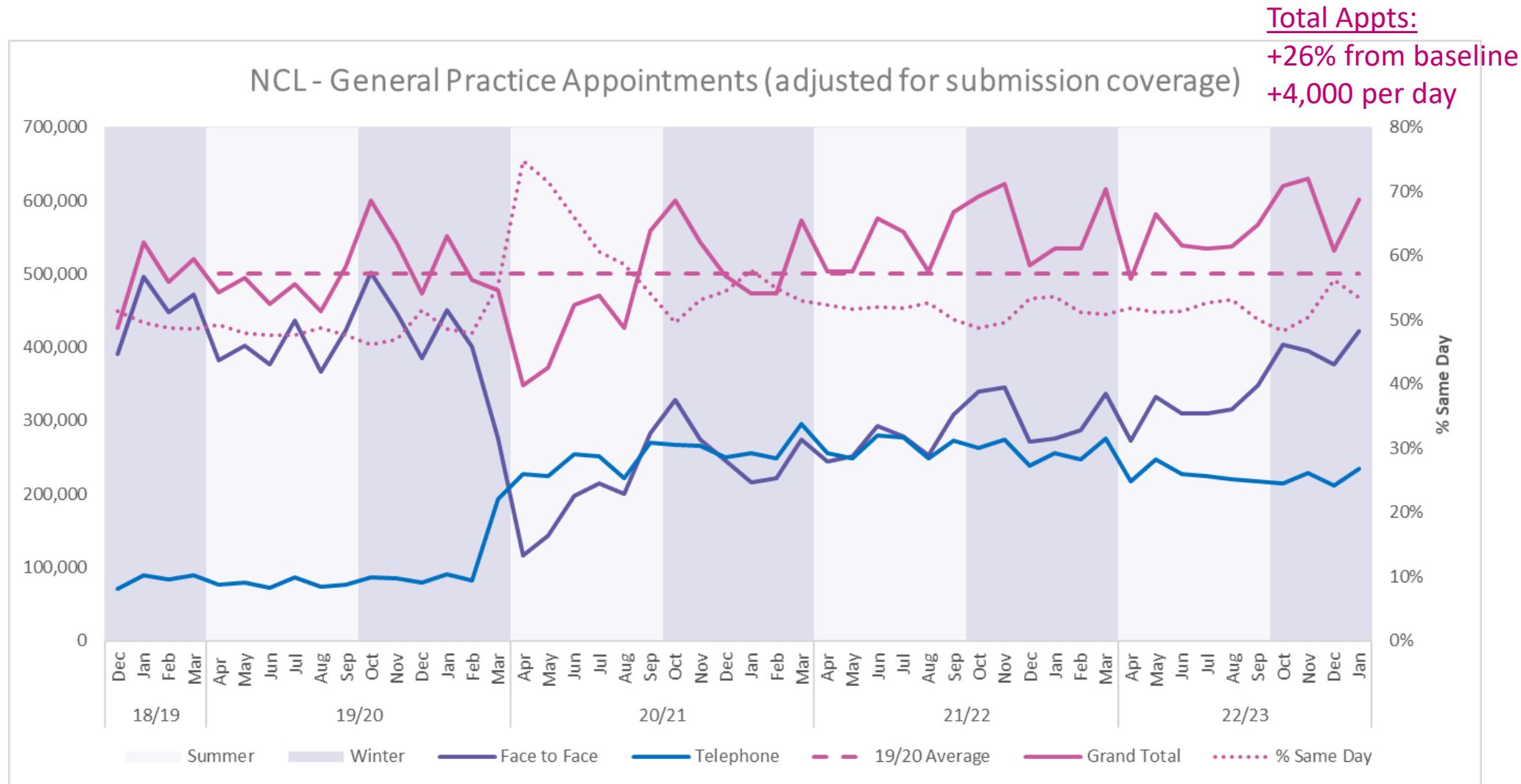
Vicky Murphy
Service Director Adult Social Care

Rachel Lissauer
Director of Integrated (Haringey Borough), NCL ICB

System Pressures

- More people are being seen in primary care and in the community
- There has been an increase in ED attendances, this is more pronounced at NCUH
- This has not translated into more people being admitted into hospital
- But length of stay has gone up and the amount of time people spend in hospital after they're physically well enough to go home has gone up
- Sickness levels have been higher across all staff groups post covid. The staff we have are working harder.
- All services are experiencing rising acuity, staffing problems, funding pressures and backlogs which make 'flow' more difficult.
- Huge amount of work going on to work across the system to act on opportunities to make improvements – small reductions in length of stay make a big contribution to enabling better flow within the system.

