



NHS Bexley Clinical Commissioning Group
NHS Greenwich Clinical Commissioning Group
**Our plans to improve A&E performance in
Bexley and Greenwich**

1. Introduction

In order to ensure that we provide the best possible care to patients, Bexley and Greenwich Clinical Commissioning Groups (CCGs) are working with the local hospital, community services, GPs and social care partners to improve urgent care services.

This document describes what we are doing to improve urgent and emergency care for our residents. Urgent and emergency care covers those services that are used when a patient needs immediate medical attention and/or cannot wait for a GP appointment.

It is important that we deliver timely care to our patients. A key national target is that 95% of patients attending A&E should be seen, treated, admitted or discharged within 4 hours. This is sometimes used as a barometer to assess how the broader urgent care system is performing. Last winter, a number of A&E departments across the country, including our local hospital, were under increased pressure, which meant there were periods during which it did not meet the 4 hour target.

We are doing a number of things locally to improve A&E performance and this plan outlines how we, the CCGs, will work with the local hospital, community services and others to make this happen. We are focussed on delivering good quality care to our patients, but need to bear in mind that we are doing this against a backdrop of a growing older population with increasing pressures upon our health service and a challenging financial climate.

South London Healthcare NHS Trust (SLHT), who previously had run services at the Queen Elizabeth, Princess Royal and Queen Mary Hospitals, ceased to exist from the 1st October 2013. Although South London Healthcare NHS Trust has provided some excellent services for local residents, it had some serious financial problems which meant that it could no longer continue to run the local hospitals.

Following a review by the Trust Special Administrator, SLHT was broken up, the Princess Royal was taken over by King's College Hospital NHS Foundation Trust, and Queen Elizabeth (QE) has joined with what was previously named Lewisham Healthcare Trust to become the new organisation, Lewisham & Greenwich NHS Trust. Therefore Lewisham & Greenwich NHS Trust is now made up of two sites, the Lewisham Hospital site and the Queen Elizabeth Hospital site. At Queen Marys Hospital the services that had been provided by SLHT are now being delivered by a number of providers - Dartford and Gravesham NHS Trust, King's College Hospital NHS Foundation Trust, Lewisham and Greenwich Healthcare

NHS Trust and Guy's and St Thomas' NHS Foundation Trust and Oxleas NHS Foundation Trust, which is now also the owner of the site.

Although we are still in the early stages of the change, we are confident that it will bring real benefits to patients, and are working closely with the new provider to ensure that we can deliver the best possible care for local residents.

This document outlines how we work with the new organisation and how, together, we will continue to improve urgent care services.

2. South East London Urgent Care Configuration Update

The Bexley and Greenwich Urgent Care Working Group meets monthly and membership includes representatives from providers who are involved with urgent care: Lewisham & Greenwich NHS Trust, London Ambulance Service, Greenwich & Bexley Community Hospice, Oxleas NHS Foundation Trust, Bexley and Greenwich Social Services, Grabadoc Healthcare Society (for GP out of hours services) and NHS England (NHSE) London Primary Care. It is chaired by the Chief Officer of Bexley CCG.

The Bexley and Greenwich Urgent Care Working Group reports to the Bexley, Greenwich and Lewisham Urgent Care Network. The Urgent Care Working Group focuses on operational issues affecting the day to day delivery of local urgent care services, in order to ensure that all parts of the system are working together to achieve the operational changes necessary to drive improvement across the system locally. The Terms of Reference for the Bexley and Greenwich Urgent Care Working Group can be found as an appendix at the end of this plan.

The Bexley, Greenwich and Lewisham Urgent Care Network is a forum to address and rectify operational and performance issues across both sites. It provides oversight on how the newly-formed Trust will maximise opportunities to work effectively across both sites in order to improve the quality of services for all patients, and ensures that we have a strategic approach to our planning of Urgent care services. It is also the body that provides assurance to NHS England on matters on urgent care.

An Urgent Care Project Manager for South East London and a manager for Bexley, Greenwich and Lewisham support the development of urgent care systems across South East London and are helping manage the urgent care system locally.

3. Working with Lewisham & Greenwich NHS Trust in Bexley and Greenwich

The leadership team at Lewisham & Greenwich NHS Trust has a very good track record in achieving the target that all patients attending A&E departments are seen, treated, admitted or discharged within 4 hours, and bring considerable expertise and skilled management in helping with winter performance at the Queen Elizabeth site.

The six CCGs across South East London are committed to working together to improve health services, and give support where needed at busy times during the winter. The Bexley, Greenwich and Lewisham Urgent Care Network has shared its plans with the newly-formed Lewisham & Greenwich NHS Trust, which provides the two A&E departments across the three boroughs, to ensure that there is a clear understanding of the issues and

ambitions across the area. We have also shared plans with the neighbouring Lambeth, Southwark and Bromley Urgent Care Network to further improve joint working arrangements.

