

Frimley Health and Care



Urgent and Emergency Care

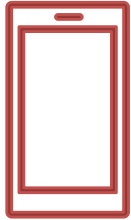
May 2022





Current position in urgent and emergency care

Across the system we are seeing increasing demand in all areas



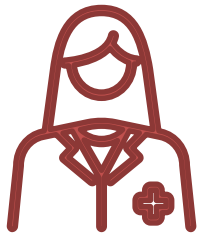
- Inability to meet significantly increased demand, with more patients considering their condition to be urgent
- System has been working in escalation for a prolonged period with minimal respite
- Resulting in challenges balancing elective recovery with non-elective and UEC pathways where beds are limited
- Impact on population and associated clinical risk materialising in multiple contexts e.g., ambulance, ED, MH
- Tension in balancing organisational accountabilities with integrated and system working

Capacity stretched across routine, urgent, long term condition management and preventative services



- Backlog of routine chronic disease management including diabetes, respiratory and heart disease
- Continuing to see presentations of undiagnosed illnesses following lockdowns
- Ongoing effort to offer preventative services (immunisations, LTC management and screening)
- Continuing to manage people on the waiting lists to access community and secondary care services

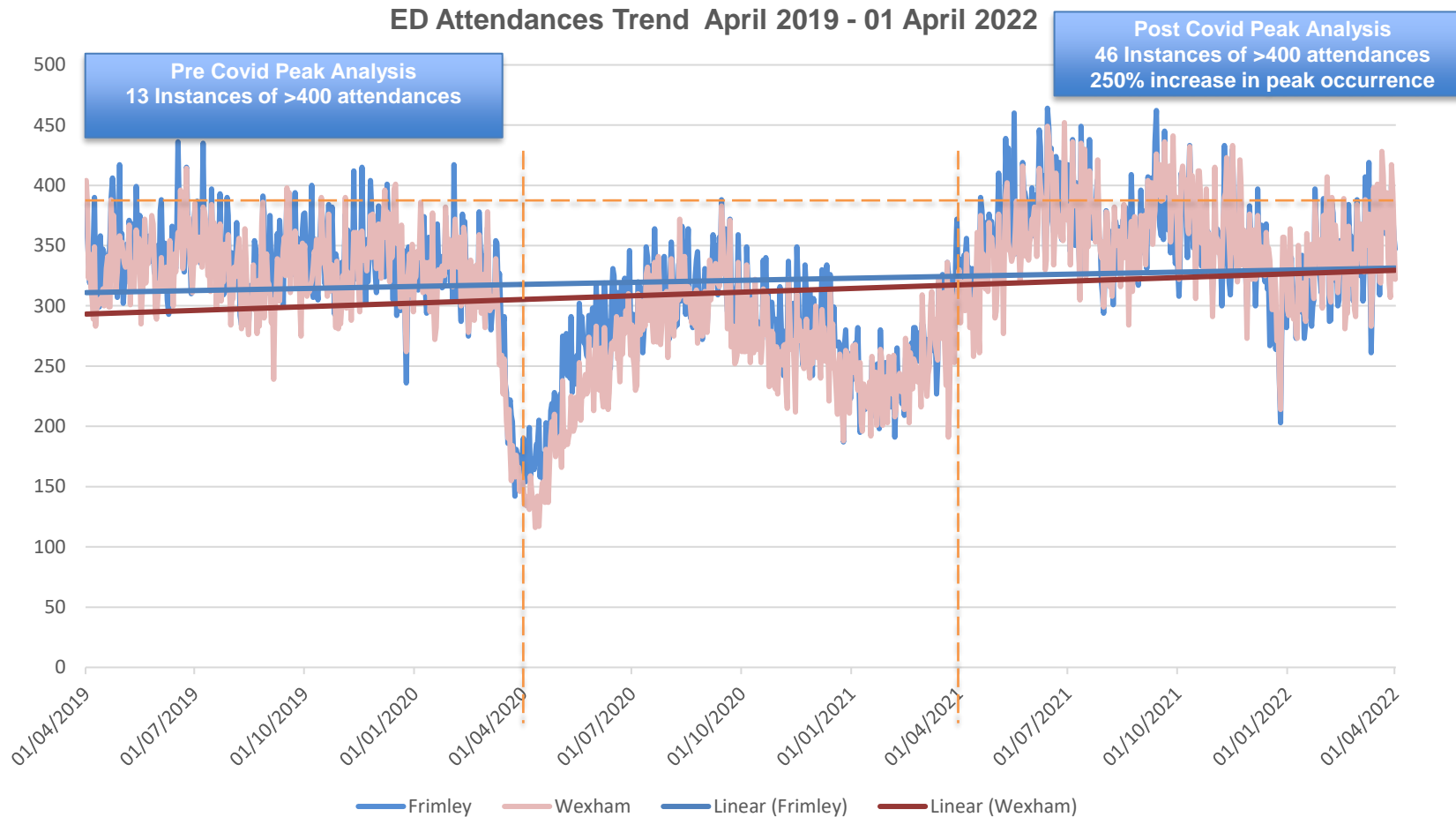
Other issues



- Discharge and flow from all in-patient facilities is impacted by demand and capacity pressures