Primary Care Appointments Increasing

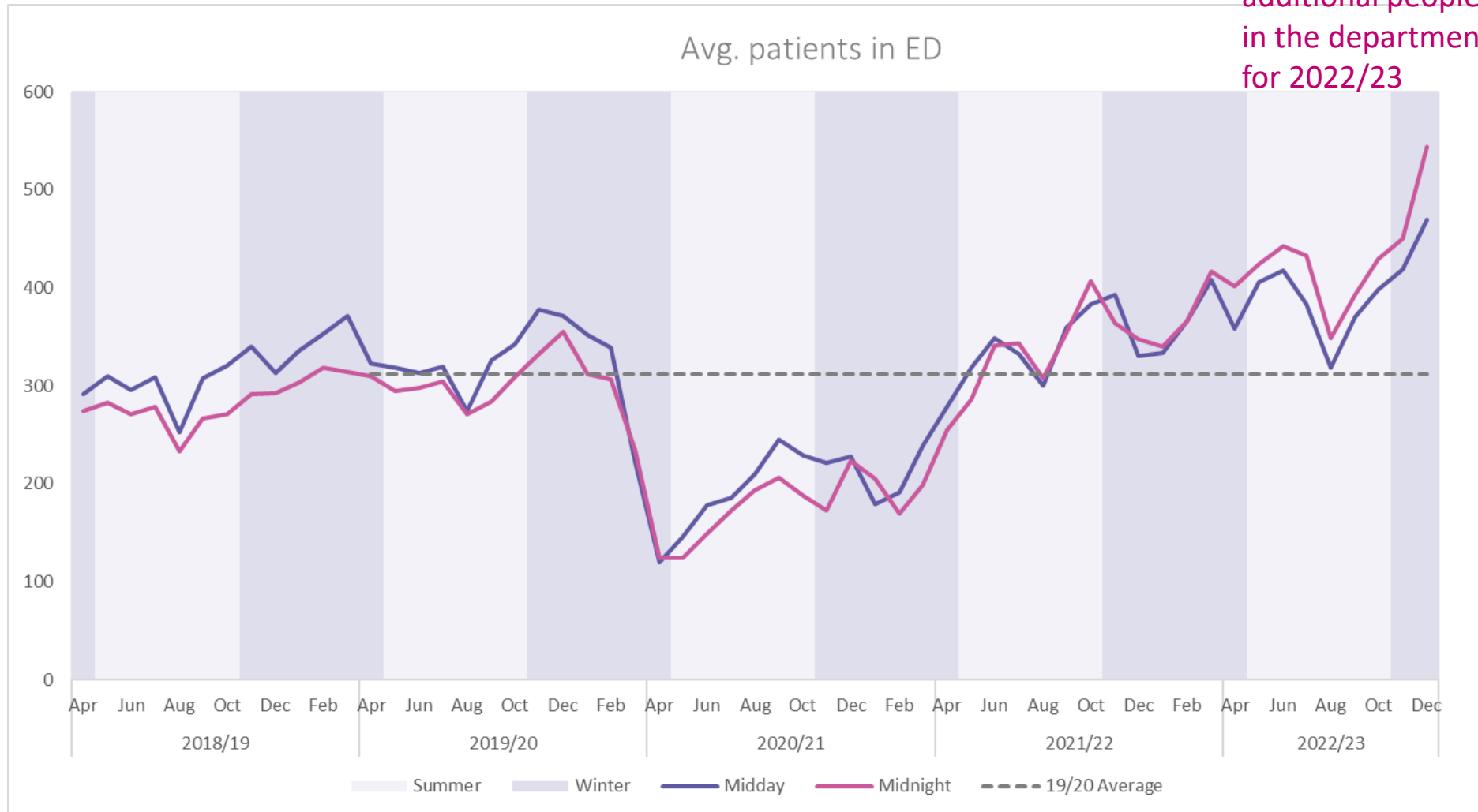


January 2023: NCL delivered 601,324 appointments (excluding vaccinations)

c19,000 appointments offered per day

Slightly lower than national average on F2F, slightly higher than national average on same day appts