4. Key actions by Lewisham & Greenwich NHS Trust to drive improvements

There is close working across sites within the newly formed Trust with key Queen Elizabeth staff retained and a focus on plans that are fit for purpose and sharing good practice between the Queen Elizabeth and the Lewisham sites.

Lewisham & Greenwich NHS Trust has introduced a number of new posts at the Queen Elizabeth site to strengthen emergency care. These include:

- a dedicated Service Manager for the Emergency Department
- a full time Emergency Department Information Manager
- a Senior Matron for Emergency Pathways whose role is to manage the Matrons for the Emergency Department and Medical Admissions Unit, and to work with clinicians and managers to lead the development of the overall emergency pathways through the hospital.
- a full time Service Manager for Discharge Co-ordination & Community Interface, who will lead work to facilitate reducing length of stay through better discharge planning internally and working with community services to make sure that patients can be discharged home, with whatever support they need, as quickly as possible.
- additional posts in the site management teams to help the hospital run efficiently. The site team help the hospital run efficiently and ensure that there are enough staff and beds available for the hospital's needs. They are particularly important at times when the hospital is especially busy, particularly at evening and weekends, to ensure patient safety and patient experience are protected.

Lewisham & Greenwich NHS Trust has developed the clinical leadership at the Queen Elizabeth hospital introducing:

- a Medical Director supported by deputy medical directors, of whom one has a portfolio for quality and safety.
- Clinical Directors for each specialty, drawn from the pool of leaders from each site. These will be the clinical leads for each area to help drive improvements and make sure that all patients receive the best possible care.

The Urgent Care Working Group has developed a winter action plan to ensure that improvements are in place to manage the hospital during the busiest time of the year. The plan has been agreed in conjunction with the senior leadership team at the Hospital and representatives from other local providers. Finally, a Whole System Group has been set up between the Trust and social care and community services partners. This group meets weekly to review progress against the action plan, and takes a patient by patient approach to minimise delays and improve patient journeys.

5. Demand and Capacity Planning

Across South East London we recognised in advance of the winter months that we needed to make sure that we have enough capacity, both in terms of staff and beds, during winter. The CCGs in South East London have worked with all of our hospitals and community service providers to carry out a demand and capacity review. The review looked at the expected numbers of patients using services during winter to ensure that we are fully able to meet this demand.

The findings of the review were used to address capacity and to help make sure that we are ready for the busy winter period.

6. Winter Funding

Additional money was made available by NHS England to support the more pressured Urgent Care Networks to meet A&E targets during the winter months. Urgent Care Networks in conjunction with NHS England had to approve projects proposed by their providers and allocate resourcing from the winter funding.

CCGs have worked closely with Lewisham and Greenwich NHS Trust and the community services providers to identify a range of initiatives to use the additional funding to support improvements in quality and performance. These include:

- 28 additional beds at Queen Marys Hospital to provide post acute step down beds for patients from Queen Elizabeth Hospital Increased levels of senior clinician availability and increased middle grade doctors and nursing staff during the busiest periods in A&E.
- Additional weekend capacity in Radiology, Therapies, Pharmacy and Clinical Site Management.
- The development of Ward 20 as an acute frailty unit.
- Extension of existing Admission Avoidance schemes in Bexley and Greenwich.
- Additional staffing and an extension of the core opening times for the Urgent Care Centre at Queen Elizabeth Hospital for the winter period.
- Increasing staffing and bed capacity in our social care and community service providers.

Appendix

Greenwich and Bexley Urgent Care Working Group

Terms of Reference

1. Purpose

To work collaboratively across the Greenwich and Bexley health and social care system to develop Urgent Care services which support the delivery of high quality, safe and clinically effective care which meets the needs of local people and of others accessing local Urgent Care Services. The Urgent Care Working Group will focus on operational issues which affect the day to day delivery of local urgent care services. Issues which span more than one health economy or are strategic in nature can be taken forward through the local Urgent Care Networks.

2. Responsibilities

The Urgent Care Working Group will;

- Oversee the development, delivery and monitoring of Greenwich and Bexley Urgent Care Services, including A&E Services at Queen Elizabeth Hospital and Queen Mary's Hospital
- Review best practice and facilitate the introduction of best practice
- Oversee the redesign and implementation of new pathways of care and service models, in line with national and local priorities, to support delivery of agreed objectives
- Provide a forum for leading the design, development and implementation of Emergency, Unscheduled and OOH Care Services ensuring a consistent approach across the whole of the local health system
- Inform the commissioning of appropriate services locally – to include specific interventions to address the needs of key categories of patients who attend or are admitted frequently
- Understand, influence and effectively use resources to monitor and inform the effective delivery of patient flows for Emergency, Unscheduled and OOH Care and to advise on the allocation and investment of resources to support delivery of agreed local objectives
- Develop recovery and improvement plans to ensure agreed quality and performance standards can be achieved and sustained as appropriate
- Regular review of appropriate system wide data metrics to support understanding of system pressures and demands, enable monitoring against plan and identification of mitigating actions where needed
- Agree and monitor appropriate response standards and review effectiveness of services across the local urgent care system
- Ensure active engagement with patients, carers, staff and the wider public in the planning and implementation processes of Emergency, Unscheduled and OOH Care