- Workforce capacity is stretched to maximum across all services with specific workforce challenges e.g. RMN, AHPs, Dom Care etc
- Absence of staff both Covid and non-Covid related
- Limited ability to flex or commission new capacity further to meet demand across all sectors
- Tension between response and transformational change
- Digital capability should allow for improved management of demand

Pressure on Urgent and Emergency Care services is significant and growing across our whole delivery system

Emergency Department demand peaks are occurring more frequently and to a higher volume than in the period prior to the COVID-19 pandemic



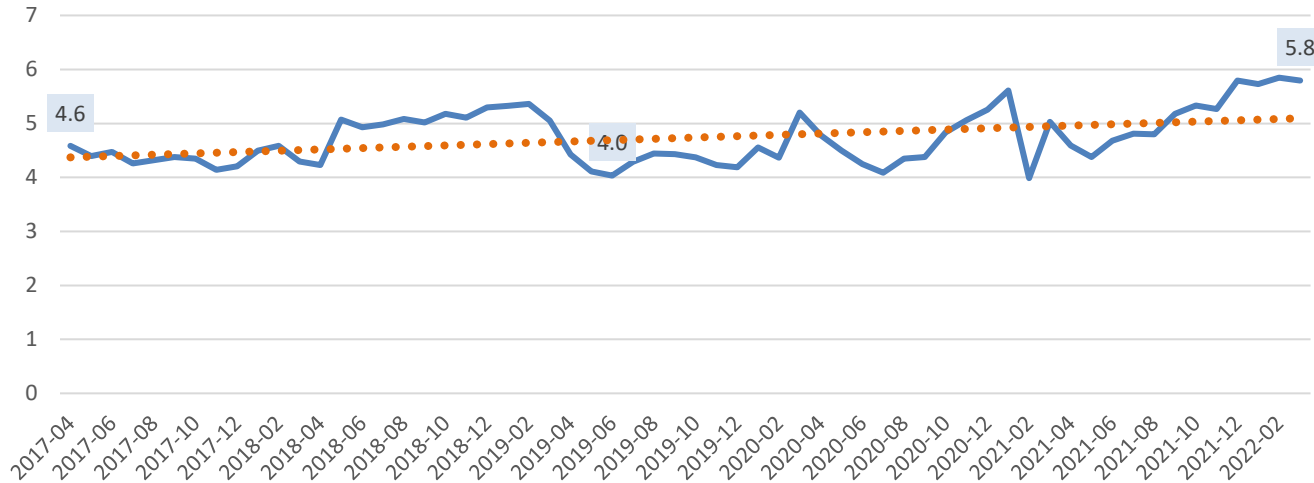
- ED demand growth has narrowly outpaced population growth over the last three years but is not significantly higher than 2018/19
- Trends only tell one part of the story however. Peak activity is occurring to a higher level and more frequently than the period prior to 2020.
- Our data show us that the complexity of patients presenting in ED is greater; leading to a longer amount of time required to assist them to the next appropriate setting of care
- The time spent by clinical teams treating these higher acuity patients causes operational challenges for the department as a whole and undermines service sustainability