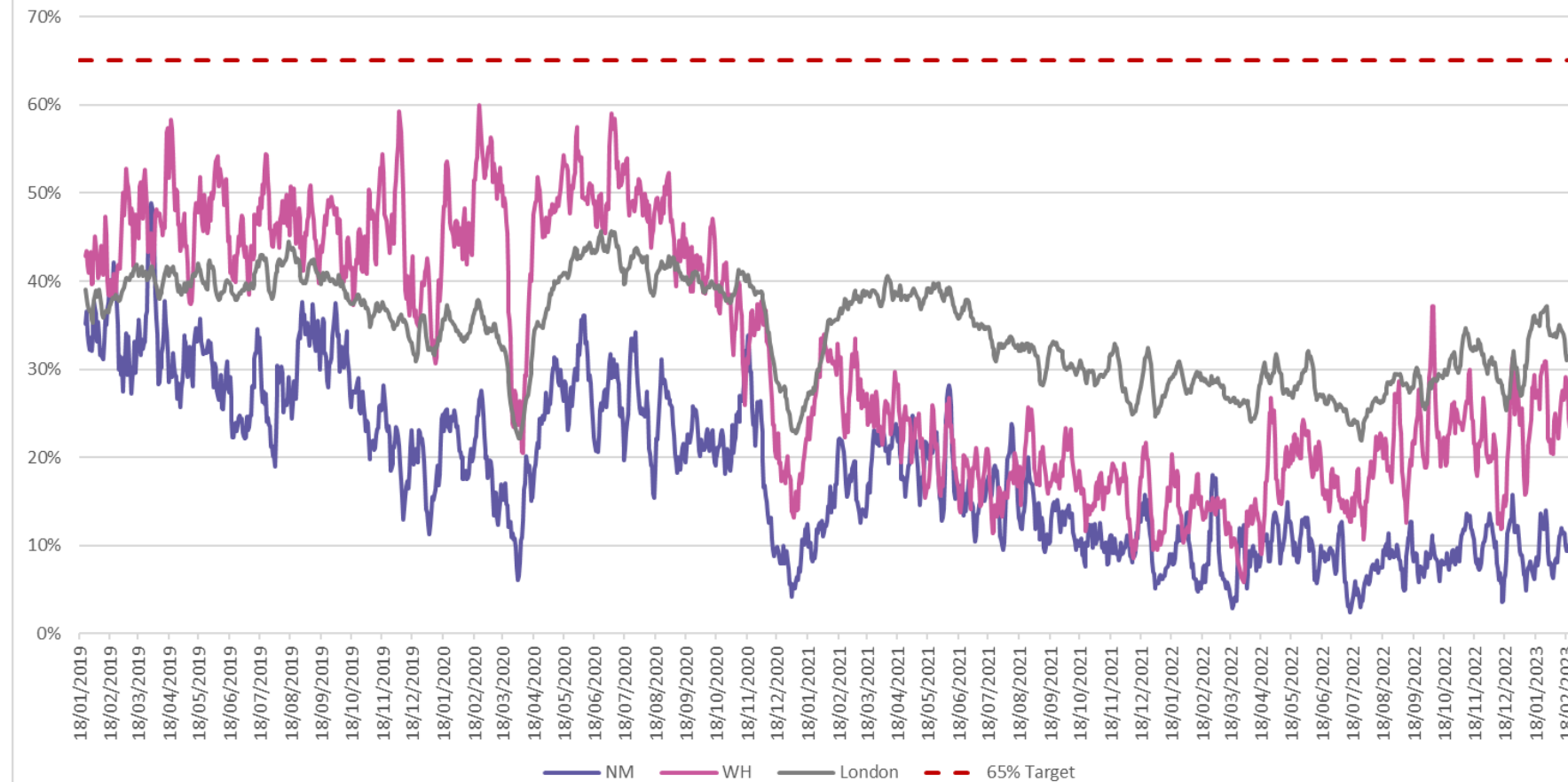
On average 100+ additional people in the department for 2022/23



Since 2019/20 A&E attendances have increased by 2.9%, (7% at NCUH). Attendance in 2022/23 have remained relatively stable compared to 2021/22.

Numbers waiting a long time in ED has increased across all sites, largely because of bed pressures. This has resulted in much higher numbers of people in our A&E departments at midday and midnight.

