



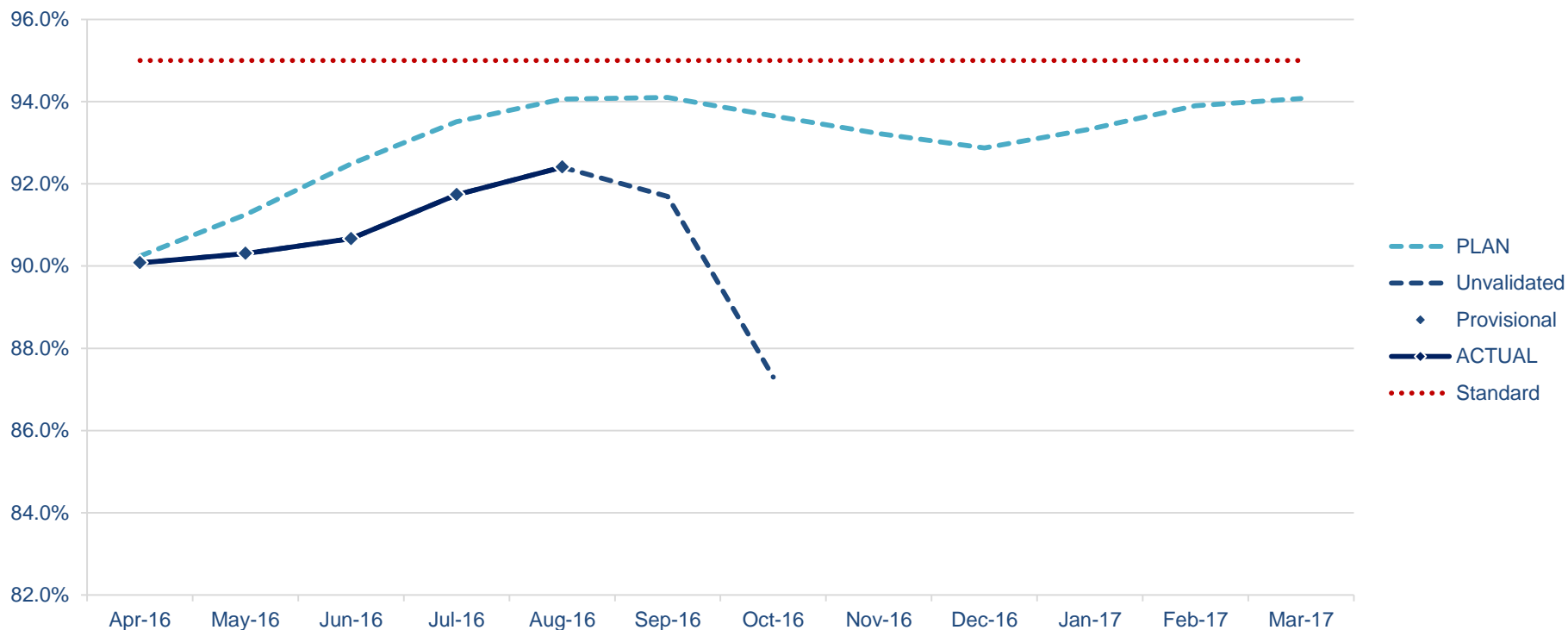
DTOC Roadshow

London DTOC position

Simon Weldon
Regional Chief Operating Officer
NHS England (London)

London's A&E performance improved 0.7% from 91.7% in July to 92.4% in August however, it is still below its STF plan