Source: FHFT Analytics as of 6/4/22

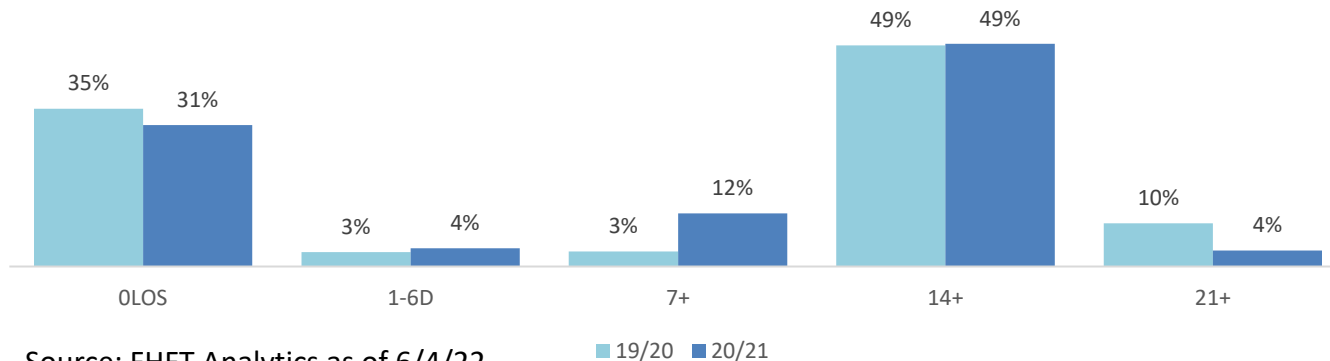
However current pressure is significantly greater than this small rise would indicate due to changes in complexity and capacity



Average Length of Stay Emergency Trend



Emergency LoS Bands Pre and Post Covid



Source: FHFT Analytics as of 6/4/22

■ 19/20 ■ 20/21

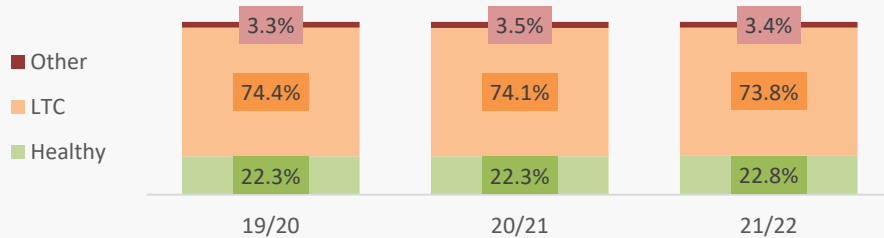
- Average length of stay for inpatient acute beds has increased by 28% over the last two years (4.5 to 5.8 days on average). This is the equivalent of losing over a quarter of inpatient bed capacity.
- Whilst there has been some impact on bed productivity arising from enhanced infection control procedures, this can only account for a small proportion of this increase.
- The distribution of patient lengths of stay indicates that this is being driven by a reduction in short stay spells.
- This reduction is a strong validation of the interventions which have been designed and implemented to help these types of patients stay out of hospital, e.g. our support service to Care Homes.
- The residual bed-based demand however is naturally more complex and more difficult to find an appropriate point of discharge for.
- The big increase overall has been in 7-14 day LoS.
- LoS opportunities at a specialty level and long LoS are more complex, for example in Geriatric medicine, 21+ LoS has increased (despite overall decrease in 21+ LoS as a proportion). Looking at total bed days we see a smaller number of patients staying longer
- Key drivers of some of these effects include challenges discharging patients resulting in longer length of stay as well as missed opportunities to discharge earlier due to a multitude of staffing and diagnostic constraints

UEC challenge driven by patient complexity, particularly in younger ages, rather than just a direct increase in demand