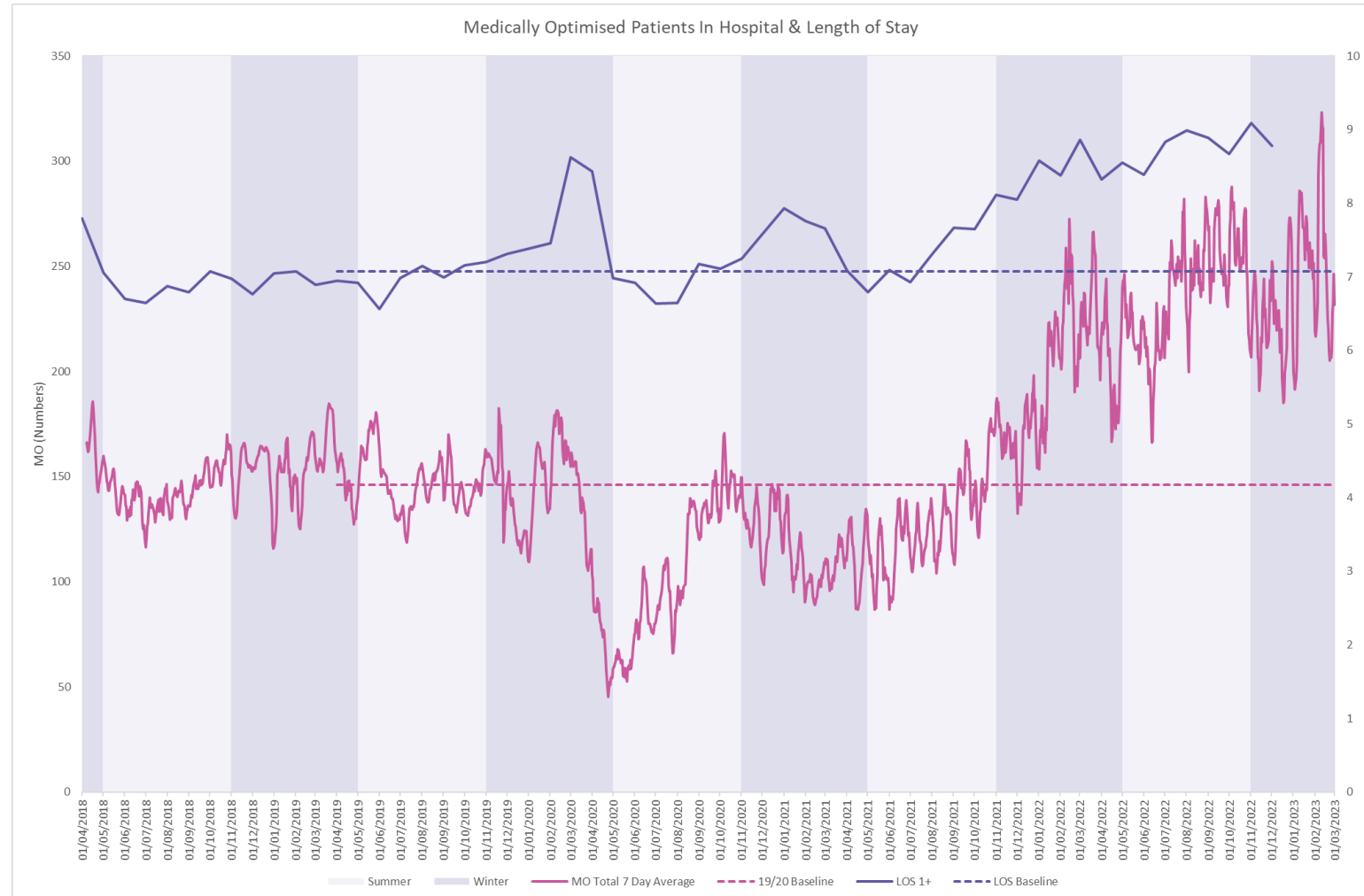
Ambulance Handovers within 15 mins



1. Ambulance handover delays have deteriorated across London and NCL. There has been some improvement since February 2022, and in recent months in the number of patients with the longest delays (over 120 mins).
2. Response time to Cat 2 calls (chest pain, stroke) is c40min vs a baseline of around 20 mins in 2019/20.