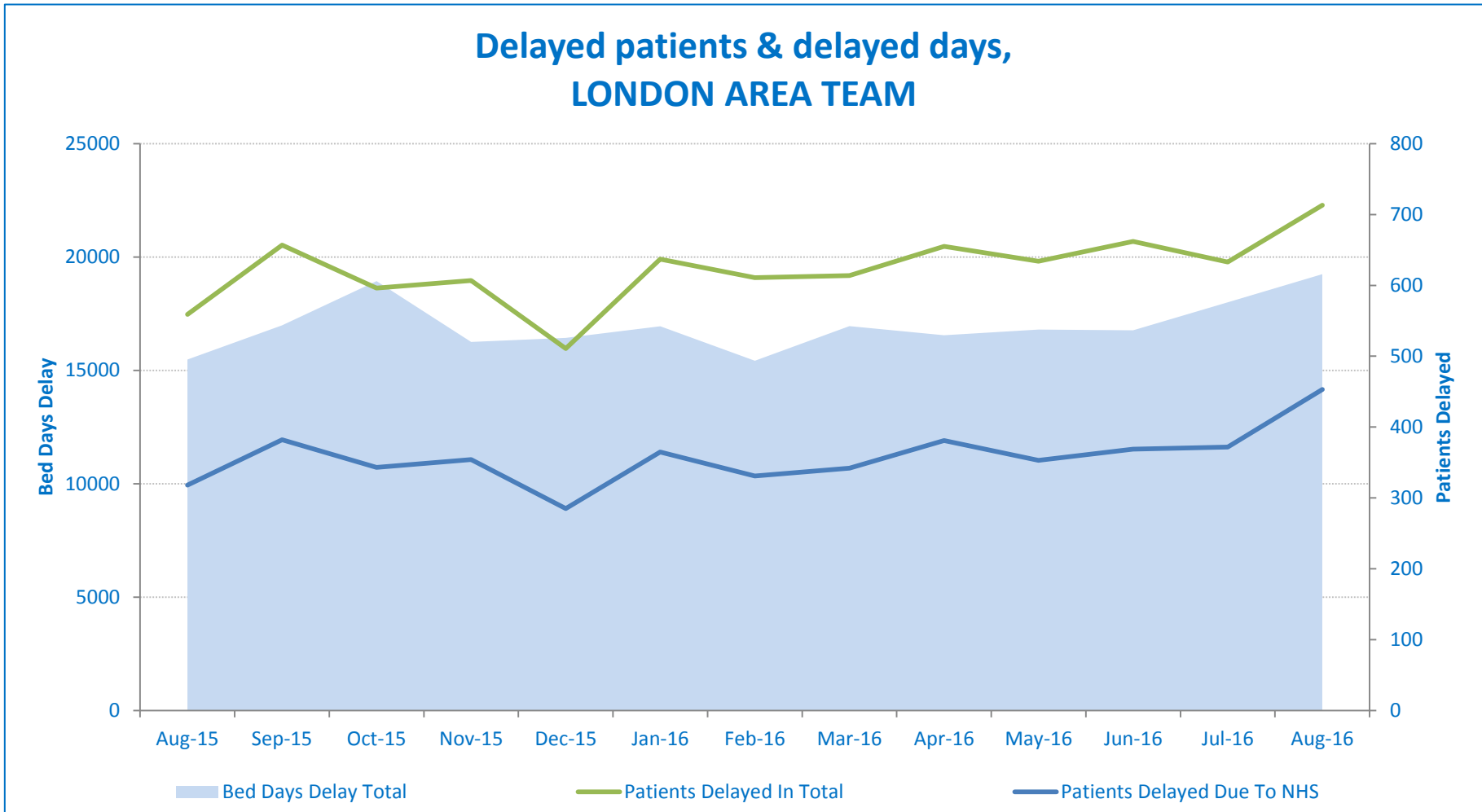
- London reported its all-type **A&E performance was 92.4% in August 2016**
- However, August 2016 performance is **1.7% below the region's plan**