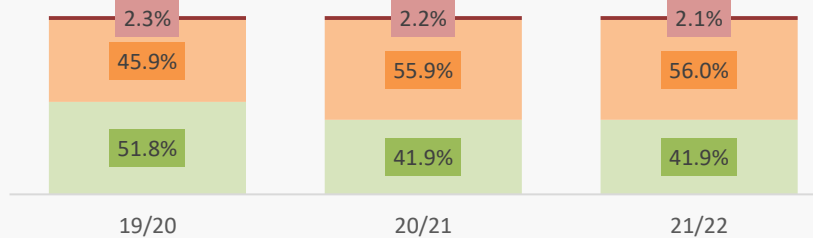
Over 65s

Proportion of ED attendances by segment



Under 65s

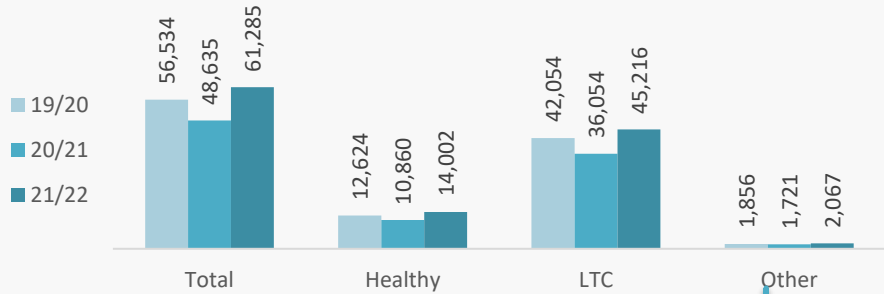
Proportion of ED attendances by segment



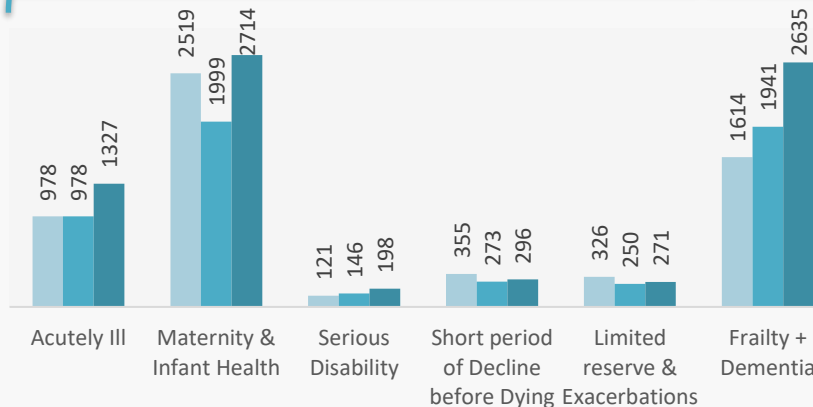
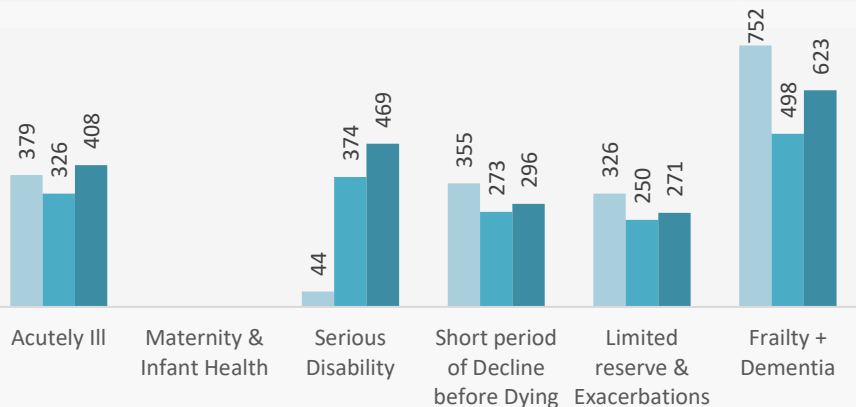
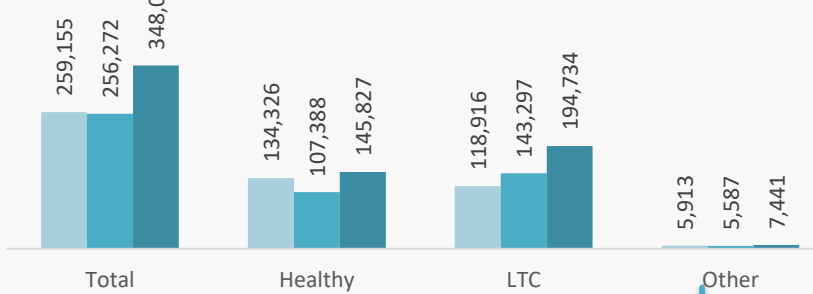
ED Attendances