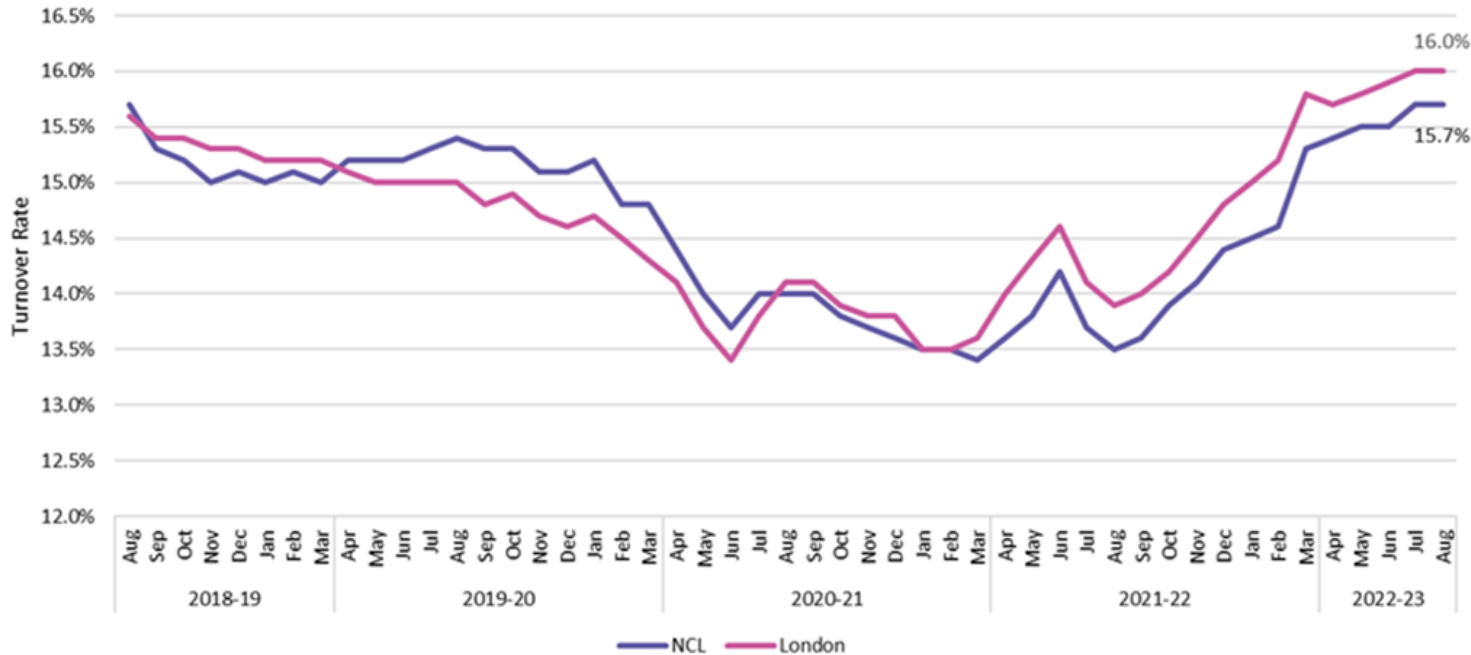
Length of stay and Medically Optimised Patients

- Both sites have seen increases in Medically Optimised patients (100% increase at WH and 50% increase at NM)
- Increases in delayed discharges appear to be driving up hospital Length of Stay, which has in turn pushed up bed occupancy to 98-100%
- Some of the increase in LOS is due to changes in case mix and rising acuity (which increase over winter)
- Bed pressures are also clear in Community Beds for people needing recovery / reablement and in Mental Health capacity
- Barnet Enfield and Haringey Mental Health Trust has effective occupancy of over 100% and on average 11 patients placed “out of area” in other units





Turnover Rate - Benchmarking



- Sickness rates remain higher than the pre-Covid baseline
- Turnover rates have increased to above pre-Covid levels. There have been particular increases in younger staff leaving the NHS altogether
- Bank & Agency use has increased, particularly within mental health providers
- There are challenges with vacancies across the sector:
 - Qualified GP workforce has seen a 4% decrease over the last year
 - There has been a 5% reduction in filled social care posts (20/21-21/22)
 - Provider vacancy rates = 11% (~5k WTE)