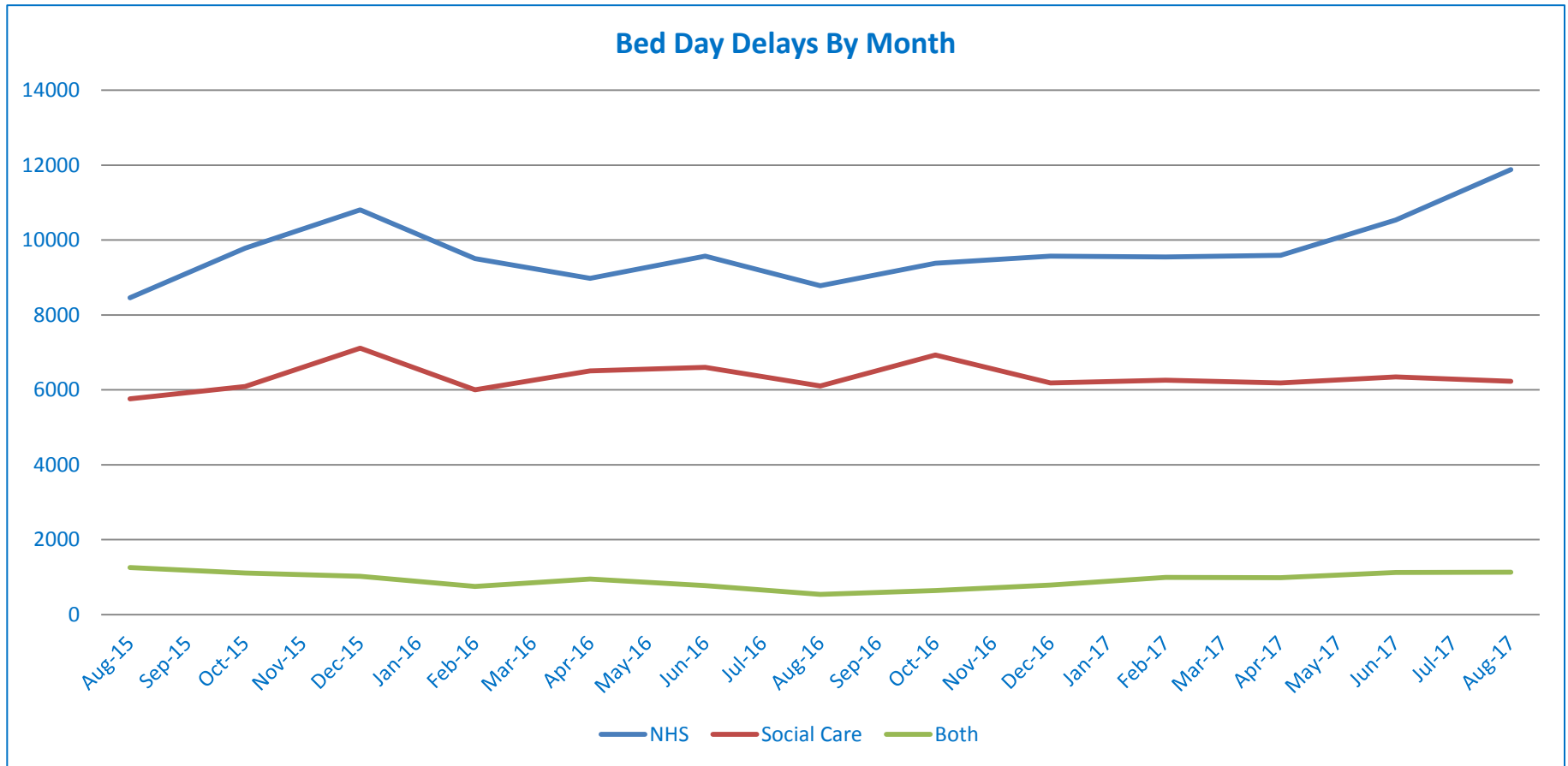
London	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
London STF A&E plan	90.4%	91.2%	92.5%	93.5%	94.1%	94.1%	93.7%	93.2%	92.9%	93.3%	93.9%	94.1%
Actual A&E performance	90.0%	90.3%	90.7%	91.7%	92.4%							
Difference (Plan – Actual)	-0.4%	-0.9%	-1.8%	-1.8%	-1.7%							

There was a 28% rise in the number of patients delayed in August 2016 when compared with the same month in 2015

- The **total number of patients delayed increased** from 559 in August 2015 to 713 in August 2016.
- In addition there was a **24% rise in bed day delays between August 2016 and the same month in the previous year**. Across London there were 19,243 bed days delayed in August 2016, compared to 15,479 in August 2015.