- For over 65s, the proportion of attendances from each health segment has remained broadly stable but the overall numbers have been higher in 21/22 vs 19/20 for most segments
- For under 65s, the proportion of attendances from “healthy” patients has fallen from 51.8% to 41.9%, indicating patients attending ED are now more likely to have higher complexity of needs. The overall volume of attendances from long term condition patients has increased
- An important hypothesis therefore is that the underlying driver of system pressure is not solely volume of demand but population health complexity
- Proactive interventions which help keep complex patients well for longer in their usual residential setting would therefore have a greater and more immediate effect on mitigating system wide pressures than creating more capacity for patients of a lower acuity.

ED attendances by health segment



ED attendances by health segment



Source: FHFT Analytics as of 6/4/22

Urgent and Emergency Care - Key messages



Recap of what we know

- Across the system we are seeing increasing demand across all access points.
- Within the overall growth also lies an increase in complexity of patients which is compounding the pressure on capacity.
- Capacity stretched across routine, urgent, long term condition management and preventative services.
- Even with improvement initiatives played in, we are projecting a greater level of pressure in January 2023 than was observed in January 2022.

Our response

Improving key areas that impact UEC demand, capacity and flow

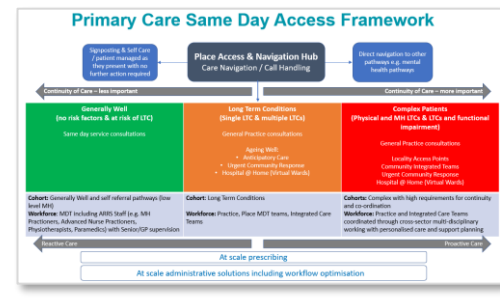
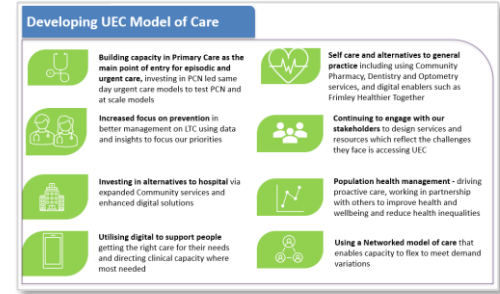
- Improving access to primary care
- Building capacity in alternatives to A&E e.g., primary and community care urgent care response
- Investing in GP streaming in both A&Es
- Investment via Better Care Fund and transition funding in reablement and discharge to access capacity
- Expansion of virtual wards

Supporting key cohorts and targeting health inequalities

- Residents living with deprivation and poorer wider determinants of health)
- Under served communities
- Residents living with frailty or disabilities
- People with mental health needs
- People at high risk of health deterioration and tipping into crisis

Optimising proactive opportunities work differently

- Improving long term condition management across the system
- Population health management to identify high risk patients and other proactive opportunities to utilise segmentation methodologies
- Primary and secondary prevention



Communications based on insight



Following on from the insight gathered from the IPSOS Mori survey from 2021, local insight work has been carried out across the Frimley Health and Care ICS to test, check and target our communication and engagement work.

What did we do?

- Digital access survey - designed alongside patient representatives, live between October and November 2021. Final [results dashboard](#) available.
- Healthwatch website and phone survey - report shared and used to support new Practice website development
- A survey shared in early 2022 focussed on effectiveness of communications developed to date. Over 200 responses received.
- Various health inequality work across the system – such as North Farnham Health Inequalities partnership survey