- Small reductions in length of stay yield significant benefits – strong focus on ‘home by lunch’ & reducing longest lengths of stay
- Complexity / high acuity and deconditioning lead to higher demand for social care
- Significant investment going into community nursing
- Winter funding is being used for:
 - Additional F2F GP appointments for children and young people out of hours; additional support staff in primary care; pro-active visits to older patients
 - Re-opened GPs based within North Middlesex to relieve pressure on urgent treatment centre
 - Funding for virtual ward, rapid response – moving towards 7 day therapy service
 - ‘Winter’ operational meeting bringing operational leads together and used to flag particular pressures

Additional Funding – Discharge Fund

The Adult Social Care Discharge Fund was distributed to both Local Authorities and Integrated Care Boards to reduce the delays to discharging people from hospital with additional support from a Health and Social Care settings.

Funding prioritises approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

This means people who would be better off recovering at home or in residential care are instead spending long periods in hospital, are discharge in a timely manner.

The Discharge funding has allowed the system to take on additional capacity throughout the winter period, the funding has been utilised to strengthen the workforce to deal with the additional capacity being discharged from Hospitals and to cover the cost of the additionality of care purchasing.

Being able to take on additional cases has aided to reduce winter pressures across the system and enhance the service for the residents of Haringey.

Additional primary care capacity funded through the Winter Access Fund – these are the weekly additional appointments being offered.

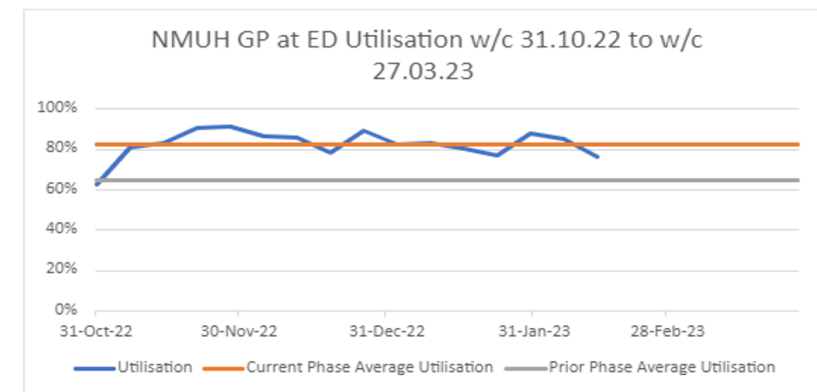
GP at ED (NMUH)	392
Under 16 Face to Face	81
Additional Nursing	94
Acute Respiratory Infection Hubs	396
<i>WAF Sub-Total</i>	<i>961</i>



NMUH GP at ED – Utilisation w.c 13 February 2023

Utilisation of primary care at the front door of NMUH

Week Commencing	Capacity	Booked	Adults	Paeds	DNA	Utilisation	Current Phase Average Utilisation	Prior Phase Average Utilisation
31-Oct-22	224	141	83	58	0	63%	83%	65%
07-Nov-22	225	183	97	86	2	81%	83%	65%
14-Nov-22	336	280	163	117	2	83%	83%	65%
21-Nov-22	308	280	167	113	5	91%	83%	65%
28-Nov-22	227	208	99	109	4	92%	83%	65%
05-Dec-22	263	227	120	107	4	86%	83%	65%
12-Dec-22	315	271	145	126	5	86%	83%	65%
19-Dec-22	372	291	177	114	4	78%	83%	65%
26-Dec-22	201	180	118	62	3	90%	83%	65%
02-Jan-23	274	226	107	119	1	82%	83%	65%
09-Jan-23	206	171	117	54	1	83%	83%	65%
16-Jan-23	203	163	112	51	1	80%	83%	65%
23-Jan-23	271	208	117	91	6	77%	83%	65%
30-Jan-23	258	228	120	108	5	88%	83%	65%
06-Feb-23	252	215	125	90	3	85%	83%	65%
13-Feb-23	281	214	136	78	7	76%	83%	65%
Total	4216	3486	2003	1483	53	83%	83%	65%



Updates:

- Utilisation rates for Primary Care Hub, as illustrated in the table, continue to fluctuate however, based on historical data, these are within existing tolerances and therefore the variation noted can be considered to be normal.
- Anecdotal evidence suggests that the school half term break has reduced the number of presentations at ED and therefore this has reduced the number of people referred to Primary Care Hub.