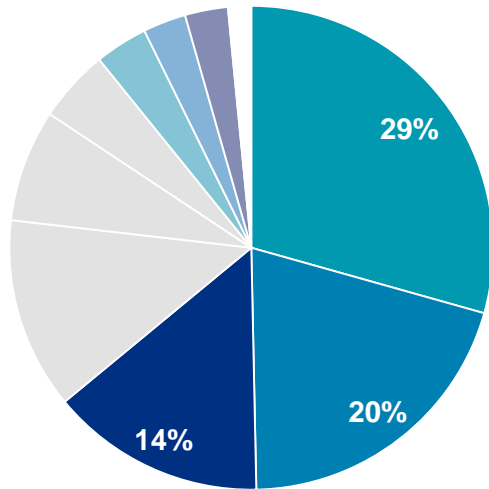
NHS Bed Days Delayed account for c. 62% of the challenge, while social care accounts for c.32% of the challenge



- In **August 2015 NHS delays** accounted for **57%** of patient delays whilst **social care accounted for 37%**.
- In **August 2016** (the last validated position) **NHS delays accounted for 64%** (a 7% increase from the previous year), whilst **social care accounted for 32%** (a 5% decrease).

For both NHS and Social Care delays, three core reasons accounted for over 60% of the challenge in September 2016

NHS reasons for delay - Sep 2016



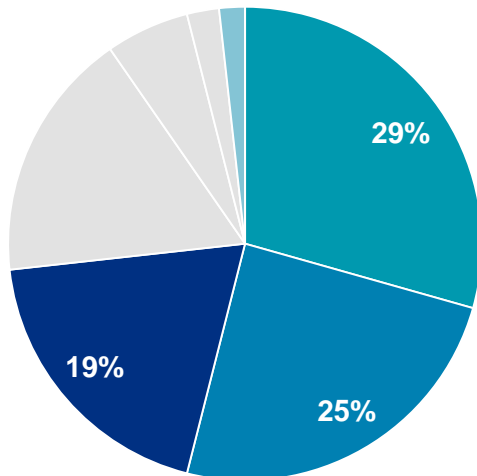
- Awaiting further non-acute NHS care
- Awaiting completion of assessment
- Patient or family choice

These three reasons collectively accounted for 63% of NHS delays in September 2016

- Awaiting nursing home placement or availability
- Awaiting residential home placement or availability
- Housing – patients not covered by NHS and Community Care Act
- Awaiting public funding
- Awaiting community equipment and adaptations
- Awaiting care package in own home
- Disputes

These three reasons collectively accounted for 70% of Social Care delays in September 2016