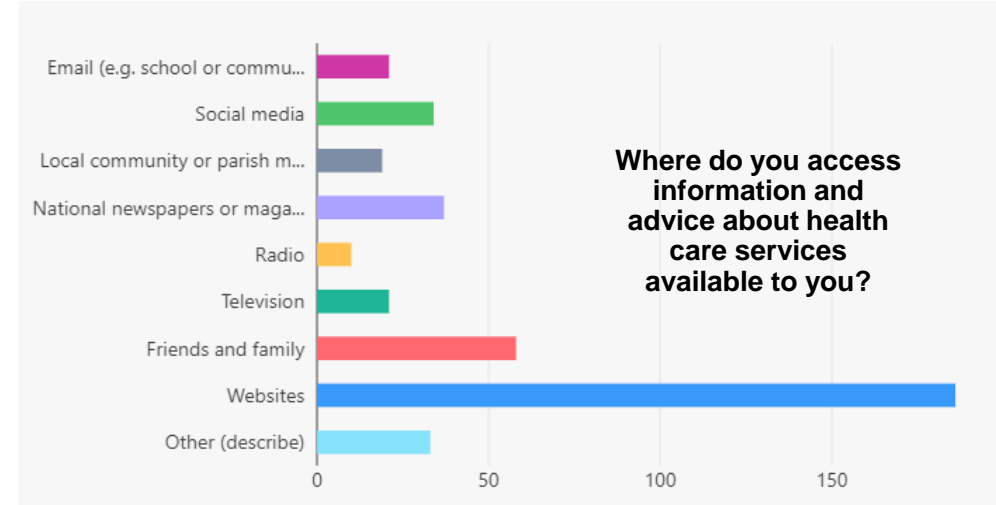
What have we learnt?

- The majority of respondents use the internet to find information about health and care and feel that their health and wellbeing needs are being met.
- Overwhelmingly the general population asked us to make things easier for them. There is a genuine interest to use the digital options available but they must be user friendly and offer the user the desired outcome.
- Key themes gathered included: many positive experiences of accessing digital services including e-consult and video consultations, overwhelming choice of access routes and perception of inconsistency in offer, concerns around security, confusion around triage and need to speak to reception staff, GP websites difficult to navigate

What are the next steps?

Focus groups have taken in April to better understand these insights. This included more in-depth conversations with specific groups/communities that have been identified as less responsive to digital engagement and/or higher users of urgent and emergency care services. Focus groups included: young men (18-30), parents of young children, people with long term conditions and people with English as a second language.

- The results of the focus groups and next steps will be available in May.



A system-wide communications and engagement strategy



We know people can be confused about the services available to them and which would best suit their health needs. Working with partners across the Frimley Health and Care ICS, a communications and engagement strategy was produced to ensure consistent, educational and timely communications material was created and shared widely into our communities.

A range of resources have been created to help increase public understanding and support patient choice. These include:

- Posters
- Articles for websites, newsletters and magazines
- Social media
- Presentations for events
- Digital displays
- Pull-up banners
- Printed booklets, leaflets and postcards
- Videos and animations
- New signage at A&Es at both Frimley Park and Wexham Park (coming soon)

Resources available here:

www.frimleyhealthandcare.org.uk/working-here/communication-resources-for-system-partners/



Frimley Healthier Together

It can be extremely stressful when a child is unwell.

The NHS Frimley Healthier Together website provides information to help recognise what might be wrong, where to seek help if required, what you should do to keep your child comfortable and how long a child's symptoms may last.

To increase awareness of this website, an extensive campaign has been underway since Summer 2021. Examples of where messages have been shared:

- Comms have been sent to schools Advertising in Primary Times magazine
- Radio ads with Asian Star
- Digital advertising in Slough near the Primark and soft play centre in the Observatory shopping centre
- Camberley shopping centre- advertising on the doors of the ground floor car park of Main Square Shopping Centre lifts
- Digital display boards in the leisure centre in Camberley
- A0 double-sided display board in the Lexicon, Bracknell
- Facebook and Instagram paid for posts – focussing on coughs/colds, mental health and covid-19
- We are also looking into:
 - Jump in and other trampoline parks about pull up banners
 - cinema advertising
 - Videos featuring clinicians with a focus on coughs/colds and mental health
 - leisure centres – Windsor, Bracknell and others locally to have pull up banners

Frimley Health and Care



Worried 

**about your
child's cough,
cold or fever?**

 **Healthier Together**
Improving the health of babies, children and
young people throughout Frimley.

“ It's like
having a
mini doctor
at home ”

Visit our website
frimley-healthiertgether.nhs.uk