Out of Scope

Strategic issues which span more than one local health economy should be taken forward through the Greenwich and Bexley Urgent Care Network, or if appropriate the SE London Urgent Care System Assurance Group. In addition, performance management of providers should be addressed through the Urgent Care Network and/or existing contract monitoring arrangements.

3. Membership

The membership of the Greenwich and Bexley Urgent Care Working Group will be formed by key stakeholders from across the health and social care spectrum, with strong clinical and patient group representation. As the group is operationally focused it is envisaged that the representatives from providers will primarily be drawn from services related to urgent care (e.g. A&E, emergency medicine) and be of sufficient seniority to agree key actions on behalf of their organisation.

Core Member organisations:

- NHS Bexley Clinical Commissioning Group
- NHS Greenwich Clinical Commissioning Group
- Lewisham and Greenwich NHS Trust
- Oxleas NHS Foundation Trust
- Greenwich & Bexley Community Hospice
- London Ambulance Service
- London Borough of Bexley
- Royal Borough of Greenwich
- Grabadoc (GP Out of Hours service)
- NHS England Primary Care Team
- South London Commissioning Support Unit
- Local Healthwatch representatives from Greenwich and Bexley

Extended Members by invite

- Pharmacy
- Children's Services
- Dental Services
- Education Authorities
- Independent Sector i.e. care homes and voluntary sector
- Police and Fire services
- Other appropriate networks/collaborative leads

4. Chairing and meetings

- The chair of the Greenwich and Bexley Urgent Care Working Group is the Chief Officer of Bexley CCG
- Administrative support will be provided by participating CCGs
- The Urgent Care Working Group will meet at least every six weeks
- The Chair may request additional meetings, and form task and finish sub groups as necessary
- A quorum of 7 members must be present to constitute a valid meeting
- The agenda and papers will be circulated to Members at least 5 working days prior to the meeting

- The minutes of the meeting will be agreed at the next meeting

A dashboard will be developed to monitor the overall impact of the Urgent Care system. Appropriate data metrics will be considered and monitored, to include

- Primary care access (including out-of-hours, quality standards and access)
- Ambulance response times
- Ambulance turnaround times
- 4 hour A&E standard (underpinned by disposal profiles, showing the % of patients leaving the department after three hours forty five minutes has elapsed (for admitted patients, and two hours for non-admits)
- Service activity (including primary care, ambulance, A&E, community, social services,)
- Demand and capacity
- Total time in A&E
- Adult non-elective bed occupancy
- Discharges by time of day
- Community service based performance metrics
- Average time from referral to assessment for mental health patients with no physical illness
- Social care response and performance metrics
- Outcome and patient experience metrics (mortality, PROMs)
- Delayed transfer of care rate in acute trust
- Year -on-year reduction in emergency bed days
- Length of Stay
- Analysis of activity by HRG
- Acuity and dependency measures

5. Accountability and reporting arrangements

The Greenwich and Bexley Urgent Care Working Group will be accountable through its individual Members to the Boards and Governing Bodies of the individual organisations represented. The Greenwich and Bexley Urgent Care Working Group will report in to the Bexley, Greenwich and Lewisham Network which will provide assurance to NHS England on matters related to urgent care including, but not limited to, performance against the 4 hour A&E standard.

6. Expectations of Core Members

- Support coordination of every aspect of the organisation's response to patients' needs
- Facilitate and support the clinical and operational implementation of the Emergency, Unscheduled and OOH Care priorities in the member organisation and across the operational area
- Work closely with other Urgent Care Working Group representatives
- Ensure that the member organisation adopts a patient centred and whole systems approach
- Fully engage all constituent organisations
- Ensure that developments reflect appropriate national strategy and policy

- Core members should designate a deputy in the likely event of being unable to attend a meeting.
- Core members should designate a Senior Level representative with lead responsibility for operational performance for their respective organisations
- Work streams agreed through the Working Group to be led by individual members will report back to Urgent Care Working Group meetings.
- Make available information to support understanding and monitoring of urgent care services to support delivery of the Working Group's agreed objectives.

7. Authority

- The Urgent Care Working Group is authorised to require the provision of such information and access to such personnel, as it is required to discharge its duties/responsibilities.
- The Urgent Care Working Group is authorised to take outside professional advice as appropriate in particular to make external comparisons.