Social Care reasons for delay – Sep 2016

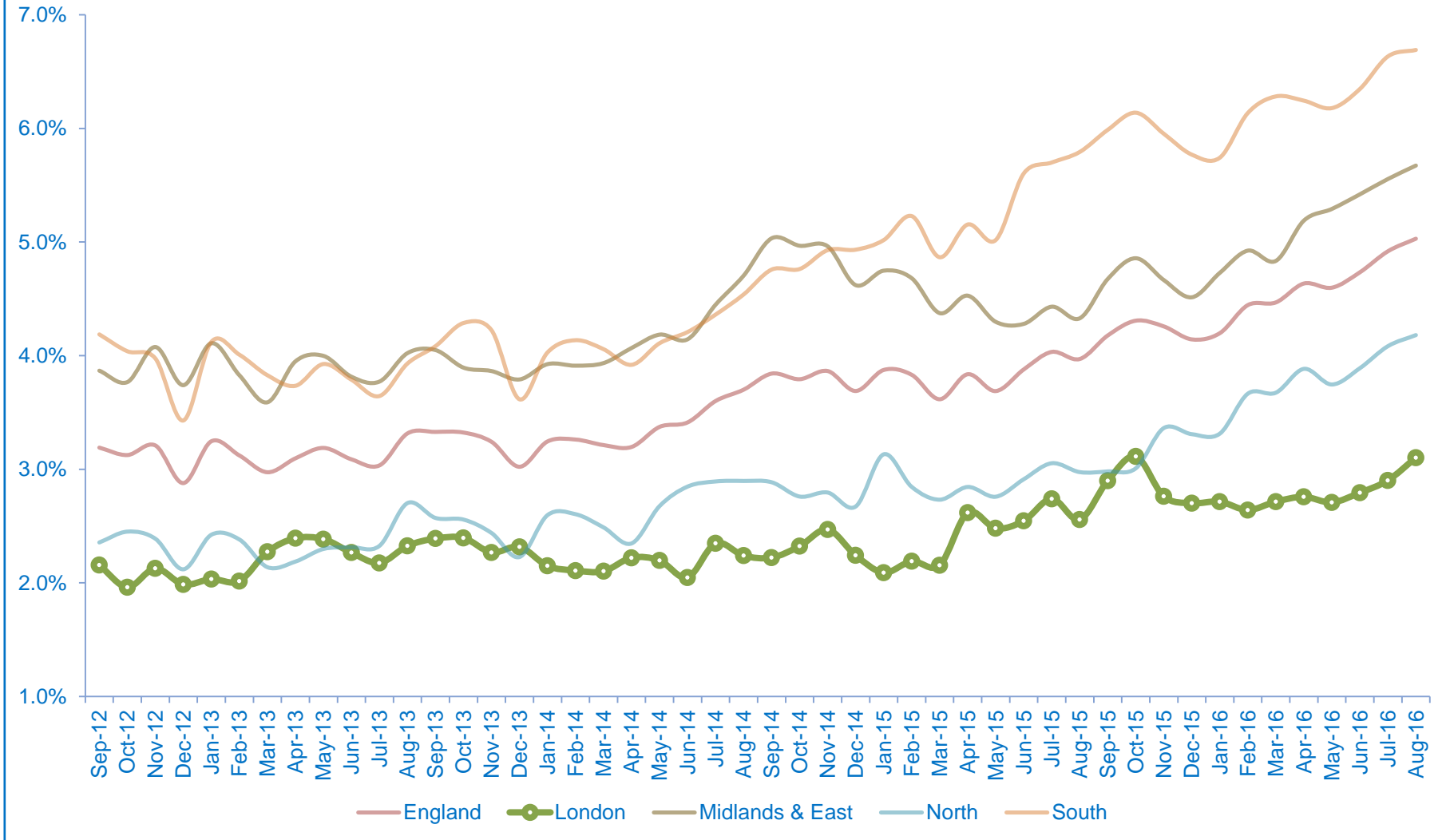


- Awaiting nursing home placement or availability
- Awaiting residential home placement or availability
- Awaiting care package in own home

- Awaiting completion of assessment
- Awaiting public funding
- Patient or family choice
- Disputes
- Awaiting community equipment and adaptations
- Awaiting further non-acute NHS care
- Housing – patients not covered by NHS and Community Care Act

When viewed as a percentage of occupied beds there has been a consistent rise in the delays across the country

Delayed Patients Per Month as a Percentage of Occupied Beds.



There are five national A&E Improvement Initiatives

<h2>1. Streaming at the front door</h2>	<ul style="list-style-type: none">• Larger A&Es should consider developing primary care streams to manage patients presenting with minor illness and/ or chronic conditions during peak demand periods• Patients should not be redirected away from the service without treatment (which may include advice)• Non-registered patients should be helped to register with a practice close to their home; such services should not include GPs where in or out-of-hours general practice has staffing shortages
<h2>2. NHS 111 call handlers</h2>	<ul style="list-style-type: none">• Increase from 22% to an interim threshold of 30% of calls transferred to a clinical advisor (Mar 17)• Monitor disposition rates and ensure accuracy of DoS
<h2>3. Ambulance</h2>	<ul style="list-style-type: none">• Dispatch on Disposition : pilot to provide call handlers additional time to assess 999 calls (evaluation begins Jun-16)• Clinical coding: review of current 999 call coding system to improve performance (evaluation begins Jun-16)
<h2>4. Improved patient flow</h2>	<ul style="list-style-type: none">• Acutes must have a consultant led AEC service operating 10 hours each weekday (Nov-16)• Trusts should have consultant led MDT frailty teams (Sep-16)• Comprehensive frailty assessment within 24 hours (Oct-17)• Implement SAFER on assessment and medical wards (Nov-16)• Review all inpatients with LoS > 6 days (Nov-16)• Systems must assess their capacity and capability to delivery and sustain change (Aug-16)
<h2>5. Discharge</h2>	<ul style="list-style-type: none">• Discharge to assess model so H&SC assessments are carried out in patients place of residence rather than hospitals (Nov-17)• Respond rapidly to requests for home visits- GPs should prioritise these through early telephone assessment and duty doctor rota (Jun-17)• Commissioners of ambulance services should ensure ambulance services respond rapidly to general practice requests relating to patients who need urgent conveyances to hospital. This standard must be met at the time the response standard local enhanced service becomes operational

Key elements of the DTOC workstream are included below

Key actions underpinning this initiative

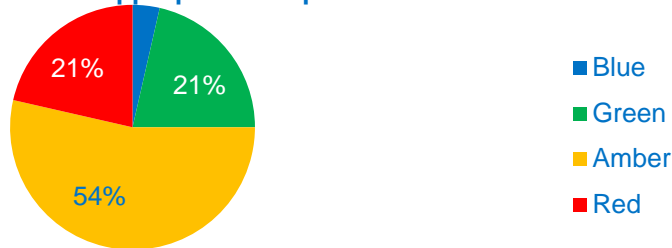
- 1 Embed 'home first: discharge to assess' ways of working
- 2 Embed 'trusted assessor' ways of working
- 3 Implement policy on supporting patients' choices to avoid long hospital stays
- 4 Reduce the number of NHS CHC screenings and full assessments taking place in an acute location
- 5 Increase proportion of patients receiving RRR (rehabilitation, recovery and reablement) care in home or community settings
- 6 Focus on simple discharge

London's work plan

	Deliverable / scheme	Delivery date
1	Pilot new ways of working regarding discharge to assess	Nov 2016
2	Roll-out trusted assessor ways of working, including any new documentation	Jan/Feb 2017
3	Develop policy on supporting patients choices together with new pathways	Nov 2016
4	Establish task and finish group to roll out new model for CHC screenings	Oct 2016
5	Run RRR audit and agree joint assessment and care planning model	Sept 2016
6	Monitor effectiveness of SAFER	Ongoing

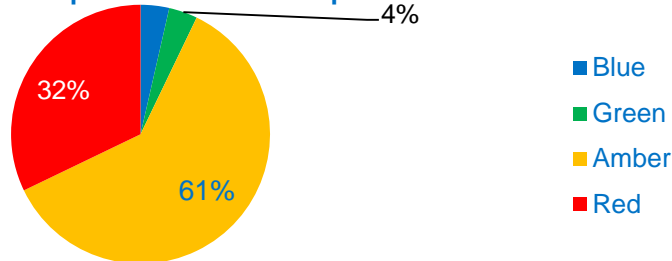
Current assurance across three key areas:

A 'home first: discharge to assess' pathway is in operation across all appropriate hospital wards



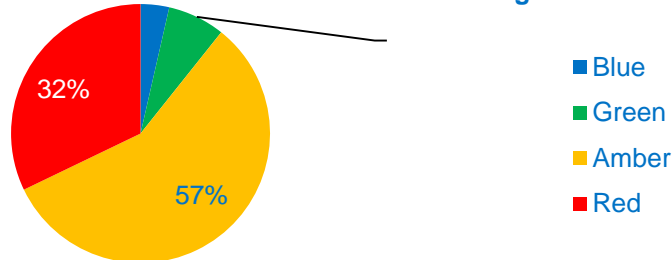
- Only 1 acute site self certified as having a scheme already in place.
- 6 sites are on track to for implementation.
- Over half (15) self certified as having plans in place but risks associated with delivery.

Trusted assessor arrangements are in place with social care and independent care sector providers



- Only 1 acute site self certified as having a scheme already in place.
- 17 self certified as having plans in place but risks associated with delivery.
- 9 sites currently have no plans in place

At least 90% of continuing healthcare screenings and assessments are conducted outside of acute settings



- Only 1 acute site self certified as having a scheme already in place.
- 16 self certified as having plans in place but risks associated with delivery.
- 9 sites currently have no plans in place

Key:

Blue = Scheme already in place/alternative in place (Please provide details in commentary)

Green = actions in place and on track for initiative to be implemented within rapid implementation guidance timeframes

Amber = in plans, but risks associated with delivery (Please provide details in commentary)

Red = no evidence of existing implementation or in system plans .